

EXHIBIT "A"

Attached to and made a part of that certain Letter dated February 25, 1991, from Maralex Resources, Inc.

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

N1/2 Section 19, T30N-R11W

El Paso Production Company
c/o Meridian Oil Inc.
3535 East 30th St.
P. O. Box 4289
Farmington, New Mexico 87499-4289

Caprock Energy Company
P. O. Drawer 208
Aztec, New Mexico 87410
Norman L. Gilbreath

Koch Exploration Company
P. O. Box 2256
4111 E. 37th Street N.
Wichita, Kansas 67220

Snyder Operating Partnership, L. P.
1801 California Street, Suite 3500
Denver, Colorado 80202

Thomas M. & Donita Fisher
P. O. Box 188
Shiprock, New Mexico 87420

Cecil C. Cast & Gladys Cast
P. O. Box 1717
Bloomfield, New Mexico 87413

Clement Koogler, Elise Koogler, Josephine Koogler
307 Animas
Aztec, New Mexico 87410

Henry J. Young, Jr. and Walta Grace Young
P. O. Box 92
Aztec, New Mexico 87410

Bradley H. Keyes & Margaret N. Keyes Trust c/o Lonnie R.
Cunningham, Trustee
29 County Road 3008
Aztec, New Mexico 87410

E1/2 Section 24, T30N-R12W

Norman L. Gilbreath & Loretta E. Gilbreath
P. O. Drawer 208
Aztec, New Mexico 87410

Mesa Limited Partnership P. O. Box 2009
One Mesa Square
Amarillo, Texas 79189-2009
Attn: Hank Wood

Texaco Exploration and Production, Inc.
P. O. Box 2100
4601 DTC Blvd.
Denver, Colorado 80237
Attn: Chuck Snure

Southland Royalty
El Paso Production Company
c/o Meridian Oil Inc.
3535 East 30th St.
P. O. Box 4289
Farmington, New Mexico 87499-4289
Attn: Kent Beers

Glen Dial, Jr.
P. O. Box 15074
Lakewood, Colorado 80215

Enid M. Neibaur Price
Address Unknown

Denver and Rio Grande Western Railroad
c/o The Anschutz Corporation
555 17th Street
Denver, Colorado 80202
Attn: Pam Kalstrom

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Thomas M. & Donita Fisher
 P. O. Box 188 Shiprock, New Mexico
 87420

4. Article Number
 P 685 520 509

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Tom Fisher*

6. Signature - Agent
 X

7. Date of Delivery
 3/1/91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Snyder Operating Partnership, L.P.
 1801 California Street, Suite 3500
 Denver, CO 80202

4. Article Number
 P 685 520 511

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Shelley Heidebrand*

7. Date of Delivery
 FEB 27 1991

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Koch Exploration Company
 P.O. Box 2256
 4111 E. 37th Street N.
 Wichita, KS 67220
 Attn: Janet Kruse

4. Article Number
 P 685 520 508

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Janet Kruse*

6. Signature - Agent
 X

7. Date of Delivery
 2-28-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Caprock Energy Company
 P. O. Drawer 208
 Aztec, New Mexico 87410

4. Article Number
 P 685 520 507

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Loretta Gubrecht*

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 El Paso Production Company
 c/o Meridian Oil Inc.
 3535 E. 30th Street
 P. O. Box 4289
 Farmington, New Mexico 87499-4289

4. Article Number
 P685 520 506

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 3-1-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

EXHIBIT "9"

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Bradley H. Keyes & Margaret N. Keyes Trust c/o Lonnie Cunningham Trust 29 County Road 3008 Aztec, New Mexico 87410		4. Article Number P 685 520 542	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X L.R. Cunningham		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 3-6-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Henry James Young, Jr. & Walter Young P. O. Box 92 Aztec, New Mexico 87410		4. Article Number P 685 520 549	
5. Signature - Addressee X Henry James Young, Jr.		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 3-4-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Clement Koogler, Elise Koogler + Josephine Koogler 307 Animas Aztec, New Mexico 87410		4. Article Number P 685 520 521	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X [Signature]		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 3-6-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Cecil C. & Gladys Cast P. O. Box 1717 Bloomfield, New Mexico 87413		4. Article Number P 449 724 055	
5. Signature - Addressee X Gladys Cast		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid) Box 1717 Bloomfield, N.M. 87413	

PS Form 3811, Apr. 1989

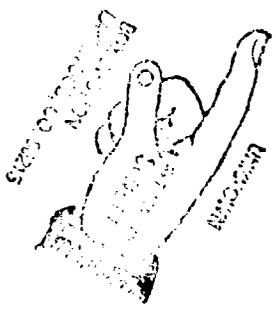
DOMESTIC RETURN RECEIPT

MARALEX
Resources, Inc.

518 17th St., Suite 1030
Denver, Colorado 80202

Glen Dial, Jr.
P. O. Box 15074
Lakewood, CO 80215

RETURN RECEIPT
REQUESTED



Fold at line over top of envelope to the
right of the return address.

CERTIFIED
P 645 520 513
MAIL



Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Denver + Rio Grande Western Railroad 90 Anschutz Corp., suite 2400 555 17th St., Denver CO 80202		4. Article Number P 685 520 512	
5. Signature - Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 2/27/91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

3. Article Addressed to: Southland Royalty El Paso Production Co Meridian Oil, Inc. 3535 E. 30th St. Box 4289 Farmington, NM 87499-4289		4. Article Number P 685 520 514	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 3-5-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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3. Article Addressed to: Texaco Expl. & Prod. P.O. Box 2100 4601 DTC Blvd. Denver, CO 80237 Chuck Snure		4. Article Number P 685 520 515	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 2-26-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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3. Article Addressed to: Mesa Ltd. Ptnshp. P.O. Box 20095 One Mesa Square Amarillo, TX 79189-2009 Hank Wood		4. Article Number P 685 520 517	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery FEB 28 1991		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

3. Article Addressed to: Wynnon L. + Loretha E. Gilbreath P.O. Drawer 208 Aztec, NM 87410		4. Article Number P 685 520 516	
5. Signature - Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid)	

