RIO PECOS CORPORATION
110 WEST LOUISIANA, SUITE 460
MIDLAND, TEXAS 79701
(915) 687-0127

LAND
SCOTT E WILSON
ROGER T ELLIOTT

GEOLOGY
MARK D WILSON
TODD M WILSON
HEATHER WILSON ECHOLS

August 10, 1987

New Mexico Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

Attn: Mr. William J. Lemay
Division Director

Re: Case No. 9191

Gentlemen:

Rio Pecos Corporation has agreed to pay its share of the cost to drill the Amerind Oil Co. Shipp No. 3 well in the S/2 SE/4 Section 28, T16S, R37E, Lea County, New Mexico, to a depth sufficient to adequately test the Strawn formation. Rio Pecos Corporation's consent to participate was conditioned upon the S/2 SE/4 Section 28 being the proration unit for the Strawn formation. As requested by Amerind Oil Co., Rio Pecos Corporation has prepaid its share of the cost to drill the well to casing point.

Very truly yours,

Scott E. Wilson

Scott E. Wilson
Landman

SEW/sh

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
AMERIND EXHIBIT NO. 1
CASE NO. 9191

CAMPBELL & BLACK, P.A.
LAWYERS

JACK M. CAMPBELL
BRUCE D. BLACK
MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
J. SCOTT HALL
PETER N. IVES
JOHN H. BEMIS
MARTE D. LIGHTSTONE

GUADALUPE PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

July 20, 1987

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Re: Application of Amerind Oil Company for Compulsory Pooling, Lea County, New Mexico.

Dear Sirs:

This letter is to advise you that Amerind Oil Company has filed an application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests in the Strawn and Atoka formations, Casey-Strawn Pool, in and under a standard spacing unit comprised of the S/2 SE/4 of Section 28, Township 16 South, Range 37 East, N.M.P.M., Lea County, New Mexico. Amerind Oil Company proposes to dedicate the referenced pooled unit to a well to be drilled at a standard location on said pooled unit.

This application has been set for hearing before a Division Examiner on August 12, 1987. You are not required to attend this hearing, but as an owner that has an interest which may be subject to pooling, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later date.

Very truly yours,

WILLIAM F. CARR
ATTORNEY FOR AMERIND OIL COMPANY

STOGNER
AMERIND 2
CASE NO. 9191

EXHIBIT "A"

AMERIND OIL COMPANY

INTEREST OWNER LIST

Florence M. and Frank B. Balkam
919 North Federal
Mason City, Iowa 50401

Doris Kennedy Baumgartner
Bruce Kennedy Baumgartner
Dexter Kay Baumgartner
Duva Baumgartner Hill
Maida Baumgartner Latvis
Mason City, Iowa 50401

Helen M. Brewer
address unknown

Arthur and Helga Briston
Roland, Iowa 50236

Louis E. and Ana Brooker
Mason City, Iowa 50401

O. H. Brown, Annie I. Brown
H. Frank Forawski
Audrain, Missouri 65232

W. C. Caldwell
address unknown

Nick D. Christakos
c/o Ourania Christakos
1345 - 6th Ave., Apt. #1
Des Moines, Iowa 50314

Evan Christiansen
Lake Mills, Iowa 50450

Clifford Cone
Post Office Box 1509
Lovington, N.M. 88260

Douglas L. Cone
Post Office Box 13612
Albuquerque, N.M. 87123

Kenneth Cone
Post Office Box 11310
Midland, Texas 79702

Conoco, Inc.
200 North Lorraine Street
Midland, Texas 79701
Attn: David Twomey

Elizabeth C. Corbett
Humboldt, Iowa 50548

J. Patrick Corrigan, J. Edward
Corrigan, & Hugh Corrigan IV
c/o Mr. Clem Ware
2500 Castleford Road
Midland, Texas 79705

Ellen A. Crepow
Mason City, Iowa 50401

Floy May & Joel O.
Mawhinney Dennis
8840 Crawford Avenue
Sun Valley, Ca. 91352

Lillian Mabel Drew
address unknown

Alex H. and Maggie Johnson
Duncan
address unknown

Henry R. and Effie M. Elvidge
address unknown

J. D. and Myrtle I. Evans
Madison, Wisconsin 53701

Clifford K. and Hazel Ferguson
Rolland S. and Fay Ferguson
K.L. & Marjorie A. Mendenhall
Pearl L. Brechler
address unknown

Henrietta L. McDermott Fisher
3440 Grand Avenue
Des Moines, Iowa 50312

Frederick M. and Alta Grace
Mason City, Iowa 50401

Clifford and Clara Gray
Mason City, Iowa 50401

Ada L. Grew
address unknown

C. A. & Lillian W. Hansen
Mason City, Iowa 50401

Earl L. and Kathryn Hansen
Swea City, Iowa 50590

Frances M. Heffron, Clara Agnes Sofranko, Gerald L. Sofranko, Eleanora Sofranko
Lovila, Iowa 50150

C. F. Hemphill
Mason City, Iowa 50401

Mildred L. Hitchcock
address unknown

F. C. Holmes
Hampton, Iowa 50441

W. A. Horn
630 - 33rd Avenue
San Francisco, Ca. 94121

Fred Kemper
address unknown

Edwin G. LaCoste
3922 Carlton Drive
Cedar Falls, Iowa 50613

Cynthia E. Larson and
Charles B. Larson
Paola, Kansas 66071

Cora I. Lohr Law and G. L. Law
Humboldt, Iowa 50548

Estella Maple
Banning, Ca. 92220

Trust U/W of Eleanor W. McAdoo
Bank of America National Trust and Savings Association
Post Office Drawer EE
Santa Barbara, Ca. 83102

J. R. & Catherine McGinley,
Lanroy, Inc., Cleroy, Inc.
Post Office Box 3405
Tulsa, Oklahoma 74101
Attn: Mr. John Clegg

Arthur J. and Jennie M. Miller
Leonard & Echo Belle Miller
Humboldt, Iowa 50548

Andrew E. and Bessie R. Nelson
Mason City, Iowa 50401

Lorene S. and Hugo W. Nemela
823 Kingsley
Waterloo, Iowa 50701

W. J. and Muriel J. Parrott
Mason City, Iowa 50401

Pennzoil Co.
Post Office Box 2967
Houston, Texas 77252-2967
Attn: K.Stanaland; L.Whitfield

Ethel Armentrout Petersen
Banning, Ca. 92220

Frank O. and Ella M. Peterson
Callendar, Iowa 50523

Blanche L. Probert, Shirley F. Porter & H. Hewell Probert
6233 - 40th, N.E.
Seattle, Washington 98105

Samson Resources Company
Samson Plaza, 2 W. Second Str.
Tulsa, Oklahoma 74103
Attn: Steve Area

Dorothy J. Van Zant Sanders
Suite 508, Sinclair Building
106 West 5th Street
Fort Worth, Texas 76102

John Satoka
address unknown

Amerett E. Schmitz
Coralee Johnson
Doris Johnson
Daryl Schmitz
Kenneth Schmitz
Forrest Schmitz
Joyce Evans
Glennys Croxton
Patricia Osgood
Jean Stone
Gale Harrington
Phyllis Beaver
Cheryl L. Shader
Bruce Schmitz
Jane Marie Schmitz Webb
Lloyd Schmitz, Jr.
the Heirs and/or Devisees of
Dean Schmitz, deceased
Lois Schmitz Flack
1707 South Massachusetts Avenue
Mason City, Iowa 50401

Harry and Laura C. Schrader
Rudd, Iowa 50471

Flo Schroeder, the unknown
Heir and/or Devisee of
Lola Helvick, deceased
address unknown

Gertrude J. Sproule Scullin
500 West Ocean Avenue
Long Beach, Ca. 90802

Burt R. and Mae Shifflet
320 Sunset Road
Waterloo, Iowa 50701

Francis William Slepicka
120 E. North Street
Manly, Iowa 50456

Rev. Joseph John Slepicka
120 E. North Street
Manly, Iowa 50456

Charles E. and Madge L. Snipps
Mason City, Iowa 50401

Standard Oil Production Co.
2 Lincoln Centre, Suite 1000
5420 LBJ Freeway
Dallas, Texas 75240-6222
Attn: Ms. Diane Tripp

June M. Thieman and
Everett W. Kischer
Newell, Iowa 50568

J. H. Van Zant, II
1730 Commerce Building
307 West 7th
Fort Worth, Texas 76102-5173d

C. E. Werthenbach, Amerett
Schmitz, Individually and as
Executrix of the Estate of
Cora M. Westhenbach
1707 South Massachusetts Ave.
Mason City, Iowa 50450

Cynthia McAdoo Wheatland
33 Branch Street
Boston, Massachusetts 02108

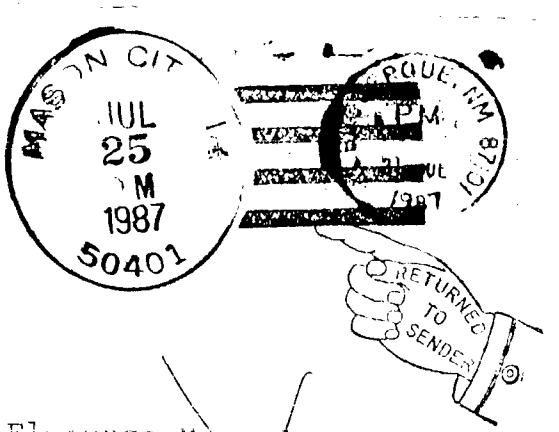
G. L. and Christena B. Whitman
Waterloo, Iowa 50701

Elizabeth H. Woodburn
1194 College Drive
San Bernardino, Ca. 92410

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

CERTIFIED
P 456 364 581
MAIL

RETURN RECEIPT
REQUESTED



WE MEET

Florence M. and Frank B. Balkam
919 North Federal
Mason City, Iowa 50401

Moved, left no address
No such number
Moved, not forwardable
Address wrong

Detached from PS Form 3849-A Oct. 1980
RETURN
2ND NOTICE
1ST NOTICE
DATE 7-24
HOLD
AIM CHECK No. 54104

P 456 364 581
RECEIPT FOR CERTIFIED MAIL

Sent to: Florence M. & Frank B. Balkam
Street and No.: 919 North Federal
P.O. State and ZIP Code: Mason City, Iowa 50401

Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$1.67
Postmark or Date	7/20/87

PS Form 3800, Feb. 1982

● **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:

Doris Kennedy Baumgartner, et al.
Mason City, Iowa 50401

4. Article Number

P456 364 583

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature — Addressee

X Walt K Baumgartner

6. Signature — Agent

X

7. Date of Delivery

7/27/87

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

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

P 456 364 583
RECEIPT FOR CERTIFIED MAIL

Sent to
Doris Kennedy Baumgartner et al.
Street and No.
P.O. State and ZIP Code
Mason City, Iowa 52401

Postage	.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom and Date Delivered	.70
Date of Delivery to Whom and Date Delivered	
TOTAL Postage and Fees	$1.67
Postmark or Date	7/20/87

PS Form 3800, Jan. 1982

● **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:
Arthur & Helga Briston
Roland,
Iowa 50236

4. Article Number
P 456 364 584

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 Arthur Briston

7. Date of Delivery
7-27-87

8. Addressee's Address *(ONLY if requested and fee paid)*
80

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

P 456 364 584
RECEIPT FOR CERTIFIED MAIL

Sent to
Arthur & Helga Briston
Street and No.
P.O., State and ZIP Code
Roland, Iowa 50236

Postage	.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.75
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$1.67
Postmark or Date	7/20/87

PS Form 3800, Feb. 1982

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

P 456 364 585

RETURN RECEIPT REQUESTED

MASON CITY
JUL
25
PM
1987
IOWA

Louis E. and Ana Brooker
Mason City
Towa 50401

RETURNED TO SENDER
Refused
Unclaimed
Moved
No such number
No such street
Do not remail this envelope

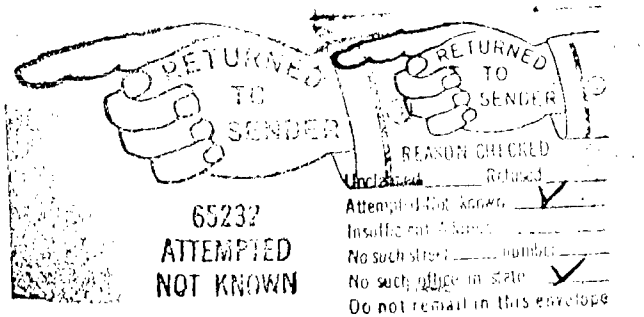
P 456 364 585
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
See Reverse

Sent to
Louis E. & Ana Brooker
Street and No.
P.O., State and ZIP Code
Mason City, Iowa 50401

Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date	7/20/87

PS Form 3800, Feb. 1982

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



CERTIFIED
P 456 364 586
MAIL

RESTRICTED DELIVERY

O. H. Brown, Annie I. Brown
H. Frank Porawski
Audrain, Missouri 65232

Tr/ Benton City

CLAIM CHECK NO.
884435
HOLD
DATE
JUL 2 8 198
1ST NOTICE
2ND NOTICE
RETURN
Detached from PS Form 3849-A Oct. 1980

P 456 364 586
RECEIPT FOR CERTIFIED MAIL

Sent to
O. H. Brown, Annie Brown, Frank Porawski
Street and No.
P.O. State and ZIP Code
Audrain, Missouri 65232

Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date	7/20/87

PS Form 3800, Oct. 1982

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

CERTIFIED
P 456 364 587
MAIL

RETURN RECEIPT
REQUESTED

Nick D. Christakos
c/o Ourania Christakos
1345 - 6th Avenue, Apt. #1
Des Moines, Iowa 50314

CLAIM CHECK NO.
384647

☐ HOLD

DATE
IG 3 1987
1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

CHR 45 93283041 FWD 1
CHRISTAKOS
3724 UNIVERSITY AVE
DES MOINES IA 50311-3611
RETURN TO SENDER

P 456 364 587
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
See Reverse

Sent to Nick D. Christakos	
Street and No. 1345-6th Ave., Apt. #1	
P.O., State and ZIP Code Des Moines, Iowa 50314	
Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date	7/20/87

PS Form 3800, Feb. 1982

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

CERTIFIED
P 456 364 588
MAIL

RETURN RECEIPT
REQUESTED

CLAIM CHECK NO.
149370

HOLD

DATE
7/25/87

1ST NOTICE

2ND NOTICE

RETURN
ww

Detached from
PS Form 3849-A
Oct. 1980

RETURNED TO WRITER

REASON CHECKED
Unclaimed ..... Refused.....
Addressee unknown.....
Insufficient Address.....
No such street.....number.....
No such office in state .....
Do not re-mail in this envelope

Evan Christiansen
Lake Mills
Iowa 50450

Deceased

RETURNED TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

His Nephew is Roger Christiansen at The Bank in Lake Mills Iowa, 50450.

P 456 364 588
RECEIPT FOR CERTIFIED MAIL

Sent to
Evan Christiansen
Street and No.
Lake Mills
P.O., State and ZIP Code
Iowa 50450

Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date	7/22/87

PS Form 3800, June 1985

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:

Clifford Cone
P.O. Box 1509
Lovington, N.M. 88260

4. Article Number

P 456 364 589

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 Clifford Cone by Ckinsbell

7. Date of Delivery

7-22-87

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

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

P 456 364 589
RECEIPT FOR CERTIFIED MAIL

Sent to: Clifford Cone
Street and No. P.O. Box 1509
P.O., State and ZIP Code Lovington, N.M. 88260

Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$1.67
Postmark or Date	7/20/87

PS Form 3800, June 1985

● **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:

Douglas L. Cone
P.O. Box 13612
Albuquerque, N.M. 87123

4. Article Number
P 456 364 590

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 Beth Clymer

7. Date of Delivery

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

STATE OF NEW MEXICO ALBUQUERQUE JUL 20 1987

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

P 456 364 590
RECEIPT FOR CERTIFIED MAIL

Sent to
Douglas L. Cone
Street and No.
P.O. Box 13612
P.O. State and ZIP Code
Albuquerque, N.M. 87123

Postage	.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Addressee's Address	
TOTAL Postage and Fees	$1.67
Postmark or Date	7/20/87

PS Form 3800, Feb. 1982

CAMPBELL & BLACK, P.A.

LAWYERS

SANTA FE, NEW MEXICO 87504-2208

CON 10 T00241271 TO CARRIER
—TEMP. ORDER EXPIRED—

DELIVER TO
OLD ADDRESS

UNCLAIMED

Kenneth Cone
Post Office Box 11310
Midland, Texas 79702

REGISTERED

Claim check No. 000111
☐ Hold
Date 7 13
1st Notice 7 28
2ND Notice 8-6
Return.
Detached from PS Form 3849-A Oct. 1985

CLAIM CHECK NO. 085053
HOLD
DATE AUG 10 1987
1ST NOTICE
2ND NOTICE
RETURN
Detached from PS Form 3849-A Oct. 1980

P 456 364 591

Kenneth Cone
PO Box 11310
Midland, Tex. 79702

.22
.75
.70
1.67

7/20/87

● **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:

Conoco, Inc.
200 No. Lorraine Street
Midland, Texas 79701
Attn: David Twomey

4. Article Number

P 456 364 592

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 [signature]

7. Date of Delivery

7/23/87

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

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

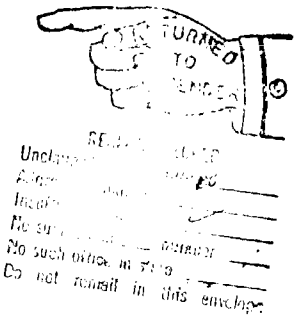
P 456 364 592
RECEIPT FOR CERTIFIED MAIL

Sent to
Conoco, Inc.
Street and No.
200 No. Lorraine St.
P.O., State and ZIP Code
Midland, Tx. 79701

Postage	.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$1.67
Postmark or Date	7/20/87

PS Form 3800, June 1985

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



Elizabeth C. Corbett
Humboldt
Iowa 50548

CERTIFIED
P 456 364 593
MAIL

RETURN RECEIPT
REQUESTED

P 456 364 593
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Sent to: Elizabeth C. Corbett
Street and No.: Humboldt
P.O., State and ZIP Code: Iowa 52548

Postage	.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$1.67
Postmark or Date	7/20/87

PS Form 3800, Feb. 1982

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:
J. Patrick Corrigan, J. Edward Corrigan, & Hugh Corrigan IV
c/o Mr. Clem Ware
2500 Castlefood Road
Midland, Texas 79705

4. Article Number
P 456 364 594

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Mrs C K Ware

6. Signature – Agent
X

7. Date of Delivery
7-23

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

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

P 456 364 594
RECEIPT FOR CERTIFIED MAIL

Sent to: J. Patrick Corrigan, et al.
Street and No.: 2500 Castlefood Road
P.O., State and ZIP Code: Midland, Texas 79705
Postage: $ .22
Certified Fee: .75
Special Delivery Fee:
Restricted Delivery Fee:
Return Receipt Showing to whom and Date Delivered: .70
Return Receipt Showing to whom, Date, and Address of Delivery:
TOTAL Postage and Fees: $1.67
Postmark or Date: 7/20/87

PS Form 3800, June 1985

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

CERTIFIED
P 456 364 595
MAIL

RETURN RECEIPT
REQUESTED

MASON CITY
JUL
25
M
1987
50401

RETURNED TO SENDER

Ellen A. Crepow
Mason City
Iowa 50401

REASON CHECKED
Unclaimed ____ Refused ____
Addressee unknown X
Insufficient Address X
No such street ____ number ____
No such office in state ____
Do not remail in this envelope

P 456 364 595
RECEIPT FOR CERTIFIED MAIL

Sent to
Ellen A. Crepow
Street and No.
P.O., State and ZIP Code
Mason City, Iowa 50401
Postage .22
Certified Fee .75
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to whom and Date Delivered .70
Return receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees $1.67
Postmark or Date
7/20/87

PS Form 3800, June 1985

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

Claim Check No. 011155
☐ Hold
Date 7/23
1ST Notice
2ND Notice
Return
Detached from PS Form 3849 A, Oct. 1985

P-573 873 574
MAIL
RETURN RECEIPT REQUESTED

RETURNED TO SENDER

884369
☐ HOLD
DATE JUL 27 1987
1ST NOTICE
2ND NOTICE
RETURN
Detached from PS Form 3849-A Oct. 1980

Floy Mae & Joel O. Mawhinney Dennis
8840 Crawford Avenue
Sun Valley, Ca. 91352

Declined 7/27

P-573 873 574
CERTIFIED MAIL

Floy Mae & Joel Mawhinney Dennis 8840 Crawford Ave. Sun Valley, Ca. 91352	.22	.75		.79	1.67

7/22/87

PS Form 3800, June 1985
GPO 1985-506

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

CERTIFIED
P-573 873 575
MAIL

RETURN RECEIPT
REQUESTED

RETURNED TO SENDER

Insufficient address

BC

J. D. and Myrtle I. Evans
Madison
Wisconsin 53701

CLAIM CHECK
834367

☐ HOLD

DATE
JUL 27 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

P-573 873 575
RECEIPT FOR CERTIFIED MAIL

J. D. & Myrtle I. Evans	
Madison, Wis. 53701	.22
	.75
	.70
	1.67

7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 153-506

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

ALBUQUERQUE, NM 87101
1 PM
21 JUL
1987

CLAIM CHECK NO.
884645

☐ HOLD

DATE
AUG 3 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

RETURNED TO SENDER
FORWARDING ORDER EXPIRED
RETURNED TO SENDER
NOT DELIVERABLE AS ADDRESSED
NO FORWARDING ORDER ON FILE

P-573 873 577

RETURN RECEIPT REQUESTED

Henrietta L. McDermott Fisher
3440 Grand Avenue
Des Moines, Iowa 50312

P-573 873 577
CERTIFIED MAIL

Henrietta L. McD. Fisher
3440 Grand Avenue
Des Moines, Iowa 50312
.22
.75
.70
1.67
7/20/87

U.S.G.P.O. 1983-406

PS Form 3800, June 1985

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

MASON CITY, IA
JUL 25 PM 1987
50401

P-573 873 578

MAIL

RETURN RECEIPT REQUESTED

Frederick M. and Alta Grace
Mason City
Iowa 50401

P-573 873 578
RECEIPT FOR CERTIFIED MAIL

Frederick M. & Alta Grace
Mason City, Iowa 50401

	.22
	.75
	.70
	1.67

7/20/87

US G.P.O. 1985-506
PS Form 3800, June 1985

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

P-573 873 579

RETURN RECEIPT REQUESTED

MASON CITY, IA
JUL 25 PM 1987
50401

Clifford and Clara Gray
Mason City
Iowa 50401

Do not number or cancel

P-573 873 579

RECEIPT FOR CERTIFIED MAIL

Clifford & Clara Gray	Mason City, Iowa 50401	.22	.75		.70	1.67

7/20/87

PS Form 3800, June 1985 — U.S.G.P.O. 1985-506

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

P-573 873 581

MAIL

RETURN RECEIPT REQUESTED

MASON CITY
JUL
25
M
1987
50401

C. A. and Lillian W. Hanson
Mason City
Iowa 50401

Unclaimed
Address unknown
Insufficient Address
No such office in state
Do not remail to this address

P-573 873 581
RECEIPT FOR CERTIFIED MAIL

C.A. & Lillian W. Hanson
Mason City, Iowa 50401

Postage	.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	1.67

7/20/87

PS Form 3800 June 1985 U.S.G.P.O. 1985-506

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

Receipt

CLAIM CHECK NO. 384433

☐ HOLD

DATE JUL 28 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

Earl L. and Kathryn Hansen
Swea City
Iowa 50590

P-573 873 582

RETURN RECEIPT REQUESTED

P-573 873 582

RECEIPT FOR CERTIFIED MAIL

Earl L and Kathryn Hansen
Swea City, Iowa 50590

22	75		70		1.67	7/20/87

PS Form 3800, June 1985 — USGPO 1985-506

PS Form 3800, June 1985 U.S.G.P.O. 1985-503

7/20/87

1.67

70

75

22

Lovila, Iowa 50150

Frances M. Heffron, etal.

P 573 873 583

REGISTERED MAIL

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:

Frances M. Heffron, etal.

Lovila, Iowa 50150

4. Article Number

P573-873583

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X Gerald Lofgreen

6. Signature – Agent

X

7. Date of Delivery

7-25-87

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

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

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

P-573 873 584

RETURN RECEIPT REQUESTED

MASON CITY, IA
JUL 25 3 PM 1987
50401

C. F. Hemphill
Mason City
Iowa 50401

CLAIM CHECK
884644

☐ HOLD
AUG 3 198

1ST NOTICE

2ND NOTICE

RETURN

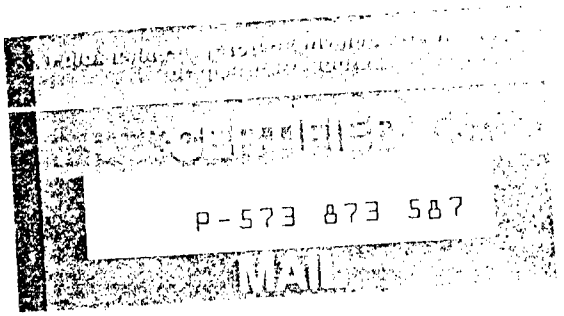
Detached from
PS Form 3849-A
Oct. 1980

P-573 873 584
RECEIPT FOR CERTIFIED MAIL

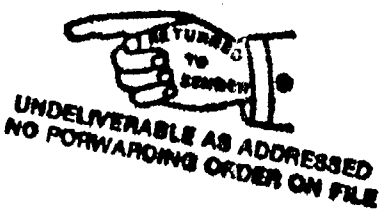
C. F. Hemphill
Mason City, Iowa 5040
22
75
70
1.67
7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 153-506

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



RETURN RECEIPT
REQUESTED



F. C. Holmes
Hampton
Iowa 50441

P-573 873 587
RECEIPT FOR CERTIFIED MAIL

F.C. Holmes
Hampton, Iowa 50441

22
75
70
1.67

7/20/87

PS Form 3800 June 1985
U.S.G.P.O. 153-506

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

P-573 873 589

MAIL

RETURN RECEIPT REQUESTED

W. A. Horn
630 - 33rd Avenue
San Francisco, Ca. 94121

Not Here

CLAIM CHECK NO. 884372

HOLD

DATE JUL 27 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

P-573 873 589

CERTIFIED MAIL

W. A. Horn
630 - 33rd Ave
San Francisco, CA 94121

22 | 75 | 70 | 1.67

7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 1985-506

● 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:

Edwin G. La Coste
3922 Carlton Drive
Cedar Falls, Iowa 50613

4. Article Number

P 573 873 624

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 Kurt La Coste

7. Date of Delivery

7/25/87

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

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

P 573 873 624
RECEIPT FOR CERTIFIED MAIL

Edwin G. La Coste
3922 Carlton Drive
Cedar Falls, Iowa 50613

.22
.75
.70
1.67

7/20/87

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

RETURNED TO SENDER
ADDRESSEE UNKNOWN

CLAIM CHECK
384971

☐ HOLD

JUL 27 198

1ST NOTICE

2ND NOTICE

RETURN

Detached from
U.S. Form 3849-A
Oct. 1980

P-573 873 590

MAIL

RETURN RECEIPT
REQUESTED

Cynthia E. Larson and
Charles B. Larson
Paola, Kansas 66071

RETURNED TO SENDER
ADDRESSEE UNKNOWN

P-573 873 590
RECEIPT FOR CERTIFIED MAIL

Cynthia & Charles Larson	Paola, Kansas 66071	22	75		70	1.67	7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 153 506

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

P-573 873 591

MAIL

RETURN RECEIPT
REQUESTED

Cora I. Lohr Law
G. L. Law
Humboldt,
Iowa 50548

THE UNCLAIMED ITEM IS RETURNED TO SENDER

REASON CHECKED
Unclaimed ... Refused
Addressee unknown
Insufficient Address ✓
No such street ... number
No such office in state
Do not remail in this envelope

P-573 873 591
RECEIPT FOR CERTIFIED MAIL

Cora G L Law
Humboldt, Iowa 50548

	22
	75
	70
	1.67
	7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 1985-506

● 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:
Estella Maple
Banning, CA 92220

4. Article Number
P573 873593

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 W. W. Maple

7. Date of Delivery JUL 28 1987

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

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

P 573 873 593
RECEIPT FOR CERTIFIED MAIL

Estella Maple
Banning, CA 92220

22 | 75 | 70 | 1.67

7/20/87

USGPO 1985-506

PS Form 3800, June 1985

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:
Eleanor W. McAdoo, Trust
P.O. Drawer EE
Santa Barbara, CA
93102

4. Article Number
P 573 873 597

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
7-22-87

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

JUL 22 1987

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 573 873 597

RECEIPT FOR CERTIFIED MAIL

Eleanor W. McAdoo Trust
PO Drawer EE
Santa Barbara, CA 93102

22
75
70
1.67

7/20/87

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:
J.R. Catherine Mc Ginley,
Ranroy, Inc, Cleroy Inc.
P.O. Box 3405
Tulsa, OK 74101

4. Article Number
P573873594

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 K Burroughs

7. Date of Delivery
JUL 23 1987

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

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

P-573 873 594
RECEIPT FOR CERTIFIED MAIL

Ranroy, Inc. Cleroy, Inc.
J.R. Catherine McGinley
P.O. Box 3405
Tulsa, OK 74101

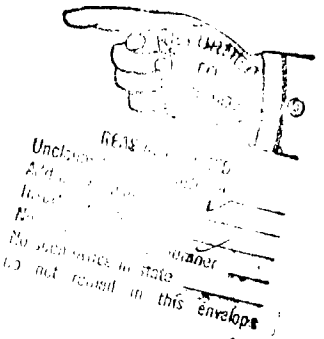
Attn: John Clegg

22
75
70
1.67
4/20/87

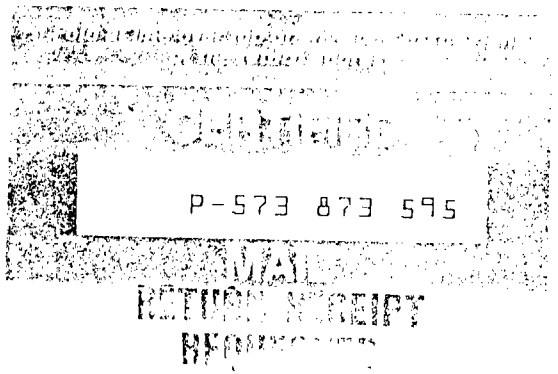
U.S.G.P.O. 153-906

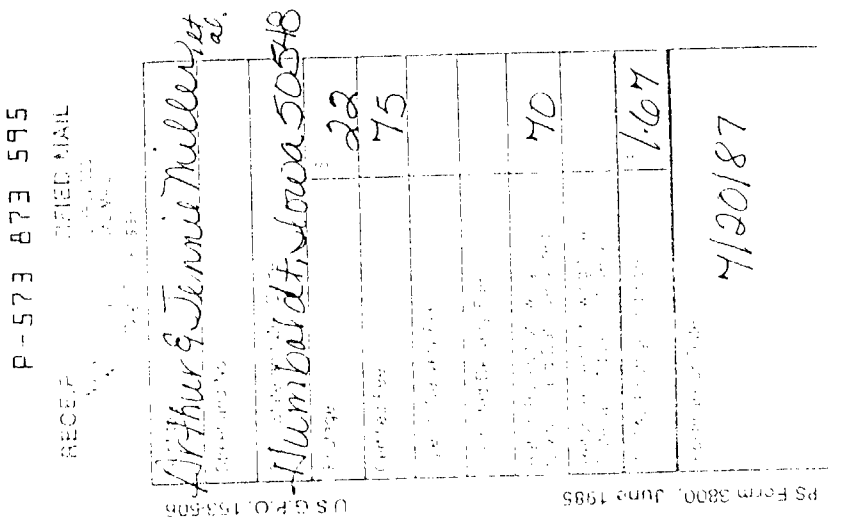
PS Form 3800, June 1985

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



Arthur J. and Jennie M. Miller
Leonard & Echo Belle Miller
Humboldt, Iowa 50548





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

P-573 873 598

RETURN RECEIPT
REQUESTED

MASON CITY
JUL
25
M
1987

CLAIM CHECK
NO.
884463

HOLD

JUL 29 198

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

WE MEET
THE
CHALLENGE

Andrew E. and Bess on
Mason City
Iowa 50401

P-573 873 598

RECEIPT FOR CERTIFIED MAIL

Andrew E. Bessin Mason
Mason City, Iowa 50401

	22
	75
	70
	1.67
	7/20/87

U.S.G.P.O. 1985-506

PS Form 3800, June 1985

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:
Lorene & Hugo Nemela
823 Kingsley
Waterloo, Iowa 50701

4. Article Number
P573873599

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
7-30-87

8. Addressee's Address (ONLY if requested and fee paid)
200 Park Lane #231
Waterloo, Ia 50702

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P-573 873 599

Lorene & Hugo Nemela
823 Kingsley
Waterloo, Iowa 50701

22
75

40

1.67

7/20/87

CAMPBELL & BLACK, P.A.
LAWYERS
SANTA FE, NEW MEXICO 87504-2208

RESTRICTED DELIVERY
REQUESTED

P-573 873 600

W. J. and Muriel J. Parrott
Mason City
Iowa 50401

MASON CITY IA
JUL 25 1987
50401

P-573 873 600
RECEIPT FOR CERTIFIED MAIL

W.J. & Muriel Parrott
Mason City Iowa 50401

	22
	75
	70
	1.67

7, 20187

PS Form 3800, June 1985
U.S.G.P.O. 1985-506

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:

Pennzoil Co.
P.O. Box 2967
Houston, Tex. 77252-2967
Attn: K. Stangeland
L. Whitfield

4. Article Number

P 573 873 601

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

7-27

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

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

P-573 873 601

RECEIPT FOR CERTIFIED MAIL

Pennzoil Co.
P.O. Box 2967
Houston, Tex. 77252-2967

.22
.75
.70
1.67

7/20/87

U.S.G.P.O. 1983-406

PS Form 3800, June 1985

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

Claim Check No. 119153
☐ Hold
Date 7-24
1ST Notice
2ND Notice
Return
Detached from PS Form 3849-A Oct. 1985

P-573 873 603

RETURN RECEIPT REQUESTED

TRY 918 Alles.

Mentone

RETURNED TO SENDER
ATTEMPTED, NOT KNOWN

Ethel Armstrong Petersen
Banning
California 9222[illegible]

884434
☐ HOLD
JUL 2 6 198
1ST NOTICE
2ND NOTICE
RETURN
Detached from PS Form 3849-A Oct. 1980

P-573 873 603
RECEIPT FOR CERTIFIED MAIL

Ethel Armstrong Petersen
Banning, Ca. 92220
.22
.75
.70
1.67
7/20/87

U.S.G.P.O. 1985-506
PS Form 3800, June 1985

● **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:

Frank O. & Ella M. Peterson
Callendar, Iowa 50523

4. Article Number
P 573 873 604

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

Always obtain signature of addressee or agent and DATE DELIVERED.

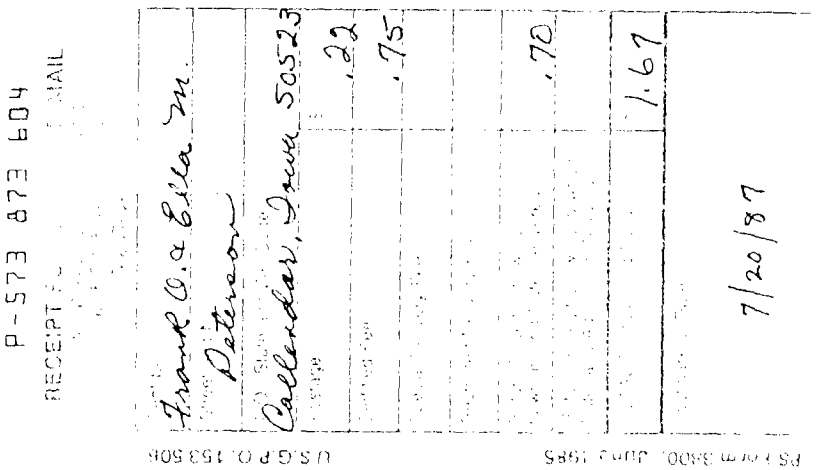
5. Signature – Addressee
X

6. Signature – Agent
X Ella Peterson

7. Date of Delivery
7-27-87

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

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



P-573 373 605

RECEIPT FOR CERTIFIED MAIL

Blanche L. Probert	
6233- 40th., N.E.	
Seattle, Wash.	98105
	.22
	.75
	.70
	1.67

7/20/87

PS Form 3800, June 1985

U.S.G.P.O. 1985-506

● **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:
Samson Resources Co.
Samson Plaza
2 West Second Street
Tulsa, Ok. 74103
Attn: Steve Area

4. Article Number
P 573 873 606

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 D. Edward 7-24-87

7. Date of Delivery
7/24/87

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

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

P 573 873 606
RECEIPT FOR CERTIFIED MAIL

Samson Resources Co.
Samson Plaza, 2 W. Second St.
Tulsa, Ok. 74103

.22	
.25	
.70	
1.67	

7/20/87

U.S. GPO: 1985-480-506 PS Form 3800, June 1985

● **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:

Dorothy J. VanZant Sanders
Suite 588, Sinclair Bldg.
106 W. 5th Street
Fort Worth, Tex. 76102

4. Article Number
P 573 873 607

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 Martha Brown

7. Date of Delivery
24 JUL 1987

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

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

P-573 873 607
RECEIPT FOR MAIL

Dorothy VanZant Sanders
Suite 588, Sinclair Bldg.
106 W. 5th Street
Fort Worth, Tex. 76102

	.82
	.25
	.70
	1.97

7/20/87

USGPO 1985-506

PS Form 3800, June 1985

● **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:

Amerett E. Schmitz, et al.
1707 So. Massachusetts Ave.
Mason City, Iowa 50451

4. Article Number
P 573 873 627

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Jean Stone

6. Signature – Agent
X

7. Date of Delivery
7-25-87

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

MASON CITY JUL 25 1987 IA

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

P-573 873 627
RECEIPT FOR CERTIFIED MAIL

Amerett E. Schmitz, et al.
1707 So. Massachusetts Ave.
Mason City, Iowa 50451

.22	
.75	
	.70
	1.67

11/20/87

PS Form 3800, June 1985 U.S.G.P.O. 1985-506

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:

Harry & Laura C. Schrader
Rudd
Iowa 50471

4. Article Number
P 573 873 608

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Lorraine Day

6. Signature – Agent
X

7. Date of Delivery
JUL 25 1987
IOWA CITY, IA 52240

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 573 873 608
RECEIPT FOR CERTIFIED MAIL

Harry & Laura C. Schrader
Rudd
Iowa 50471

.22
.75
.70
1.67

7/20/87

U.S.G.P.O. 153 506

PS Form 3800, June 1985

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

P-573 873 609

RETURN RECEIPT REQUESTED

Gertrude J. Sproule Scullin
500 West Ocean Avenue
Long Beach, Ca. 90802

CLAIM CHECK NO. 884368

☐ HOLD

JUL 27 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

P-573 873 609

RECEIPT FOR CERTIFIED MAIL

Gertrude J. Sproule Scullin
500 W. Ocean Avenue
Long Beach, Ca. 90802

	.22
	.75
	.70
	1.67

7/10/87

PS Form 3800, June 1985 U.S.G.P.O. 1985-506

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

RETURN TO SENDER
REASON CHECKED
Unclaimed ___ Refused
Addressee unknown ___
Insufficient Address ___
No such street ___ number ___
No such office in state ___
Do not remain in this envelope

P-573 873 610

MAIL

RETURN RECEIPT REQUESTED

Burt R. and Mae Shifflet
320 Sunset Road
Waterloo, Iowa 50701

DIRECTORY SERVICE GIVEN

P-573 873 610

RECEIPT FOR CERTIFIED MAIL

Burt R. & Mae Shifflet 320 Sunset Road Waterloo, Iowa 50701	
	.22
	.75
	.70
	1.67
	7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 1985-506

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:

Francis William Sletticka
120 East North Street
Manly, Iowa 50456

4. Article Number

P 573 873 626

Type of Service:

☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X Rec'd. Argusti

6. Signature — Agent

X

7. Date of Delivery

7-27-87 LC

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

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

P-573 873 626

CERTIFIED MAIL

Francis Wm. Sletticka
120 East North Street
Manly, Iowa 50456

.22 .75 .70 1.67

7/20/87

U.S.G.P.O. 1985-506

PS Form 3800, June 1985

● **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:

Rev. Joseph John Sletticka
120 East North Street
Manly, Iowa 50456

4. Article Number

P 573 873 625

Type of Service:

☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X Rev. W. Arguth

6. Signature — Agent

X

7. Date of Delivery

7-27-87 LC

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

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

P 573 873 625

RECEIPT FOR CERT

Rev. Joseph John Sletticka
120 East North Street
Manly, Iowa 50456

	.22
	.75
	.70
	1.67

7/27/87

USGPO 1983-408

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

P-573 873 612

RETURN RECEIPT
REQUESTED

MASON CITY JUL 25 PM 1987 50401

ALBUQUERQUE, NM 87103 21 JUL 1987 1PM

CLAIM CHECK NO. 884497

HOLD

DATE JUL 30 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

Charles E. and Madge L. Snipps
Mason City
Iowa 50401

Unclaimed
Addressee unknown
Insufficient Address
No such street number
No such office in state
Do not remail in this envelope

P-573 873 612
RECEIPT FOR CERTIFIED MAIL

Charles & Madge Snipps
Mason City, Iowa 50401
.22
.75
.20
1.67
7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 1985-506

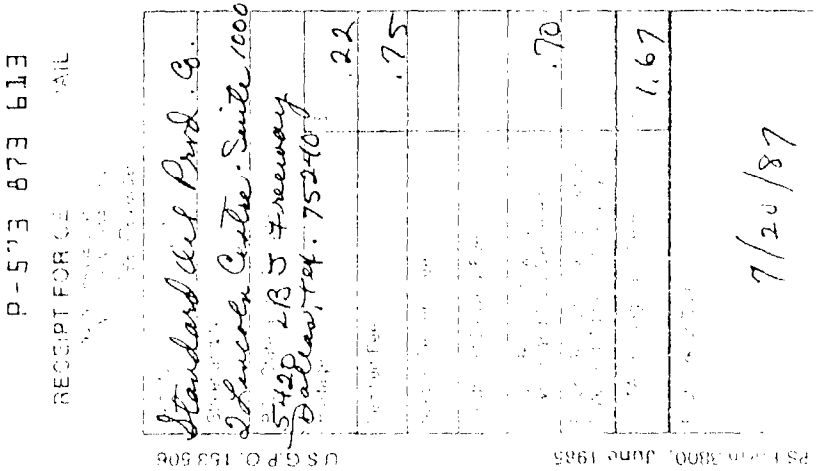
● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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
Standard Oil Prod. Co. 2 Lincoln Centre - Suite 1000 5420 LBJ Freeway Dallas, Tex. 75240-6222 Attn: Mrs Diane Trippe	P 573 873 613
	Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature – ~~Agent~~ X	
7. Date of Delivery 7-24-87	

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:

June M. Thieman and
Everett W. Fischer
Newell, Iowa 50568

4. Article Number
P 573 873 616

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

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

5. Signature – Addressee
X June M. Thieman

6. Signature – Agent
X

7. Date of Delivery
7-27-87

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

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

P-573 873 616
RECEIPT FOR CE

June M. Thieman and
Everett W. Fischer
Newell, Iowa 50568

.22
.75
.70
1.67
7/20/87

USG P.O. 153 506

PS Form 3800, June 1985

● **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:

J. H. Van Zant, II
1730 Commerce Bldg.
307 West 7th
Fort Worth, Tex. 76102-5173d

4. Article Number

P 573 873 617

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature – Addressee

X J H Van Zant II

6. Signature – Agent

X

7. Date of Delivery 23 JUL 1987

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

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

P-573 873 617
FOR CERTIFIED MAIL

J.H. Van Zant, II
1730 Commerce Bldg.
307 W. 7th, Ft. Worth, Tex.

.23
.75
.70
1.67

7/20/87

USGPO 1985-506

PS Form 3800, June 1985

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: Jean Stone
C. E. ~~Werthenbach~~, Amerett
~~Schmutz, Ind. Ex. & etc. of~~
Estate ~~of Cora Werthenbach~~
~~1707~~ 711 So. Massachusetts Ave.
Mason City, Iowa 50450

4. Article Number
P 573 873 619

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 Jean Stone

7. Date of Delivery
7-27-87

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

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

P-573 873 619

RECEIPT FOR CER[TIFIED MAIL]

C. E. Werthenbach, et al.
1701 So. Massachusetts Ave
Mason City, Iowa 50450

	.22
	.75
	.70
	1.67

7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 153-506

● 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:

Cynthia McAdoo Wheatland
33 Branch Street
Boston, Mass. 02108

4. Article Number

P 573 873 620

Type of Service:

☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X Cynthia McAdoo Wheatland

6. Signature – Agent

X

7. Date of Delivery

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

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

P 573 873 620
FOR CERTIFIED MAIL

Cynthia McAdoo Wheatland
33 Branch Street
Boston, Mass. 02108

	.22
	.75
	.70
	1.67

7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 1985-506

CAMPBELL & BLACK, P.A.
LAWYERS
POST OFFICE BOX [illegible]
SANTA FE, NEW MEXICO 87504-2208

RETURNED TO SENDER

Insufficient
No such st
No such off
Do not remail in this envelope

P-573 873 622

MAIL

G. L. and Christena B. Whitman
Waterloo
Iowa 50701

ALBUQUERQUE, N.M.
21 JUL
1987
87028

WE MEET
TUE
NGE

CLAIM CHECK
384773

HOLD

JUL 29 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

DIRECTORY SERVI

P-573 873 622

RECEIPT FOR CER

B. & L. & Christena B. Whitman
Waterloo, Iowa 50701
.22
.75
.70
1.67
7/20/87

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

CERTIFIED
P-573 873 623
MAIL
RETURN RECEIPT REQUESTED

RETURNED TO SENDER
NO SUCH ADDRESS

SAN BERNARDINO, CA 92410
P.M.
23 JUL
1987

Elizabeth H. Woodburn
1194 College Drive
San Bernardino, Ca. 92410

N.S.N.

CLAIM CHECK NO.
884507

U HOLD

DATE
JUL 30 1987

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

P-573 873 623
FOR CERTIFIED MAIL

Elizabeth H. Woodburn
1194 College Drive
San Bernardino, Ca. 92410

.22	.25		.70	1.67

7/20/87

PS Form 3800, June 1985 U.S.G.P.O. 1985-506