



CERTIFIED MAIL - RETURN RECEIPT REQUESTED

August 20, 1987

TO: ALL INTEREST OWNERS (SEE ATTACHED LIST)

RE: Proposed Twin Lakes San Andres Unit & Waterflood
Chaves County, New Mexico

Dear Interest Owner:

Pelto Oil Company has applied to the New Mexico Oil Conservation Division for approval of statutory unitization of the above Unit Area, together with a secondary recovery waterflood project. Copies of the Applications are attached hereto without exhibits. Please contact my office if you desire copies of the exhibits. These two matters will be heard by the Oil Conservation Division in Santa Fe, New Mexico on September 9, 1987.

Very truly yours,

PELTO OIL COMPANY

A handwritten signature in black ink, appearing to read 'G. B. Murrell', written over the typed name.

G. B. Murrell
Vice President - Land

GBM:jm:J56/25
Enclosures



TWIN LAKES UNIT
ROYALTY INTEREST OWNERS

1029 Plus One Investors
2653 West Lawrence
Springfield, IL 62704

J. E. Abram
P. O. Box 567
Moses Lake, WA 98837

Aviva Limited Partnership
P. O. Box 2532
Denver, CO 80201

John D. Briscoe & Mary S. Briscoe
118 Briscoe Road
St. Leonard, MD 20685

Nancy Ellen Carlock
St. Paul's Manor
2635 2nd Avenue #630
San Diego, CA 92103

Victor E. Carlock
2230-P Via Puerta
Laguna Hills, CA 92653

Cities Service Oil & Gas Corporation
P. O. Box 300
Tulsa, OK 74102

Commissioner of Public Lands
P. O. Box 1148
Santa Fe, NM 87501

George E. Conley
P. O. Box 99
Parker, CO 80134

Charles William Daniels
410 N. Ogden Drive
Los Angeles, CA 90036

Dianne Elizabeth Daniels
232 Hampton Drive
Venice, CA 90291

Margaret E. B. Daniels
14305 Eastridge Drive
Whittier, CA 90602

William O. DeWitt
P. O. Box 670322
Dallas, TX 75367-0322

E. M. Nominee Partnership Company
303 E. Seventeenth Avenue,
Suite 500
Denver, CO 80203-1288

Sally Feldman
5374 Woodlands Estate Drive
Bloomfield Hills, MI 48013

Jack W. Fleck
13343 Bel-Red Road, Suite 200
Bellevue, WA 98005

June A. Grothe
23317 Stirrup Drive
Diamond Bar, CA 91765

William J. Harbeck
470 East Linden Avenue
Lake Forest, IL 60045

W. V. Harlow, Jr.
600 Petroleum Building
Amarillo, TX 79101

H. Lee Harvard
P. O. Box 936
Roswell, NM 88201

Robert L. Haynie
1580 Lincoln Street
Suite 400
Denver, CO 80203

J. T. Howard
804 W. Summit Street
Roswell, NM 88201

J. M. Huber Corporation
Oil & Gas Division
P. O. Box 925142
Houston, TX 77292-4449

TWIN LAKES UNIT
ROYALTY INTEREST OWNERS

Robert T. Jackson
513 South Hi-Lusi
Mount Prospect, IL 60056

Jackie H. Johnson
P. O. Box 515
Moses Lake, WA 98837

Charles A. Kelly
c/o Chapman & Cutler
111 West Monroe
Chicago, IL 60603

C. H. Kimbro
P. O. Box 250
Graford, TX 76045

John G. Leondukais
P. O. Box 795
Crystal Bay, NV 89402

Ralph E. Loewenberg
450 Park Avenue
New York, NY 10022

Marshall & Winston, Inc.
310 West Tower
10 Desta Drive
Midland, TX 79705

Len Mayer Oil Producer
1625 Broadway
Suite 2850
Denver, CO 80202

Murray C. McKinnon, Trustee of
the Murray C. McKinnon Revocable
Living Trust & Douglas A. McKinnon Trust
1200 Smith Street, Suite 670
Houston, TX 77002

David I. Miller
4604 Andrews Highway
Midland, TX 79703

Mildred Miller
P. O. Box 482
Moses Lake, WA 98837

Moon Company
P. O. Box 9598
Amarillo, TX 79105

Pauline W. Parker or
Henry W. Parker, Trustees of
Pauline W. Parker Trust dated 12-17-71
1105 Foshay Tower
Minneapolis, MN 55402

David L. Peterson
P. O. Box 1445
Ross, CA 94957

Charles I. Petschek
575 Madison Avenue
New York, NY 10022

Lee S. Schlessman
1500 Grant, Suite 400
Denver, CO 80203

Frates Seeligson
1604 National Bank Commerce Bldg.
San Antonio, TX 78205

Robert Rex Silverstone
844 Knollwood Road
Deerfield, IL 60015

H. Peter Stern
Mountainville, NY 10953

Beatrice P. B. Stone
5200 Montgomery Drive
Santa Rosa, CA 95405

Grover S. Stone, Jr.
51 Eagle Street
San Francisco, CA 94114

Sandra J. Stone
2162 Marlowe Road
Santa Rosa, CA 94501

Steven L. Stone
1636 #2 Sexton Road
Sebastopol, CA 95472

Barbara B. Sweeney
P. O. Box 8248
Santa Fe, NM 87504-8248

TWIN LAKES UNIT
ROYALTY INTEREST OWNERS

Tenneco Oil Company
7990 IH 10 West
San Antonio, TX 78230
Attention: Mike Hinze

John E. Walsh, Jr.
c/o Charles I. Diedoker
6636 Pembroke
San Antonio, TX 78240

Donald R. Watts
25 La Cuesta Drive
San Rafael, CA 94904

Tania C. Whitman Trust
Frederick C. Whitman, Trustee
233 Post Street, 6th Floor
San Francisco, CA 94108

Frederick Winston & James T.
Wyman, Trustees of Marital Trust
U/W/O Frederick S. Winston
1105 Foshay Tower
Minneapolis, MN 55402

Donald S. Wood
6 Back Bay Road
South Barrington, IL 60010

David E. Wyman, Jr.
304 Pioneer Building
Seattle, WA 98104

James T. Wyman & Frederick
Winston, Successor Trustees
U/W/O Francisca S. Winston
1105 Foshay Tower
Minneapolis, MN 55402

James T. Wyman, Trustee
Trust U/I Dated 10-2-63
1105 Foshay Tower
Minneapolis, MN 55402

TWIN LAKES UNIT
WORKING INTEREST OWNERS

Adams & McGahey
John W. Adams
Estates of R. W. & June Adams
c/o John W. Adams
513 Texas Commerce Bank Bldg.
Amarillo, TX 79109
(806) 353-1001

Columbia Gas Development Corporation
P. O. Box 1350
5847 San Felipe
Suite 2600
Houston, TX 77251-1350
(713) 787-3400
John L. Loftis, Vice President - Land
Tom Vo - Reservoir Engineer

Edwards & Leach Oil Company
501 N. W. Expressway, Suite 600
Oklahoma City, OK 73118
(405) 840-5020

Harbert Energy Corporation, Agent
c/o Plumb Oil Company
One Allen Center, Suite 3280
Houston, TX 77002
(713) 658-8896
Mark Mathias
Dick Klauzinski
Jack Frank

Harlow Corporation
600 Amarillo Petroleum Bldg.
Amarillo, TX 79101
(806) 372-7381

NRM Operating Company, L.P.
2121 San Jacinto Street, Suite 2600
Dallas, TX 75021
(214) 880-0243
Herb Bell

Nabob Production Company
P. O. Drawer 9598
Amarillo, TX 79105
800 S. Monroe Street
Amarillo, TX 79101
(806) 376-4283
John O'Brien
Betty Burgy

W. G. Stroecker
P. O. Box 1230
1119 Third Avenue
Fairbanks, Alaska 99707
100 Cushman
1st National Bank of Fairbanks
Fairbanks, AK 99701
Home: (907) 452-3748
Work: (907) 452-2146

Sun Exploration and
Production Company
P. O. Box 1861
#24 Smith Road
Clay Desta Plaza
Midland, TX 79702
Tim Lodle - Reservoir Engineer
(915) 688-0300

Sun Exploration and
Production Company
P. O. Box 2880
5656 Blackwell Street
Dallas, TX 75221-2880
(214) 890-6000 (Central)
Marshall Munsell (214) 890-5776

Tenneco Oil Company
7990 IH 10 West
San Antonio, TX 78230
(512) 366-8059
Mike Hinze - Division Landman

Trinidad Petroleum Corporation
1951 Hoover Court
Birmingham, AL 35226
(205) 823-7081

TXO Production Corporation
900 Wilco Building
Midland, TX 79701
Attention: Mr. Frank Kieffer
(915) 682-7992

Marion S. Weeks
P. O. Box 1230
(Street Address ?)
Fairbanks, AK 99707
(907) 488-4516

Brenda & Rick Winther
1948 Jack Street
Fairbanks, AK 99701
(907) 452-5466

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF PELTO OIL COMPANY
FOR STATUTORY UNITIZATION AND
APPROVAL OF A UNIT, CHAVES COUNTY,
NEW MEXICO.

No. _____

APPLICATION

Pelto Oil Company hereby applies to the New Mexico Oil Conservation Division for an order approving statutory unitization of the area and formation known as the Twin Lakes San Andres Unit, Chaves County, New Mexico, and approving the Unit for the Twin Lakes San Andres Unit, and in support thereof, states:

1. Pelto Oil Company is engaged in the business of, among other things, producing and selling oil and gas as defined by the New Mexico Statutory Unitization Act (N.M. Stat. Ann. §§ 70-7-1 through 70-7-21 (1978), hereinafter referred to as the "Act").

2. The proposed area for which application is made for unitized operations pursuant to the Act is known as the Twin Lakes San Andres Unit, Chaves County, New Mexico (the "Unit Area"), and consists of 4863.82 acres, more or less, in Chaves County, New Mexico, being more particularly described in Exhibit A attached hereto. A map of the Unit Area is attached hereto as Exhibit B.

3. The formation for which application is made (the "Unitized Formation") is the subsurface portion of the Unit Area known as the San Andres formation, and the vertical limits thereof are found in the interval between 2708 and 2798 feet as recorded on the Dual Laterolog in the Pelto Oil Company O'Brien

"L" No. 16 Well (Twin Lakes San Andres Unit Well No. 80), on December 23, 1984, said well located 2310 feet from the North line and 1675 feet from the East line of Section 6, Township 9 South, Range 29 East, Chaves County, New Mexico. The Unitized Formation shall further include all subsurface points throughout the Unit Area correlative to the above-identified depths.

4. The portion of the Unitized Formation included within the Unit Area has been reasonably defined by development.

5. Pelto Oil Company proposes to institute a water flood project for the secondary recovery of oil from the Unitized Formation within the Unit Area, as described in an accompanying application.

6. The proposed plan of unitization is embodied in the Unit Agreement, a true copy of which is attached hereto as Exhibit C, and the plan is fair, reasonable and equitable.

7. The proposed operating plan, covering the manner in which the Unit will be supervised and managed and costs allocated and paid, is embodied in the Unit Operating Agreement, a true copy of which is attached hereto as Exhibit D.

8. Pelto Oil Company projects that the unitized management, operation and further development of the Unitized Formation will increase production by approximately 3.5 million barrels of oil, will improve the oil producing rate, and will extend the producing life of the Unitized Formation beyond the year 2000. It is therefore evident that the unitized management, operation, and further development of the Unitized Formation is reasonably necessary in order to effectively carry on water flood

and secondary recovery operations to substantially increase the ultimate recovery of oil from the Unitized Formation within the Unit Area.

9. The method of operation which is proposed in the Unit Operating Agreement is feasible, will prevent waste and will result with reasonable probability in the increased recovery of substantially more oil from the Unitized Formation than would otherwise be recovered.

10. The estimated additional costs of conducting unitized operations will not exceed the estimated value of the additional oil and gas to be recovered, plus a reasonable profit.

11. The proposed unitization and adoption of the methods of operation embodied in the Unit Operating Agreement will benefit the working interest owners and royalty owners of the oil and gas rights within the Unitized Formation of the Unit Area.

12. Pelto Oil Company has made a good faith effort to secure voluntary unitization within the Unitized Formation of the Unit Area.

13. The participation formula contained in the Unit Agreement allocates the produced and saved unitized oil to the separately owned tracts in the Unit Area on a fair, reasonable and equitable basis, and protects the correlative rights of all owners of interest within the Unit Area.

14. The statutory unitization of the Unitized Formation within the Unit Area in accordance with the plan embodied in the Unit Agreement and Unit Operating Agreement will prevent waste and protect correlative rights.

15. By converting certain presently producing wells into injection wells, Pelto Oil Company proposes to inject fluids into the above described San Andres formation in the Twin Lakes San Andres Unit. Attached hereto as Exhibit E is a plat showing the location of all wells located within the Unit Area which are proposed to be used as producing wells or injection wells.

16. The water rights to be used for injection for the water flood project have been acquired by Pelto Oil Company, and are located approximately 27 miles to the southeast in Lea County. The water will be transported to the Unit Area by means of a pipeline to be constructed by the unit operator, which will belong to working interest owners of the Unit. Rights-of-way for the pipeline have already been acquired by Pelto Oil Company. Initially, 11,600 barrels of water per day will be injected, with an anticipated maximum injection volume of 21,800 barrels of water per day.

WHEREFORE, Pelto Oil Company requests that this application be set for hearing on September 9, 1987 and that the Division enter its order approving the Unit Agreement and Unit Operating Agreement, providing for the unitized management, operation and further development of the Unitized Formation and the Unit Area in accordance with the Act.

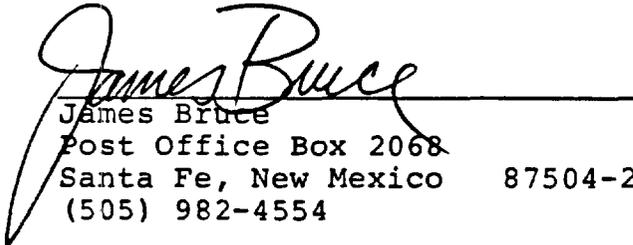
Pelto Oil Company further requests the establishment of a project allowable in accordance with Rule 701, the establishment of an administrative procedure for any change in, or additional, injection wells which might prove to be necessary, and also an administrative procedure for approving unorthodox well locations

for both producing and injection wells. Applicant also requests that the order include a provision for carrying any working interest owner, as provided in N.M. Stat. Ann. § 70-7-7 (F) (1978).

Respectfully submitted,

HINKLE, COX, EATON,
COFFIELD & HENSLEY

By


James Bruce
Post Office Box 2068
Santa Fe, New Mexico 87504-2068
(505) 982-4554

Attorneys for Pelto Oil Company

EXHIBIT "A"
to Application for Statutory Unitization
Twin Lakes San Andres Unit
Chaves County, New Mexico

Township 8 South - Range 28 East

Section 25:	SE/4, S/2SW/4, NE/4SW/4 SE/4NW/4	320.00 acres
Section 26:	SE/4SE/4	40.00 acres
Section 35:	E/2E/2	160.00 acres
Section 36:	All	<u>640.00 acres</u>
		1,160.00 acres

Township 8 South - Range 29 East

Section 30:	Lots 3 & 4, E/2SW/4, SW/4SE/4	197.60 acres
Section 31:	All	634.88 acres
Section 32:	W/2SW/4	<u>80.00 acres</u>
		912.48 acres

Township 9 South - Range 28 East

Section 1:	Lots 1-4, S/2N/2, SE/4, E/2SW/4	560.46 acres
Section 2:	Lot 1	40.20 acres
Section 12:	NE/4, N/2SE/4, SE/4SE/4	<u>280.00 acres</u>
		880.66 acres

Township 9 South - Range 29 East

Section 5:	Lots 3 & 4, S/2NW/4, SW/4	320.46 acres
Section 6:	All	635.67 acres
Section 7:	All	635.69 acres
Section 8:	W/2NW/4, NE/4NW/4	120.00 acres
Section 18:	Lot 1, E/2NW/4, W/2NE/4	<u>198.86 acres</u>
		1,910.68 acres
	Total Unit Acreage	4,863.82 acres

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF PELTO OIL COMPANY
FOR AUTHORITY TO INSTITUTE A
WATER FLOOD PROJECT, CHAVES COUNTY,
NEW MEXICO.

No. _____

APPLICATION

Pelto Oil Company hereby applies to the New Mexico Oil Conservation Division for an order approving institution of a water flood project for secondary recovery of hydrocarbons in the proposed Twin Lakes San Andres Unit, Chaves County, New Mexico, and in support thereof, states:

1. Pelto Oil Company, in an accompanying application, has requested Division approval of statutory unitization and a unit for the proposed Twin Lakes San Andres Unit in Chaves County, New Mexico. The Unit Area, Unitized Formation, Unit Agreement, and Unit Operating Agreement are described in said application.

2. Pelto Oil Company proposes to institute a water flood project for the secondary recovery of oil and gas from the Unitized Formation within the Unit Area.

3. By converting certain presently producing wells, Pelto Oil Company proposes to inject fluids into the San Andres formation in the Twin Lakes San Andres Unit. Attached hereto as Exhibit No. 1 is a plat showing the location of all wells located within the Unit Area which are proposed to be used as producing wells or injection wells.

4. The water rights to be used for injection for the waterflood project have been acquired, and are located

approximately 27 miles to the southeast in Lea County. The water will be transported to the Unit Area by means of a pipeline to be constructed by the unit operator. This pipeline will belong to working interest owners of the Unit. Rights-of-way for the pipeline have already been acquired. Initially, 11,600 barrels of water per day will be injected, with an anticipated maximum injected volume of 21,800 barrels of water per day.

5. Water is to be injected at a surface pressure not to exceed 0.2 psi per foot of depth to top of injection zone, provided that surface pressure in excess of 0.2 psi per foot of depth to injection zone may be applied upon administrative approval as provided by Oil Conservation Division rules and regulations.

6. Approval of the water flood project will substantially increase recoverable reserves to be produced within the useful life of the new production facilities which will be installed, thereby preventing waste and protecting correlative rights.

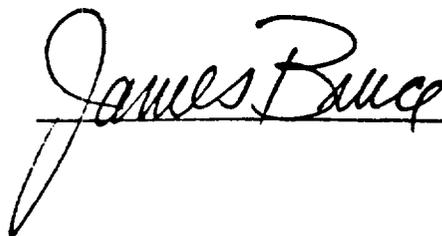
7. A copy of Form C-108 relating to the proposed Twin Lakes San Andres Unit is attached hereto as Exhibit No. 2.

WHEREFORE, Pelto Oil Company requests that this application be set for hearing before the Division on September 9, 1987 and that the Division enter its order approving the water flood project.

Respectfully submitted,

HINKLE, COX, EATON,
COFFIELD & HENSLEY

By



James Bruce
Post Office Box 2068
Santa Fe, New Mexico 87504-2068
(505) 982-4554

Attorneys for Pelto Oil Company

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 TXO PRODUCTION CORPORATION
 900 WILCO BUILDING
 MIDLAND, TX 79701

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247 003 561
--	--	--------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 8-21

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 TRINIDAD PETROLEUM CORP.
 1951 HOOVER COURT
 BIRMINGHAM, AL 35226

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247 003 560
--	--	--------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 8/21/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 BRENDA + RICK WINTHER
 1948 JACK STREET
 FAIRBANKS, AK 99701

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247 003 563
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 8-25-87

8. Addressee's Address (ONLY if requested and fee paid)
 1948 Jack St.
 FBKS AK 99701

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 MARION S. WEEKS
 P.O. BOX 1230
 FAIRBANKS, AK 99707

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247 003 562
--	--	--------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 8/24/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 NABOB PRODUCTION COMPANY
 P.O. DRAWER 9598
 AMARILLO, TX 79105

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247003557
--	--	------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *J. Gulley*

6. Signature - Agent
X

7. Date of Delivery
AUG 21 1987

8. Addressee's Address (ONLY if requested and fee paid)
Box 9598
Amarillo Tx 79105

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 NRM OPERATING COMPANY, L.P.
 2121 SAN JACINTO, SUITE 2600
 DALLAS, TX 75021

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247003556
--	--	------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
AUG 25 1987

8. Addressee's Address (ONLY if requested and fee paid)
2121 San Jacinto
Dallas, TX 75201-
Route #146

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 SUN EXPLORATION & PRODUCTION CO.
 P.O. BOX 2880
 DALLAS, TX 75221-2880

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247003559
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 3 and 4.
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1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 W. G. STROECKER
 P.O. BOX 1230
 FAIRBANKS, AK 99707

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247003558
--	--	------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
5/24/87

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

DOMESTIC RETURN RECEIPT

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1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 EDWARDS F LEACH OIL COMPANY
 501 N.W. EXPRESSWAY, STE. 600
 OKLAHOMA CITY, OK 73118

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P247 003 553
--	--------------------------------

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

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 8/21/87

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 COLUMBIA GAS DEVELOPMENT CORP.
 P.O. BOX 1350
 5847 SAN FELIPE, SUITE 2600
 HOUSTON, TX 77251-1350

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P247 003 552
--	--------------------------------

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

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 AUG 20 1987

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 HARLOW CORPORATION
 600 AMARILLO PETROLEUM BLDG.
 AMARILLO, TX 79101

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P247 003 555
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 8-21

8. Addressee's Address (ONLY if requested and fee paid)
 Box 12026
 Ama. Jct
 7910

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 HARBERT ENERGY CORP, AGENT
 C/o PLUMB OIL COMPANY
 ONE ALLEN CENTER, STE 3280
 HOUSTON, TX 77002

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P247 003 554
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 8-20-87

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

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 DONALD S. WOOD
 6 BACK BAY ROAD
 SOUTH BARRINGTON, IL 60010

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P247 003 549
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *D.S. Wood*

6. Signature - Agent
 X *me 8/21*

7. Date of Delivery
 8/21

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

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 FREDERICK WINSTON &
 JAMES T. WYMAN, TRUSTEES
 1105 FOSHAY TOWER
 MINNEAPOLIS, MN 55402

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P247 003 548
--	--

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Res. Delivery*

7. Date of Delivery
 8/21/87

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

PS Form 3811, July 1983 447-945
 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 JOHN W. ADAMS
 513 TEXAS COMMERCE BANK BLDG.
 AMARILLO, TX 79109

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P247 003 551
--	--

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *W. Hill*

7. Date of Delivery
 AUG 25 1987

8. Addressee's Address (ONLY if requested and fee paid)
 513 T Commerce Bldg

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 DAVID E. WYMAN, JR.
 304 PIONEER BUILDING
 SEATTLE, WA 98104

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P247 003 550
--	--

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *David E. Wyman, Jr.*

6. Signature - Agent
 X

7. Date of Delivery
 AUG 21 1987

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

PS Form 3811, July 1983 447-945
 DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 JOHN E. WALSH, JR.
 40 CHARLES I. DIEDOKER
 6636 PEMBROKE
 SAN ANTONIO, TX 78246

4. Type of Service: Article Number
 Registered Insured P247 003 545
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
 X

7. Date of Delivery
 AUG 25 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 TENNECO OIL COMPANY
 7990 FH 10 WEST
 SAN ANTONIO, TX 78230
 ATTN: MIKE HINZE

4. Type of Service: Article Number
 Registered Insured P247 003 544
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 8-21-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 TANIA C. WHITMAN TRUST
 FREDERICK C. WHITMAN, TRUSTEE
 233 POST STREET, 6TH FLOOR
 SAN FRANCISCO, CA 94108

4. Type of Service: Article Number
 Registered Insured P247 003 547
 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
 8/21/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 DONALD R. WATTS
 25 LA CUESTA DRIVE
 SAN RAFAEL, CA 94904

4. Type of Service: Article Number
 Registered Insured P247 003 546
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 SANDRA J. STONE
 2162 MARLOWE RD.
 SANTA ROSA, CA 94501

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P247 003 541

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *S. Stone*

6. Signature - Agent
 X

7. Date of Delivery
 8-24-87

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 BARBARA B. SWEENEY
 P.O. BOX 8248
 SANTA FE, NM 87504-8248

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P247 003 543

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *B. Sweeney*

6. Signature - Agent
 X

7. Date of Delivery
 8-21-87

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 GROVER S. STONE, JR.
 51 EAGLE ST.
 SAN FRANCISCO, CA 94114

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P247 003 540

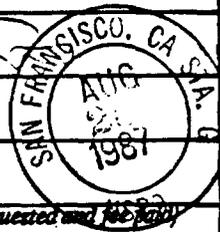
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *G. Stone*

6. Signature - Agent
 X

7. Date of Delivery

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



PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 STEVEN L. STONE
 1636 #2 SEXTON ROAD
 SEBASTOPOL, CA 95472
 5700 MONTGOMERY DR. 95405

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P247 003 542

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *S. Stone*

6. Signature - Agent
 X

7. Date of Delivery
 8-24-87

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

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 ROBERT REX SILVERSTONE
 844 KNOLLWOOD ROAD
 DEERFIELD, IL 60015

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 247 003 537
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
[Signature]

6. Signature - Agent
X

7. Date of Delivery
8-22

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 FRATES SEELINGSON
 1604 NATIONAL BANK COMMERCE BLDG
 SAN ANTONIO, TX 78205

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 247 003 536
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
[Signature]

7. Date of Delivery
AUG 24 1987

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

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 BEATRICE P. B. STONE
 5200 MONTGOMERY DR.
 SANTA ROSA, CA 95405

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 247 003 539
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *Beatrice B. Stone*

6. Signature - Agent
X

7. Date of Delivery
8-21-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 H. PETER STERN
 MOUNTAINVILLE, NY 10953

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 247 003 538
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
8/24/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 PAULNE W. OR HENRY W. PARKER
 1105 FOSHAY TOWER
 MINNEAPOLIS, MN 55402

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247 003 532
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Les DeLberg*

7. Date of Delivery
 8/21/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 MOON COMPANY
 P.O. Box 9598
 AMARILLO, TX 79105

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247 003 531
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *J. Gutay*

7. Date of Delivery
 8/21/87

8. Addressee's Address (ONLY if requested and fee paid)
 Box 9598
 Amarillo, TX 79105

DOMESTIC RETURN RECEIPT



PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 LEE S. SCHLESSMAN
 1500 GRANT, SUITE 400
 DENVER, CO 80203

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247 003 535
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Caryn Crabb*

6. Signature - Agent
 X

7. Date of Delivery
 AUG 21

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

DOMESTIC RETURN RECEIPT



PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 CHARLES I. PETSCHER
 575 MADISON AVENUE
 NEW YORK, NY 10022

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247 003 534
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Simon Kusner*

7. Date of Delivery
 8/21/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 LEN MAYER OIL PRODUCER
 1625 BROADWAY
 SUITE 2850
 DENVER, CO 80202

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P247003527

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 8/21/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 MARSHALL F WINSTON, INC.
 310 WEST TOWER
 10 DESTA DRIVE
 MIDLAND, TX 79705

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P247003526

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Pennie J Seibert*

7. Date of Delivery
 8-21-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 MILDRED MILLER
 P.O. BOX 482
 MOSES LAKE, WA 98837

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P247003530

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Mildred Miller*

6. Signature - Agent
 X

7. Date of Delivery
 8/24/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 MURRAY C. MCKINNON, TRUSTEE
 1200 SMITH ST, SUITE 670
 HOUSTON, TX 77002

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P247003528

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 8/20/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 C.H. KIMBRO
 P.O. BOX 250
 GRAFORD, TX 76045

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247003523
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 [Signature]

6. Signature - Agent

7. Date of Delivery
 8-21-87

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

DOMESTIC RETURN RECEIPT

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 CHARLES A. KELLY
 C/O CHAPMAN & CUTLER
 111 WEST MONROE
 CHICAGO, IL 60603

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247003522
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 [Signature]

6. Signature - Agent

7. Date of Delivery
 8-21-87

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

DOMESTIC RETURN RECEIPT

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 RALPH E. LOEWENBERG
 450 PARK AVENUE
 NEW YORK, NY 10022

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247003525
--	------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 [Signature]

6. Signature - Agent

7. Date of Delivery
 8/21/87

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

DOMESTIC RETURN RECEIPT

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 JOHN G. LEONDUKAIS
 P.O. BOX 795
 CRYSTAL BAY, NV 89402

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P247003524
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent
 [Signature]

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 J. M. HUBER CORPORATION
 OIL & GAS DIVISION
 P.O. BOX 925142
 HOUSTON, TX 77292-4449

4. Type of Service: Article Number
 Registered Insured
 Certified COD P247 003 519
 Express Mail

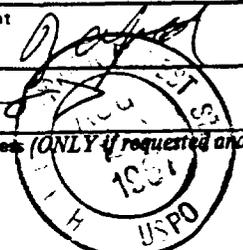
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 8-21-87

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



PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 J. T. HOWARD
 804 W. SUMMIT STREET
 ROSWELL, NM 88201

4. Type of Service: Article Number
 Registered Insured
 Certified COD P247 003 518
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 8-21-87

8. Addressee's Address (ONLY if requested and fee paid)
 804 W Summit
 Roswell NM 88201

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 JACKIE H. JOHNSON
 P.O. BOX 515
 MOSES LAKE, WA 98837

4. Type of Service: Article Number
 Registered Insured
 Certified COD P247 003 521
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 8/21/87

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 ROBERT T. JACKSON
 513 SOUTH HI-LUSI
 MOUNT PROSPECT, IL 60056

4. Type of Service: Article Number
 Registered Insured
 Certified COD P247 003 520
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 8-21

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

8-25-87

I talked with Ada
Broyle at Harlow this
morning (806-372-7381);

She said they received
both letters on the same
day and she thinks it
was last Friday, the 21st.

B. Headley

BETTY HEADLEY

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 WILLIAM J. HARBECK
 470 EAST LINDEN AVE.
 LAKE FOREST, IL 60045

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 247 003 514

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

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 8/21/87

8. Addressee's Address (ONLY if requested and fee paid)
 same as #3

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 W. V. HARLOW, JR.
 600 PETROLEUM BLDG.
 AMARILLO, TX 79101

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 247 003 515

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
 Box 14028
 Ama - Tex
 79101

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 ROBERT L. HAYNIE
 1580 LINCOLN STREET
 SUITE 400
 DENVER, CO 80203

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 247 003 517

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

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 AUG 22 1987

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

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 H. LEE HARVARD
 P.O. Box 936
 ROSWELL, NM 88201

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 247 003 516

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 8-24-87

8. Addressee's Address (ONLY if requested and fee paid)
 PO Box 936

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:

SALLY FELDMAN
5374 WOODLANDS ESTATE DRIVE
BLOOMFIELD HILLS, MI 48013

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

P 247 003 511

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

Sally Feldman

6. Signature - Agent

X

7. Date of Delivery

8-26-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:

WILLIAM O. DEWITT
P.O. BOX 670322
DALLAS, TX 75367-0322

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

P 247 003 509

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

W. O. DeWitt

6. Signature - Agent

X

7. Date of Delivery

8-27-87

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



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:

JUNE A. GROTHE
23317 STIRRUP DRIVE
DIAMOND BAR, CA 91765

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

P 247 003 513

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

J. Grothe

6. Signature - Agent

X

7. Date of Delivery

8/27/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:

JACK W. FLECK
13343 BEL-RED ROAD, STE. 200
BELLEVUE, WA 98005

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

P 247 003 512

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

Jack W. Fleck

6. Signature - Agent

X

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 CHARLES WILLIAM DANIELS
 410 N. OGDEN DRIVE
 LOS ANGELES, CA 90036

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P247 003 506
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
Charles William Daniels

6. Signature - Agent
 X

7. Date of Delivery
 X

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

LOS ANGELES, CA 90036

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 GEORGE E. CONLEY
 P.O. BOX 99
 PARKER, CO 80134

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P247 003 505
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
George E. Conley

6. Signature - Agent
 X

7. Date of Delivery
 8/21/87

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

PARKER, CO 80134

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 MARGARET E. B. DANIELS
 14305 EASTRIDGE DRIVE
 WHITTIER, CA 90602

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P247 003 508
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
Margaret E. B. Daniels

6. Signature - Agent
 X

7. Date of Delivery
 8-21-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 DIANNE ELIZABETH DANIELS
 232 HAMPTON DRIVE
 VENICE, CA 90291

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P247 003 507
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
Dianne Elizabeth Daniels

6. Signature - Agent
 X

7. Date of Delivery
 X

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 VICTOR E. CARLOCK
 2230-P Via Puerta
 LAGUNA HILLS, CA 92653

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 247 003 502 ?
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Victor E. Carlock*

6. Signature - Agent
X

7. Date of Delivery
8/22/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to: NANCY ELLEN CARLOCK
 ST. PAUL'S MANOR
 2635 2ND AVENUE #630
 SAN DIEGO, CA 92103

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 247 003 501
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Jane de B...*

7. Date of Delivery
8-21-87

8. Addressee's Address (ONLY if requested and fee paid)
2635 2ND AVE
SAN DIEGO CA 92103

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 COMMISSIONER OF PUBLIC LANDS
 P.O. Box 1148
 SANTA FE, NM 87501

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 247 003 504
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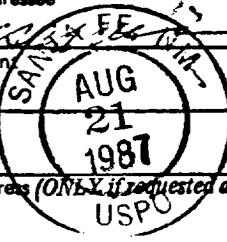
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
AUG 21 1987

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



PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 CITIES SERVICE OIL & GAS CORP.
 P.O. Box 300
 TULSA, OK 74102

4. Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 247 003 503 59
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
AUG 21 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 J. E. ABRAM
 P.O. Box 567
 MOSES LAKE, WA 98837

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 247 003 497
--	---------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 AUG 21 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 1029 Plus One Investors
 2653 West Lawrence
 Springfield, IL 62704

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 247 003 496
--	---------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Richard Crothers*

7. Date of Delivery
 AUG 21 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 JOHN D. & MARY S. BRISCOE
 118 BRISCOE RD.
 ST. LEONARD, MD 20685

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 247 003 500
--	---------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 8-21-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 AVIVA LIMITED PARTNERSHIP
 P.O. Box 2532
 DENVER, CO 80201

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 247 003 499
--	---------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 [Signature]

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

DOMESTIC RETURN RECEIPT

P 247 003 533

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.D.P.O. 1984-845

PS Form 3800, Feb. 1982

Sent to DAVID L. PETERSON	
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	

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
E.M. Nominee Partnership Co.
Department #380
Denver, CO 80271

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 247 003 571 <input type="checkbox"/> Insured <input type="checkbox"/> COD
--	---

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

5. Signature - Addressee
X
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
[Signature]
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
DAVID I. MILLER
4604 ANDREWS HIGHWAY
MIDLAND, TX 79703

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 247 003 529 <input type="checkbox"/> Insured <input type="checkbox"/> COD
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
AUG 31 1987
8. Addressee's Address (ONLY if requested and fee paid)
SAME

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
TENNECO OIL COMPANY
7990 IH 10 WEST
SAN ANTONIO, TX 78230
ATTN: MIKE HINZE

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 247 003 544 <input type="checkbox"/> Insured <input type="checkbox"/> COD
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
8-21-87
8. Addressee's Address (ONLY if requested and fee paid)

RETURNED CERTIFIED LETTERS

8-20-87 Letter to all RI & WI Owners of hearing date with copies of Applications

69 sent certified

68 receipts returned

1 outstanding - David L. Peterson

J57/106