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

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION DIVISION FOR THE PURPOSE OF CONSIDERING:

APPLICATION FOR LBO NEW MEXICO, INC. FOR COMPULSORY POOLING AND UNORTHODOX GAS WELL LOCATION, LEA COUNTY, NEW MEXICO

CASE NO. 10305

### CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on April 24, 1991, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for May 16, 1991, to the parties shown in the application as evidenced by the attached copies of return receipt cards.

SUBSCRIBED AND SWORN to before me this

of May, 1991.

My Commission Expires:

7-6-91

BEFORE EXAMINER CATANACH

OIL CONSERVATION DIVISION

LBO

EXHIBIT NO.

CASE NO.\_\_

10305

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(Extra charve)	4. Article Number P 676 666 255
Team Exploration 310 W. Illinois Suite 220 Midland, TX 79701	Type of Service:  Registered Insured Certified COD Express Mail Return Receipt for Merchandise
LBOFP (KA) 4/24	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature Address X	8. Addressee's Address (ONLY if requested and fee paid)
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Bonny Wilson 10588 Stone Canyon #182	Type of Service:
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303 W. Wall, Ste 1900	Certified COD
Midland, TX 79701	Express Mall Return Receipt for Merchandise
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Greenwood Holdings 5600 S. Quebec	
Suite 150-C	Type of Service:
parce 100-C	Registered Insured Certified COD
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(Extra charge)	(Extra charge)
Kent Cearley P.O. Box 508 Robert Lee, TX 76945	4. Article Number  P 676 666 254  Type of Service:  Registered Insured COD Express Mail Return Receipt for Merchandise
	Always out an signature of addressee
LBO FP (KA) 4/24	or agent and DATE DELIVERED.
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6. Signature - Agent	
X	
7. Date of Delivery 4-27-91	
<u></u>	POLITICAL PETUDA PEGEDA
PS Form <b>3811</b> , Apr. 1989 ± U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT
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from being returned to you	es are available. Consult postmaster for fees
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(Extra charee)	(Extra charge)  4. Article Number
Steve Chisick	P 676 666 225
101 Galax Lane	Type of Service:
Durham, NC 27703	Registered Insured
	Contified COD
/	Express Mail Return Receipt for Merchandise
1 an 100 ( 110 )	Always obtain secture of addressee
LBO/FP/(KA) 4/24	or agent and DANE DELIVERED.
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PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-8  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse	services are desired, and complete items
PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-8  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and
PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-8  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-8  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-8  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1.  Show to whom delivered, date, and addressee's an (Extra charge)	services are desired, and complete items side. Failure to do this will prevent this card evou the name of the person delivered to and as are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number
PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-8  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable of the service of t	services are desired, and complete items side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees eddress.  2. Restricted Delivery (Extra charge)  4. Article Number 676 666 23 /
PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-8  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested. 1.  Show to whom delivered, date, and addressee's acceptable. 1.  Robert A. Harris  4550 Gorve Street	services are desired, and complete items side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees eddress.  2. Restricted Delivery (Extra charge)  4. Article Number  676 666 23 / Type of Service:
PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-8  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable of the complete of	services are desired, and complete items side. Failure to do this will prevent this card e you the name of the person delivered to and as are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number  67666673/  Type of Service: Registered Insured
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  Robert A. Harris  4550 Gorve Street	services are desired, and complete items side. Failure to do this will prevent this card evou the name of the person delivered to and as are available. Consult postmaster for fees eddress.  2. Restricted Delivery (Extra charge)  4. Article Number  676 666 23 /  Type of Service:  Registered Insured Certified COD Return Receipt
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  Robert A. Harris  4550 Gorve Street	services are desired, and complete items side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge)  4. Article Number  4. Article Number  666 23 / Type of Service: Registered Insured Cortified COD Return Receipt for Merchandise
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  Robert A. Harris  4550 Gorve Street	services are desired, and complete items side. Failure to do this will prevent this card eyou the name of the person delivered to and as are available. Consult postmaster for fees eddress.  2. Restricted Delivery (Extra charge)  4. Article Number  4. Article Number  G76 66 23 /  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  Robert A. Harris 4550 Gorve Street Skokie, IL 60076	services are desired, and complete items side. Failure to do this will prevent this card evou the name of the person delivered to and as are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number  7/66623  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  Robert A. Harris 4550 Gorve Street Skokie, IL 60076	services are desired, and complete items side. Failure to do this will prevent this card eyou the name of the person delivered to and as are available. Consult postmaster for fees eddress.  2. Restricted Delivery (Extra charge)  4. Article Number  4. Article Number  G76 66 23 /  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  Robert A. Harris 4550 Gorve Street Skokie, IL 60076	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and es are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge)  4. Article Number  4. Article Number  6 6 6 7 3 /  Type of Service: Registered Insured Certified COD Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  Robert A. Harris 4550 Gorve Street Skokie, IL 60076	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and es are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge)  4. Article Number  4. Article Number  6 6 6 7 3 /  Type of Service: Registered Insured Certified COD Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
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SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired and complete items
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from being returned to you. The return receipt fee with rovide	you the name of the ne soil delivered to and
and check box(es) for additional service(s) redested.	s are available. Consult poetmacter to lees
1.   Show to whom delivered, date, and 98 ressee's ad	dress. 2. Assurated Delivery
	(Coma charge)
	4. Article Number
3	P 676 666 233
Annette C. Mills	Type of Service:
1413 W. Michigan	Registered Insured
Midland, TX 79701	Certified COD
11 /9/UI	Fynress Mall Return Receipt
	Tor Merchandise
LOD FR (KA) 4/24	Always obtain signature of addressee
	or agent and DATE DELIVERED.
5. Signature Addressee	8. Addressee's Address (ONLY if
1 TMINE () ) July	requested and fee paid)
6. Signature – Agent	
X	
7. Date of Delivery	
1. Date of Delivery	
4-2/-//	
S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMECTIC PETUDA PROPERTY
x 0.0.d.r.0, 1363-236-613	DOMESTIC RETURN RECEIPT
The second of th	the thirty of the real materials and the second supplies the secon
SENDER: Complete items 1 and 2 when additions 3 and 4.	al services are desired, and complete items
Dut your address in the "RETURN TO" Space on the revers	se side. Failure to do this will prevent this card
I from boing returned to you. The inturn receipt too will Brown	de vou the name of the nerson delivered to and
the date of delivery. For additional fees the following service	ces are available. Consult postmaster for fees
and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's	address. 2.   Restricted Delivery
(Extra charge)	(Extra charge)
-	14 Article Number
	P 676 666 234
Jim Starrak	Type of Service:
2401 S. County Rd	Registered L Insured
#1110	Certified COD
<u> </u>	Return Receipt
Midland, TX 79701	Express Mail  for Merchandise
· ·	Always obtain signature of addressee
110/20/	Always obtain signature of addressee
LBO FR KA 4/24	or agent and DATE DELIVERED.
LBb FP KA 4/24  5. Shanature - Addressee	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
5. Signature - Addressee	or agent and DATE DELIVERED.
5. Signature - Addressee	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
5. Signature - Addressee	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
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5. Signature — Addressee  X	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP
5. Signature — Addressee  X	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP
5. Signature — Addressee  X	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  BLOOMESTIC RETURN RECEIP and services are desired, and complete items
5. Signature — Addressee  X 6. Signature — Agent  X 7. Date of Delivery  ———————————————————————————————————	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  Bals DOMESTIC RETURN RECEIP and services are desired, and complete items are sesside. Failure to do this will prevent this cardide you the name of the person delivered to and
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5. Signature — Addressee  X  6. 'Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 1	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The services are desired, and complete items are side. Failure to do this will prevent this cardide you the name of the person delivered to and pices are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number
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5. Signature — Addressee  X  6. 'Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 1	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  Bals  DOMESTIC RETURN RECEIP  The parallel services are desired, and complete items are side. Failure to do this will prevent this cardide you the name of the person delivered to and dices are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  P 676 466 235  Type of Service:
5. Signature — Addressee  X  6. 'Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 1	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The paid of the person delivered to and rices are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  Pare 1 Article Number  Pare 2 Article Number  Pare 3 Article Number  Pare 4 Article Number  Pare 5 Article Number  Pare 6 Article Number  Pare 7
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 19	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The part of the person delivered to and pices are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  Consult postmaster for fees address.  1. Registered Insured Certified Cod Return Receipt for Merchandise
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 19	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The paid services are desired, and complete items are side. Failure to do this will prevent this card address.  2. Restricted Delivery (Extra charge)  4. Article Number  Pare 466 235  Type of Service: Registered Insured Certified COD  Certified Return Receipt
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 19	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The part of the person delivered to and pices are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  Consult postmaster for fees address.  1. Registered Insured Certified Cod Return Receipt for Merchandise
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 19	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The services are desired, and complete items are side. Failure to do this will prevent this card address are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  676 466 235  Type of Service:  Registered  Certified  Codd  Return Receipt for Merchandise  Always obtain signature of addressee
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  ———————————————————————————————————	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The part of the person delivered to and prices are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  6. 76. 66. 23.5  Type of Service:  7. Registered  8. Registered  9. Certified  9. Codd  1. Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee  X  6. 'Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 1	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The services are desired, and complete items are side. Failure to do this will prevent this card address are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number
5. Signature — Addressee  X  6. 'Signature — Agent  X  7. Date of Delivery  ———————————————————————————————————	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The services are desired, and complete items are side. Failure to do this will prevent this card address are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number
5. Signature — Addressee  X  6. 'Signature — Agent  X  7. Date of Delivery  PS Form 3811, Apr. 1989  *U.S.G.P.O. 1989-238-  *U.S.G.P.O. 1	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  The services are desired, and complete items are side. Failure to do this will prevent this card address are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number
5. Signature — Addressee  X  6. Signature — Agent  X  7. Date of Delivery  — SENDER: Complete items 1 and 2 when addition 3 and 4.  Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will prove the date of delivery. For additional fees the following servand check boxies) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's (Extra charge)  Chevron U.S.A., Inc.  P.O. Box 1150  Midland, TX 79702  Attn: Sam Martin  5. Signature — Addressee  X	or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RECEIP  and services are desired, and complete items rese side. Failure to do this will prevent this card ride you the name of the person delivered to and rices are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number

SENDER: Complete items 1 and 2 when addition 3 and 4.	onal services are desired, and complete items
Put your address in the "RETURN TO" Space on the card from being returned to you. The return receipt fee to and the date of delivery. For additional fees the follofor fees and check box(es) for additional service(s) re-	will provide you the name of the person delivered
1. Show to whom delivered, date, and addressee (Extra charge)	's address. 2. Restricted Delivery (Extra charge)
State Land Office P.O. Box 1148	4. Article Number 676 666 235
Santa Fe, NM 87504	Type of Service:
Attn: Floyd Prando	Registered Linsured
eom. 110yd 11diido	Certified COD  Express Mail Return Receipt for Merchandise
LBO FP (KA) 4/2	Always obtain signature of addressee or agent and ARE DELWERED.
5. Signature — Address	8. Addresser's Address ONLY if requested and the paid of
K 6. Signature — Agent /	$ \left( \frac{1}{8} \left( \begin{array}{c} 25 \\ \end{array} \right) \stackrel{6}{=} \right)$
x (All)	1991
7. Date of Delivery	USPS
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-	-212-865 DOMESTIC RETURN RECEIPT
en yek sange englishere i sistema i 20 meta 1900 km sangen engang yek yeken i sangen ini menang men Pengangan pengangan	The second section of the contraction of the second second section with the second section of the second section of the second section of the second section s
SENDER: Complete items 1 and 2 when addition 3 and 4.	
Put your address in the "RETURN TO" Space on the rev	
the date of delivery. For additional fees the following sel	rvices are available. Consuit postinaster for fees
and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee (Extra charge)	's address. 2. ☐ Restricted Delivery (Extra charge)
(Estate Charles)	4 Article Number
Lt. Co. Michael Chisick	1572125078
16465 Henerson Pass 624	Type of Service:
San Antonio, TX 78232	Registered Insured
70202	Certified COD Return Receipt for Merchandise
LBO FP (KA) 4/24	Always obtain signature of addressee
5. Signatura – Addrewsee	8. Addressee's Address (ONLY if
× Mitte Miser	requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	
*U.S.G.P.O. 1989	238-815 DOMESTIC RETURN RECEIP
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-	238-813
CENDED: Complete interest 1 and 2 when addition	
SENDER: Complete items 1 and 2 when addit 3 and 4.	•
Put your address in the "RETURN TO" Space on the re from being returned to you. The return receipt fee will pi the date of delivery. For additional fees the following s	rovide you the name of the person delivered to and
and check box(es) for additional service(s) requested.  1.  Show to whom delivered, date, and addresse	•
(Extra charge)	(Extra charge) 4. Article Number
Ken K. Kirby	P 676 666 232
750 E. Mid Cities Blvd.	Type of Service:
Suite 1407	Registered Insured
Euless, TX 76039	Certified COD
	Express Mail Return Receipt for Merchandise
LBO FP (KA) 4/2	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature Addressee	Addressee's Address (ONLY if Nauested and fee paid)
6. Signature – Agent	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
X Agent	18/2
7. Date of Delivery	<del>∕2</del> ♥~↓↓
5/0/9/ 00	5 1 1 1 m
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1984	2013 DOMESTIC RETURN RECEIP

#### P HTH HHH EHH



Tipperary Oil & Gas Corp. 500 W. Illinois Midland, TX 79701

Postage	\$ .52
Certified Fee	1.00
Special Delivery Fee	
Pestricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date. & Address of Desvery	
TOTAL Postage & Fees	\$2.52
3 Fees Postmark or Date  UBO FP  4-24-91	Ks

P 676 666 252



Don Turner 4201 Monte Drive Midland, TX 79703

	Postage	\$ 52
	Certified Fee	1.00
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	1.00
	Return Receipt Showing to Whom. Date, & Address of Delivery	
	TOTAL Postage & Fees	\$252
200 200 200	Postmark or Date  LBO FP	
-	4-24-91	KA

P 676 666 257



# Certified Mail Receipt No Insurance Coverage Provided

Do not use for International Mail

Susan Turner 2204 Lindor Way Midland. TX 79707

- 1	Postage	
1	Fostage	\$ 52
	Cartified Fee	1.00
	Special Delivery Fee	
	Restricted Delivery Fee	
000	Return Receipt Showing to Whom & Date Delivered	1.00
oce and oce and san	Return Receipt Showing to Whom, Date, & Address of Delivery	
5	TOTAL Postage & Fees	\$2.52
	Postmark or Date	
=	CDC F	
Ļ	4-24-91	

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Certified Mail Receipt

No Insurance Coverage Provided No Insurance Coverage Provided Do not use for International Ma.

1126 Vaughn Bldg. Midland, TX 79701

	Postage	\$ 52
	Cartified Fee	100
ĺ	Special Delivery Fee	
1	Restricted Delivery Fee	
980	Return Receipt Showing to Whom & Date Delivered	100
	Return Receipt Showing to Whom. Date, & Address of Delivery	,
- i	TOTAL Postage & Fees	\$252
ODER HOLLS	Postmark or Date  LBO FP  4-24-91	KA

# P 676 666 247



Tejas Energy Corp. 8333 Douglas Suite 1072 Dallas, TX 75225

Postage	\$ 52
Certified Fee	1.00
Special Celivery Fee	-
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom. Date: & Address of Delivery	
TOTAL Postage & Fees	\$2.50