



R. E. Ogden
Regional Engineering
Manager

Amoco Production Company

Houston Region
501 WestLake Park Boulevard
Post Office Box 3092
Houston, Texas 77253

August 28, 1986

File: JCA-986.51-2131

Re: NMOCD Case No. 8992
Compulsory Pooling Hearing
Heller Company Trust "A" Well No. 1
Osudo West (Wolfcamp) Oil Pool
Lea County, New Mexico

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

ADDRESS LIST ATTACHED

Gentlemen:

As a Mineral Interest Owner in the Heller Company Trust Well No. 1, you are being notified, in accordance with New Mexico Oil Conservation Rule 1207, of Amoco Production Company's application to reopen Case No. 7835 and compulsory pool all mineral interests in a 40 acre Wolfcamp Oil Unit for the referenced well in Unit E Section 24-20S-35E, Lea County, New Mexico. A copy of our application is attached for your reference. This case has been docketed for an Examiner Hearing on September 17, 1986.

Should you desire additional information about this matter, please contact Mr. R. P. Zinsmeister of this office at (713) 556-2617.

Yours very truly,

RPZ/da/014D

Attachment

Black-Chapell Limited
Partnership
2228 Republic Bank Tower
Dallas, TX 75201

Ellis Price Cowden
P. O. Box 1731
Midland, TX 79702

Alton C. White, Jr.
1506 Westover Road
Austin, TX 78703

Ronald J. Byers
1600 United Bank Tower
400 West Fifteenth Street
Austin, TX 78701

Roy G. Barton, Jr.
P. O. Box 978
Hobbs, NM 88240
Attn: Kathy J. Colborn

Fred Luthy, Jr.
c/o Keleher & McLeod, P.A.
P. O. Drawer AA
Albuquerque, NM 87103
Attn: P. W. Hurley

Cyrene Mapel
c/o Keleher & McLeod, P.A.
P. O. Drawer AA
Albuquerque, NM 87103
Attn: P. W. Hurley

Cyrene L. Inman
c/o Keleher & McLeod, P.A.
P. O. Drawer AA
Albuquerque, NM 87103

Norma J. Chanley
P. O. Box 729
Hobbs, NM 88240

Catherine L. Verschoyle
921 Ivy Lane
San Antonio, TX 78209

Featherstone Development Co.
1717 West Second
Roswell, NM 88201
Attn: Charles Hicks

The Superior Oil Company
P. O. Box 1900
Midland, TX 79702
Attn: Mandy Selber

Ruben H. Johnson
P. O. Box 1237
Austin, TX 78767

Adolph A. Kremer
5601 Palisade Court
Austin, TX 78731

Benjamin Largent
518 Shadywood
Houston, TX 77957

Jimmy D. Sparks
P. O. Box 10144
Midland, TX 79704

Hanesco, Inc.
P. O. Box 458
Santa Fe, NM 87504
Attn: Mr. Patrick J. Hannifin

Estate of Rosewood Metler, Deceased
c/o A. V. Metler
3701 Haynie
Dallas, TX 75205

Estate of J. W. Barnes, Deceased
c/o Earl Bracken
5000 Ridgeview
Waco, TX 76710

James M. Alsup, Trustee
1600 First National Bank Bldg.
Midland, TX 79701

Dennis Eimers
P. O. Box 93
Midland, TX 79702

Jerry Barnes
P. O. Box 152
Midland, TX 79702

Wayne Newkumet
P. O. Box 11330
Midland, TX 79702

August 11, 1986

File: JCA-986.51NM-2108

Re: Application for Compulsory Pooling
Heller Company Trust "A" Well No. 1
Osudo, West Wolfcamp Oil Pool
Lea County, New Mexico

State of New Mexico
Energy and Minerals Department
Oil Conservation Division
State Land Office Building
Old Santa Fe Trail
P. O. Box 2088
Santa Fe, New Mexico 87501

Attention: Mr. R. L. Stamets, Director

Gentlemen:

Amoco Production Company respectfully requests to reopen Case No. 7835 and amend Order R-7267 to provide for compulsory pooling of all oil and gas mineral interests in a 40 acre Wolfcamp oil unit for the Heller Company Trust "A" Well No. 1, a Wolfcamp oil completion located 2180' FNL and 660' FWL in Unit E Section 24-20S-35E, Lea County, New Mexico. This action would be an expansion of the authority granted in Case No. 7835 which provided for compulsory pooling of all gas mineral interests in the Morrow and Wolfcamp horizons to establish a 320 acre gas unit described as the W/2 Section 24-20S-35E for the drilling of this well. Subsequent to the drilling, completion, production, and abandonment of a Morrow gas completion in this well, the Wolfcamp was tested and yielded a commercial oil recompletion. Amoco requests that this case be reopened to clarify the record and to define the status of participating and non-participating parties in the well per the provisions of Order R-7267. We would appreciate this matter being set for the earliest convenient Examiner hearing.

File: JCA-986.5NM-2108
August 11, 1986
Page 2

Inquiries regarding this application should be directed to Mr. R. P. Zinsmeister, Regulatory Affairs Engineer, at 713/556-2617.

Very truly yours,

R.E. Ogden/RPZ

P 243 585 895 8/29

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

* U.S.G.P.O. 1985-480-794

Sent to: <i>Black-Chapell Limit.</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 248 585 894

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

* U.S.G.P.O. 1985-480-794

Sent to: <i>Ellis Price Cowden</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 248 585 893

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

* U.S.G.P.O. 1985-480-794

Sent to: <i>Alton C. White Jr</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to: *Ellis Price Cowden
P. O. Box 1731
Midland, TX 79702*

4. Article Number *P248 585 894*

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee *X*

6. Signature - Agent *X Ellis Price Cowden*

7. Date of Delivery *SEP 2 1986*

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

PS Form 3811, Feb. 1986

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.

3. Article Addressed to: *Alton C. White, Jr.
1506 Westover Road
Austin, TX 78703*

4. Article Number *P248 585 893*

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee ** Alton C. White*

6. Signature - Agent *X R. Van*

7. Date of Delivery *9-3-86*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 891
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

* U.S.G.P.O. 1985-480-794

Sent to <i>Roy G. Barton, Jr.</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:
 Roy G. Barton, Jr.
 P. O. Box 970
 Hobbs, NM 88240
 Attn: Kathy J. Colborn

4. Article Number
P248585891

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature — Addressee
 X

6. Signature — Agent
Dean Reynolds

7. Date of Delivery
9-5-86

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 248 585 892
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

* U.S.G.P.O. 1985-480-794

Sent to <i>Ronald Byers</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:
 Ronald J. Byers
 1600 United Bank Tower
 400 West Fifteenth Street
 Austin, TX 78701

4. Article Number
P248585892

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature — Addressee
 X *Ronald J. Byers*

6. Signature — Agent
 X

7. Date of Delivery
SEP 05 1986

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 248 585 890
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

* U.S.G.P.O. 1985-480-794

Sent to <i>Fred Luthy, Jr.</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:
 Fred Luthy, Jr.
 c/o Keleher & McLeod, P.A.
 P. O. Drawer AA
 Albuquerque, NM 87103
 Attn: P. W. Hurley

4. Article Number
P248585890

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature — Addressee
 X *James Lyon*

6. Signature — Agent
 X

7. Date of Delivery
SEP 05 1986

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 248 585 887

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to: <i>Cyrene Maple</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 248 585 888

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to: <i>Cyrene L. Inman</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 248 585 887

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to: <i>Norma Chanley</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

★ 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.

3. Article Addressed to:

Cyrene Maple
c/o Keleher & McLeod, P.A.
P. O. Drawer AA
Albuquerque, NM 87103
Attn: P. W. Hurley

4. Article Number: *P248 585 889*

Type of Service:
☒ Registered Certified Express Mail ☐ Insured COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *X*

6. Signature - Agent: *James Lujan*

7. Date of Delivery: *SEP 5 1986*

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

SEP 5 1986

PS Form 3811, Feb. 1986

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.

3. Article Addressed to:

Cyrene L. Inman
c/o Keleher & McLeod, P.A.
P. O. Drawer AA
Albuquerque, NM 87103

4. Article Number: *P248 585 888*

Type of Service:
☒ Registered Certified Express Mail ☐ Insured COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *X*

6. Signature - Agent: *James Lujan*

7. Date of Delivery: *SEP 5 1986*

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

SEP 5 1986

PS Form 3811, Feb. 1986

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.

3. Article Addressed to:

Norma J. Chanley
P. O. Box 729
Hobbs, NM 88240

4. Article Number: *P248 585 887*

Type of Service:
☒ Registered Certified Express Mail ☐ Insured COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *X*

6. Signature - Agent: *James Lujan*

7. Date of Delivery: *9-2-86*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 886
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: *Catherine Verschoyle*
 Street and No

P.O. State and ZIP Code

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

● **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.

3. Article Addressed to: Catherine L. Verschoyle
 921 Ivy Lane
 San Antonio, TX 78209

4. Article Number: *P248-585 886*
 Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee: *Catherine L. Verschoyle*
 X

6. Signature - Agent: X

7. Date of Delivery: *SEP 2 1986*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 243 585 885
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: *Featherstone Dev. Co.*
 Street and No

P.O. State and ZIP Code

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

● **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.

3. Article Addressed to: Featherstone Development Co.
 1717 West Second
 Roswell, NM 88201
 Attn: Charles Hicks

4. Article Number: *P248-585-885*
 Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee: X

6. Signature - Agent: X

7. Date of Delivery: *9-2-86*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 884
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: *Superior Oil Co*
 Street and No

P.O. State and ZIP Code

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

● **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.

3. Article Addressed to: The Superior Oil Company
 P. O. Box 1900
 Midland, TX 79702
 Attn: Mandy Selber

4. Article Number: *P248-585 884*
 Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee: X

6. Signature - Agent: *Mandy Selber*
 X

7. Date of Delivery: *9-5-86 m*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 883

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: <i>Ruben Johnson</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:
Ruben H. Johnson
P.O. Box 1237
Austin, TX 78767

4. Article Number
P248 585 883

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Carol Neal*

7. Date of Delivery
9-2

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 882

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: <i>Adolph Kreml</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:
Adolph A. Kreml
5601 Palisade Court
Austin, TX 78731

4. Article Number

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Adolph Kreml*

6. Signature - Agent
X

7. Date of Delivery
AUG - 8 1986

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 881

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: <i>Benjamin Largent</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:
Benjamin Largent
518 Shadywood
Houston, TX 77957

4. Article Number
P248 585 881

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Lola Green*

7. Date of Delivery

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 243 555 380

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985
* U.S.G.P.O. 1985-480-794

Sent to <i>Jimmy Sparks</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:

4. Article Number *P248 585 880*

Type of Service:

☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Jimmy Sparks*

6. Signature - Agent
X

7. Date of Delivery
9-2-86

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 879

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985
* U.S.G.P.O. 1985-480-794

Sent to <i>Hanesco Inc.</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:

4. Article Number *P248 585 879*

Type of Service:

☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Mr. Patrick J. Hannifin*

6. Signature - Agent
X

7. Date of Delivery
9-2-86

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 877

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985
* U.S.G.P.O. 1985-480-794

Sent to <i>Est of J. W. Barnes Inc.</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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.

3. Article Addressed to:

4. Article Number *P248 585 877*

Type of Service:

☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Earl Bracken*

6. Signature - Agent
X

7. Date of Delivery
9-2-86

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 876
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: <i>James Alsup</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **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.

3. Article Addressed to:
 James H. Alsup, Trustee
 1600 First National Bank Bldg.
 Midland, TX 79701

4. Article Number
P248 585 876
 Type of Service:
☒ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD

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

5. Signature - Addressee
☒ *James Alsup*

6. Signature - Agent
☒ *Charles H. Jones*

7. Date of Delivery
9-2-86

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 896
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: <i>Dennis Eimers</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **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.

3. Article Addressed to:
 Dennis Eimers
 P. O. Box 93
 Midland, TX 79702

4. Article Number
P248 585 896
 Type of Service:
☒ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD

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

5. Signature - Addressee
☒ *Dennis Eimer*

6. Signature - Agent
☒ *X*

7. Date of Delivery
9-3-86

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 897
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to: <i>Jerry Barnes</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **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.

3. Article Addressed to:
 Jerry Barnes
 P. O. Box 152
 Midland, TX 79702

4. Article Number
P248 585 897
 Type of Service:
☒ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD

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

5. Signature - Addressee
☒ *Jerry Barnes*

6. Signature - Agent
☒ *X*

7. Date of Delivery
9-3-86

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 878

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent <i>Wayne Newkumet</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● 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.

3. Article Addressed to:

4. Article Number

PA48585898

Type of Service:

☒ Registered
☒ Certified
☐ Express Mail☐ Insured
☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

Karen Martin
9-2-86

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

PS Form 3841, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 878

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent <i>Est. Rosewood Mettler</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



Amoco Production Company
Post Office Box 3092
Houston, Texas 77263

Estate of Rosewood Mettler, Deceased
c/o A. V. Mettler
3701 Haynie
Dallas, TX 75205

MET 01 090478N1 09/04/86
RETURN TO SENDER
NO FORWARDING ORDER ON FILE
UNABLE TO FORWARD

