

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285

TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

April 23, 2002

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO
OIL CONSERVATION DIVISION CASE:

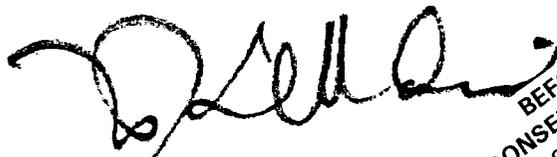
*Re: Application of Matador E & P Company
for compulsory pooling
Lea County, New Mexico*

On behalf of Matador E & P Company, please find enclosed our application for compulsory pooling for its Laughlin Well No. 6 which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket scheduled for May 2, 2002 but continue to May 16, 2002. The hearing will be held at the Division hearing room located in 1220 South Saint Francis Drive Santa Fe, New Mexico (505) 476-3458.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, May 10, 2002, with a copy delivered to the undersigned. If you have any questions about this matter, please call Mr. Mark Virant at Matador (214) 987-7156.

Very truly yours,



W. Thomas Kellahin

OIL CONSERVATION DIVISION
BEFORE THE
Case No. 12852 Exhibit No. 2
Submitted By:
Matador Petroleum Corp.
Hearing Date: May 30, 2002

NOTICE OF POOLING HEARING
Laughlin #6 Well
S/2 NW/4 Section 4, T20S-R37E
Lea County, New Mexico

Occidental Permian Ltd., Partnership &
Oxy USA WTP Limited Partnership
P. O. Box 50250
Midland, TX 79710

Texaco Exploration & Production Inc
P O Box 1150
Midland, TX 79702-1150

Jimmie Baum Cooper
P. O. Box 36
Monument, NM 88265

Emely Ann Edwards
224 W. 7th Street
Bristow, OK 74010

Burke Healey, Trustee for The Burke Healey Trust, a Revocable
Trust dated 1/2/85
P. O. Box 100
Davis, OK 73040-0100

Adana Joyce Hilliker
P. O. Box 1042
Tatum, NM 88267

Charles R. Hoose
35565 Beach Road
Capistrano Beach, CA 92624

Clinton M Hoose Jr Family Mineral Trust
7 Coventry
Newport Beach, CA 92660

Lucinda Talcott Hoose
35565 Beach Rd
Capistrano Beach, CA 92624

Robert Hoose
1911 1/2 Cliff Drive
Newport Beach, CA 92663

Jake C Hoose
331 1/2 Coral Avenue
Balboa Island, CA 92662

CMM Mineral Holdings LLC fbo Clinton
M. Hoose III, Michael F. Hoose, &
Melinda H. Wheeler
7 Coventry
Newport Beach, CA 92660

Judith Humpherys
P O Box 917
Santa Monica, CA 90406

Estate of W T Jordan, Deceased
c/o Tom Jordan
P. O. Box 3347
Wichita Falls, TX 76301-0347

Marjorie Jane Jordan
P. O. Box 3347
Wichita Falls, TX 76301-0347

William C. Kellough
1965 E. 33 Place
Tulsa, OK 74105

R. Cragin Lambert
4676 W. Jacquelyn Avenue
Fresno, CA 93722

Betty F Laughlin
PO Box 325
Heber, AZ 85928

Michael Harrison Moore
310 W. Wall Street, Suite 404
Midland, TX 79701

Richard Lyons Moore
310 W. Wall Street, Suite 404
Midland, TX 79701

Richard Lyons Moore and Michael Harrison Moore,
Trustees u/w/o Stephen Scott Moore
310 W. Wall Street, Suite 404
Midland, TX 79701

G. Alan Reed & Judith R. Humphreys, Trustees
u/w/o H E Reed, Deceased
P O Box 710
Pacific Palisades, CA 90272

Marcelle Reed, Domiciliary Foreign Personal
Representative of the Estate of D Alan Reed
PO BOX 710
Pacific Palisades, CA 90272

Samson Resources Company
P. O. Box 94339
Tulsa, OK 74104

Estate of Margaret Jane Smith
c/o James L. Smith
Route 1, Box 277
Wheeler, TX 79096

Wilson's Children's Trust Dtd. 7/2/84
Frances C. Grigsby and Joseph S. Deitch,
Trustees
1999 Independence Road
Concorde, MA 01742-2643

Richard Mansfield Blair
P. O. Box 1582
Burbank, CA 91507-1582

Susan Lee Bourgeois
3320 Douglas, Apt. 7
Dallas, TX 75219

Mary Louise Branson
505 Wilma Court
Old Hickory, TN 37138

James E. Campion
403 Heather Lane
College Station, TX 77845

Fleet National Bank, Trustee
Robert M. Eisendrath, Jr. Trust
P. O. Box 40460
Rochester, NY 14604

James Ballard Henderson and Manufacturers
Trust Company, New York, Trustees, u/w/o
Etha B. Henneberry, Deceased
c/o J P Morgan Chase Bank – Attn: Dave Parker
P. O. Box 2558
Houston, TX 77252-8033

Dr. Charles Thomas Henderson Trust and
Manufacturers Trust Company, New York,
Trustees, u/w/o Etha B. Henneberry, Deceased
c/o J P Morgan Chase Bank – Attn: Dave Parker
P. O. Box 2558
Houston, TX 77252-8033

William R. Hill
108 Crestwood
Fort Worth, TX 76107

Hosfeldt Family Partners
Arthur D. Hosfeldt, III and
David N. Hosfeldt, General Partners
227 Brighton Lane
Redwood City, CA 94061

Mary Alice Field Ingram
3100 N. Pecan Street
Nacogdoches, TX 75965

JACO Production Company
P. O. Box 82515
Bakersfield, CA 93380

Dean Laughlin
2356 Fuller Lane
Lebanon, OR 97355

Kevin Laughlin
3811 Peters Avenue #2
Sioux City, IA 51106

Rosalie Jeanette McCann
1815 Bayard
Saint Paul, MN 55116-1437

Stanley James McKinney
130 Ransome Street
Lafayette, LA 70501

Candice Ramsey
7245 Avenue 308
Visalia, CA 93291

Bank of America, NA, Escrow Agent
Sabine Royalty Trust
LBX 840887
Dallas, TX 75284-0887

Ricci Wes Shanks
6202 Big Oak Hollow
Austin, TX 78750

Estate of James Merriman Stevens
c/o Ricci Shanks
6202 Big Oak Hollow
Austin, TX 78750

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**IN THE MATTER OF THE APPLICATION
OF MATADOR E & P COMPANY
FOR COMPULSORY POOLING
LEA COUNTY, NEW MEXICO.**

CASE NO. _____

APPLICATION

Comes now MATADOR E & P COMPANY , by its attorneys, Kellahin & Kellahin, and in accordance with NMSA (1979) Section 70-2-17.C applies to the New Mexico Oil Conservation Division for an order pooling all uncommitted royalty and overriding royalty interest owners with respect to any production underlying the S/2NW/4 of Section 4, T20S, R37E, NMPM, Lea County, New Mexico to form a standard 80-acre spacing and proration unit for any and all formations and/or pools developed on 80-acre spacing within said vertical extent, which presently may include but is not necessarily limited to the Monument-Tubb Pool. Applicant further requested that the pooling of this unit be made as of the date of first production from its Laughlin Well No. 6 drilled and completed at an standard well location in Unit F of said Section 4 and the designation of Matador Operating Company as the operator.

In support of its application, Matador E & P Company, ("Matador") states:

1. Matador has a working interest ownership in the oil and gas minerals from the surface to the base of the Drinkard formation underlying the S/2NW/4 of Section 4, T20S, R37E, NMPM, Lea County, New Mexico.
2. The subject tract is located within one-mile of the current boundary of the Monument Tubb Pool which is currently spacing on 80-acre spacing unit.
3. This spacing unit consists of certain fee leases which do not contain voluntary pooling clauses which would allow for the consolidation and proportionate allocation of the royalty or overriding interests to form a voluntary unit of 80-acres in compliance with Division rules.

4. Matador has attempted to contact all 107 royalty and overriding royalty interest owners to has obtained written approval from 41 owners agreeing to pool their respective interest in these two leases together for a voluntary 80-acre spacing unit for the subject well

5. Despite its good faith efforts, Matador has been unable to obtain a written voluntary agreement from those remaining 66 royalty and overriding royalty interest owners.

6. Pursuant to Section 70-2-17.C NMSA (1978) and in order to obtain its just and equitable share of potential production underlying this spacing unit, Matador needs an order of the Division pooling the identified and described mineral interests involved in order to protect correlative rights and prevent waste.

7. In accordance with the Division's notice requirements, a copy of this application has been sent to the parties whose interest is to be pooled as listed on Exhibit "A" notifying each of this case and of the applicant's request for a hearing of this matter before the Division on the next available Examiner's docket now scheduled for May 2, 2002.

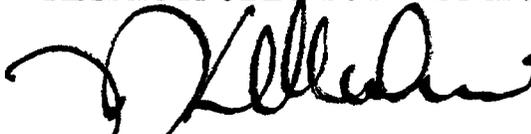
WHEREFORE, applicant requests that this application be set for hearing of May 2, 2002 before the Division's duly appointed examiner, and that after notice and hearing as required by law, the Division enter its order pooling the mineral interests described in the appropriate spacing unit for the drilling of the subject well at a standard gas well location upon terms and conditions which include:

(1) Designation Matador Operating Company as operator

(2) Provisions for pooling all nonconsenting royalty interests and overriding royalty interests underlying this spacing unit for any and all production from the Monument Tubb Pool and any other spacing on 80 acre spacing units so that said owners shall share in any said production on a proportionate basis.

(3) For such other and further relief as may be proper.

RESPECTFULLY SUBMITTED:



W. THOMAS KELLAHIN
KELLAHIN & KELLAHIN
P. O. Box 2265
Santa Fe, New Mexico 87504
(505) 982-4285

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Lyons Moore
310 W. Wall Street, Suite 404
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Richard Lyons Moore* B. Date of Delivery *4-26*

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7001-0320-0003-9963-2508

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Lyons Moore and Michael Harrison Moore,
Trustees u/w/o Stephen Scott Moore
310 W. Wall Street, Suite 404
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Richard Lyons Moore* B. Date of Delivery *4-26*

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7001-0320-0003-9963-2447

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of W T Jordan, Deceased
c/o Tom Jordan
P. O. Box 3347
Wichita Falls, TX 76301-0347

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Tom Jordan* B. Date of Delivery *4-26*

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7001-0320-0003-9963-2539

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rosalie Jeanette McCann
1815 Bayard
Saint Paul, MN 55116-1437

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Rosalie McCann* B. Date of Delivery *4-27*

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7001 0320 0003 9963 1150

PS Form 3811, July 1999 Domestic Return Receipt 10259-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**James Ballard Henderson and
 Manufacturers Trust Company, New York,
 Trustees, u/w/o Etha B. Henneberry, Deceased
 C/o J P Morgan Chase Bank - Attn: Dave Parker
 P. O. Box 2558
 Houston, TX 77252-8033**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2393

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Michael Harrison Moore
 310 W. Wall Street, Suite 404
 Midland, TX 79701**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2461

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Emely Ann Edwards
 224 W. 7th Street
 Bristow, OK 74010**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

*224 W. 7th
 BRISTOW*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2607

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

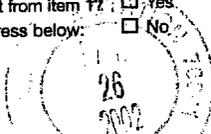
**Marjorie Jane Jordan
 P. O. Box 3347
 Wichita Falls, TX 76301-0347**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2621

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) 7001 0320 0003 9963 2348		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery	
	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to: Burke Healey, Trustee for The Burke Healey Trust, a Revocable Trust dated 1/2/85 P. O. Box 100 Davis, OK 73040-0100			
2. Article Number (Copy from service label) 7001-0320-0003-9963- 2591 -2591			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery	
	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to: Betty F Laughlin PO Box 325 Heber, AZ 85928			
2. Article Number (Copy from service label) 7001-0320-0003-9963-2515			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery	
	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to: Texaco Exploration & Production Inc ATTN: James Baca P. O. Box 1150 Midland, TX 79702-1150			
2. Article Number (Copy from service label) 7001-0320-0003-9963-2669			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Louise Branson
505 Wilma Court
Old Hickory, TN 37138

A. Received by (Please Print Clearly) _____ B. Date of Delivery APR 27 2002
 C. Signature Mary Louise Branson Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001-0320-0003-9963-2409

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bank of America, NA, Escrow Agent-
Sabine Royalty Trust
LBX 840887
Dallas, TX 75284-0887

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery APR 25 2002
 C. Signature R. C. ... Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 0320 0003 9963 1198

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Hoose
1911 1/2 Cliff Drive
Newport Beach, CA 92663

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Robert Hoose B. Date of Delivery APR 27 2002
 C. Signature Robert Hoose Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001-0320-0003-9963-2584

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William R Hill
108 Crestwood
Fort Worth, TX 76107

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Wm Hill B. Date of Delivery 4/18/02
 C. Signature Wm Hill Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 0320 0003 9963 2331

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fleet National Bank, Trustee
Robert M. Eisendrath, Jr. Trust
P. O. Box 40460
Rochester, NY 14604

A. Received by (Please Print Clearly) *Sharon Coley* B. Date of Delivery *4/29/02*
 C. Signature *Sharon Coley* Agent Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
ST Fleet

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 0320 0003 9963 2355**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jake C Hoose
331 1/2 Coral Avenue
Balboa Island, CA 92662

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Jake C Hoose* Agent Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001-0320-0003-9963-2553**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin Laughlin
3811 Peters Ave., #2
Sioux City, IA 51106

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Kevin E. Laughlin* Agent Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 0320 0003 9963 1259**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Samson Resources Company
P. O. Box 94339
Tulsa, OK 74104

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery *4-30-02*
 C. Signature *[Signature]* Agent Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001-0320-0003-9963-2423**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

R. Cragin Lambert
4676 W. Jacquelyn Avenue
Fresno, CA 93722

A. Received by (Please Print Clearly) B. Date of Delivery

Teresa Blackburn *4-27-02*

C. Signature

Teresa Blackburn Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2454

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James E Campion
403 Heather Lane
College Station, TX 77845

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

W. Campion *5-1-02*

C. Signature

W. Campion Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0320 0003 9963 2362

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Clinton M Hoose Jr Family Mineral Trust
7 Coventry
Newport Beach, CA 92660

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Clinton M Hoose Jr *4-29-02*

C. Signature

Clinton M Hoose Jr Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2645

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Judith Humpherys
P O Box 917
Santa Monica, CA 90406

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Judith Humpherys *APR 30 2002*

C. Signature

Judith Humpherys Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2564

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Adana Joyce Hilliker
P. O. Box 1042
Tatum, NM 88267**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Adana J. Hilliker* B. Date of Delivery *9/01/02*

C. Signature *Adana J. Hilliker* Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7001-0320-0003-9963-2577

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CMM Mineral Holdings LLC fbo Clinton M. Hoose III,
Michael F. Hoose, & Melinda H. Wheeler
7 Coventry
Newport Beach, CA 92660**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery *VT 4-29-02*

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7001-0320-0003-9963-2478

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Jimmie Baum Cooper
P. O. Box 36
Monument, NM 88265**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery *4-29-02*

C. Signature *Jimmie Baum Cooper* Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7001-0320-0003-9963-2614

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JACO Production Company
P. O. Box 82515
Bakersfield, CA 93380**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery *4/30*

C. Signature *Reginal Duckett* Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7001 0320 0003 9963 1266

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wilson's Children's Trust Dtd. 7/2/84
Frances C. Grigsby and Joseph S. Deitch, Trustees
199 Independence Road
Concorde, MA 01742-2643

A. Received by (Please Print Clearly) <i>T. Wilson</i>	B. Date of Delivery <i>4/27/82</i>
C. Signature <i>T. Wilson</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2652

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Margaret Jane Smith
c/o James L. Smith
Route 1, Box 277
Wheeler, TX 79096

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>J L SMITH</i>	B. Date of Delivery <i>4-29-02</i>
C. Signature <i>J L Smith</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2414

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G. Alan Reed & Judith R. Humphreys, Trustees
u/w/o H E Reed, Deceased
P O Box 710
Pacific Palisades, CA 90272

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>MARCELLE REED</i>	B. Date of Delivery <i>4-29-02</i>
C. Signature <i>Marcelle Reed</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2485

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marcelle Reed, Domiciliary Foreign Personal
Representative of the Estate of D Alan Reed
PO BOX 710
Pacific Palisades, CA 90272

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>MARCELLE REED</i>	B. Date of Delivery <i>4-29-02</i>
C. Signature <i>Marcelle Reed</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001-0320-0003-9963-2430

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Mansfield Blair
P. O. Box 1582
Burbank, CA 91507-1582

A. Received by (Please Print Clearly) **RICHARD M. BLAIR** B. Date of Delivery **5/7/99**
 C. Signature **[Signature]** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001-0320-~~0003~~0003-9963-2380**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ricci Wes Shanks
6202 Big Oak Hollow
Austin, TX 78750

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **TORRES SHANKS** B. Date of Delivery **4/29/99**
 C. Signature **[Signature]** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 0320 0003 9963 1181**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Occidental Permian Ltd., Partnership & Oxy USA WTP Limited Partnership
ATTN: David Evans
P. O. Box 50250
Midland, TX 79710-0250

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ARNIE HERRERA** B. Date of Delivery **4/29/99**
 C. Signature **[Signature]** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001-0320-0003-9963-~~1167~~1167**

PS Form 3811, July 1999 7001 0320 0003 9963 1167 595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles R. Hoose
35565 Beach Road
Capistrano Beach, CA 92624

COMPLETE THIS SECTION ON DELIVERY

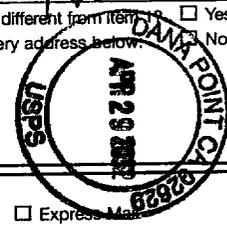
A. Received by (Please Print Clearly) **[Signature]** B. Date of Delivery **4-29-99**
 C. Signature **[Signature]** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001-0320-0003-9963-2492**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Estate of James Merriman Stevens
c/o Ricci Shanks
6202 Big Oak Hollow
Austin, TX 78750**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **RICCI SHANKS** B. Date of Delivery **7/29/02**

C. Signature *[Signature]* Agent
 Addressee

X *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 0320 0003 9963 1174**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Dean Laughlin
2356 Fuller Lane
Lebanon, OR 97355**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **9-27-02**

C. Signature *[Signature]* Agent
 Addressee

X *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 0320 0003 9963 1211**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Hosfeldt Family Partners
Arthur D. Hosfeldt, III and
David N. Hosfeldt, Gen. Partners
227 Brighton Ln
Redwood City, CA 94061**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **9/27/02**

C. Signature *[Signature]* Agent
 Addressee

X *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 0320 0003 9963 2324**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**William C. Kellough
1965 E. 33 Place
Tulsa, OK 74105**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **5-11-02**

C. Signature *[Signature]* Agent
 Addressee

X *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001-0320-0003-9963-2522**