

Chevron USA Inc.
 Post Office Box 1150
 Midland, TX 79702

PS Form 3800, June 1991

Postage	\$.29
Certified Fee	2.00
Special Delivery	
Restricted Delivery	
Return Receipt (to Whom Sent)	
Return Receipt (with Description, Date, and Addressee's Address)	
TOTAL Postage & Fees	\$ 2.29
Postmark: MAY - 5 1994	

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 boxes for additional services requested.
☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 Chevron USA Inc.
 Post Office Box 1150
 Midland, TX 79702

4. Article Number:
 P-111-333-070

5. Signature - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 MAY - 5 1994

8. Addressee's Address (ONLY if requested and fee paid)
 Always obtain signature of addressee or agent and DATE DELIVERED.

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Exxon Company USA
Post Office Box 1600
Midland, TX 79702

Postage	\$.29
Certified fee	2.00
Special Delivery	
Restricted Delivery	
Return Receipt by First-Class Mail Only	
Return Receipt by Registered Mail Only	
Return Receipt by Certified Mail Only	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.

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

3. Article Addressed to:

Exxon Company USA
Post Office Box 1600
Midland, TX 79702

4. Article Number
P-111-333-071

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 - Address
X

6. Signature - Agent
X *J. Brown*

7. Date of Delivery
MAY - 2 1994

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your **RETURN ADDRESS**
completed on the reverse side?

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

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 be charged to 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 boxes for additional services requested. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)	
3. Article Addressed to:	4. Article Number P-111-333-072
Meridian Oil Inc. 21 Desta Drive Midland, TX 79705	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-965 DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.



Meridian Oil Inc.
21 Desta Drive
Midland, TX 79705

Postage	\$.29
Certified Fee	2.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

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 boxes for additional service(s) requested.
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Amoco Production Company
 Post Office Box 3092
 Houston, TX 77253

4. Article Number

P-11-333-073

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

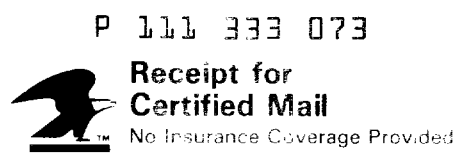
Always obtain signature of addressee or agent and DATE DELIVERED.
 8. Addressee's Address (ONLY if requested and fee paid)

5. Signature - Address

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Mar. 1988 MAY 09 1994
 U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Amoco Production Company
 Post Office Box 3092
 Houston, TX 77253

Postage	\$.29
Certified Fee	2.00
Special Delivery	
Restricted Delivery	
Return Receipt for Whom & Date	
Return Receipt Date, and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3811, June 1991



Lindemuth and Associates, Inc.
 510 Hearn St., Suite 200
 Austin, TX 78703

Postage	\$.29
Certified Fee	2.00
Restricted Delivery	
Registered Mail	
Return Receipt for Merchandise	
Return Receipt for Signature	
Signature Confirmation	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 Lindemuth and Associates, Inc.
 510 Hearn St., Suite 200
 Austin, TX 78703

4. Article Number
 P-111-333-074

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 5-9

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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:
 Amerada Hess Corporation
 Post Office Box 2040
 Tulsa, OK 74102

4. Article Number
 P-111-333-075

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 - Address
 X

6. Signature - Agent
 X *Tulsa Lawrence*

7. Date of Delivery

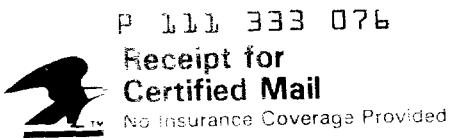
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 075
 **Receipt for Certified Mail**
 No Insurance Coverage Provided

Amerada Hess Corporation
 Post Office Box 2040
 Tulsa, OK 74102

Postage	\$.29
Insurance	2.00
Signature	
Restricted Delivery	
Return Receipt for Merchandise	
Postage & Fees	\$ 2.29
MAY - 5 1994	



Marathon Oil Company
 Post Office Box 552
 Midland, TX 79702

Postage	\$.29
Certified Mail	2.00
Special	
Restricted	
Return Receipt (to Whom?)	
Return Receipt (to Whom?) Date, and Signature of Addressee	
TOTAL Postage & Fees	\$ 2.29
Postmark	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Marathon Oil Company Post Office Box 552 Midland, TX 79702	4. Article Number P-111-333-076
5. Signature - Address X	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	
7. Date of Delivery MAY - 7 1994	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Conoco Inc.
Post Office Box 2197
Houston, TX 77252

Postage	\$ 2.9
Certified Mail	2.00
Special Delivery	
Restricted Delivery	
Return Receipt Sent to Whom & Date	
Return Receipt Sent to Whom, Date, and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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

3. Article Addressed to: Conoco Inc. Post Office Box 2197 Houston, TX 77252	4. Article Number P-111-333-077
5. Signature - Address X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X R. S.	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery MAY - 9 1994	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Lewis B. Burleson, Inc.
 Post Office Box 2479
 Midland, TX 79702

Postage	\$.29
Delivery Fee	2.00
Special Delivery	
Restricted Delivery	
Return Receipt (including to Whom & Return Address)	
Return Receipt (including Date and Addressee's Address)	
TOTAL Postage & Fees	\$ 2.29
Postmark (if any) MAY - 5 1994	

PS Form 3800, June 1991

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

3. Article Addressed to: Lewis B. Burleson, Inc. Post Office Box 2479 Midland, TX 79702	4. Article Number P-111-333-078
5. Signature - Address X	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>Burleson</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>5-9-94</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



John H. Hendrix Corporation
223 W. Wall St., Suite 525
Midland, TX 79701

Postage	\$.29
Certified Fee	2.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt sent to Whom & Date	
Return Receipt sent Date, and Address	
FOIPA Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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:
John H. Hendrix Corporation
223 W. Wall St., Suite 525
Midland, TX 79701

4. Article Number
P-11-333-079

Type of Service:
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
5/5/94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Receipt for Certified Mail

No Insurance Coverage Provided

Mobil Exploration &
Producing U S, Inc.
Post Office Box 633
Midland, TX 79702

Postage	\$.29
Certified Fee	2.00
Special	
Restricted	
Return Receipt to Return & ...	
Return Receipt to Return at ...	
Insurance & Fees	\$ 2.29

MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.

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

3. Article Addressed to:

Mobil Exploration &
Producing U S, Inc.
Post Office Box 633
Midland, TX 79702

4. Article Number
P-111-333-080

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

Always obtain signature of addressee or agent and DATE DELIVERED.

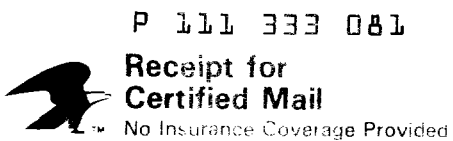
5. Signature - Address
X

6. Signature - Agent
X *James H. Ray*

7. Date of Delivery

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Atlantic Richfield Company
Post Office Box 1610
Midland, TX 79702

Postage	\$.29
Certification	2.00
Restricted Delivery Fee	
Postnet Fee	
Return Receipt Fee	
Insurance (if applicable)	
Other Fees	
Total	2.29
Postmark Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional service(s) requested.

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

3. Article Addressed to:
Atlantic Richfield Company
Post Office Box 1610
Midland, TX 79702

4. Article Number
P-111-333-081

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 - Address
X *Robert J. ...*

6. Signature - Agent
X *Robert J. ...*

7. Date of Delivery
MAY 7 1994

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your **RETURN ADDRESS**
completed on the reverse side?

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

● **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:

Southland Royalty Company
21 Desta Drive
Midland, TX 79705

4. Article Number

P-111-333-082

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

PS Form 3811, Mar. 1988

U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.

P 111 333 082
**Receipt for
Certified Mail**
No Insurance Coverage Provided
Southland Royalty Company
21 Desta Drive
Midland, TX 79705

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

P 111 333 083

 **Receipt for Certified Mail**
No Insurance Coverage Provided

Cities Service Oil Company
(OXY USA Inc.)
Post Office Box 50250
Midland, TX 79710

Postage	\$
Certified Mail	
Registered Mail	
Postage and Fees	
Return Receipt (if any)	
Return Receipt (if any)	
Return Receipt (if any)	
TOTAL POSTAGE & FEES	\$ 2.29
Postmark: MAY - 5 1994	

PS Form 3800, June 1991

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:

Cities Service Oil Company
(OXY USA Inc.)
Post Office Box 50250
Midland, TX 79710

4. Article Number
P-111-333-083

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 - Address
X

6. Signature - Agent
X

7. Date of Delivery
May 5-1

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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:

Lamar B. Roemer
530 S. University Blvd.
Denver, CO 80220

4. Article Number

P-111-333-084

Type of Service:

☐ Registered
☐ Certified
☐ Insured
☐ COD
☐ Return Receipt for Merchandise
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

6. Signature - Agent

7. Date of Delivery

MAY - 9 1994

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P 111 333 084



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Lamar B. Roemer
530 S. University Blvd.
Denver, CO 80220

Postage	\$
Insurance Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Sent to Whom & Date Delivered	
Return Receipt Sent to Whom & Date Delivered	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994



John F. Sheridan
128 Ivy Street
Denver, CO 80202

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt to Which is Attached	
Return Receipt Date, at a Point	
TOTAL Postage & Fees	\$ 2.29
Postmark	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.
☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
John F. Sheridan
128 Ivy Street
Denver, CO 80202

4. Article Number
P-11-333-085

Type of Service:
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

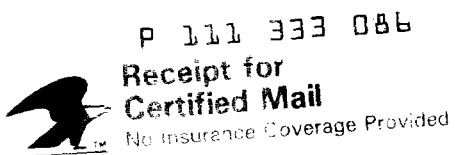
5. Signature Address
X *John F. Sheridan*

6. Signature - Agent
X

7. Date of Delivery
5/11/94

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

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Steven J. Swanson
1675 Broadway, Suite 2750
Denver, CO 80202

Postage	\$
Certified Fee	
Signature Fee	
Return Receipt	
Insurance	
Postage & Fees	\$ 2.29
<p>MAY - 5 1994</p>	

PS Form 3800, June 1991

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 boxes for additional services requested.

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

3. Article Addressed to:

Steven J. Swanson
1675 Broadway, Suite 2750
Denver, CO 80202

4. Article Number
P-111-333-086

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 - Address ☒ X
 6. Signature - Agent ☒ X

7. Date of Delivery 5-4-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Receipt for
Certified Mail

No Insurance Coverage Provided

Great Western Drilling
Post Office Box 1659
Midland, TX 79701

Postage	\$
Insurance	
Registration	
Return Receipt	
Signature Confirmation	
Restricted Delivery	
Signature Required	
Postage	\$ 2.29
Postmark	MAY - 5 1994

PS Form 3811, Mar. 1988

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-985 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 boxes for additional services requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Great Western Drilling
Post Office Box 1659
Midland, TX 79701

4. Article Number
P-111-333-087

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

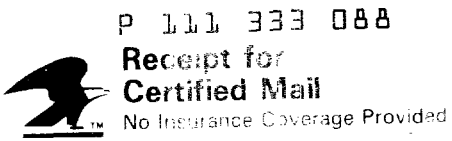
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X *John Cummins*

7. Date of Delivery
X

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



P 111 333 088

**Receipt for
Certified Mail**

No Insurance Coverage Provided

Davoil Inc.
Post Office Box 12507
Fort Worth, TX 76116

Postage	\$
Certified Fee	
Special Services	
Restricted Delivery	
Return Receipt Sent to Whom & Date	
Return Receipt Sent to Whom, Date, and Address	
TOTAL Postage & Fees	\$ 2 29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.

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

3. Article Addressed to:

Davoil Inc.
Post Office Box 12507
Fort Worth, TX 76116

4. Article Number
P-111-333-088

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 - Address
X

6. Signature - Agent
X David Reave

7. Date of Delivery
5-17-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-965 DOMESTIC RETURN RECEIPT



Phillips Petroleum Company
4001 Penbrook
Odessa, TX 79762

Postage	\$
Certified Mail	
Registered Mail	
Restricted Delivery	
Return Receipt Sent to Addressee	
Return Receipt Sent to Sender	
Return Receipt Sent to Third Party	
Return Receipt Sent to Agent	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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:
Phillips Petroleum Company
4001 Penbrook
Odessa, TX 79762

4. Article Number
P-111-333-089

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

Always obtain signature of addressee or agent and DATE DELIVERED.

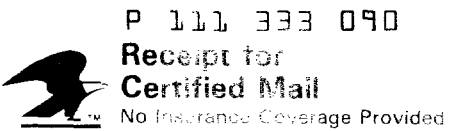
5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery
5-9-94

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

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



P 111 333 090

Receipt for
Certified Mail

No Insurance Coverage Provided

Byrom Oil Company
Leon C. Thompson/Alice J.
Post Office Box 147
Hobbs, NM 88241

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery	
Return Receipt Sent to Whom & Date	
Return Receipt Sent to Whom, Date, and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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:

Byrom Oil Company
Leon C. Thompson/Alice J.
Post Office Box 147
Hobbs, NM 88241

4. Article Number
P-111-333-090

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X *Alice J. Thompson*

6. Signature - Agent
X

7. Date of Delivery
5-9-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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 boxes for additional services requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Shell Oil Company
 Post Office Box 576
 Houston, TX 77001

4. Article Number

P-111-333-091

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature

X

7. Date of Delivery

MAY 10 1994

PS Form 3811, Mar. 1988

U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P 111 333 091
Receipt for Certified Mail
 No Insurance Coverage Provided

Shell Oil Company
 Post Office Box 576
 Houston, TX 77001

Postage	\$
Certified Fee	
Special Service	
Restricted Delivery Fee	
Return Receipt for Merchandise (When Selected)	
Return Receipt for Signature (When Selected)	
TOTAL Postage & Fees	2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional fees requested.
☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Daniel McNabb
 Post Office Box 2115
 Colorado Springs, CO 80901

4. Article Number: P-111-333-092

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

Always obtain signature of addressee or agent and DATE DELIVERED.

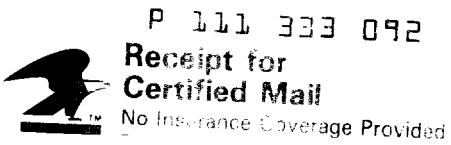
5. Signature/Address: *Daniel McNabb*
 X

6. Signature - Agent: *Daniel McNabb*
 X

7. Date of Delivery: 5-9-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Daniel McNabb
 Post Office Box 2115
 Colorado Springs, CO 80901

Postage	2.29
Certification	
Insurance	
Registered	
Express Mail	
Return Receipt for Merchandise	
Signature of Addressee	
Signature of Agent	
Date of Delivery	MAY - 5 1994

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 boxes for additional services requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Robert Mosbacher
 712 Main St., Suite 2200
 Houston, TX 77002

4. Article Number

P-111-333-093

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

MAY 09 1994

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P 111 333 093



Receipt for
 Certified Mail

No Insurance Coverage Provided

Robert Mosbacher
 712 Main St., Suite 2200
 Houston, TX 77002

Postage	\$
Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Insurance Fee	
Postmark or Date	MAY - 5 1994
Total	\$ 2.29

PS Form 3811, June 1988

● **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 boxes for additional services requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Nations Bank of Texas, Trustee
 for the Jessie B. Crump Family Trust
 Post Office Box 270
 Midland, TX 79702

4. Article Number

P-111-333-094

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature of Agent

X

7. Date of Delivery

MAY - 7 1994

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P 111 333 094



Receipt for
 Certified Mail

No Insurance Coverage Provided

Nations Bank of Texas, Trustee
 for the Jessie B. Crump Family Trust
 Post Office Box 270
 Midland, TX 79702

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt Fee (only to Whom & Date)	
Return Receipt Fee (only to Whom & Date)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

● **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 boxes for additional services requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Bank One, Texas, Trustee of the
 Joe and Jessie Crump Fund
 Post Office Box 2605
 Fort Worth, TX 76113

4. Article Number

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature - Agent


X

7. Date of Delivery

MAY 09 1994

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865

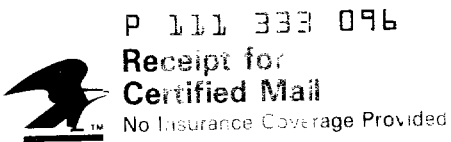
DOMESTIC RETURN RECEIPT

P 111 333 095
 **Receipt for Certified Mail**
 No Insurance Coverage Provided

Bank One, Texas, Trustee of the
 Joe and Jessie Crump Fund
 Post Office Box 2605
 Fort Worth, TX 76113

Postage	\$
Delivery Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991



Texas Commerce Bank, Agent for
 Mary G. Morgan Fagan Payne
 Post Office Box 2558
 Houston, TX 77252

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt Sent to Whom & Date	
Return Receipt Sent to Whom, Date, and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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

3. Article Addressed to: Texas Commerce Bank, Agent for Mary G. Morgan Fagan Payne Post Office Box 2558 Houston, TX 77252	4. Article Number P-111-333-096
5. Signature - Address 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 type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery MAY 10 1994	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-665 DOMESTIC RETURN RECEIPT

P 111 333 097



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Patricia Penrose Scheiffer
D.M. Royalties, Ltd.
1640 First City Bank Tower
201 Main Street
Fort Worth, TX 76102

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt for to Whom & Delivery Point	
Return Receipt for Date and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991

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: Bank One, Texas, Trustee of the Neville G. Penrose Post Office Box 2605 Fort Worth, TX 76113		4. Article Number P-111-333-098	
5. Signature — Address 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 type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature — Agent X <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery MAY 09 1994			

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 098
Receipt for Certified Mail
 No Insurance Coverage Provided

Bank One, Texas, Trustee of the
 Neville G. Penrose
 Post Office Box 2605
 Fort Worth, TX 76113

Postage	\$
Certified Fee	
Collection	
Restricted Delivery	
Return Receipt for Merchandise	
Return Receipt for Signature	
DATE DELIVERED	
TOTAL POSTAGE & FEES	\$ 2.29
Postmark	MAY - 5 1994

● **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 boxes for additional services requested.
☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Nations Bank of Texas, Trustee of the
 Patricia Hoffman Clark Trust #5496
 Post Office Box 2546
 Fort Worth, TX 76113

4. Article Number

P-111-333-099

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

MAY 09 1994

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 099



Receipt for
 Certified Mail

No Insurance Coverage Provided

Nations Bank of Texas, Trustee of the
 Patricia Hoffman Clark Trust #5496
 Post Office Box 2546
 Fort Worth, TX 76113

Postage	\$
Certification Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Return Receipt Fee and Address	
Postage, Insurance, & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

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:
 The W. A. Yeager Group
 Post Office Box 990
 Midland, TX 79702

4. Article Number
 P-11-333-100

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

Always obtain signature of addressee or agent and DATE DELIVERED.

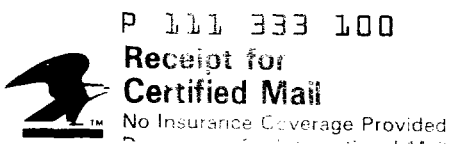
5. Signature - Address
 X

6. Signature - Agent
 X *William A. Yeager*

7. Date of Delivery
 MAY - 9 1994

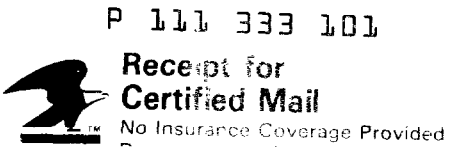
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



The W. A. Yeager Group
 Post Office Box 990
 Midland, TX 79702

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994



Lucy Owings Ross
Post Office Box 1778
Colorado Springs, CO 80901

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991

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:
Lucy Owings Ross
Post Office Box 1778
Colorado Springs, CO 80901

4. Article Number
P-111-333-101

Type of Service:
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

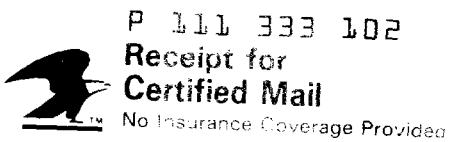
5. Signature - Address
X

6. Signature - Agent
X *Lucy Owings Ross*

7. Date of Delivery
MAY 10 1994

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



North Central Oil Corporation
 6001 Savoy, Suite 600
 Houston, TX 77036

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Sent to Whom & Date Delivered	
Return Receipt Sent to Whom, Date, and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional service(s) requested.

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

3. Article Addressed to: (Extra charge)

North Central Oil Corporation
 6001 Savoy, Suite 600
 Houston, TX 77036

4. Article Number P-111-333-102

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or post office and DATE DELIVERED.

5. Signature - Address X

6. Signature - Agent X *B. Pearson*

7. Date of Delivery 5-9 *H. T. 77036*

8. Addressee's Address (ONLY if requested and fee paid) *6001 Savoy #600*

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-865 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 boxes for additional service(s) requested.
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Clarabel Tanner Family Trust
 4767 Overton Woods Dr.
 Fort Worth, TX 76109

4. Article Number

2-111-333-103

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 - Address

X Clarabel Tanner

6. Signature - Agent

X

7. Date of Delivery

5-10-94

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

4767 Overton Woods Dr.
 Ft. Worth, TX 76109

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 103



Receipt for
 Certified Mail

No Insurance Coverage Provided

Clarabel Tanner Family Trust
 4767 Overton Woods Dr.
 Fort Worth, TX 76109

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee to Whom & Date	
Return Receipt Fee Date and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

● **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.
☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

John Dunson Camp, Trustee of the
Living Trust of Bert Ellen Camp
Post Office Box 584
Roswell, NM 88202

4. Article Number

P-111-333-104

Type of Service:

☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

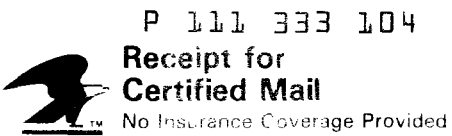
6. Signature - Agent

7. Date of Delivery

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT



John Dunson Camp, Trustee of the
Living Trust of Bert Ellen Camp
Post Office Box 584
Roswell, NM 88202

Postage	47
Certified Fee	
Service Charge	
Restricted Delivery	
Return Receipt for Merchandise	
Return Receipt for Signature	
Return Receipt for Signature and Address	
POSTAGE & FEES	2.29
Postmark (Date)	MAY - 5 1994

● **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 boxes for additional service(s) requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: (Extra charge)

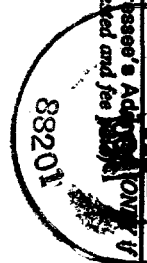
Toles-Com-Ltd.
 Post Office Drawer 1300
 Roswell, NM 88202

4. Article Number
 P-111-333-105

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ Registered Mail
☐ Express Mail ☐ Return Receipt for Merchandise
 Always obtain signed receipt from addressee or agent and DATE DELIVERED.

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

5. Signature - Address
 X
 6. Signature - Agent
 X *Agent*
 7. Date of Delivery



PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 105



Receipt for
 Certified Mail

No Insurance Coverage Provided

Toles-Com-Ltd.
 Post Office Drawer 1300
 Roswell, NM 88202

Postage	\$	
Insurance		
Restricted Delivery		
Return Receipt for Merchandise		
Signature of Agent		
Signature of Addressee		
Date of Delivery		
Total	\$	2.29

MAY - 5 1994

1981 June 1988 Form 3811, PS

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 boxes for additional service(s) requested.
☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 Sue Saunders Graham
 Post Office Box 987
 Roswell, NM 88202

4. Article Number:
 P-111-333-106

Type of Service:
☒ Registered
☐ Certified
☐ Insured
☐ Express Mail
☐ COD
☐ Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

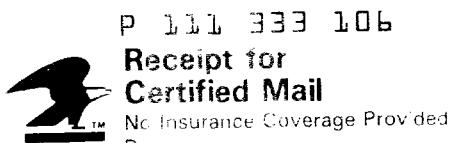
5. Signature - Address
☒ Sue Saunders Graham

6. Signature - Agent
☒

7. Date of Delivery
 5-10-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-242-865 DOMESTIC RETURN RECEIPT



P 111 333 106

Receipt for Certified Mail

No Insurance Coverage Provided

Sue Saunders Graham
 Post Office Box 987
 Roswell, NM 88202

Postage	\$
Certified Fee	
Special Services Fee	
Restricted Delivery Fee	
Return Receipt Fee (to Whom & Date Delivered)	
Return Receipt Fee (to Whom & Date Delivered)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

Is your **RETURN ADDRESS**
completed on the reverse side?

P 111 333 107



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Herman J. Ledbetter
Post Office Box 426
Artesia, NM 88201

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom (Date, and Addressee's Address)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991

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

3. Article Addressed to: Herman J. Ledbetter Post Office Box 426 Artesia, NM 88201		4. Article Number P-11-333-107	
5. Signature — Address 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 type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .	
6. Signature — Agent X		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery X		2. Restricted Delivery <input type="checkbox"/> (Extra charge)	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

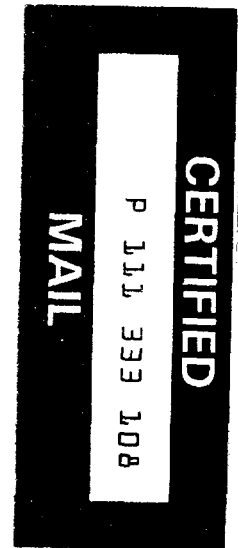
1st Notice MAY 1 1994
2nd Notice _____
Return _____



Alan J. Antweil
Post Office Box 763
Hobbs, NM 88240

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991



Alan J. Antweil
Post Office Box 763
Hobbs, NM 88240


RETURNED
TO
SENDER
UNDELIVERABLE AS ADDRESSED.
FORWARDING ORDER EXPIRED.

MAY 3 11/94

● **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 boxes for additional services requested.
☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Revocable Trust Post Office Box 978 Hobbs, NM 88241		4. Article Number P-111-333-109
5. Signature - Addressee <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent <i>[Signature]</i>		
7. Date of Delivery 5/1/94		B. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 109
 **Receipt for Certified Mail**
 No Insurance Coverage Provided
 Roy G. Barton, Jr., Trustee of the
 Roy G. Barton, Sr., and Opal Barton
 Revocable Trust
 Post Office Box 978
 Hobbs, NM 88241

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt Fee to Whom & Where	
Return Receipt Fee Date, Time & Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991

● **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 boxes for additional services requested.
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Bravo Energy, Inc. Post Office Box 758 Hobbs, NM 88240		4. Article Number P-11-333-110
5. Signature - Address X <i>[Signature]</i>		Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X		
7. Date of Delivery 5-9-94		

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 110
Receipt for Certified Mail
 No Insurance Coverage Provided

Bravo Energy, Inc.
 Post Office Box 758
 Hobbs, NM 88240

Postage	\$
Certified fee	
Special Delivery	
Restricted Delivery	
Return Receipt for Merchandise	
Return Receipt for Signature	
Postage & Fees	2.29
Postmark or Date MAY 9 1994	

1661 Form 3800 June 1991

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 boxes for additional services requested.
☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 The Moran Partnership
 Post Office Box 1919
 Hobbs, NM 88241

4. Article Number
 P-111-333-111

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 - Address
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 5-9-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 111
Receipt for Certified Mail
 No Insurance Coverage Provided

The Moran Partnership
 Post Office Box 1919
 Hobbs, NM 88241

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt for Merchandise	
Return Receipt for Signature	
Return Receipt for Address	
Postage, Insurance, and Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991



P 111 333 112

**Receipt for
Certified Mail**

No Insurance Coverage Provided

K.D. Peters
Post Office Box 1860
Hobbs, NM 88241

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Sent to Whom & Date	
Return Receipt Sent to Whom, Date, and Address (if different)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.

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

3. Article Addressed to:
K.D. Peters
Post Office Box 1860
Hobbs, NM 88241

4. Article Number
P-111-333-112

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 - Address
X

6. Signature - Agent
X *K.D. Peters*

7. Date of Delivery
5-9-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS
completed on the reverse side?

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

● **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 boxes for additional services requested.
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

KMC No. 1 Partnership
Alpha Tower, Suite 201
Dallas, TX 75204

4. Article Number

P-111-333-113

Type of Service:

☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1989/A12-865

DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.

P 111 333 113



Receipt for
Certified Mail

No Insurance Coverage Provided

KMC No. 1 Partnership
Alpha Tower, Suite 201
Dallas, TX 75204

Postage	\$
Certified Fee	
Restr. Del. Fee	
Return Receipt (if desired)	
Return Receipt (if desired)	
Return Receipt (if desired)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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. Cor.: if postmaster not fees and check boxes for additional services requested.

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

3. Article Addressed to: Barry Antweil and Mark Antweil
Post Office Box 2010
Hobbs, NM 88241

4. Article Number: P-11-333-114

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

Always obtain signature of addressee or agent and DATE DELIVERED.

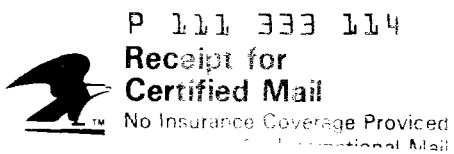
5. Signature of Addressee: *[Signature]*
X

6. Signature - Agent: *[Signature]*
X

7. Date of Delivery: 5/10/94

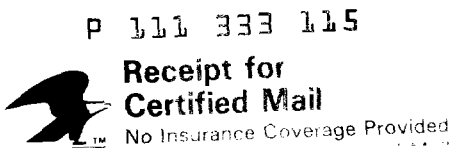
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT



Barry Antweil and Mark Antweil
Post Office Box 2010
Hobbs, NM 88241

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994



T. G. McCormick
625 Abo
Hobbs, NM 88240

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery	
Return Receipt Sent to Addressee	
Return Receipt Sent to Office of Origin	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991

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 boxes for additional services requested.

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

3. Article Addressed to:
T. G. McCormick
625 Abo
Hobbs, NM 88240

4. Article Number
P-111-333-115

Type of Service:
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X *T. G. McCormick*

6. Signature - Agent
X

7. Date of Delivery
5/9/94

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

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your **RETURN ADDRESS**
completed on the reverse side?

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

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 boxes for additional services requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Paul L. Silverman
Trammell Crow Co.
Post Office Box 25346
Albuquerque, NM 87125

4. Article Number
P-111-333-116

Type of Service:
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
Always obtain signature of addressee or agent and **POSTAGE DENIED**.

5. Signature - Address
X

6. Signature - Agent
X *Paul L. Silverman*

7. Date of Delivery
5-9-94

8. Addressee's Address (Only if requested and fee paid)
ALBUQUERQUE, N.M.
MAY 9 1994
USPS

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.

P 111 333 116



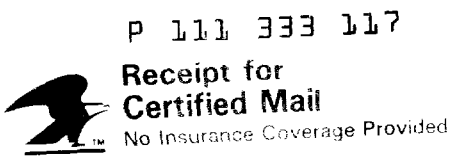
**Receipt for
Certified Mail**

No Insurance Coverage Provided

Paul L. Silverman
Trammell Crow Co.
Post Office Box 25346
Albuquerque, NM 87125

Postage	\$
Contract Fee	
Special Service Fee	
Postmaster's Fee	
Return Receipt Fee (Add for Return Receipt for Merchandise)	
Postage Insurance Fee (Add for Insurance)	
POSTAGE	\$ 2.29
Postmark or Box	MAY - 5 1994

1991 June 1003800



P 111 333 117

Receipt for
Certified Mail

No Insurance Coverage Provided

Donald A. Turner, d/b/a
Team Exploration
310 W. Illinois
Midland, TX 79701

Postage	\$
Reg. Mail Fee	
Special Delivery Fee	
Return Receipt Fee	
Insurance (if desired)	
Postage and Fees	2.29
Signature of Addressee	
Signature of Sender	
Postmark, or Date	

PS Form 3811, June 1988

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 boxes for additional services requested.
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:	Donald A. Turner, d/b/a Team Exploration 310 W. Illinois Midland, TX 79701
4. Article Number	P-111-333-117
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 type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address	X
6. Signature - Agent	X <i>Donald A. Turner</i>
7. Date of Delivery	MAY 16 1994
8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Fold at line over top of envelope and right of the return address

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 boxes for additional service(s) requested.

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

3. Article Addressed to:

Herman W. Ballerstedt
4802 El Dorado Dr.
Wichita Falls, TX 76310

4. Article Number
P-11-333-118

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

Always obtain signature of addressee or agent and DATE DELIVERED.


5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery
X

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 118

Receipt for Certified Mail
 No Insurance Coverage Provided

Herman W. Ballerstedt
 4802 El Dorado Dr.
 Wichita Falls, TX 76310

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	



Annie E. Lohman
Star Route
Petrolia, TX 76377

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (if desired) to Whom & Date Delivered	
Return Receipt Showing Date and Addressee's Signature	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional service(s) requested.

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

3. Article Addressed to:

Annie E. Lohman
Star Route
Petrolia, TX 76377

4. Article Number
P-111-333-119

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

Always obtain signature of addressee or agent and DATE DELIVERED.

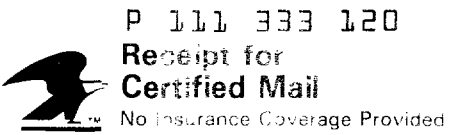
5. Signature - Address
X Annie E. Lohman

6. Signature - Agent
X Lucille Stagg

7. Date of Delivery
05/09/94

8. Addressee's Address (ONLY if requested and fee paid)
HCR 51 Box 21
Petrolia TX 76377

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Louise B. Widen
305 W. 13th Street
Austin, TX 78701

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt Sent to Whom & Date of Delivery	
Return Receipt Sent to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991

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 boxes for additional services requested.
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Louise B. Widen 305 W. 13th Street Austin, TX 78701	4. Article Number P-11-333-120
5. Signature - Address 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 type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>Louise B. Widen</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>5/7/94</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 121
**Receipt for
 Certified Mail**
 No Insurance Coverage Provided

Pauline V. Ballerstedt
 714 N. Washington
 Seymour, TX 76380

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt (if any)	
Return Receipt (if any)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865

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

3. Article Addressed to:
 Pauline V. Ballerstedt
 714 N. Washington
 Seymour, TX 76380

4. Article Number
 P-111-333-121

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 - Address
 X *Pauline V. Ballerstedt*

6. Signature - Agent
 X

7. Date of Delivery
 5/9/94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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: June D. Speight
Post Office Box 1687
Lovington, NM 88260

4. Article Number 9-111-333-122

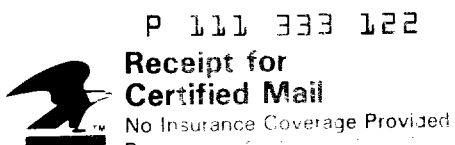
Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee ☒ June D. Speight
 6. Signature - Agent ☒ *Hyndman*
 7. Date of Delivery

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



June D. Speight
Post Office Box 1687
Lovington, NM 88260

Postage	\$
Certified Fee	
Special Delivery	
Registered Mail	
Return Receipt for Merchandise	
Signature Required	
Postage on Return	
Total Postage & Fees	2.29
Postage on Return	

MAY - 5 1994

Is your **RETURN ADDRESS**
completed on the reverse side?

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

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 may prevent this card from being returned to you. The return address 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 boxes for additional service(s) requested.

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

3. Article Addressed to:

C.C. Hutton
318 N. Alleghaney, Suite 400
Odessa, TX 79716

4. Article Number
P-111-333-123

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-242-865 DOMESTIC RETURN RECEIPT

P 111 333 123

**Receipt for
Certified Mail**
 No Insurance Coverage Provided

C.C. Hutton
 318 N. Alleghaney, Suite 400
 Odessa, TX 79716

Postage	\$
Insurance	
Registration	
Restricted Delivery	
Signature Required	
Return Receipt for Merchandise	
\$2.29	
MAY - 5 1994	

Thank you for using
Return Receipt Service.

Is your RETURN ADDRESS
completed on the reverse side?


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

Thank you for using
Return Receipt Service.

3. Article Addressed to: Jim Conner First Boston 4911 InterFirst II Dallas, TX 75270		4. Article Number P-111-333-124
5. Signature - Address X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X		
7. Date of Delivery X		

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 124

 **Receipt for Certified Mail**
No Insurance Coverage Provided

Jim Conner
First Boston
4911 InterFirst II
Dallas, TX 75270

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 Ruff Ahders
 321 N. Lee Avenue
 Odessa, TX, 79761

4. Article Number
 P-111-333-125

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 - Address
 X

6. Signature - Agent
 X

7. Date of Delivery
 5-4-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 125

 **Receipt for Certified Mail**
 No Insurance Coverage Provided

Ruff Ahders
 321 N. Lee Avenue
 Odessa, TX 79761

Postage	\$
Certified	
Special	
Restricted	
Return Receipt	
Return Receipt for Merchandise	
DATE and ADDRESS (if different)	
TOTAL Postage & Fees	\$ 2.29
Postmark	

MAY - 5 1994

PS Form 3800, June 1991



Pat Ryan
 3330 Manor Road
 Austin, TX 78723

Postage	\$
Certified fee	
Special	
Restricted Delivery	
Return Receipt (to Whom?)	
Return Receipt (to Whom?)	
Date and Signature of Addressee	
TOTAL Postage & Fees	\$ 2.29
Postmark: MAY - 5 1994	

PS Form 3800, June 1991

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:
 Pat Ryan
 3330 Manor Road
 Austin, TX 78723

4. Article Number
 P-111-333-126

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 - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
5/7/94 2315MCD

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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 boxes for additional services requested.
☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Christmas Ranches, Inc.
 Chico Route
 Raton, NM 87740

4. Article Number

P-111-333-127

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

5-9-94

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 127



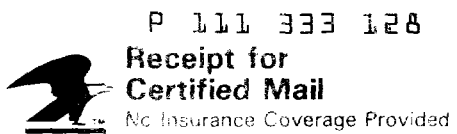
Receipt for
 Certified Mail

No Insurance Coverage Provided

Christmas Ranches, Inc.
 Chico Route
 Raton, NM 87740

Postage	\$
Certified Fee	
Special Service	
Restricted Delivery	
Return Receipt to Whom & Date	
Return Receipt Date, and Fee	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991



Joyce A. Brown
909 N. Alameda
Las Cruces, NM 88001

PS Form 3800, June 1991

Postage	\$
Certified Mail	
Book Fee	
Postage Fee	
Return Receipt by Air Mail	
Return Receipt by First-Class Mail	
Return Receipt by Registered Mail	
Return Receipt by Certified Mail	\$ 2.29
Postmark	

MAY - 5 1994

P 111 333 129



**Receipt for
Certified Mail**

No Insurance Coverage Provided

James R. Leeton, Jr.
Mary Lee Leeton
505 N. Big Spring, Suite 404
Midland, TX 79701

Postage	\$
Insurance	
Registered	
Restricted	
Return Receipt for Merchandise	
Recorded Delivery (INTERNATIONAL)	
Special Delivery	
Total	\$ 2.29

MAY - 5 1994

Is your **RETURN ADDRESS**
completed on the reverse side?

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DC

3. Article Addressed to:
James R. Leeton, Jr.
Mary Lee Leeton
505 N. Big Spring, Suite 404
Midland, TX 79701

4. Article Number:
P-111-333-129

5. Signature - Address
☒ X

6. Signature - Agent
☒ X

7. Date of Delivery

8. Addressee requested:
Always obtain or agent and L

Type of Service:
☒ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise
☐ Restricted Delivery (Extra charge)

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



We tried to deliver something to you!
We can bring it back!

United States Postal Office

It is a:

- ☒ Letter
☐ Magazine/Catalog/Large envelope
☐ Parcel
☐ Perishable Item
☐ Article with Delivery Restricted to Addressee
☐ Left at Apt Manager's Office

☐ Signature is required at time of delivery

Addressed to:

James Leeton, Jr.

Street and Number

505 N Big Spring #404

Your mail is:

- ☐ Express Mail: (Automatic redelivery next delivery day unless you call to hold at Post Office)
☐ Insured
☒ Certified
☐ Registered
☐ Return Receipt for Merchandise
☐ Recorded Delivery (INTERNATIONAL)
☐ Special Delivery

☐ Article Requiring Payment

- ☐ Postage Due
☐ COD
☐ Customs

☐ This is Your Final Notice
Your article will be RETURNED TO SENDER on:

Amount Due

Thank you to
Return Receipt

(Bring this notice and ID)

PS Form 3849 (test), May 1993

● **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:

Richard Breton
9728 Darway
El Paso, TX 79925

4. Article Number

P-111-333-130

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

6. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P 111 333 130



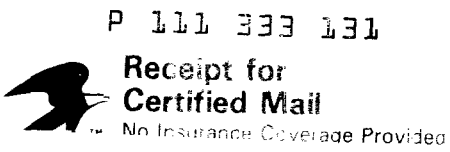
Receipt for
Certified Mail

No Insurance Coverage Provided

Richard Breton
9728 Darway
El Paso, TX 79925

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt Sent to Whom & Date	
Return Receipt Sent to Whom, Date, and Address (if Agent)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991



Receipt for
Certified Mail
No Insurance Coverage Provided

Smith Collins
Post Office Box 2449
Hobbs, NM 88240

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date, and Addressee's Signature	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

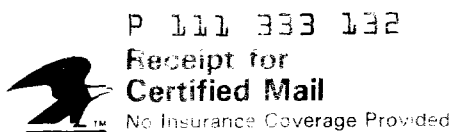
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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 boxes for additional services requested.

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

3. Article Addressed to:	Smith Collins Post Office Box 2449 Hobbs, NM 88240
4. Article Number	7-11-333-130
Type of Service:	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee	<i>Mr. & Mrs. J. L. Collins</i>
6. Signature - Agent	
7. Date of Delivery	5-11-94
8. Addressee's Address (ONLY if requested and fee paid)	Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT



P 111 333 132

Receipt for
Certified Mail

No Insurance Coverage Provided

Louis Dreyfus Gas Holdings, Inc.
14000 Quail Springs Parkway
Suite 600
Oklahoma City, OK 73134

Postage	\$
Certified Fee	
Special Service	
Restricted Delivery	
Return Receipt Sent to Whom & Date	
Return Receipt Sent to Whom, Date, and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Louis Dreyfus Gas Holdings, Inc.
14000 Quail Springs Parkway
Suite 600
Oklahoma City, OK 73134

4. Article Number
P-111-333-132

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

5. Signature - Address
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
[Signature]

8. Addressee's signature of addressee
[Signature] and DATE DELIVERED.
[Signature] requested and fee paid

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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

<p>3. Article Addressed to:</p> <p>W. D. Burger 414 Fisk Bldg. Amarillo, TX 79105</p>		<p>4. Article Number P-111-333-133</p>	
<p>5. Signature — Address X</p>		<p>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 type="checkbox"/> Return Receipt for Merchandise </p>	
<p>6. Signature — Agent X</p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p>124 S. Polk #414 Amarillo, TX 79104</p>	
<p>7. Date of Delivery</p>		<p>2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	

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 boxes for additional service(s) requested.

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

US Form 3811, Mar. 1968 * U.S.G.P.O. 1968-212-865 DOMESTIC RETURN RECEIPT

Postage	\$
Certified Fee	
Special Delivery Fee	
Postnet and Barcode Fee	
Return Receipt (hard copy) and Certification & Signature Required	
Delivery Point (hard copy) and Certification & Signature Required	
1st Class Package & Fee	\$ 2.29
Postage in Advance	

MAY - 5 1994

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 boxes for additional services requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

MW Petroleum Corp.
 2000 Post Oak Blvd.
 Houston, TX 77056

4. Article Number
 P-111-333-134

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

Always obtain signature of addressee or agent and DATE DELIVERED.
 8. Addressee's Address (ONLY if requested and fee paid)

5. Signature — Address
 X

6. Signature Agent
 X

7. Date of Delivery
 5:30 PM

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 134
Receipt for Certified Mail
 No Insurance Coverage Provided
 MW Petroleum Corp.
 2000 Post Oak Blvd.
 Houston, TX 77056

Postage	\$
Certified Fee	
Special Services Fee	
Restricted Delivery Fee	
Return Receipt Fee (if mailed & delivered)	
Return Receipt Fee (if delivered only)	
U.S. Postage & Fees	2.29
Postmark on Del	

MAY - 5 1994

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

1st Notice MAY 15 1994
2nd Notice _____
Return _____



Receipt for Certified Mail

No Insurance Coverage Provided

El Paso Production Company
Post Office Box 99005
El Paso, TX 79999

CERTIFIED

P 22.3 333 135

MAIL

El Paso Production Company
Post Office Box 99005
El Paso, TX 79999

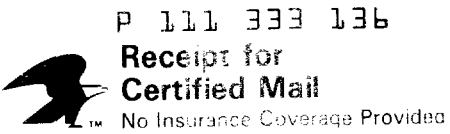


Postage	\$
Certified Fee	
Special Delivery Fee	
Insurance - per \$1000	
Registered Mail Fee	
Return Receipt Fee	
Signature Required Fee	
Postage in Advance	
Postage Due	\$ 2.29
Postage Due	

DATE OF DELIVERY

MAY 5 1994

100-3306-100



P 111 333 136

**Receipt for
Certified Mail**

No Insurance Coverage Provided

MKA Oil Properties, L.P.
500 W. Texas, Suite 1230
Midland, TX 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Sent to Whom & Date Delivered	
Return Receipt Sent to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	JUN 1 1991


PS Form 3800, June 1991

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 boxes for additional services requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: MKA Oil Properties, L.P. 500 W. Texas, Suite 1230 Midland, TX 79701	4. Article Number P-111-333-136
5. Signature - Address X <i>[Signature]</i>	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input 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 5-4-91	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 137

 **Receipt for Certified Mail**
No Insurance Coverage Provided

Doyle Hartman
Post Office Box 10426
Midland, TX 79702

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (to whom & Date Delivered)	
Return Receipt (showing Date, and Addressee)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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: Doyle Hartman Post Office Box 10426 Midland, TX 79702	4. Article Number P-111-333 137
5. Signature - Address X	6. Signature - Agent X <i>[Signature]</i>
7. Date of Delivery MAY - 9 1994	8. Addressee's Address (ONLY if requested and fee paid)

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



P 111 333 138

Receipt for
Certified Mail

No Insurance Coverage Provided

John H. Hendrix Corporation
223 W. Wall St., Suite 525
Midland, TX 79701

Postage	\$
Postage -	
Special Delivery	
Restricted Delivery	
Return Receipt -	
to Whom & Date	
Return Receipt -	
Date, and Address of Addressee	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional service(s) requested.

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

3. Article Addressed to:
John H. Hendrix Corporation
223 W. Wall St., Suite 525
Midland, TX 79701

4. Article Number
P-11-333-138

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 *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
5/3/94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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 envelope. **Failure to do this will prevent this card from being returned to you; the return receipt fee will be provided by the postmaster.**
 to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Meridian Oil Production Inc.
 Post Office Box 51810
 Midland, TX 79710

4. Article Number

49-111-333-139

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

5/9/94

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 139



Receipt for Certified Mail

No Insurance Coverage Provided

Meridian Oil Production Inc.
 Post Office Box 51810
 Midland, TX 79710

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee (to Whom Sent)	
Return Receipt Fee (to Agent)	
TOTAL Postage & Fees	\$ 2.29
Postmark Date	MAY 5 1994

PS Form 3800, June 1991

● **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:

Heathary Resource Inc.
 5707 Vestavia
 Houston, TX 77069

4. Article Number

P-111-333-140

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X *H. Heath*

6. Signature - Agent

X

7. Date of Delivery

5-17-84

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 140
Receipt for Certified Mail
 No Insurance Coverage Provided
 Heathary Resource Inc.
 5707 Vestavia
 Houston, TX 77069

Postage	\$0
Delivery Fee	
Special Delivery	
Registered Delivery	
Return Receipt for Merchandise	
Return Receipt for Signature	
Return Receipt for Signature and Date	
Postage and Fees	\$2.29
Postmark or Date	MAY 17 1984

P 111 333 141



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mountain Pine Oil Company
4221 Tamarack Court
Boulder, CO 80302

154-000 3800, June 1991

Postage	\$
Acceptance Fee	
Delivery Point Fee	
Restricted Delivery Fee	
Registered Mail Fee	
Return Receipt Fee	
Signature Required Fee	
Telex Mail Fee	
Weight and Dimensions Fee	
Postage Total	\$ 2.29
Postmark or Date	
MAY - 5 1994	

Is your **RETURN ADDRESS**
completed on the reverse side?

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

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.

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

3. Article Addressed to: Greenhill Petroleum Inc. 16010 Barkers Point Lane Suite 325 Houston, TX 77079	4. Article Number P-111-333-142
5. Signature - Address 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 type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-665 DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.

P 111 333 142
**Receipt for
Certified Mail**
No Insurance Coverage Provided
Greenhill Petroleum Inc.
16010 Barkers Point Lane
Suite 325
Houston, TX 77079

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL: Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

P 111 333 143



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Bi-State Loans & Leasing Co., Inc.
116 N. Main Street
Roswell, NM 88201

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY 5 1991

PS Form 3800, June 1991

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 boxes for additional service(s) requested.
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Bi-State Loans & Leasing Co., Inc. 116 N. Main Street Roswell, NM 88201	4. Article Number P-111-333-143
5. Signature - Address 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 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 5-9-91	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Kaiser-Francis Oil Company
 6733 South Yale
 Tulsa, OK 74136

Postage	\$
Delivery Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2 29
Postmark or Date MAY - 5 - 1988	

PS Form 3800, June 1981

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 boxes for additional service(s) requested.

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

3. Article Addressed to: Kaiser-Francis Oil Company
 6733 South Yale
 Tulsa, OK 74136

4. Article Number: **P-111-333-144**

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 - Address **X** *Michael A. ...*
 6. Signature - Agent **X**
 7. Date of Delivery **5-9-88**

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your **RETURN ADDRESS**
completed on the reverse side?

Fold over top of envelope to the
right

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.

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

3. Article Addressed to: Greenhill Petroleum Inc. 16010 Barkers Point Lane Suite 325 Houston, TX 77079	4. Article Number P-111-333-142
5. Signature - Address X	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input 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)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.

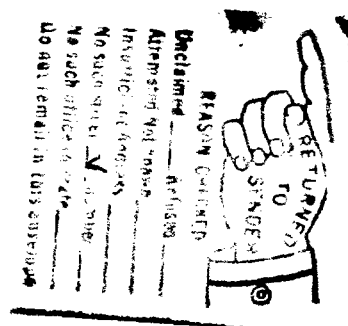
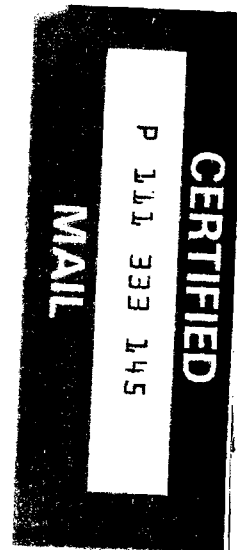
P 111 333 142
**Receipt for
Certified Mail**
No Insurance Coverage Provided
Greenhill Petroleum Inc.
16010 Barkers Point Lane
Suite 325
Houston, TX 77079

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Sent to Whom & Date Delivered	
Return Receipt Sent to Whom & Date Delivered	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



Wainco Oil and Gas Company
1200 Smith Street
Suite 1500
Tulsa, OK 74136

P 111 333 145

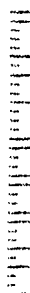


Receipt for
Certified Mail
No Insurance Coverage Provided

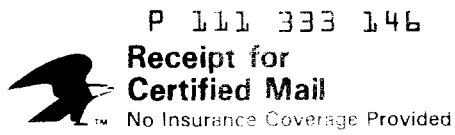
Wainco Oil and Gas Company
1200 Smith Street
Suite 1500
Tulsa, OK 74136

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Mail Fee	
Return Receipt (if for Air Mail & Ins. Coverage)	
Return Receipt (if for Ins. Coverage)	
Total Postage & Fees	\$ 2.39
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991



MAY 11 1994
Postmark



P 111 333 146

**Receipt for
Certified Mail**

No Insurance Coverage Provided

Faubion Oil and Gas Corporation
333 Clay Street, Suite 4490
Houston, TX 77002

PS Form 3800, June 1991

Postage	\$
Certified fee	
Signature Required Fee	
Restricted Delivery fee	
Return Receipt by First-Class Mail®	
Return Receipt by Registered Mail®	
Return Receipt by Certified Mail®	
Total Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Eurampex Industries, Inc.
12001 N. Central Expressway
Dallas, TX 75243

Postage	\$
Collection Fee	
Business Delivery Fee	
Restricted Delivery Fee	
Return Receipt for Merchandise (RM-R)	
Signature Confirmation (SC)	
Insurance (per \$100)	
Postage and Fees	\$ 2.29
Postmark or Date	MAY - 5 1984

PS Form 3800, June 1991

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 boxes for additional service(s) requested.

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

3. Article Addressed to:

Eurampex Industries, Inc.
12001 N. Central Expressway
Dallas, TX 75243

5. Signature - Address ☒

6. Signature - Agent ☒

7. Date of Delivery ☒

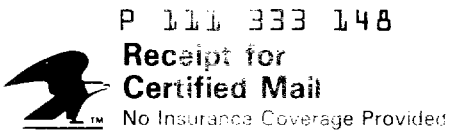
4. Article Number
P-111-333-147

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



P 111 333 148

**Receipt for
Certified Mail**

No Insurance Coverage Provided

7777 Drilling Corp.
Post Office Box 1468
Graham, TX 76450

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Shown to Whom & Date Delivered	
Return Receipt Shown to Whom, Date, and Addressee's Signature	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: 7777 Drilling Corp. Post Office Box 1468 Graham, TX 76450	4. Article Number P-111-333-148
5. Signature - Address Signature Agent Date of Delivery 5-9-94	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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 boxes for additional service(s) requested.

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

3. Article Addressed to:

Mack Energy Corp.
Post Office Box 278
Artesia, NM 88210

4. Article Number
P-11-333-149

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

Always obtain signature of addressee or agent and DATE DELIVERED.

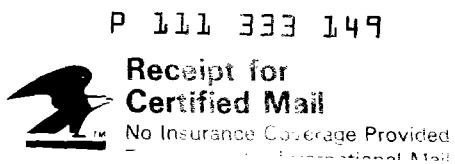
5. Signature - Address
X

6. Signature Agent
X *Steve Jackson*

7. Date of Delivery
05-09-94

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



Mack Energy Corp.
Post Office Box 278
Artesia, NM 88210

Postage	<i>35</i>
Certified Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

Is your **RETURN ADDRESS**
completed on the reverse side?

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

3. Article Addressed to:
W & W Oil Company
Post Office Box 427
Hobbs, NM 88260

4. Article Number
7-111-353-150

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
Always obtain signature of addressee or agent and DATE DELIVERED.

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

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

3 and 4. SENDEE: 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 boxes for additional service(s) requested.

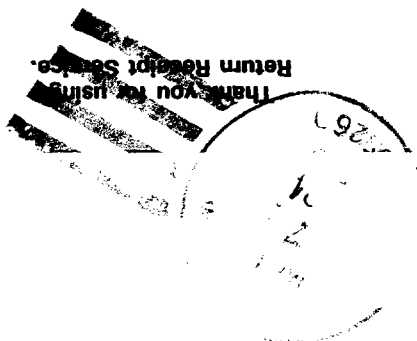
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

P 111 333 150
Receipt for
Certified Mail
No Insurance Coverage Provided

W & W Oil Company
Post Office Box 427
Hobbs, NM 88260

Postage	\$
Registration Fee	
Special Delivery Fee	
Registered Mail Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991





Balk Oil Company
Post Office Box 5782
Midland, TX 79702

Postage	\$
Certified Fee	
Special Services Fee	
Restricted Delivery	
Return Receipt to Whom Sent	
Return Receipt Date and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark / Date	MAY 5 1994

PS Form 3800, June 1991

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 boxes for additional service(s) requested.
☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: (Extra charge)
Balk Oil Company
Post Office Box 5782
Midland, TX 79702

4. Article Number
P-111-333-151

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

5. Signature - Agent
X

6. Signature - Addressee
Always obtain signature of addressee or Agent and DATE DELIVERED.
Agent's Address (ONLY if requested and fee paid)

7. Date of Delivery
MAY 5 1994

PS Form 3811, Mar. 1998 U.S.G.P.O. 1985-212-665 DOMESTIC RETURN RECEIPT

Fee not paid

● **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:

Mirage Energy, Inc.
Post Office Box 551
Lovington, NM 88240

4. Article Number

2-11-333-152

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

6. Signature - Agent

7. Date of Delivery

5-10-94

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P 111 333 152



Receipt for
Certified Mail

No Insurance Coverage Provided

Mirage Energy, Inc.
Post Office Box 551
Lovington, NM 88240

Postage	\$
Certified Fee	
Restricted Delivery	
Registered Service	
Return Receipt for Merchandise	
Return Receipt for Signature	
Postage and Fees	\$ 2.29
Postmark of DO	MAY - 5 1994

Is your **RETURN ADDRESS**
completed on the reverse side?

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

Thank you for using
Return Receipt Service.

3. Article Addressed to: Energy Production Corporation 613 Glen Lakes Tower 9460 N. Central Expressway Dallas, TX 75231		4. Article Number P-111-333-153	
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 type="checkbox"/> Return Receipt for Merchandise	
6. Signature — Agent X		Always obtain signature of addressee or agent and DATE DELIVERED . B. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery X			

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

P 111 333 153



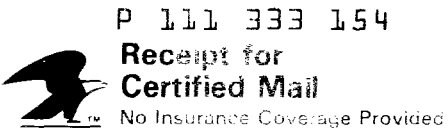
**Receipt for
Certified Mail**

No Insurance Coverage Provided

Energy Production Corporation
613 Glen Lakes Tower
9460 N. Central Expressway
Dallas, TX 75231

Postage	\$
Certified Fee	
Special Delivery Fee	
Registered Mail Fee	
Insurance (if any)	
Signature Required Fee	
Return Receipt Fee	
Total	\$ 2.29
MAY - 5 1994	

1991-1997, © 1998, USPS and GSA



Five-States 1988-A, Ltd.
1106 One Energy Square
Dallas, TX 75206

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Shown to Whom & Date Delivered	
Return Receipt Shown to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY 5 1988

PS Form 3800, June 1991

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 boxes for additional services requested.
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Five-States 1988-A, Ltd. 1106 One Energy Square Dallas, TX 75206	4. Article Number P-111-333-154
5. Signature — Address X	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>5-10-88</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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 boxes for additional service(s) requested.
☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 Carpenter Oil and Gas Co.
 Stanley F. Pauley
 5016 Monument
 Richard, VA 23230

4. Article Number
P-111-333-155

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 - Address
 X *Carina Marie Hall*

6. Signature - Agent
 X

7. Date of Delivery

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

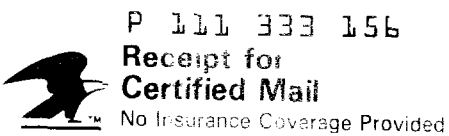
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-861 MAY 6 1991

P 111 333 155

Receipt for Certified Mail
 No Insurance Coverage Provided

Carpenter Oil and Gas Co.
 Stanley F. Pauley
 5016 Monument
 Richard, VA 23230

Postage	\$
Certified Fee	
Subscribed Service	
Restricted Delivery	
Return Receipt (to whom & date)	
Return Receipt (signature of addressee or agent and date)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY 6 1991



P 111 333 156

Receipt for
Certified Mail

No Insurance Coverage Provided

ORYX Energy Company
Post Office Box 2880
Dallas, TX 75221

Postage	\$
Carton Fee	
Special Delivery Fee	
Restricted Delivery	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional services requested.
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: ORYX Energy Company Post Office Box 2880 Dallas, TX 75221	4. Article Number P-111-333-156
5. Signature - Address 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 type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery MAR 10 1994	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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 boxes for additional services requested.
☒ **Show to whom delivered, date, and addressee's address.** 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Dalport Oil Corporation
1401 Elm Street, Suite 3471
Dallas, TX 75202

4. Article Number

P-111-333-157

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

W. Todd Preston #345

5. Signature - Addressee

X *W. Todd Preston*

6. Signature - Agent

X

7. Date of Delivery

May 11/94 TX 75202

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 157



Receipt for
Certified Mail

No Insurance Coverage Provided

Dalport Oil Corporation
1401 Elm Street, Suite 3471
Dallas, TX 75202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Return Receipt Fee (if not to whom is paid)	
Return Receipt Fee (if not to whom is paid)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1987

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 boxes for additional services requested.

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

3. Article Addressed to: Farwest Corporation
Post Office Box 4815
Midland, TX 79702

4. Article Number **P-111-333-158**

Type of Service:
☐ Registered
☒ Certified
☐ Insured
☐ Express Mail
☐ COD
☐ Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address **X**

6. Signature - Agent **X** *Connie Barner*

7. Date of Delivery *5-9-94*

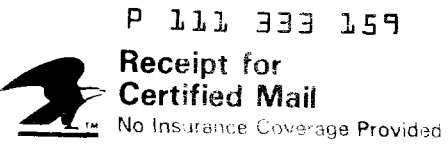
8. Addressee's Address (ONLY if requested and fee paid) *See not paid*

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 158
Receipt for Certified Mail
 No Insurance Coverage Provided

Farwest Corporation
 Post Office Box 4815
 Midland, TX 79702

Postage	\$
Certified Fee	
Restricted Delivery	
Registered	
Insurance (up to \$500)	
Return Receipt for Merchandise	
Total Postage & Fees	2.29
Postmark Date	MAY - 5 1994



Lynx Petroleum Consultants, Inc.
Post Office Box 1666
Hobbs, NM 88240

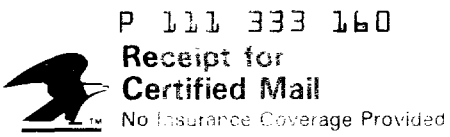
Postage	\$
Contract	
Service Charge Fee	
Restricted Delivery Fee	
Insurance (optional) Weight and Dimensions	
Signature Required Certified Mail Address	
Postage Charge Weight	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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:	4. Article Number
Lynx Petroleum Consultants, Inc. Post Office Box 1666 Hobbs, NM 88240	P-111-333-151
5. Signature - Address <input checked="" type="checkbox"/> <i>Ann M. Dabun</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 type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 5-17-94	Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



United States of America
 Bureau of Land Management
 Post Office Box 27115
 Santa Fe, NM 87502

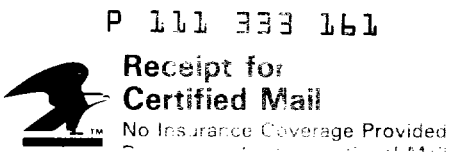
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Sent to Whom & Date	
Return Receipt Sent to Whom, Date, and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date MAY - 5 1994	

PS Form 3800, June 1991

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 boxes for additional service(s) requested.
☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: United States of America Bureau of Land Management Post Office Box 27115 Santa Fe, NM 87502	4. Article Number 2-111-333-160
5. Signature - Address X	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i> - 908	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery MAY - 9 1994	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-665 DOMESTIC RETURN RECEIPT



State of New Mexico
New Mexico State Land Office
Post Office Box 1148
Santa Fe, NM 87504

Postage	40
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Shown to Whom & Date Delivered	
Return Receipt Shown to Whom & Date Delivered	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

PS Form 3800, June 1991

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 boxes for additional service(s) requested.
☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: State of New Mexico New Mexico State Land Office Post Office Box 1148 Santa Fe, NM 87504	4. Article Number P-111-333-161
5. Signature - Addressee X <i>[Signature]</i>	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery X	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 162

Receipt for Certified Mail

Lynn D. Durham and
Clarence Scharbauer, Jr.
Co-Trustees of the Estates of
Fred Turner, Jr. and
Juliette Miller Turner, both deceased
Post Office Drawer 273
Midland, TX 79702

Postage	\$
Certification Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

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.

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

4. Article Number
P-111-333-162

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X
Lynn D. Durham and
Clarence Scharbauer, Jr.
Co-Trustees of the Estates of
Fred Turner, Jr. and
Juliette Miller Turner, both deceased
Post Office Drawer 273
Midland, TX 79702

6. Signature - Agent
X
[Signature]

7. Date of Delivery

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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)

Mary Helen Seeton and James Galbraith Armstrong, Ind. Executors of the Estates of J. M. Armstrong and Mary Lee Armstrong, both deceased
 Post Office Box 990
 Midland, TX 79702

4. Article Number
P-111-333-163

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

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

5. Signature - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
MAY - 9 1994

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 163

Receipt for

Mary Helen Seeton and James Galbraith Armstrong, Ind. Executors of the Estates of J. M. Armstrong and Mary Lee Armstrong, both deceased
 Post Office Box 990
 Midland, TX 79702

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee (to Whom Delivered)	
Return Receipt Fee (Date, and Address)	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

● **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)

Cross Timbers Oil Co., L.P.
 West Timbers L.P.
 East Timbers L.P.
 North Timbers L.P.
 810 Houston St., Suite 2000
 Fort Worth, TX 76102

4. Article Number
P-111-333-164

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature — Address
X

6. Signature — Agent
X

7. Date of Delivery
MAY - 9 1994

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 164
Receipt for Certified Mail
 Cross Timbers Oil Co., L.P.
 West Timbers L.P.
 East Timbers L.P.
 North Timbers L.P.
 810 Houston St., Suite 2000
 Fort Worth, TX 76102

Postage	\$
Quantity Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Return Receipt Fee and Address Fee	
Postage, Insurance, and Fees	\$ 2.29
Postmark Date	MAY - 5 1994

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 boxes for additional service(s) requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Lynn D. Durham and
 Clarence Scharbauer, Jr.
 Co-Trustees of the Estates of
 Fred Turner, Jr. and
 Juliette Miller Turner, both deceased.
 Post Office Drawer 273
 Midland, TX 79702

4. Article Number
P-111-333-166

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 - Address **X**
 B. Addressee's Address (ONLY if requested and fee paid)

6. Signature - Agent **X**

7. Date of Delivery

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Lynn D. Durham and
 Clarence Scharbauer, Jr.
 Co-Trustees of the Estates of
 Fred Turner, Jr. and
 Juliette Miller Turner, both deceased.
 Post Office Drawer 273
 Midland, TX 79702

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

● **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 boxes for additional services requested.

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

R. M. Williams, M. Mark Caldwell,
 Jimmy J. Reynolds, Louis A. Raines,
 Jerry D. Hillard, David A. Higgs,
 Michael L. Pierce, David Parsons,
 Paul L. Silverman (Guardian),
 Alan J. Antweil and Mary Frank
 Antweil Trust
 Post Office Box 2010
 Hobbs, New Mexico 88241

4. Article Number
P-111-333-167

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

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

6. Signature Agent
 X *[Signature]*

7. Date of Delivery
5/5/94

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 111 333 167
 R. M. Williams, M. Mark Caldwell,
 Jimmy J. Reynolds, Louis A. Raines,
 Jerry D. Hillard, David A. Higgs,
 Michael L. Pierce, David Parsons,
 Paul L. Silverman (Guardian),
 Alan J. Antweil and Mary Frank
 Antweil Trust
 Post Office Box 2010
 Hobbs, New Mexico 88241

Postage	\$
Registered Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

● **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 boxes for additional services requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Walter Duncan,
 J. Walter Duncan,
 Vincent J. Duncan,
 Raymond T. Duncan,
 Walter Duncan Oil Company
 100 Park Ave., Suite 1200
 Oklahoma City, OK 73102

5. Signature - Address
 X

6. Signature - Agent
 X *5/10/94*

7. Date of Delivery
5/10/94

4. Article Number
P-111-333-168

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

Always obtain signature of addressee or agent and DATE DELIVERED.
 8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

P 111 333 168

Walter Duncan,
 J. Walter Duncan,
 Vincent J. Duncan,
 Raymond T. Duncan,
 Walter Duncan Oil Company
 100 Park Ave., Suite 1200
 Oklahoma City, OK 73102

Postage	\$
Certified Mail	
Special Delivery	
Restricted Delivery	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	MAY - 5 1994

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 boxes for additional service(s) requested.
☒ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery (Extra charge)

William A. Hudson
 Edward R. Hudson
 Anita B. Moore, Trustee
 B.D. Moore, Jr.
 Eleanor Frances Moore Shelton
 Kenneth David W. Moore
 Mary Lee
 John Knox Hutchings Moore
 616 Texas Street
 Fort Worth, TX 76102

4. Article Number
P-111-333-169

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

Always obtain signature of addressee or agent and DATE DELIVERED.
 8. Addressee's Address (ONLY if requested and fee paid)

6. Signature - Agent
X

7. Date of Delivery
5-9-69

PS Form 3811, Mar. 1968 * U.S.G.P.O. 1968-212-865 DOMESTIC RETURN RECEIPT

William A. Hudson
 Edward R. Hudson
 Anita B. Moore, Trustee
 B.D. Moore, Jr.
 Eleanor Frances Moore Shelton
 Kenneth David W. Moore
 Mary Lee
 John Knox Hutchings Moore
 616 Texas Street
 Fort Worth, TX 76102

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Show to Whom & Date Delivered	
Return Receipt Show Date, and Address	
TOTAL Postage & Fees	\$ 2.29
Postmark on Date	

1961 and June 1968 PS Form 3803