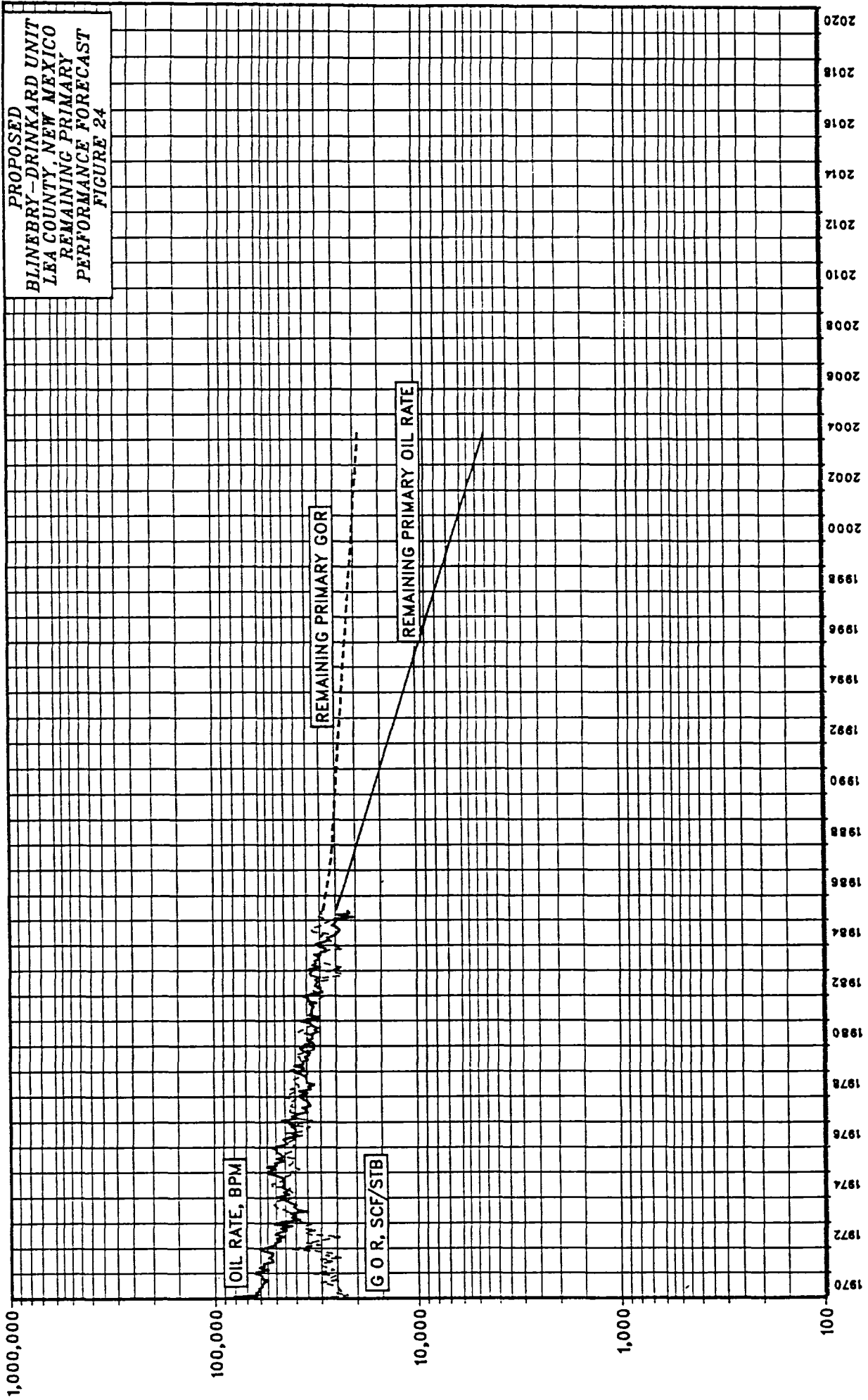
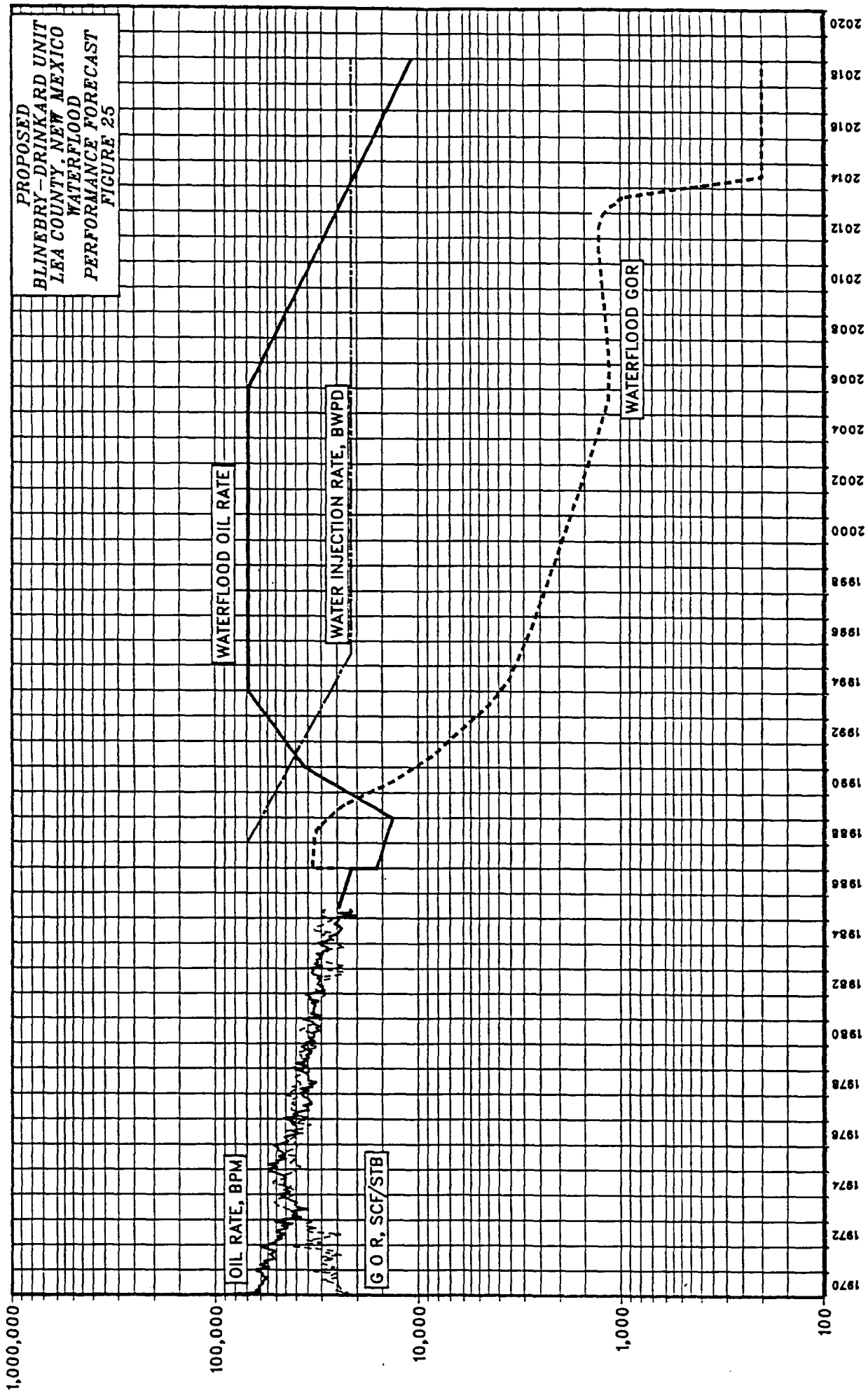
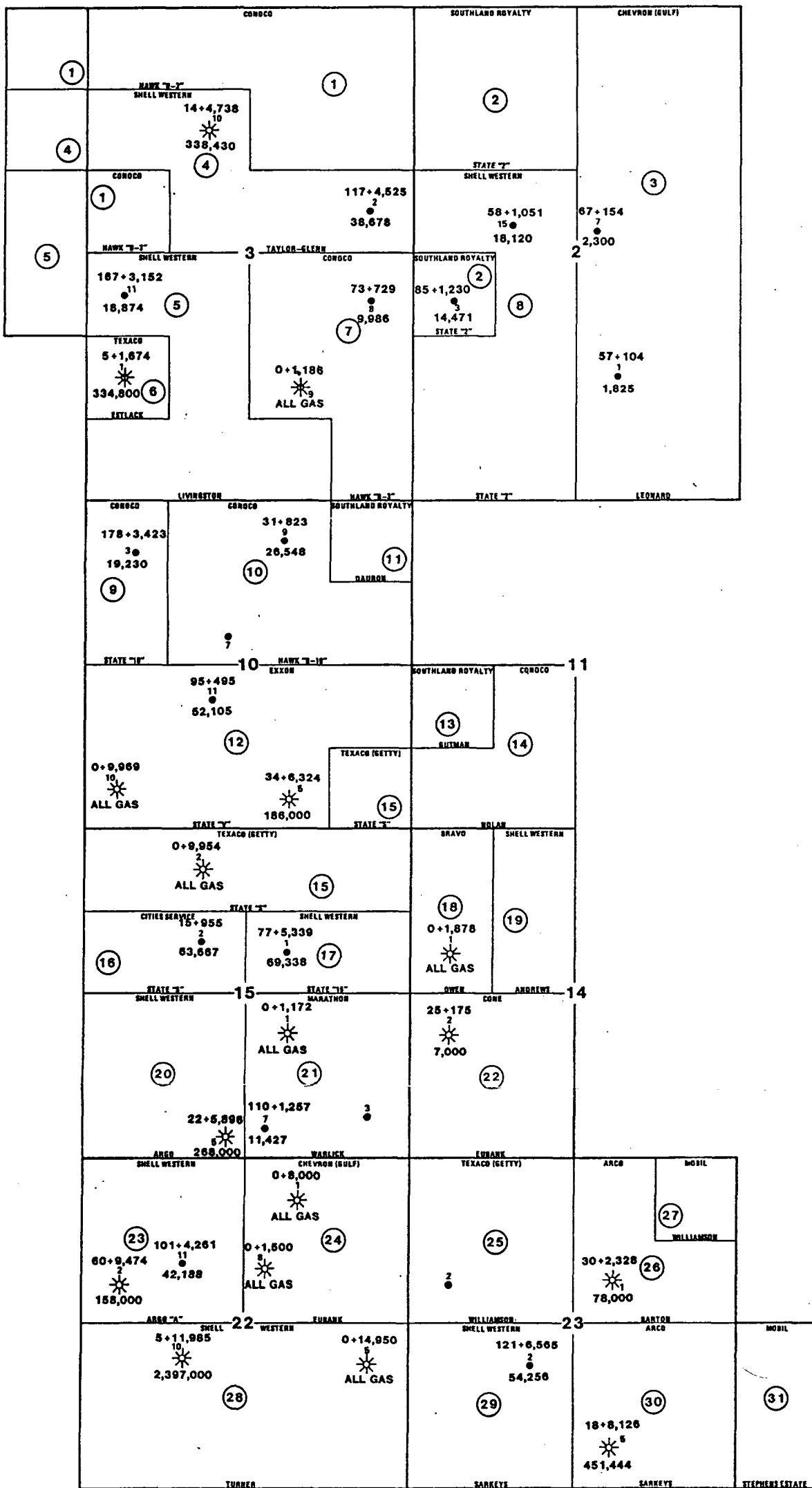


PROPOSED
BLINEBRY-DRINKARD UNIT
LEA COUNTY, NEW MEXICO
REMAINING PRIMARY
PERFORMANCE FORECAST
FIGURE 24



PROPOSED
BLINEBRY-DRINKARD UNIT
LEA COUNTY, NEW MEXICO
WATERFLOOD
PERFORMANCE FORECAST
FIGURE 25





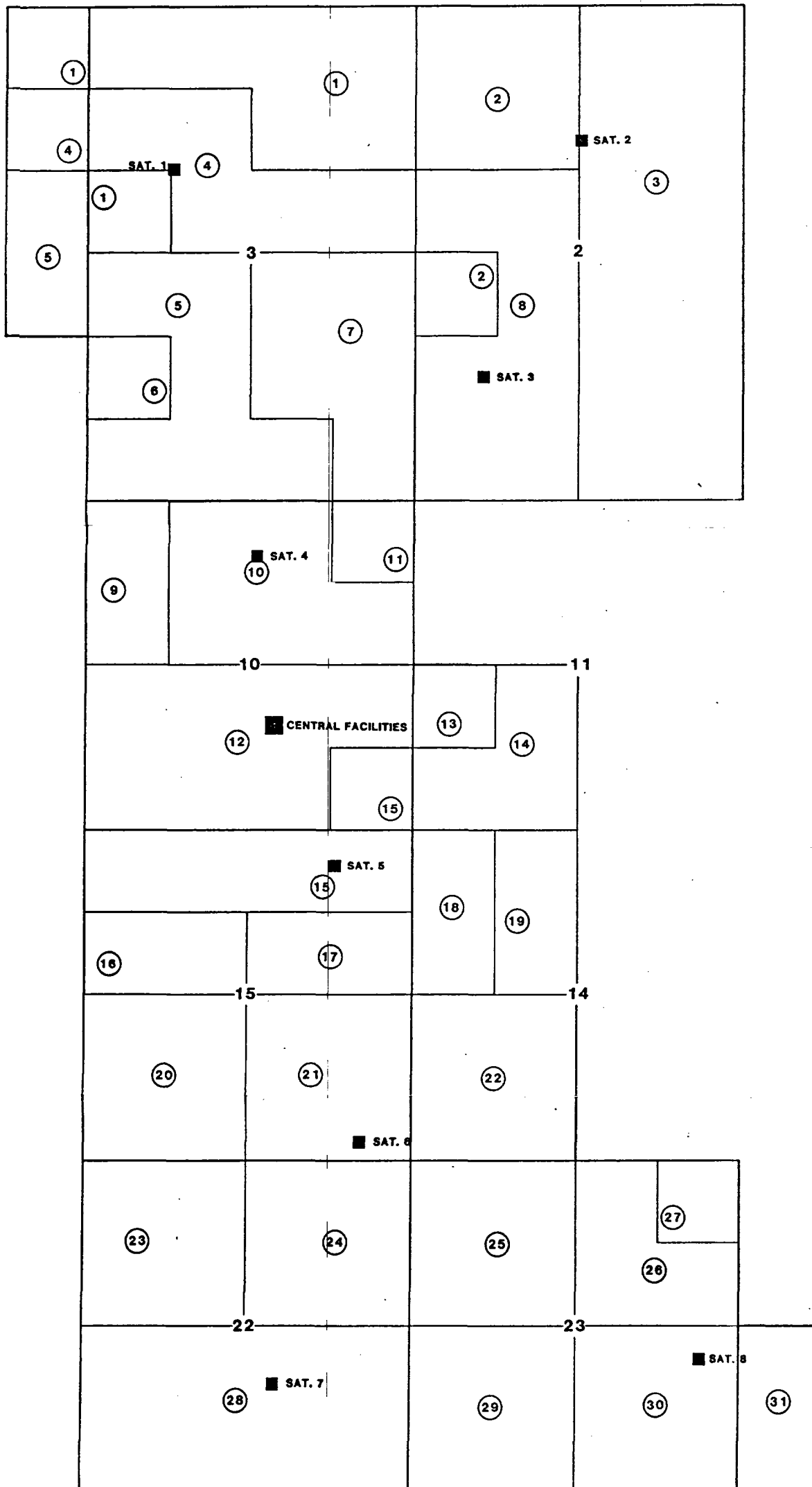
LEGEND

CURRENT (5/85) TUBB WELL STATUS
AS CLASSIFIED BY NMOCC

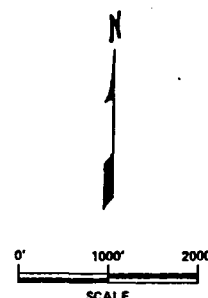
- OIL PRODUCER
- ✱ GAS PRODUCER
- BOPM+MCFPM
- SCF/STB

SHELL WESTERN ESP INC.	WESTERN DIVISION	PRODUCTION DEPARTMENT
PROPOSED BLINBERRY-DRINKARD UNIT T21S, R37E		
TUBB PRODUCTION SURVEILLANCE CURRENT (10/84) PRODUCTION MAP		
Previous Field:	State: NEW MEXICO	
County: LEA	Figure: 26	
Author: R.L.M.	S.A.M. Date: 11/85	File: 2081347-008
002	001	000





■ CENTRAL BATTERY
■ SATELLITE



SHELL WESTERN EAP INC.	WESTERN DIVISION	PRODUCTION DEPARTMENT
PROPOSED BLINBERRY-DRINKARD UNIT T21S, R37E CENTRAL BATTERY/ SATELLITE LOCATION		
Project/Field:	State: NEW MEXICO	
County: LEA	Figure: 28	
Author: R.L.W.	Date: 11/85	File: 2081347-888

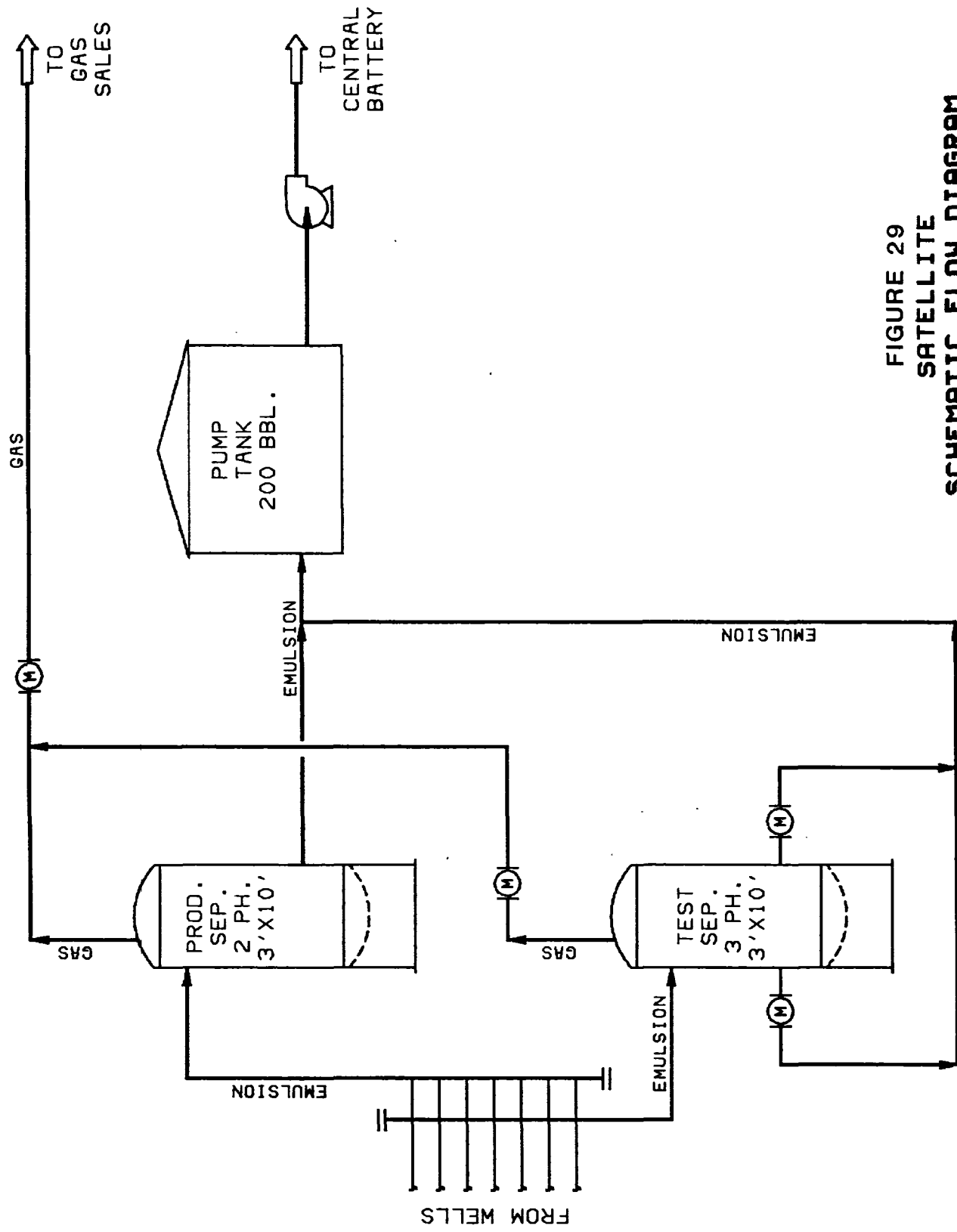


FIGURE 29
 SATELLITE
 SCHEMATIC FLOW DIAGRAM
 PROPOSED BLINEBRY/DRINKARD UNIT

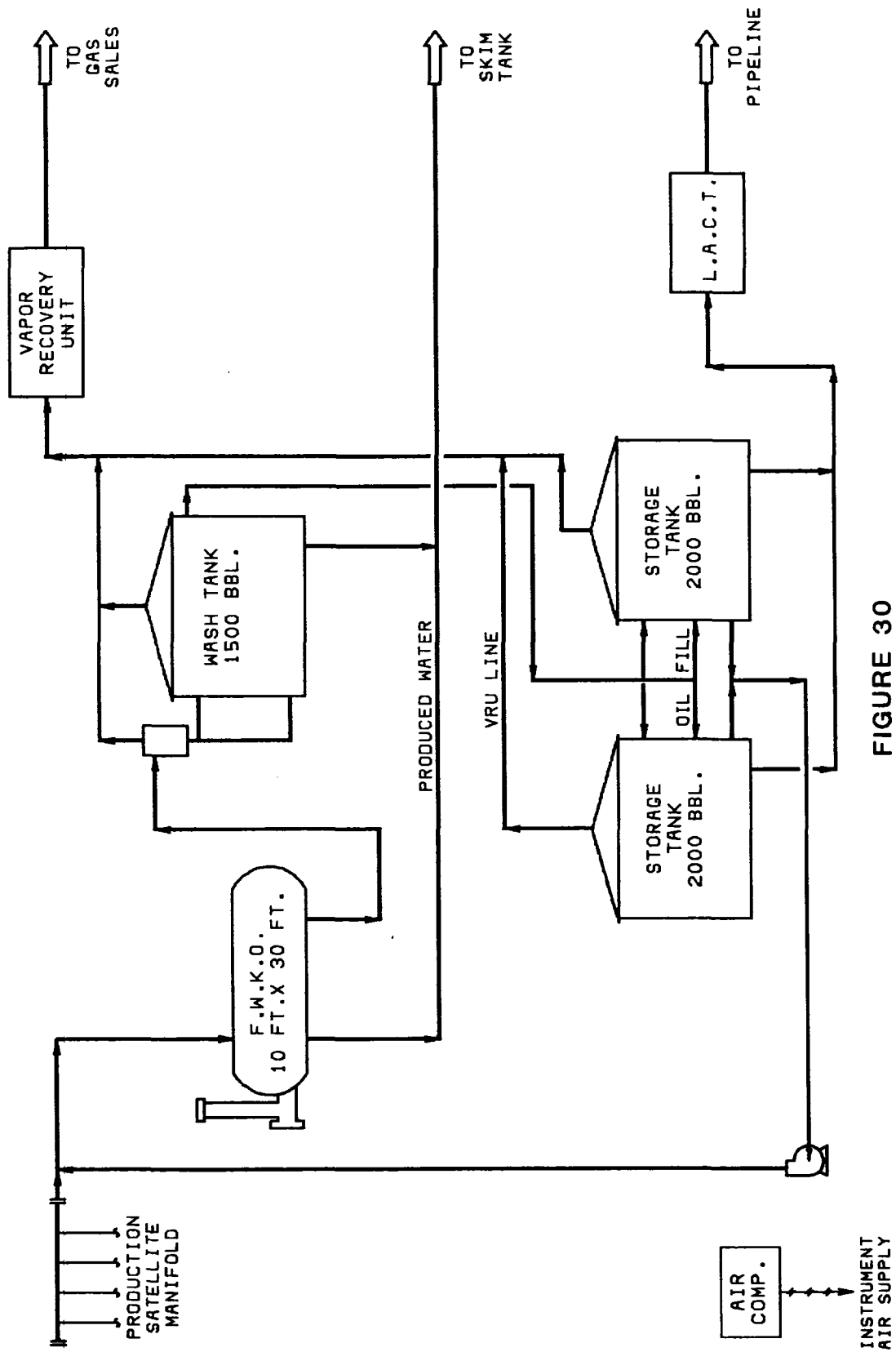


FIGURE 30
CENTRAL BATTERY
SCHEMATIC FLOW DIAGRAM
PROPOSED BLINEBRY/DRINKARD UNIT

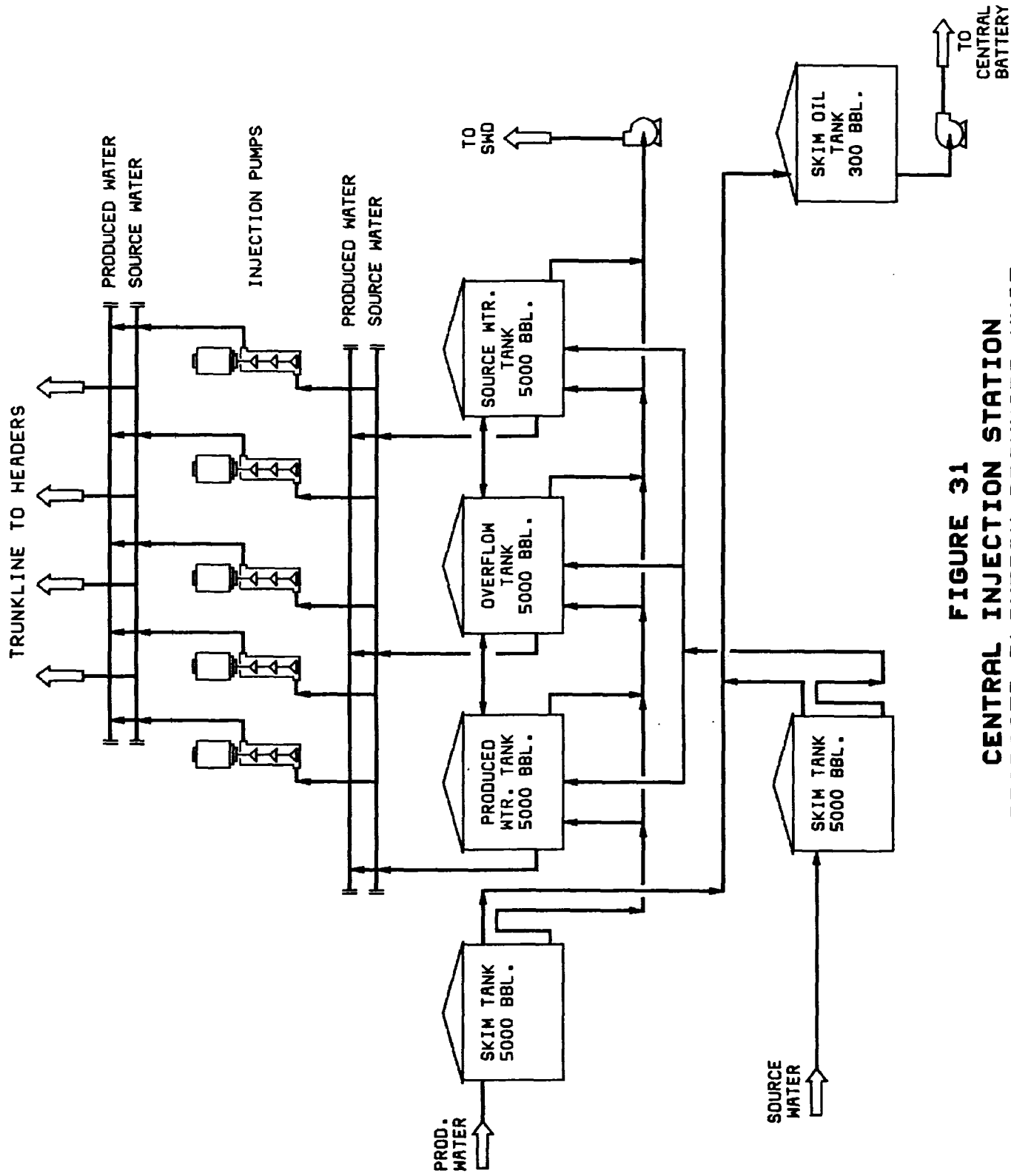


FIGURE 31
CENTRAL INJECTION STATION
PROPOSED BLINEBRY/DRINKARD UNIT

TRANSMITTED BY RADIO TO
THE CENTRAL BATTERY

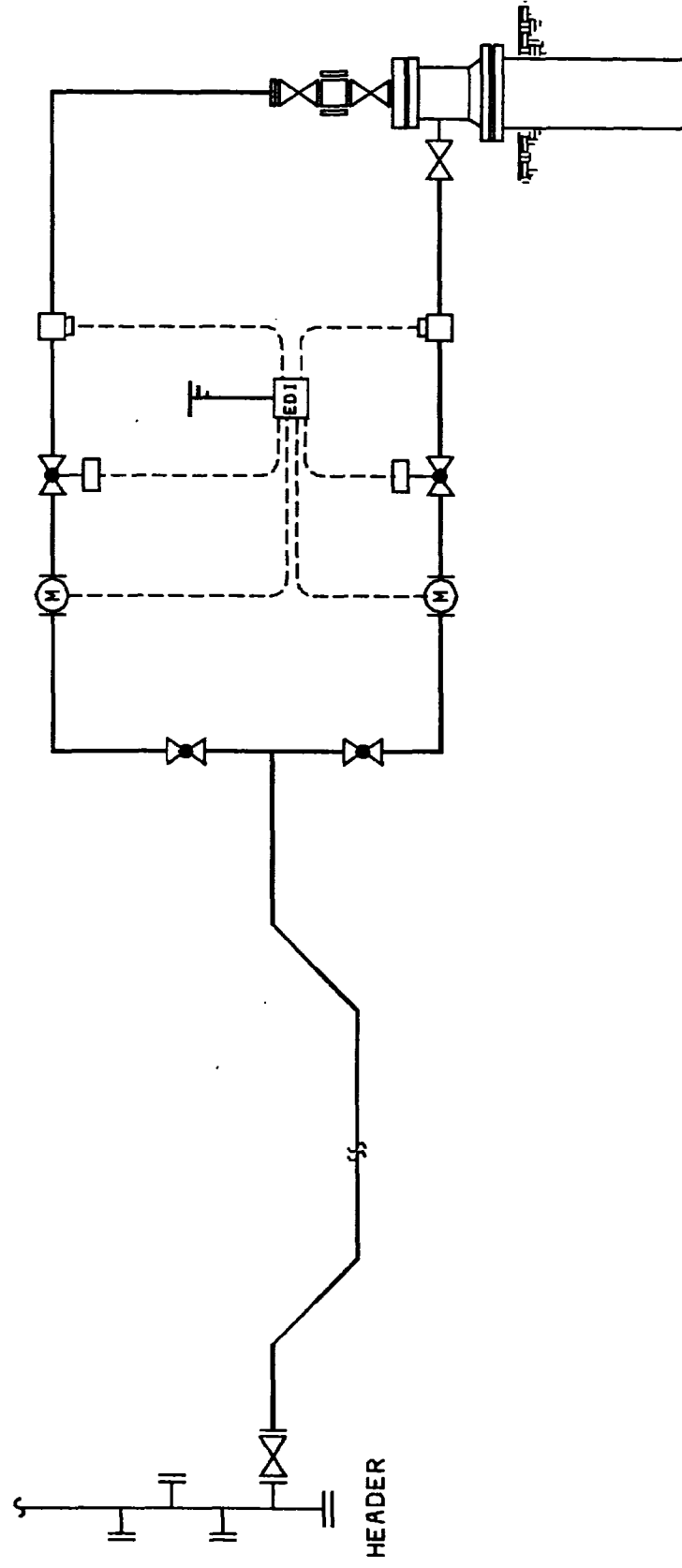
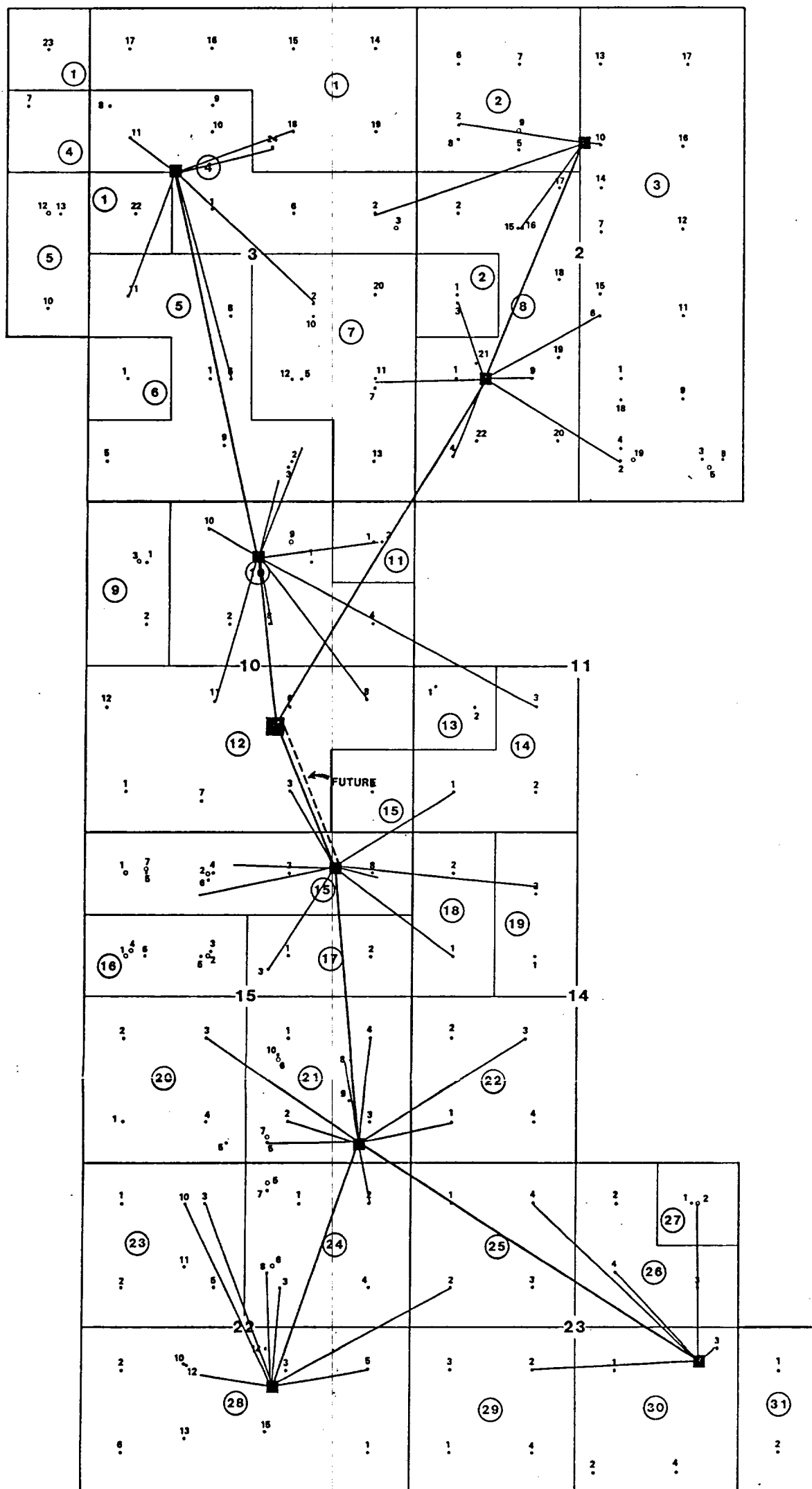
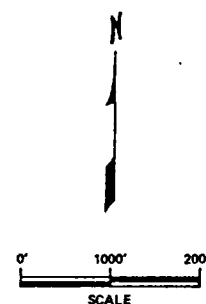


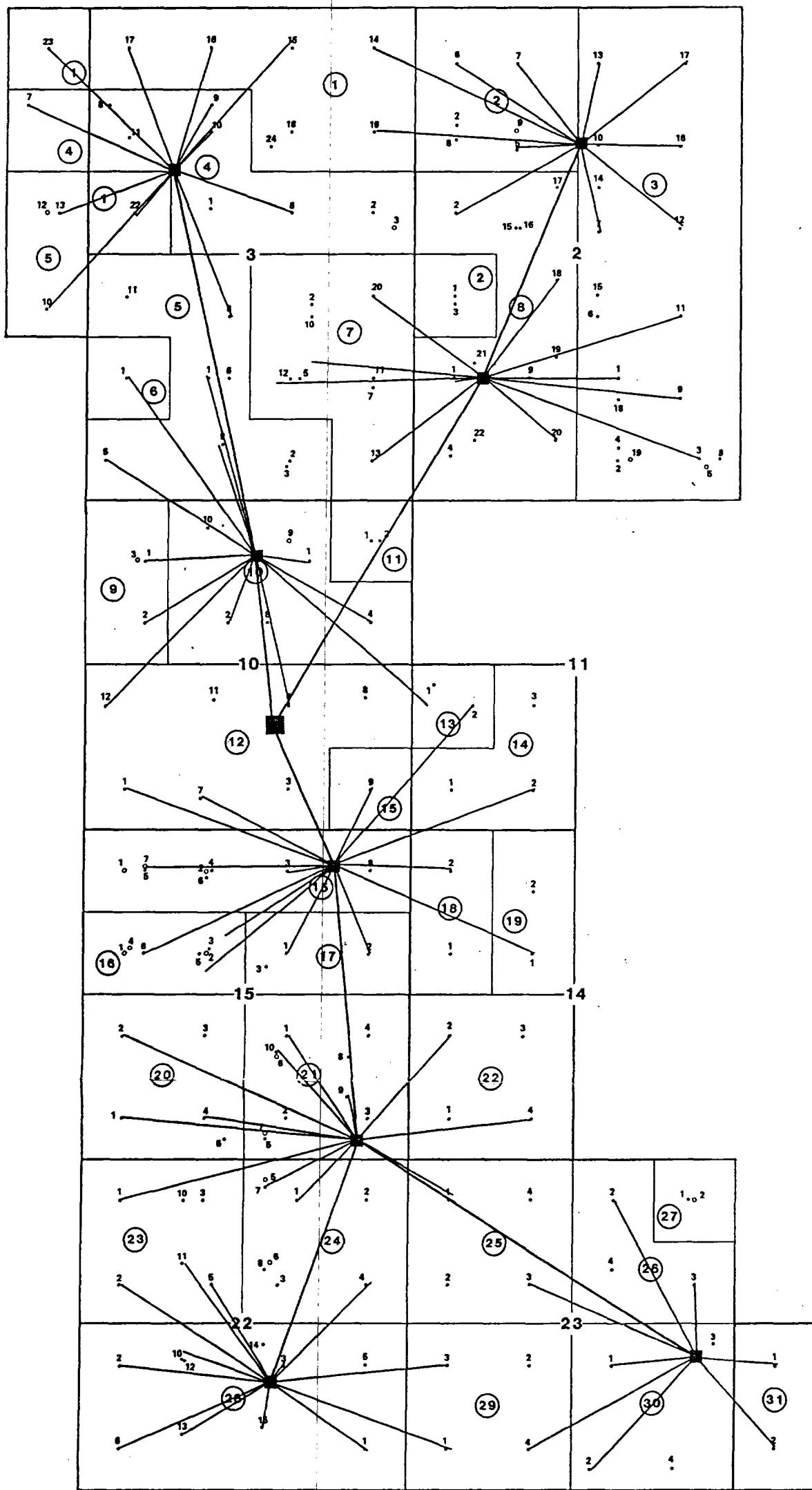
FIGURE 32
TYPICAL DUAL INJECTION WELLHEAD ASSEMBLY
PROPOSED BLINEBRY/DRINKARD UNIT



- CENTRAL BATTERY
- SATELLITE
- PROPOSED UNIT WELLBORE
- OTHER AVAILABLE WELLBORE



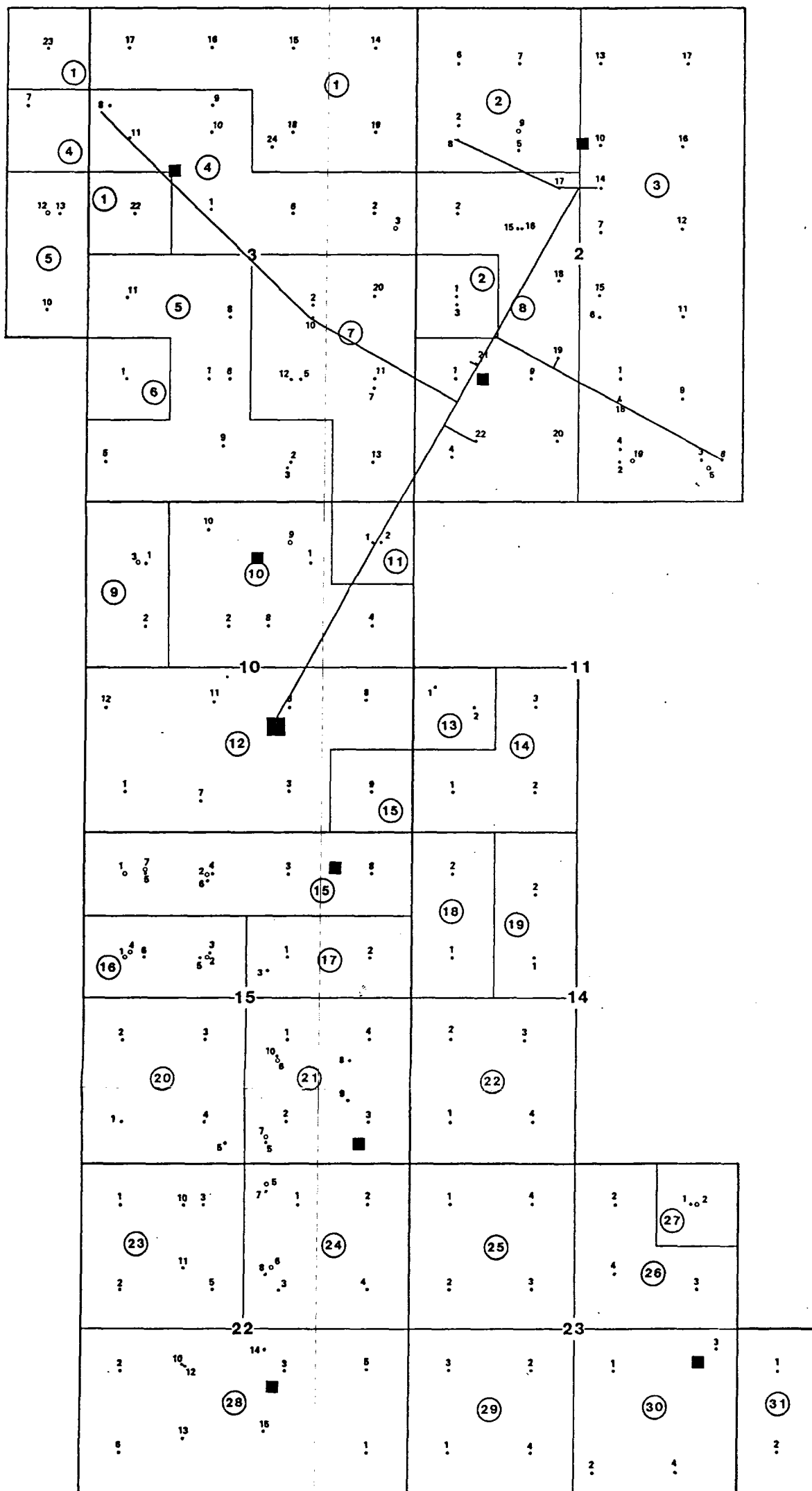
SHELL WESTERN E&P INC.	WESTERN DIVISION	PRODUCTION DEPARTMENT
PROPOSED BLINBERRY-DRINKARD UNIT T21S, R37E INJECTION SYSTEM		
Project/Field:	State NEW MEXICO	
County: LEA	Figure: 33	
Author: R.L.M. R.L.W.	Date: 11/85	File: 2081347-800
001	005	



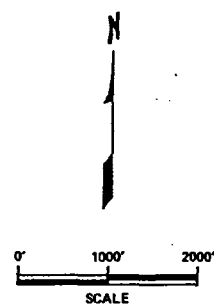
- PROPOSED UNIT WELLBORE
- OTHER AVAILABLE WELLBORE
- CENTRAL BATTERY
- SATELLITE



SHELL WESTERN E&P INC.	WESTERN DIVISION	PRODUCTION DEPARTMENT
PROPOSED BLINBERRY-DRINKARD UNIT T21S, R37E		
PRODUCTION SYSTEM		
Project/Field:	State: NEW MEXICO	
County: LEA	Figure: 34	
Author: R.L.M., R.L.W.	Date: 11/85	File: 2081347-000
001	000	



- PROPOSED UNIT WELLBORE
- OTHER AVAILABLE WELLBORE
- CENTRAL BATTERY
- SATELLITE



SHELL WESTERN E&P INC.	WESTERN DIVISION	PRODUCTION DEPARTMENT
PROPOSED BLINBERRY-DRINKARD UNIT T21S, R37E		
SOURCE WATER SYSTEM		
Previous Field:	State-NEW MEXICO	
County: LEA	Figure: 35	
Author R.L.M. R.L.W.	Date: 11/85	File: 2081347-000
001	007	

NORTHEAST DRINKARD UNIT

PROPOSED UNIT GAS WELLS

<u>Well</u>	<u>Unit Well Designation</u>	<u>Location (All T21S-R37E)</u>
SWEPI Taylor Glenn #9	107	Sec 3, 1585' FNL, 1980' FWL
Meridian St. Sec 2 #8	116	Sec 2, 5790' FSL, 660' FWL
SWEPI Livingston #12	201	Sec 4, 4520' FSL, 660' FEL
Meridian St. Sec 2 #3	215	Sec 2, 3175' FSL, 660' FWL
SWEPI St. Sec 2 #15	216	Sec 2, 3546' FNL, 1650' FWL
Conoco Hawk B-3 #12	305	Sec 3, 1980' FSL, 1980' FEL
Conoco Hawk B-10 #2	404	Sec 10, 1980' FNL, 2310' FWL
Conoco Hawk B-10 #9	405	Sec 10, 660' FNL, 1980' FEL
Meridian Dauron #2	409	Sec 10, 660' FNL, 525' FEL
Meridian Gatman #2	510	Sec 11, 1980' FSL, 990' FWL
Cities Service St. S #1	602	Sec 15, 1980' FNL, 660' FWL
Cities Service St. S #5	608	Sec 15, 1980' FNL, 1880' FWL
SWEPI St. Sec 15 #1	611	Sec 15, 1980' FNL, 1978' FEL
SWEPI Argo #5	705	Sec 15, 330' FSL, 2310' FWL
Marathon Warlick C #1	706	Sec 15, 1980' FSL, 1980' FEL
Marathon Warlick C #9	710	Sec 15, 990' FSL, 990' FEL
SWEPI Argo A #11	804	Sec 22, 1650' FNL, 1650' FWL
SWEPI Turner #10	902	Sec 22, 2080' FSL, 1650' FWL
SWEPI Turner #14	906	Sec 22, 2310' FSL, 2310' FEL
SWEPI Sarkeys #2	913	Sec 23, 1980' FSL, 1980' FWL

*Kellars
Originals*

Northeast Drinkard Unit
Exhibit Twenty-Eight
Cases 9230
9231
9232

BNBV8726403

NORTHEAST DRINKARD UNIT
PROPOSED UNIT INJECTION WELLS

Well	Unit Well Designation	Location (All T21S-R37E)
SWEPI Taylor Glenn #11	105	Sec 3, 2080' FNL, 660' FWL
Conoco Hawk B-3 #15	109	Sec 3, 660' FNL, 1980' FEL
Conoco Hawk B-3 #24	111	Sec 3, 2232' FNL, 2310' FEL
Meridian St. Sec 2 #6	114	Sec 2, 906" FNL, 660' FWL
Meridian St. Sec 2 #2	115	Sec 2, 1896' FNL, 660' FWL
Chevron Leonard #10	121	Sec 2, 2220' FNL, 2307' FEL
SWEPI Livingston #11	205	Sec 3, 660' FWL, 3300' FSL
SWEPI Taylor Glenn #1	206	Sec 3, 3226' FNL, 1980' FWL
Conoco Hawk B-3 #2	209	Sec 3, 3150' FSL, 1650' FEL
SWEPI Taylor Glenn #2	211	Sec 3, 4620' FSL, 660' FEL
Meridian St Sec 2 #1	214	Sec 2, 3300' FSL, 660' FWL
SWEPI St Sec 2 #16	218	Sec 2, 3546' FNL, 1700' FWL
Chevron Leonard #6	221	Sec 2, 2983' FSL, 2317' FEL
SWEPI Livingston #1	303	Sec 3, 1980' FSL, 1980' FWL
SWEPI Livingston #2	307	Sec 3, 660' FSL, 1980' FEL
Conoco Hawk B-3 #7	309	Sec 3, 1830' FSL, 660' FEL
SWEPI St Sec 2 #9	315	Sec 2, 1980' FSL, 1880' FWL
Conoco Hawk B-10 #10	403	Sec 10, 460' FNL, 1980' FWL
Conoco Hawk B-10 #8	407	Sec 10, 1980' FNL, 2310' FEL
Exxon NM V St #11	503	Sec 10, 2080' FSL, 2080' FWL
Exxon NM V St #3	506	Sec 10, 660' FSL, 1980' FEL
Conoco Nolan #1	511	Sec 11, 660' FWL, 660' FSL
Texaco St S #6	605	Sec 15, 760' FNL, 1980' FWL
SWEPI St Sec 15 #3	610	Sec 15, 2210' FNL, 2310' FEL
Texaco St S #8	612	Sec 15, 660' FNL, 660' FEL
Bravo Energy Eva Owen #1	615	Sec 14, 1980' FNL, 660' FWL
SWEPI Argo #3	703	Sec 15, 1980' FSL, 1980' FWL
Marathon Warlick #2	708	Sec 15, 660' FSL, 1980' FEL
Marathon Warlick #4	709	Sec 15, 1980' FSL, 660' FEL
SWEPI Argo A #3	803	Sec 22, 660' FNL, 1980' FWL
Chevron Eubank #8	807	Sec 22, 1750' FNL, 2310' FEL
Chevron Eubank #2	808	Sec 22, 660' FNL, 660' FEL
Texaco Williamson #2	811	Sec 23, 1980' FNL, 660' FWL
Arco Barton #4	815	Sec 23, 1750' FNL, 1980' FEL
SWEPI Turner #12	904	Sec 22, 2065' FSL, 1700' FWL
SWEPI Turner #5	909	Sec 22, 1980' FSL, 660' FEL
Arco Sarkeys #1	915	Sec 23, 1980' FSL, 1980' FEL

Northeast Drinkard Unit
Exhibit Twenty-Nine
Cases 9230
9231
9232

**SPECIAL RULES AND REGULATIONS
FOR THE
NORTH EUNICE BLINEBRY-TUBB-DRINKARD
OIL AND GAS POOL**

RULE 1.

A standard gas proration unit in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be 160 acres.

RULE 2.

A standard oil proration unit in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be 40 acres.

RULE 3.

Acreage may be simultaneously dedicated to a gas well and an oil well in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool, thereby receiving separate oil and gas allowables.

RULE 4.

Any acreage within the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall not be assigned to a gas well proration unit if the acreage is: 1) located within 1320' of the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool boundary, and 2) such acreage is not contiguous to offset non-unit gas proration unit.

RULE 5.

Any well within the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool designated as a gas well shall be subject to the gas proration rules set forth in Commission Order No. R-8170, as amended for the Blinebry Oil and Gas Pool or Tubb Oil and Gas Pool or both as appropriate.

EXHIBIT "A"

Northeast Drinkard Unit
Exhibit Thirty
Cases 9230
9231
9232

The District Supervisor shall have authority to classify any well in the pool as a gas well or an oil well upon appropriate showing by the operator.

RULE 6.

An oil well in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be a well producing from the vertical and horizontal limits of the Pool and not classified as a gas well.

RULE 7.

The limiting Gas-Oil Ratio for oil wells in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be 6000 cubic feet of gas per barrel of oil.

RULE 8.

Commingling in the well bore of production from oil zones and gas zones in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool is prohibited.

RULE 9.

In submitting Form C-115 on gas wells producing from the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool, the operator shall estimate the condensate and gas volumes produced by each well in the Blinebry, Tubb, and Drinkard zones by using the ratios as reflected in the most recent tests submitted if separate metering equipment for each zone is not utilized.

RULE 10.

Oil wells in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall receive oil and casinghead gas allowables as provided in either Rule 701F.3 or Rules 503, 505 and 506 of the Division Rules and Regulations.

RULE 11.

An oil well in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool may be recompleted as a gas well in the Blinebry or Tubb formations provided the operator of such well makes application to and receives approval from the District Supervisor for such recompletion.

RULE 12.

All gas wells in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be subject to the same pool rules as would be applicable to gas wells completed in either or both the Blinebry Oil and Gas Pool and the Tubb Oil and Gas Pool; except that such gas wells shall not be subject to any provision in either set of pool rules relating to classification by gas-liquid hydrocarbon ratio, nor shall they be subject to any provision within such rules prohibiting multiple assignments of acreage, except as provided by Rule 4 above. To the extent applicable rules of either the Blinebry Oil and Gas Pool or the Tubb Oil and Gas Pool conflict with the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool rules, the latter shall control.

RULE 13.

Special Pool Rules and Regulations for the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be applicable only within the pool boundaries.

RULE 14.

Any expansion of the boundaries of the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be only upon application filed after notice under Rule 1207 and hearing.

[WPP:47]

ANALYSES OF OTHER
WATERFLOOD ALTERNATIVES

ALTERNATIVE 1 - BUILD COMMON WATER INJECTION PLANT,
BUT MAINTAIN SEPARATE BLINEBRY AND
DRINKARD PRODUCTION.

- O REQUIRES 52 ADDITIONAL WELLS
BECAUSE DUAL PUMPING PRODUCERS
NOT FEASIBLE.
- O REQUIRES DUPLICATE PRODUCTION
FACILITIES.
- O PROFIT BEFORE FEDERAL INCOME
TAX IS (\$20.4) MILLION.

ALTERNATIVE 2 - USE ALL EXISTING WELLS AND PRODUCTION
FACILITIES TO WATERFLOOD BLINEBRY.

- O PROFIT BEFORE FEDERAL INCOME TAX
IS (\$9.8) MILLION.
- O LOST PRIMARY AND SECONDARY
DRINKARD/TUBB RESERVES.

ALTERNATIVE 3 - USE ALL EXISTING WELLS AND PRODUCTION
FACILITIES TO WATERFLOOD DRINKARD.

- O PROFIT BEFORE FEDERAL INCOME TAX
IS (34.8) MILLION.
- O LOST PRIMARY AND SECONDARY
BLINEBRY/TUBB RESERVES.

Northeast Drinkard Unit
Exhibit Nineteen
Cases 9230
9231
9232

DEPT. 4		BRANCH OFFICE		ORIGINATING OFFICE		AFE NO	
PRODUCTION		WESTERN DIVISION		RESV.-DEVEL.		83879, 63880	
LOCATION OF PROJECT						APPROPRIATION NO.	
Northeast Drinkard Unit New Mexico Production Unit Lea County, New Mexico						Oil Phase II Participation	
						DATE PREPARED 4/6/87	
						DATE REGISTERED	
						EST. COMPLETION ACTUAL	
LOCATION NUMBER							
WORK ORDER NUMBER		TYPE		DESCRIPTION		100% COST	
						SWEPI'S 43.83050	
						% SHARE	
						BUDGET NONBUDGET EXPENSE TOTAL	
838792		C		Production Facilities		\$4850M \$2397M	
838797		E				\$ 175M \$ 77M	
838793		C		Injection Facilities		\$3850M \$1832M	
838794		C		Source Water Facilities		\$1000M \$ 476M	
838795		C		Elec. Distribution System		\$2350M \$1118M	
838807		R&R		Well workovers: Producer to injector conversions (35), oil producer workovers (87), source water workovers (10)		\$4820M \$2113M	
838802		C		Production & Injection Well Equipment		\$ 480M \$228M	
(647)				SUBTOTALS		\$17525M \$5962M \$2190M \$8040M	
BUDGET POSITION		AVAILABLE IN BUDGET		NEW CAPITAL FUNDS REQUIRED BY BUDGET REVISION		RETIREMENT EXPENSE (LESS SALVAGE)	
						TOTAL COST \$8040M	

Northeast Drinkard Unit
Exhibit Twenty-Six
Cases 9230
9231
9232

APPROVALS

5700/AFE02 SWEP-0415

BNBK8709601/0001.0.0

AUTHORITY FOR EXPENDITURE

DEPT. PRODUCTION		BRANCH OFFICE WESTERN DIVISION		ORIGINATING OFFICE RESV.-DEVEL.		AFE NO. 63881	
LOCATION OF PROJECT Northeast Drinkard Unit New Mexico Production Unit Lea County, New Mexico				Gas Phase I Participation		APPROPRIATION NO.	
				DATE PREPARED 4/1/87		DATE REGISTERED	
				EST.		COMPLETION ACTUAL	
LOCATION NUMBER							
WORK ORDER NUMBER	TYPE	DESCRIPTION	100% COST	SWEPI'S 57.19624		% SHARE	
				BUDGET	NONBUDGET	EXPENSE	TOTAL
838812	C	Gas Facilities	\$725M	\$450M			\$450M
838817	R&R	Gas Producer Workovers (20)	\$400M			\$229M	\$229M
	(647)	SUBTOTALS	\$1125M	\$450M		\$229M	\$679M
BUDGET POSITION		AVAILABLE IN BUDGET		RETIREMENT EXPENSE (LESS SALVAGE)			
		NEW CAPITAL FUNDS REQUIRED BY BUDGET REVISION		TOTAL COST		\$679M	

APPROVED*

Company: _____

By: _____

Date: _____

Return to: B. M. Bradley, WCK 2127
Shell Western E&P Inc.
P. O. Box 576
Houston, TX 77001

* This AFE approval is given subject to regulatory approvals of the Northeast Drinkard Unit by the New Mexico Oil Conservation Division, the Commissioner of Public Lands, and the Bureau of Land Management, according to Section 24 of the Unit Agreement.

RECOMMENDED		APPROVALS	
<p>OPS 5/1/87 R&R 5/1/87 JAB 5/1/87 5/5/87 5780/AFB02 SWEP-0415 BNBK8709101/0001.0.0</p>	<p>5/1/87 5/16/87 5/16/87</p>	<p>R. Flawley J. D. Jimenez M. B. Galt</p>	<p>5/1/87 5/16/87 5/16/87</p>

APPROVAL
CERTIFIED

JUSTIFICATION

NORTHEAST DRINKARD UNIT WATERFLOOD PROJECT

We recommend approval of the attached AFE for the purpose of implementing the Northeast Drinkard waterflood project. The \$24.2 MM ultimate investment is expected to result in additional supplemental oil recovery of 14.7 MMBO and return an incremental \$38.2 MM PVPAT (174% PVPAT).

The proposed Northeast Drinkard Unit is located in Lea County, New Mexico approximately 18 miles south of Hobbs, New Mexico. The unit boundary encompasses 5018 acres and is developed on 40-acre spacing. The vertical interval to be unitized includes the Blinbry, Tubb, and Drinkard formations at depths ranging from approximately 5500' to 6700'. SWEPI will be operator of the unit with 43.8 percent working interest in the supplemental oil recovery (Phase II oil participation).

The proposed unitized interval contains both gas zones and oil zones. The upper two layers of the Blinbry and most of the Tubb pay produce non-associated gas. The remaining primary gas will be depleted using 20 gas wells located throughout the unit. Oil is produced from the bottom three layers of the Blinbry, oil pocket accumulations in the Tubb, and the entire Drinkard zone. The oil zones, whose primary production mechanism was a solution gas drive, will be flooded using a five-spot injection pattern.

The proposed Northeast Drinkard Unit waterflood forecast is based on the Central Drinkard Unit, a mature waterflood adjoining the proposed unit area. The Central Drinkard Unit waterflood, operated by Chevron, is projected to increase ultimate recovery in the Unit area by 50% (Ult Sec./Ult Prim. = 0.50). Thus, the proposed Northeast Drinkard Unit waterflood area, with a projected ultimate primary recovery of 29.4 MMBO, is expected to recover an additional 14.7 MMBO.

An initial investment of \$18.7 MM is required to implement the total program. Items covered by the AFE include the water injection station, flowlines, injection lines, central battery, satellites, producer-to-injector conversions, producer recompletions, source water system, and CAO (computer assisted operations) system. Future expenditures estimated at \$5.5 MM are expected for larger lift equipment.

Total Gross Summary

Secondary Reserve Additions	14,738 MBO
Investment	
Initial	\$18.7 MM\$
Ultimate	\$24.2 MM
PV Profit, AFIT, 10% Nominal Disc. Rate	\$38.2 MM
% PVP, AFIT, 10% Nominal Disc. Rate	174%
Payout AFIT	7.9 yrs.
Nom. Earning Power, AFIT	23%

(\$18/BO, \$1/MCF, 5% inflation rate on all revenues, investments and operating costs.)

These economics contain no SWEPI premises and are included for information purposes only.

BNBK8707105

PROPOSED NORTHEAST DRINKARD UNIT

LISTING OF CONTENTS

1. Table - Summary of Primary and Secondary Production, Investment and Operating Costs by Year
2. Table - Remaining Primary Production by Year
3. Table - Remaining Primary Operating Costs by Year
4. Table - Waterflood Oil and Gas Production by Year
5. Table - Waterflood Water Production and Injection by Year
6. Table - Waterflood Operating Costs by Year
7. Table - Waterflood Investment Schedule by Item
8. Write-Up - Description of Waterflood Facilities and CAO
9. Tables - Facilities and CAO Detailed Cost Estimates
10. Table - Well Configurations and Cost Estimates
11. Graph - Remaining Primary Forecast
12. Graph - Waterflood Performance Forecast
13. Map - Oil Gathering System
14. Map - Injection System
15. Map - Source Water System
16. Map - Gas Gathering System
17. Schematics - Facilities
18. Map - Unit Wells with Well Number Redesignations

PROPOSED NORTHEAST DRINKARD UNIT
SUMMARY, 1987\$
PRODUCTION/OPERATING COST/INVESTMENT

Year	PRIMARY OPERATIONS				SECONDARY OPERATIONS					
	Oil Production (STB)	Total Gas Production (MMCF)	Total Unit Operating Cost (M\$)	Oil Production (STB)	Total Gas Production (MMCF)	Total Unit Operating Cost (M\$)	Investment			
							Oil (Ph.II)		Gas (Ph.I)	
							CAPEX	Expense	CAPEX	Expense
1987*	82,536	2,491	661	65,278	2,376	1,284	4,563	500	73	40
1988	185,328	5,575	1,586	147,116	5,316	2,995	7,902	3395	652	160
1989	168,572	5,043	1,586	141,264	4,758	2,898	52	880		160
1990	153,331	4,562	1,586	222,483	4,364	2,812	13	220		40
1991	139,468	4,126	1,586	372,692	4,037	2,735	689			
1992	126,859	3,733	1,586	491,883	3,681	2,665	1,377			
1993	115,389	3,376	1,586	613,369**	3,341	2,587**	1,377			
1994	104,956	3,054	1,586	755,583	3,029	2,535	1,377			
1995	95,467	2,763	1,586	796,620	2,712	2,490	689			
1996	86,836	2,499	1,586	796,620	2,420	2,490				
1997	78,985	2,261	1,586	796,620	2,206	2,490				
1998	71,843	2,046	1,586	796,620	2,012	2,490				
1999	65,348	1,850	1,586	796,620	1,835	2,490				
2000	59,440	1,673	1,586	796,620	1,676	2,490				
2001	54,066	1,514	1,586	796,620	1,532	2,490				
2002	49,177	1,369	1,586	796,620	1,402	2,490				
2003	44,731	1,239	1,586	796,620	1,284	2,490				
2004		1,055	69	796,620	1,177	2,490				
2005		955	69	796,620	1,081	2,490				
2006		864	69	788,247	992	2,490				
2007		782	69	696,690	894	2,490				
2008		708	69	597,062	802	2,490				
2009		641	69	511,681	721	2,490				
2010		580	69	438,509	648	2,490				
2011		525	69	375,801	582	2,490				
2012		475	69	322,061	522	2,490				
2013		430	69	276,006	470	2,490				
2014		389	69	236,536	422	2,490				
2015		352	69	202,711	381	2,490				
2016				173,723	35	2,490				
2017				148,830	30	2,490				
2018				80,328	16	2,490				
	<u>1,682,352</u>	<u>56,930</u>		<u>16,420,723</u>	<u>56,754</u>		<u>18,039</u>	<u>4,995</u>	<u>725</u>	<u>400</u>

* 5 months

** Phase II oil participation is estimated to begin 6/1/93

BNBK8707505

PROPOSED N. E. DRINKARD UNIT
LEA COUNTY, NEW MEXICO

REMAINING PRIMARY PRODUCTION FORECAST

Year	Oil Production (STB)	Gas Zone Gas Production (MMCF)	Solution Gas Production (MMCF)	Total Gas Production (MMCF)	Solution GOR (SCF/STB)
1987 (5 mo)	82,536	2,326	165	2,491	2,000
1988	185,328	5,204	371	5,575	2,000
1989	168,572	4,710	333	5,043	1,975
1990	153,331	4,263	299	4,562	1,950
1991	139,468	3,858	268	4,126	1,925
1992	126,859	3,492	241	3,733	1,900
1993	115,389	3,160	216	3,376	1,875
1994	104,956	2,860	194	3,054	1,850
1995	95,467	2,589	174	2,763	1,825
1996	86,836	2,343	156	2,499	1,800
1997	78,985	2,121	140	2,261	1,775
1998	71,843	1,920	126	2,046	1,750
1999	65,348	1,737	113	1,850	1,725
2000	59,440	1,572	101	1,673	1,700
2001	54,066	1,423	91	1,514	1,675
2002	49,177	1,288	81	1,369	1,650
2003	44,731	1,166	73	1,239	1,625
2004		1,055		1,055	
2005		955		955	
2006		864		864	
2007		782		782	
2008		708		708	
2009		641		641	
2010		580		580	
2011		525		525	
2012		475		475	
2013		430		430	
2014		389		389	
2015		352		352	
	1,682,352	53,788	3,142	56,930	

PROPOSED NORTHEAST DRINKARD UNIT
LEA COUNTY, NEW MEXICO

REMAINING PRIMARY OPERATIONS
OPERATING COST FORECAST
(1987\$)

<u>Year</u>	<u>Production Facilities O&M (M\$)</u>	<u>Production Wells (M\$)</u>	<u>Total Unit Operating Cost (M\$)</u>
1987 (5 mo.)	26	635	661
1988	62	1,524	1,586
1989	62	1,524	1,586
1990	62	1,524	1,586
1991	62	1,524	1,586
1992	62	1,524	1,586
1993	62	1,524	1,586
1994	62	1,524	1,586
1995	62	1,524	1,586
1996	62	1,524	1,586
1997	62	1,524	1,586
1998	62	1,524	1,586
1999	62	1,524	1,586
2000	62	1,524	1,586
2001	62	1,524	1,586
2002	62	1,524	1,586
2003	62	1,524	1,586
2004	9	60	69
2005	9	60	69
2006	9	60	69
2007	9	60	69
2008	9	60	69
2009	9	60	69
2010	9	60	69
2011	9	60	69
2012	9	60	69
2013	9	60	69
2014	9	60	69
2015	9	60	69

PROPOSED N. E. DRINKARD UNIT
LEA COUNTY, NEW MEXICO

WATERFLOOD OIL AND GAS PRODUCTION

Year	Oil Production (STB)	Gas Zone Gas Production (MMCF)	Solution Gas Production (MMCF)	Total Gas Production (MMCF)	Solution GOR (SCF/STB)
1987 (5 mo)	65,278	2,245	131	2,376	2,000
1988	147,116	5,022	294	5,316	2,000
1989	141,264	4,546	212	4,758	1,500
1990	222,483	4,114	250	4,364	1,125
1991	372,692	3,723	314	4,037	843
1992	491,883	3,370	311	3,681	632
1993	613,369*	3,050	291	3,341	474
1994	755,583	2,760	269	3,029	356
1995	796,620	2,499	213	2,712	267
1996	796,620	2,261	159	2,420	200
1997	796,620	2,047	159	2,206	200
1998	796,620	1,853	159	2,012	200
1999	796,620	1,676	159	1,835	200
2000	796,620	1,517	159	1,676	200
2001	796,620	1,373	159	1,532	200
2002	796,620	1,243	159	1,402	200
2003	796,620	1,125	159	1,284	200
2004	796,620	1,018	159	1,177	200
2005	796,620	922	159	1,081	200
2006	788,247	834	158	992	200
2007	696,690	755	139	894	200
2008	597,062	683	119	802	200
2009	511,681	619	102	721	200
2010	438,509	560	88	648	200
2011	375,801	507	75	582	200
2012	322,061	458	64	522	200
2013	276,006	415	55	470	200
2014	236,536	375	47	422	200
2015	202,711	340	41	381	200
2016	173,723	0	35	35	200
2017	148,830	0	30	30	200
2018	80,328	0	16	16	200
	16,420,723	51,910	4,844	56,754	

* Switch from Phase I to Phase II oil participation is estimated to occur 6/1/93.

PROPOSED N.E. DRINKARD UNIT
LEA COUNTY, NEW MEXICO

WATERFLOOD OPERATIONS
WATER PRODUCTION AND INJECTION FORECAST

Year	Total Produced Water BHPD	Produced Water Disposed of BHPD	Reinjected Produced Water BHPD	Injected Make-Up Water BHPD	Total Injected Water BHPD
1987 (5 mo)	140	140	-	-	-
1988*	134	134	0	49,650 (5 mo)	49,650 (5 mo)
1989	137	137	0	49,650	49,650
1990	236	236	0	41,343	41,343
1991	458	458	0	34,425	34,425
1992	726	726	0	28,665	28,665
1993	1121	0	1,121	22,748	23,869
1994	1764	0	1,764	18,112	19,876
1995	2271	0	2,271	14,279	16,550
1996	2778	0	2,778	13,772	16,550
1997	3274	0	3,274	13,276	16,550
1998	3882	0	3,882	12,668	16,550
1999	4430	0	4,430	12,120	16,550
2000	5093	0	5,093	11,457	16,550
2001	5901	0	5,901	10,649	16,550
2002	6912	0	6,912	9,638	16,550
2003	7737	0	7,737	8,813	16,550
2004	8729	0	8,729	7,821	16,550
2005	9942	0	9,942	6,608	16,550
2006	11,367	0	11,367	5,183	16,550
2007	11,817	0	11,817	4,733	16,550
2008	12,145	0	12,145	4,405	16,550
2009	11,542	0	11,542	5,008	16,550
2010	11,061	0	11,061	5,489	16,550
2011	10,704	0	10,704	5,846	16,550
2012	10,487	0	10,487	6,063	16,550
2013	10,437	0	10,437	6,113	16,550
2014	10,602	0	10,602	5,948	16,550
2015	11,076	0	11,076	5,474	16,550
2016	12,053	0	12,053	4,497	16,550
2017	14,024	0	14,024	2,526	16,550
2018	16,550	0	16,550	-	16,550

* Initial water injection assumed 8/1/88.

PROPOSED NORTHEAST BLINEBRY UNIT
LEA COUNTY, NEW MEXICO

WATERFLOOD OPERATIONS
OPERATING COST FORECAST
(1987\$)

<u>Year</u>	<u>Facilities O&M (M\$)</u>	<u>Production & Injection Wells (M\$)</u>	<u>Total Unit Operating Cost (M\$)</u>
1987 (5 mo.)	483	765	1,284
1988	1,158	1,837	2,995
1989	1,061	1,837	2,898
1990	975	1,837	2,812
1991	898	1,837	2,735
1992	828	1,837	2,665
1993	750	1,837	2,587
1994	698	1,837	2,535
1995	653	1,837	2,490
1996	653	1,837	2,490
1997	653	1,837	2,490
1998	653	1,837	2,490
1999	653	1,837	2,490
2000	653	1,837	2,490
2001	653	1,837	2,490
2002	653	1,837	2,490
2003	653	1,837	2,490
2004	653	1,837	2,490
2005	653	1,837	2,490
2006	653	1,837	2,490
2007	653	1,837	2,490
2008	653	1,837	2,490
2009	653	1,837	2,490
2010	653	1,837	2,490
2011	653	1,837	2,490
2012	653	1,837	2,490
2013	653	1,837	2,490
2014	653	1,837	2,490
2015	653	1,837	2,490
2016	653	1,837	2,490
2017	653	1,837	2,490
2018	653	1,837	2,490

PROPOSED NORTHEAST DRINKARD UNIT
LEA COUNTY, NEW MEXICO
WATERFLOOD INVESTMENT SCHEDULE

		TOTAL COST 1987\$
<u>ITEM</u>		<u>M\$</u>
<u>Initial Investment - Facilities</u>		
Production Facilities		
Central Battery		1,000
Satellites		2,250
Flowlines		1,050
Transfer Lines		725
Injection Facilities		
Injection Plant		2,525
Injection Lines		1,325
Gas Facilities		725
Source Water Facilities		1,000
Electrical System		2,350
Subtotal - Facilities		<u>12,950</u>
<u>Initial Investment - Well Preparations</u>		
117 Producer Workovers		
87 Commingled Oil (Blinbry/Tubb/Drinkard)		2,330
20 Gas (Tubb)		400
10 Source Water (San Andres)		350
35 Producer-to-Injector Conversions		
35 Single Commingled Injectors		2,620
Subtotal - Well Preparations		<u>5,700</u>
Total Initial Investment		18,650
<u>YEAR</u>		
1987	35% Facilities, 10% Conversions, Source Water Workovers, 10% Workovers	5,176
1988	65% Facilities, 90% Conversions, Source Water Workovers, 40% Workovers	12,109
1989	40% Workovers	1,092
1990	10% Workovers	273
1991	Larger Lift Equipment	689
1992	Larger Lift Equipment	1,377
1993	Larger Lift Equipment	1,377
1994	Larger Lift Equipment	1,377
1995	Larger Lift Equipment	<u>689</u>
TOTAL WATERFLOOD INVESTMENT		24,159

NORTHEAST DRINKARD UNIT

WATERFLOOD FACILITIES DESCRIPTION

PRODUCTION SYSTEM

Groups of 8-16 wells will flow into three remote headers and five satellites. A remote header consists of a production manifold which functions as an extension of the production manifold at the satellite. Use of remote headers reduces the number of satellites required. A satellite consists of a production manifold, a test separator, and a production separator. From the satellites, the liquids are pumped to a central battery and the gas is transported via a casinghead gas gathering system. The battery has a free water knockout followed by a wash tank for oil dehydration. Approximately 2½ days of oil storage at peak production is provided. The gas system consists of a 2-phase separator at each gas well with separate casinghead and gas well gas gathering systems.

INJECTION SYSTEM

Injection water will be provided from source wells and from produced water. Source water will be submersibly pumped from wells completed in the San Andres. The source water is produced into a skim tank for oil removal. A separate skim tank collects produced water. The produced water then flows to a storage tank which provides approximately 18 hours of storage capacity at peak rates upon complete loss of injection capacity. Five centrifugal injection pumps take common suction on the two sources of water and deliver water into a branched distribution system.

ELECTRICAL SYSTEM

A new power system will provide increased reliability and subsequent higher on-stream production. The system consists of three main high voltage distribution feeders with individual well supply and voltage transformation.

CAO SYSTEM

The Computer Assisted Operations (CAO) equipment will provide beam pumping unit control, injection well control, gas well control, production facility monitoring and automatic well testing.

WORK ORDER COST ESTIMATE

FORM NO. EP-225 (4-66)

WORK ORDER DESCRIPTION			
Northeast Drinkard Unit Production Battery			
QUANTITY	DESCRIPTION	AMOUNT	TOTAL
1	10' x 30' FWKO	\$100	\$100
2	2M Bbl stock tanks	\$ 30	\$ 60
1	1.5M Bbl wash tank	\$ 40	\$ 40
1	LACT	\$ 35	\$ 35
1	Vapor Recovery unit	\$ 25	\$ 25
2	Recirculating Pumps	\$ 7	\$ 14
1	Control panel	\$ 25	\$ 25
1	Satellite header	\$ 50	\$ 50
1	Pipe, valves, and fittings	\$150	\$150
1	Electrical material and labor	\$ 60	\$ 60
1	Civil material and labor	\$ 15	\$ 15
1	Painting material and labor	\$ 25	\$ 25
1	Mechanical Labor	\$200	\$200
1	Battery metering/alarm monitoring	\$ 14	\$ 14
1	Site damages	\$ 6	\$ 6
	Inspection		\$ 40
	Taxes and Transportation		\$ 91
	Capital Total		\$950
Expense	Facility Retirement		\$ 50
	Grand Total		\$1000

PREPARED BY	DATE PREPARED	A.F.E. NO.	WORK ORDER NO
J. P. Sattler	4/3/87		

BNBK8709204/0001.0.0

WORK ORDER COST ESTIMATE

FORM NO. EP-225 (4-66)

WORK ORDER DESCRIPTION			
Northeast Drinkard Unit Production Satellites			
QUANTITY	DESCRIPTION	(Thousands) AMOUNT	TOTAL
5	3' x 10' 3 ph test seps	\$28	\$138
5	4' x 12' 2 ph prod seps	\$33	\$165
5	500 Bbl pump tanks	\$ 8	\$ 40
5	Transfer pumps	\$ 3	\$ 15
8	Production Manifolds	\$15	\$120
1	Pipe, valves, and fittings	\$130	\$130
1	Electrical material and labor	\$80	\$ 80
1	Civil material and labor	\$65	\$ 65
1	Painting material and labor	\$50	\$ 50
1	Mechanical labor	\$400	\$400
5	Satellite monitoring/control	\$17.5	\$ 88
3	Remote header monitoring/control	\$7.5	\$ 23
88	Bm pumping well monitoring/control	\$4.0	\$352
88	Header actuation	\$1.5	\$132
8	Site damages	\$6	\$ 48
	Inspection		\$ 90
	Taxes and Transportation		\$190
	Capital Total		\$2125
Expense	Facility Retirement		\$ 50
	Software Implementation		\$ 75
	Grand Total		\$2,250
PREPARED BY J. P. Sattler		DATE PREPARED 4/3/87	A.F.E. NO. WORK ORDER NO.

BNBK8709204/0009.0.0

WORK ORDER COST ESTIMATE

FORM NO. EP-225 (4-66)

WORK ORDER DESCRIPTION

Northeast Drinkard Unit
Production Flowlines

[illegible]

WORK ORDER COST ESTIMATE

FORM NO. EP-225 (4-66)

WORK ORDER DESCRIPTION			
Northeast Drinkard Unit Oil Transfer Lines			
QUANTITY	DESCRIPTION	AMOUNT	(Thousands) TOTAL
27 M'	8" Fiberglass Line	\$10.50/ft.	\$284
13 M'	10" Fiberglass Line	\$15.50/ft.	\$202
4.5 M'	12" Fiberglass Line	\$21.25/ft.	\$ 96
44.5 M'	Surface Damages	\$1.00/ft.	\$ 45
	Inspection		\$ 30
	Taxes and transportation		\$ 70
	Capital Cost		\$725
PREPARED BY	DATE PREPARED	A.F.E. NO.	WORK ORDER NO.
J. P. Sattler	4/3/87		

WORK ORDER COST ESTIMATE

FORM NO. EP-225 (4-66)

WORK ORDER DESCRIPTION

Northeast Drinkard Unit
Water Plant

QUANTITY	DESCRIPTION	(Thousands)	
		AMOUNT	TOTAL
5	Injection pumps	\$ 80	\$400
1	1000 Bbl skim tank	\$ 27	\$ 27
1	10,000 Bbl skim tank	\$130	\$130
1	300 Bbl skim pump tank	\$ 7	\$ 7
1	10,000 Bbl storage tank	\$ 80	\$ 80
1	Control building	\$ 45	\$ 45
1	Overhead crane	\$ 60	\$ 60
1	Manifold	\$ 40	\$ 40
1	Pipe, valves, and fittings	\$400	\$400
1	Electrical material and labor	\$150	\$150
1	Civil material and labor	\$ 40	\$ 40
1	Painting material and labor	\$ 25	\$ 25
1	Mechanical Labor	\$600	\$600
35	Injection well monitoring/control	\$ 5	\$175
	Inspection		\$110
	Taxes and Transportation		\$236
	Capital Cost		\$2,525
PREPARED BY		DATE PREPARED	A.F.E. NO.
J. P. Sattler		4/3/87	WORK ORDER NO.

RNRK8709204/0005 0 0

WORK ORDER COST ESTIMATE

FORM NO. EF-225 (4-66)

WORK ORDER DESCRIPTION

Northeast Drinkard Unit
Injection Lines

(Thousands)

QUANTITY	DESCRIPTION	AMOUNT	TOTAL
39 M'	2" High press fiberglass line	\$7.0/ft.	\$273
5.5 M'	3" High pressure fiberglass line	\$8.0/ft.	\$ 44
18 M'	4" High press fiberglass line	\$9.0/ft.	\$162
17 M'	6" Steel header	\$16.0/ft.	\$272
3.7 M'	8" Steel header	\$26.5/ft.	\$ 98
83.2 M'	Surface damages	\$1.0/ft.	\$ 83
35	Wellhead filtration	\$1,500/ea.	\$ 53
35	Wellhead connection labor	\$5,000/ea.	\$175
	Inspection		\$ 55
	Taxes and Transportation		\$110
	Capital Total		\$1,325
PREPARED BY J. P. Sattler		DATE PREPARED 4/3/87	A.F.E. NO WORK ORDER NO

BNBK8709204/0006.0.0

WORK ORDER COST ESTIMATE

FORM NO. EP-225 (4-66)

WORK ORDER DESCRIPTION

Northeast Drinkard Unit Gas Facilities and Flowlines

[illegible]

WORK ORDER COST ESTIMATE

FORM NO. EF-225 (4-66)

WORK ORDER DESCRIPTION

Northeast Drinkard Unit
Source Water Facilities

QUANTITY	DESCRIPTION	AMOUNT	(Thousands) TOTAL
10.4 M'	4" PEP gathering line	\$3.00/ft.	\$ 31
12.4 M'	6" PEP gathering line	\$4.00/ft.	\$ 50
1.9 M'	8" PEP gathering line	\$7.25/ft.	\$14
6.4 M'	10" PEP gathering line	\$12.75/ft.	\$ 82
31.1 M'	Surface Damages	\$1.00/ft.	\$31
10	Source well monitoring/control	\$4M ea.	\$ 40
10	5000 B/D submersible pumps	\$60M ea.	\$600
	Inspection		\$ 50
	Taxes and Transportation		\$102
	Capital Total		\$1,000
PREPARED BY J. P. Sattler		DATE PREPARED 4/3/87	A.F.E. NO WORK ORDER NO.

WORK ORDER COST ESTIMATE

FORM NO. EF-221-4-66

WORK ORDER DESCRIPTION			
Northeast Drinkard Unit Electrical			
QUANTITY	DESCRIPTION	(Thousands)	
		AMOUNT	TOTAL
227 M'	Powerline	\$5.00/ft.	\$1,135
3	Oil Circuit Recloser	\$8.00	\$ 24
70	75 KVA transformers (oil wells)	\$2.50	\$ 175
70	Control Panels	\$1.50	\$ 105
30	37.5 KVA transformers (source water)	\$1.00	\$ 30
10	Control Panels	\$2.00	\$ 20
35	10 KVA transformers (injectors)	\$0.50	\$ 18
4	45 KVA transformers (satellites)	\$1.50	\$ 6
3	667 KVA transformers (water plant)	\$5.00	\$ 15
3	100 KVA transformers (battery)	\$1.67	\$ 5
1	5000 Volt isolation switch	\$7.00	\$ 7
3	Capacitors for power factor correction	\$5.00	\$ 15
97	Well installations (not injection)	\$2.00	\$ 194
35	Injection well installation	\$1.00	\$ 35
5	Satellite installations	\$1.50	\$ 8
1	Central battery/water plant installation	\$14.00	\$ 14
1	Survey and stake	\$20.00	\$ 20
227 M'	Surface Damages	\$1.00/ft.	\$ 227
	Inspection		\$ 100
	Taxes and Transportation		\$ 197
	Capital Total		\$2,350
PREPARED BY J. P. Sattler		DATE PREPARED 4/3/87	A.F.E. NO WORK ORDER NO

BNBK8709204/0008.0.0

NORTHEAST DRINKARD UNIT
LEA COUNTY, NEW MEXICO

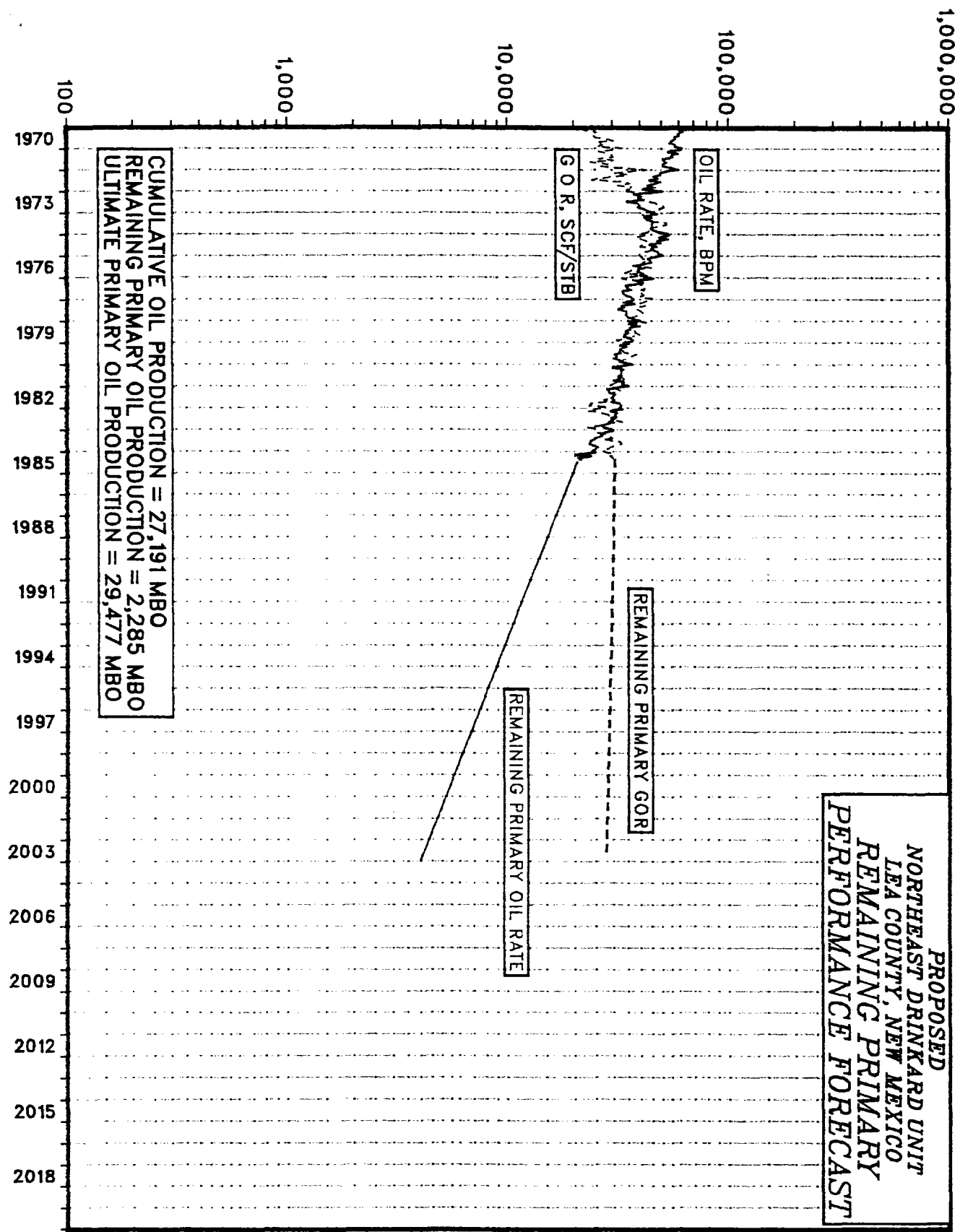
WELL CONFIGURATIONS AND COST ESTIMATES

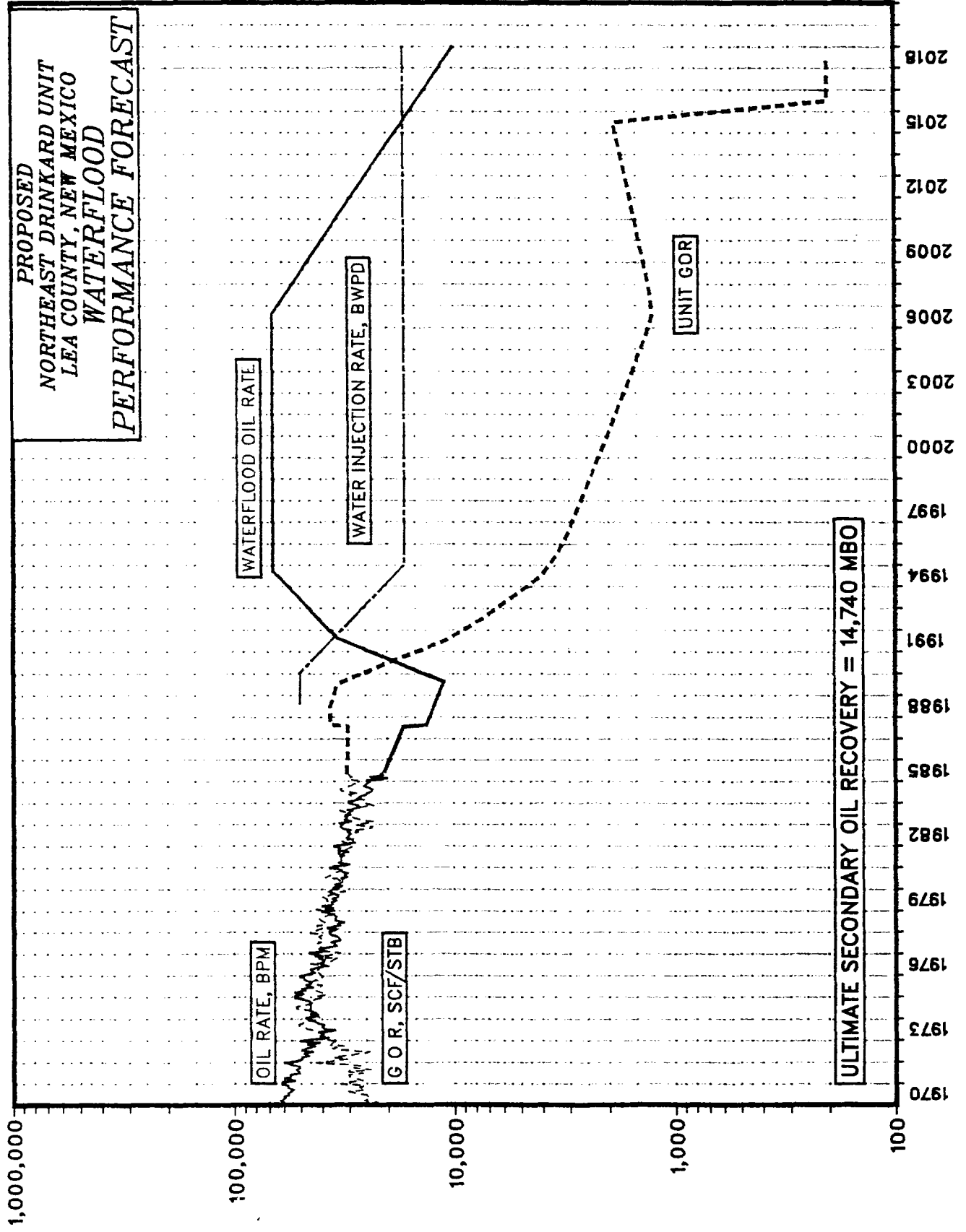
	Description (# Wells)	Zones	Completion Type	Preparation	Operating Costs**
				Costs**	Per Month
1.	Single Injector (1)	Blinebry-oil	Injection Well Completion w/Packer Set Above Blinebry	\$60,000 (Exp.) \$10,000 (Cap.)	\$1,000
2.	Commingled Injector (26)	Blinebry-oil Drinkard-oil	Single Tubing String w/Packers and downhole flow regulators	\$65,000 (Exp.) \$10,000 (Cap.)	\$1,000
3.	Commingled Injector (8)	Blinebry/Tubb-oil Drinkard-oil	Single Tubing String w/Packers and downhole flow regulators	\$65,000 (Exp.) \$10,000 (Cap.)	\$1,000
4.	Single Producer (13)	Blinebry-oil	Conventional Pumping or Flowing Well Design	\$20,000 (Exp.) \$5,000*(Cap.)	\$1,000 (Primary) \$1,300 (Secondary)
5.	Commingled Producer (56)	Blinebry-oil Drinkard-oil	Conventional Pumping or Flowing Well Design	\$25,000 (Exp.) \$5,000*(Cap.)	\$1,000 (Primary) \$1,300 (Secondary)
6.	Commingled Producer (18)	Blinebry-oil Tubb-oil Drinkard-oil	Conventional Pumping or Flowing Well Design	\$30,000 (Exp.) \$5,000*(Cap.)	\$1,000 (Primary) \$1,300 (Secondary)
7.	Gas Producer (20)	Blinebry-Gas and/or Tubb-Gas	Flowing Well Completion w/Packer Set Above Blinebry	\$20,000 (Exp.)	\$250

NORTHEAST DRINKARD UNIT
(Cont.)

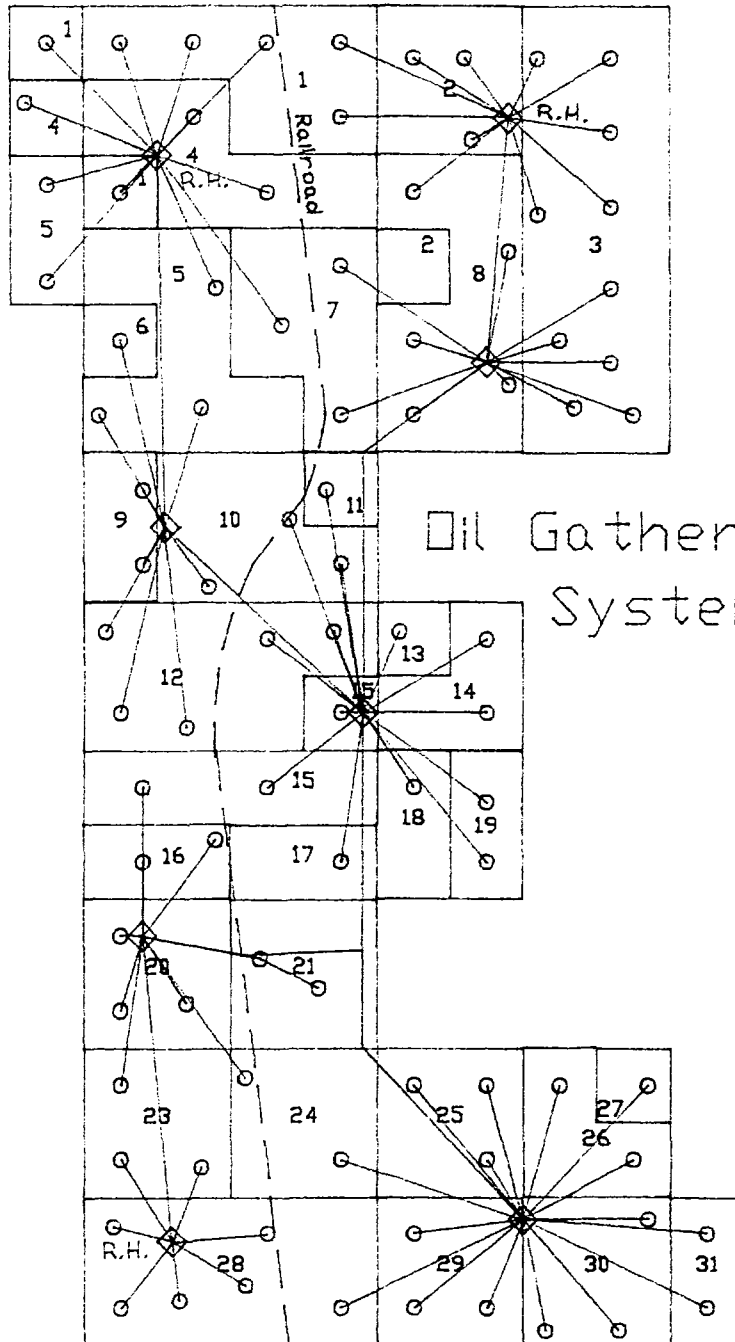
	Description (# Wells)	Zones	Completion Type	Preparation Costs**	Operating Costs** Per Month
8.	Source Water Producer (10)	San Andres-Water	Submersible Pumping Design	\$35,000 (Exp.)	\$1,500 (Sub-Pumped)

Notes: * Only 30% of the producers will require initial artificial lift installations.
** All costs are 1987\$.





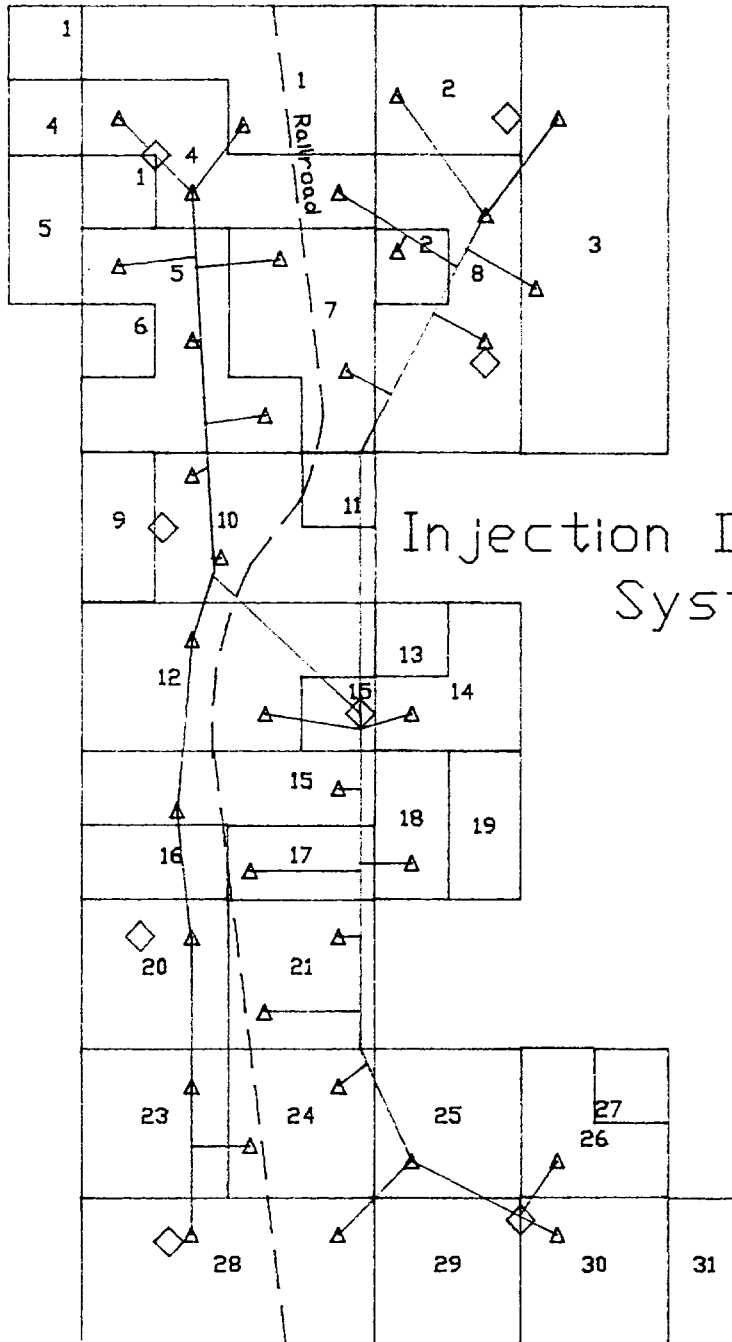
DRINKARD WATERFLOOD



Oil Gathering
System

By: JPS
3/24/87

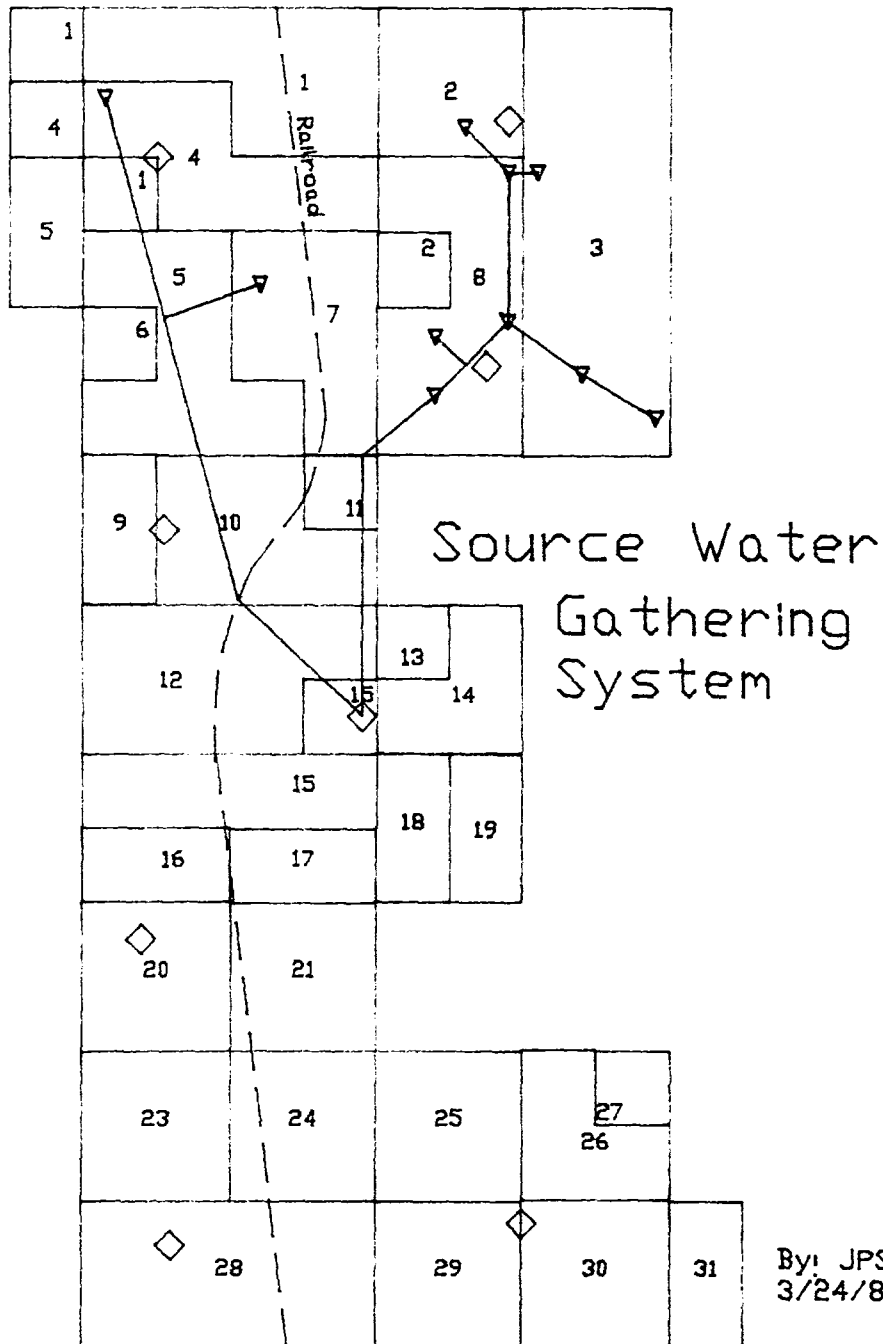
DRINKARD WATERFLOOD



Injection Distribution
System

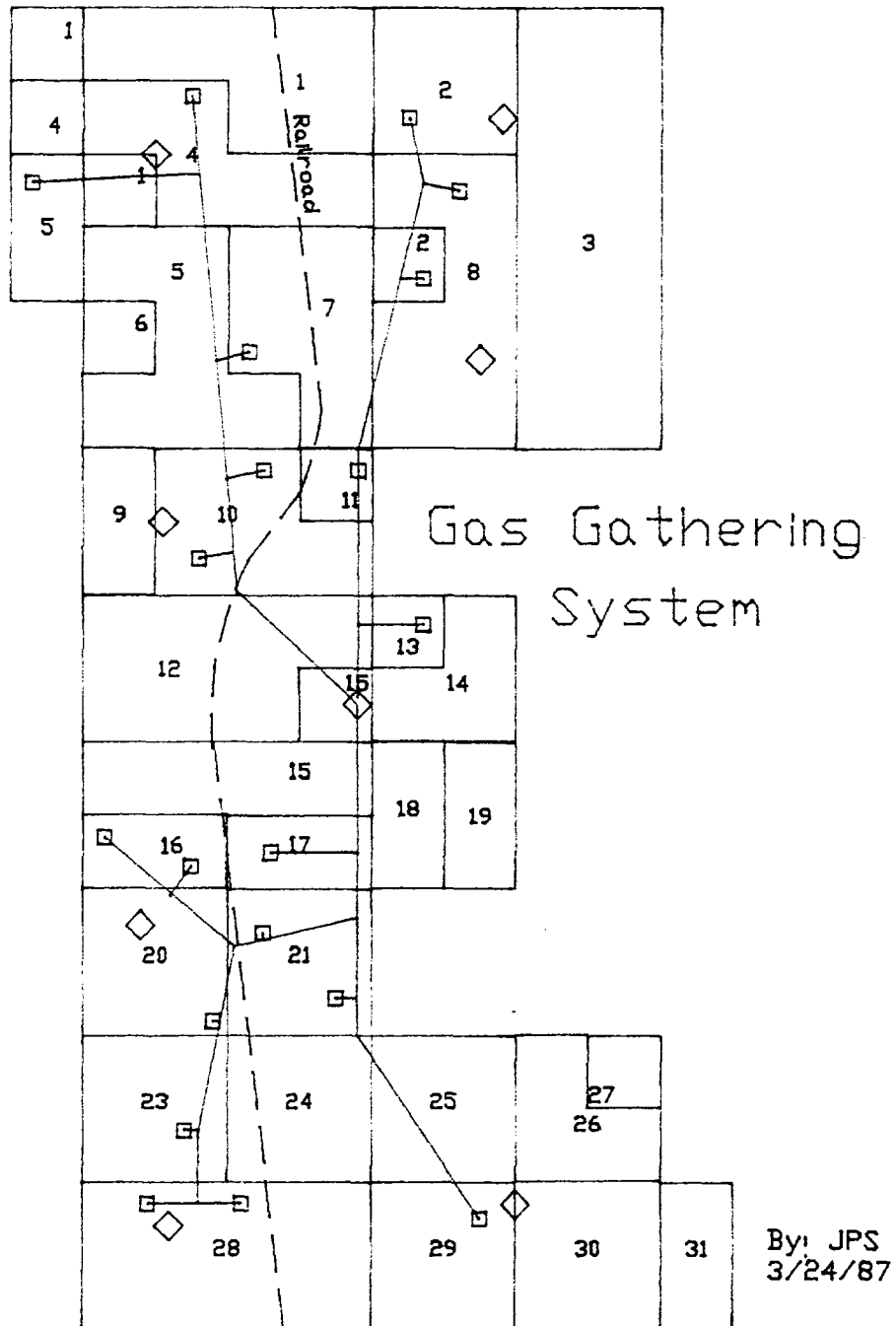
By: JPS
3/24/87

DRINKARD WATERFLOOD



By: JPS
3/24/87

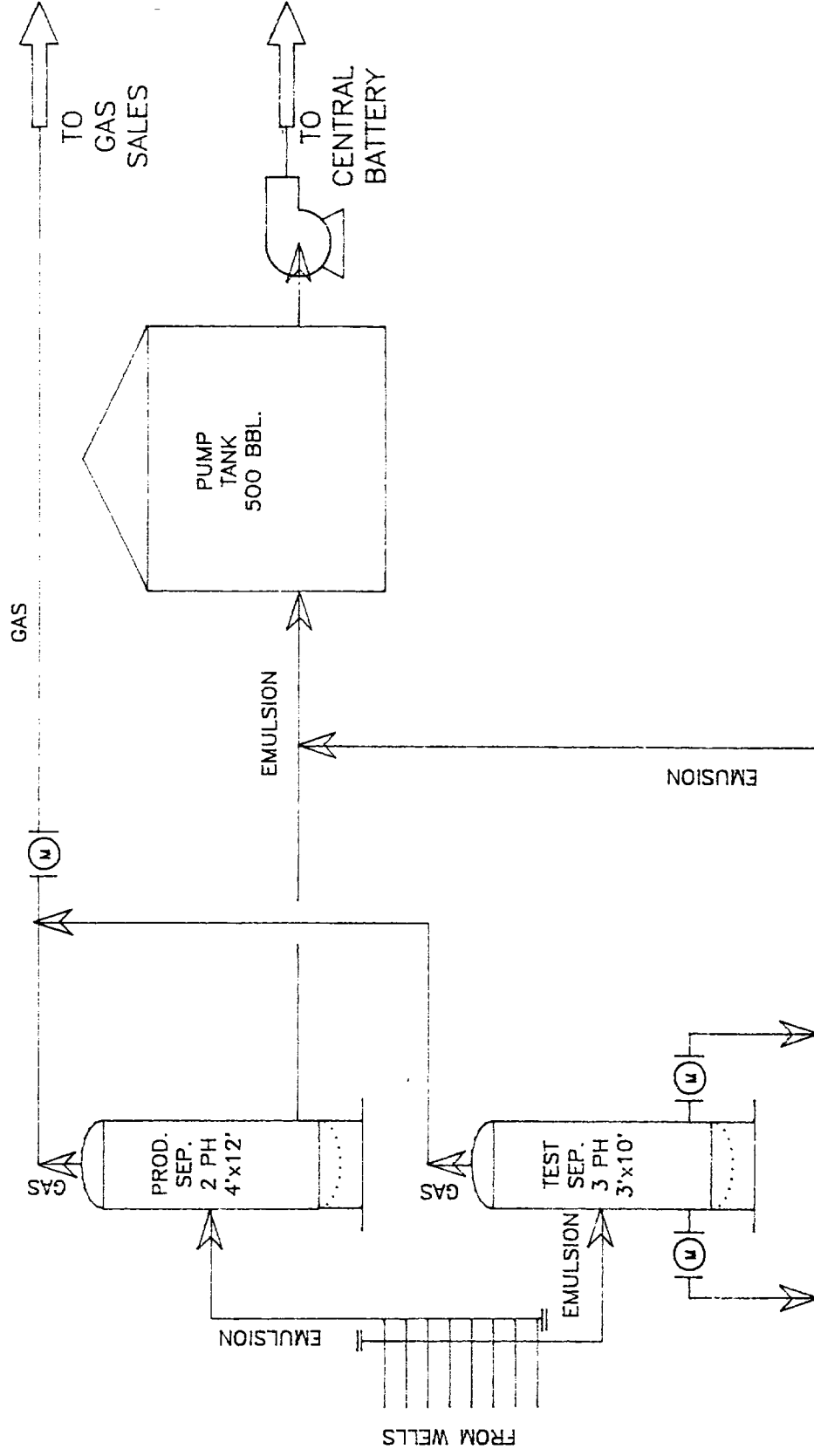
DRINKARD WATERFLOOD



By: JPS
3/24/87

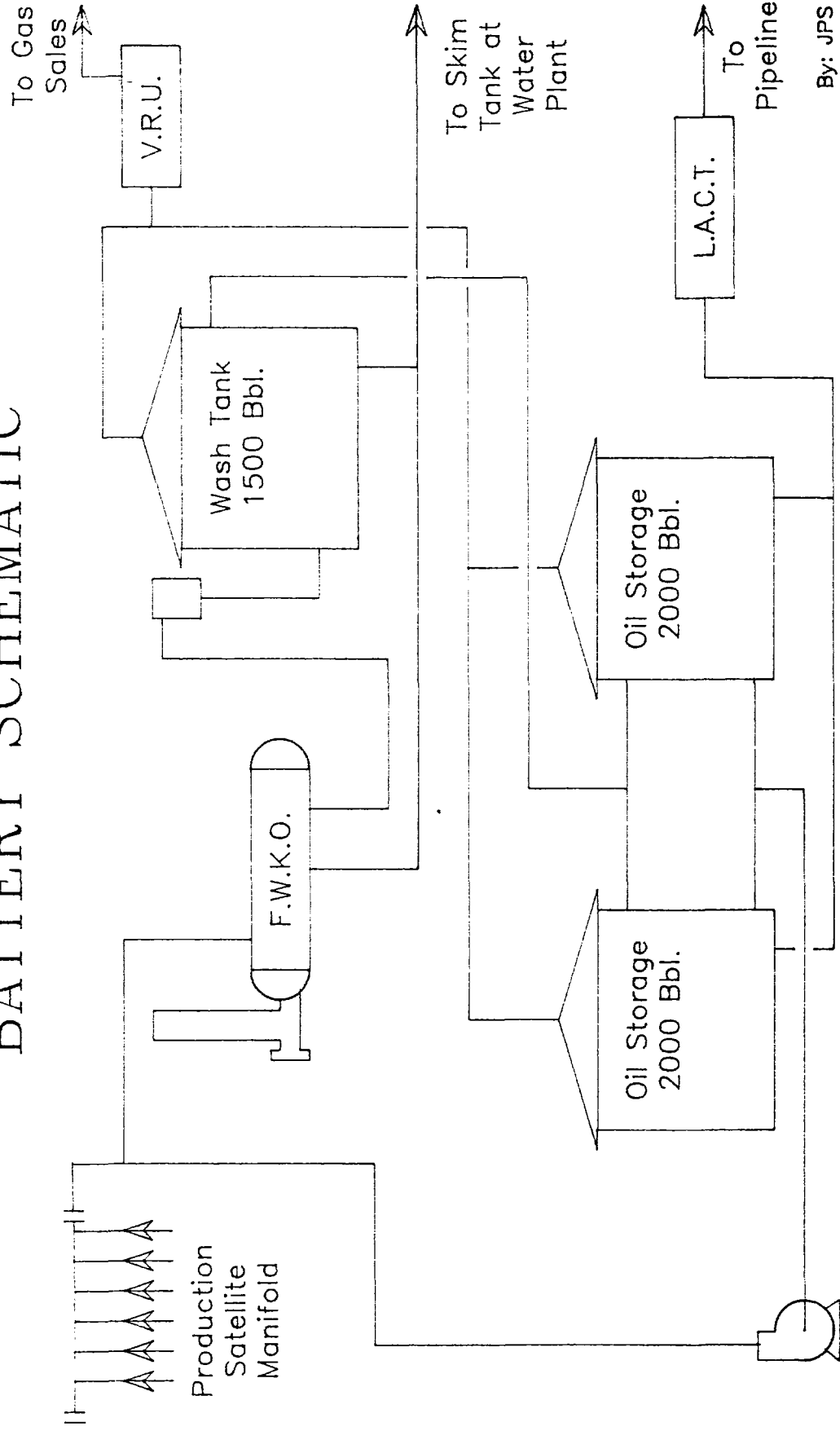
NORTHEAST DRINKARD UNIT

SATELLITE SCHEMATIC



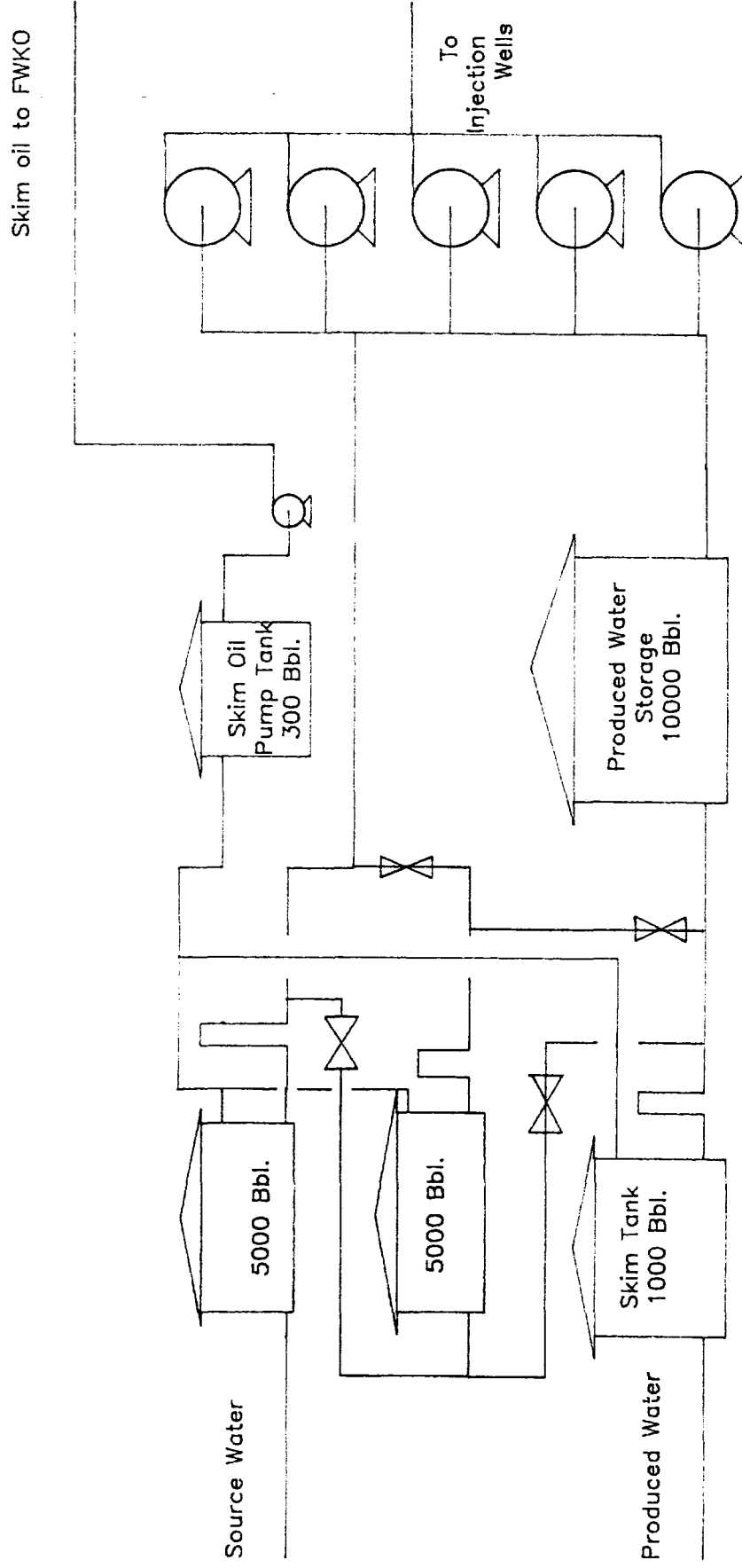
SATELLITE
SCHEMATIC FLOW DIAGRAM
By: IRP

NORTHEAST DRINKARD UNIT BATTERY SCHEMATIC



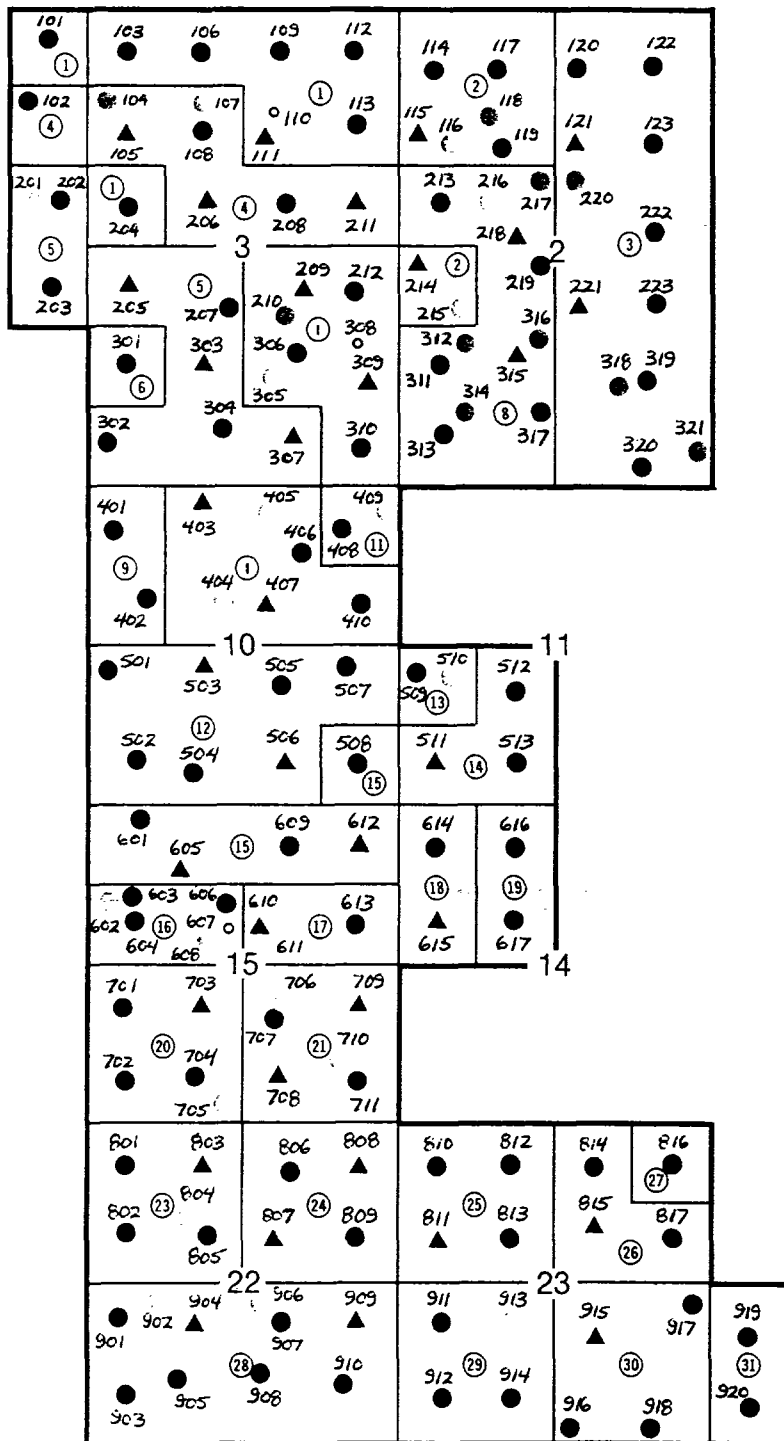
By: JPS

DRINKARD WATERFLOOD WATER PLANT



By: JPS
3/24/87

Proposed Flood Plan



LEGEND

- WATER SOURCE WELL
- GAS WELL
- OIL WELL
- ▲ WATER INJECTION WELL

① TRACT NUMBER

↑
N

1 MILE
1/2 MILE
SCALE

**PROPOSED NORTHEAST
DRINKARD UNIT**

**WELLBORE UTILIZATION
& INJECTION PATTERN**

NORTHEAST DRINKARD UNIT
Tract Ratification Summary

<u>Tract</u>	<u>Ratifications, % of Tract</u>	
	<u>Working Interest</u>	<u>Royalty Interest</u>
1	75.0	100.0
2	0.0	100.0
3	100.0	100.0
4A	100.0	79.5
4B	100.0	84.9
4C	100.0	81.4
5	100.0	83.7
6	90.0	100.0
8	100.0	100.0
9	75.0	100.0
11	0.0	97.0
12	100.0	100.0
13	0.0	89.1
14	74.7	91.6
15	100.0	100.0
16	100.0	100.0
17	100.0	100.0
18D	39.5	68.4
18BT	52.8	70.7
19	69.7	73.3
20	100.0	42.2
21	28.9	69.1
23	100.0	42.2
24	100.0	64.7
25B	43.8	87.4
25TD	100.0	87.4
26	0.0	84.3
27	0.0	68.8
28	100.0	91.3
29	100.0	100.0
30	0.0	100.0
31	0.0	68.3

Northeast Drinkard Unit
 Exhibit Seven
 Cases 9230
 9231
 9232

DEB/dmr
 09/21/87

BNPB8725707.01

State of New Mexico



W.R. HUMPHRIES
COMMISSIONER



Commissioner of Public Lands

SLO REF NO. OG-107

P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

May 7, 1987

Shell Western E & P Inc.
ATTENTION: Mr. James H. Smitherman
P. O. Box 576
Houston, Texas 77001

Re: Proposed Northeast Drinkard Unit
Lea County, New Mexico

Gentlemen:

This office has reviewed the unexecuted copy of unit agreement for the proposed Northeast Drinkard Unit area, Lea County, New Mexico. This agreement meets the general requirements of the Commissioner of Public Lands and has this date granted you preliminary approval as to form and content.

Preliminary approval shall not be construed to mean final approval of this agreement in any way and will not extend any short term leases, until final approval and an effective date have been given.

When submitting your agreement for final approval please submit the following:

1. Application for formal approval by the Commissioner setting forth the tracts that have been committed and the tracts that have not been committed.
2. A duplicate and original copy of the unit agreement.
3. All ratifications from the Lessees of Record and Working Interest Owners. All signatures should be acknowledged by a notary and one set must contain original signatures.
4. Order of the New Mexico Oil Conservation Division and the Designation from the Bureau of Land Management. Our approval will be conditioned upon subsequent favorable approval by the New Mexico Oil Conservation Division and the Bureau of Land Management.

Northeast Drinkard Unit
Exhibit Eight
Cases 9230
9231
9232

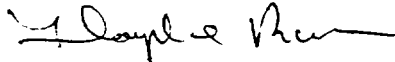
Shell Wester E & P Inc.
May 7, 1987
Page 2

Your filing fee in the amount of \$300.00 Dollars has been received.

If we may be of further help please do not hesitate to call on us.

Very truly yours,

W. R. HUMPHRIES
COMMISSIONER OF PUBLIC LANDS

BY: 

FLOYD O. PRANDO, Director
Oil and Gas Division
(505) 827-5744

WRH/FOP/pm

cc: OCD-Santa Fe, New Mexico
 BLM-Roswell, New Mexico



IN REPLY
REFER TO:

United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Roswell District Office

P. O. Box 1397

Roswell, New Mexico 88201

Northeast Drinkard Unit
3180 (065)

APR 24 1987

Shell Western E & P, Inc.
Attention: John Goforth
P. O. Box 831
Houston, Texas 77001

Gentlemen:

Your application of April 1, 1987, filed with the Bureau of Land Management, Roswell, New Mexico, requested the designation of the Northeast Drinkard Unit area, embracing 5,018 acres, more or less, as logically subject to operation under the unitization provisions of the Mineral Leasing Act of 1920 as amended for secondary recovery operations.

Pursuant to unit plan regulations 43 CFR 3180, the land requested as outlined on your plat marked "Exhibit A", Northeast Drinkard Unit, Lea County, New Mexico, Shell Western E & P, Inc., Operator is hereby designated as a logical unit area to more properly conserve natural resources by instituting secondary recovery water injection operations.

Your basis for allocation of unitized substances and your proposed form of unit are acceptable with the following modifications:

1. In Section 8, paragraph 2, page 15, lines 10 and 11 of the paragraph should read, "at least seventy five percent (75%) of the Unit Participation remaining . . .".

In selecting a successor Unit Operator, affirmative vote must be by a majority and therefore "at least fifty percent (50%)" as stated in your agreement is not appropriate.

2. In Section 24, paragraph 2, page 43, lines 5 and 6 of the paragraph should read "owning a combined Unit Participation of at least seventy five percent (75%) . . .".

All Working Interest Owners should be included in this section for commitment status purposes, not only those participating in Phase II.

Northeast Drinkard Unit
Exhibit Nine
Cases 9230
9231
9232

3. In Section 24, paragraph 5, page 44, lines 2 and 3 of the paragraph should read "owning seventy five percent (75%) of the Unit Participation then in effect".

All committed Working Interest Owners should have a vote in termination of the unit whether they be in Unit Oil Participation or Unit Gas Participation.

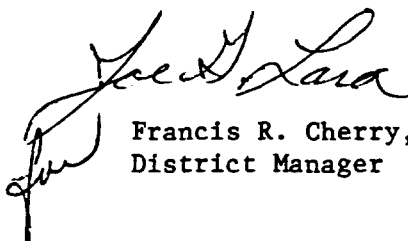
For your convenience we are enclosing copies of the above-mentioned pages with corrections shown in red.

If conditions are such that further modification to the agreement is deemed necessary, three copies of the proposed modifications with appropriate justification must be submitted to this office for preliminary approval.

In the absence of any other type of land requiring special provisions or any objections not now apparent, a duly executed agreement identical with said form, modified as outlined above, will be approved if submitted in approvable status within a reasonable period of time. However, notice is hereby given that the right is reserved to deny approval of any executed agreements submitted which, in our opinion, does not have the full commitment of sufficient lands to afford effective control of operations in the unit area.

When the executed agreement is transmitted to the BLM for approval, include the latest status of all acreage. In preparation of Exhibits "A" and "B", follow closely the format set forth in your proposed form of unit agreement.

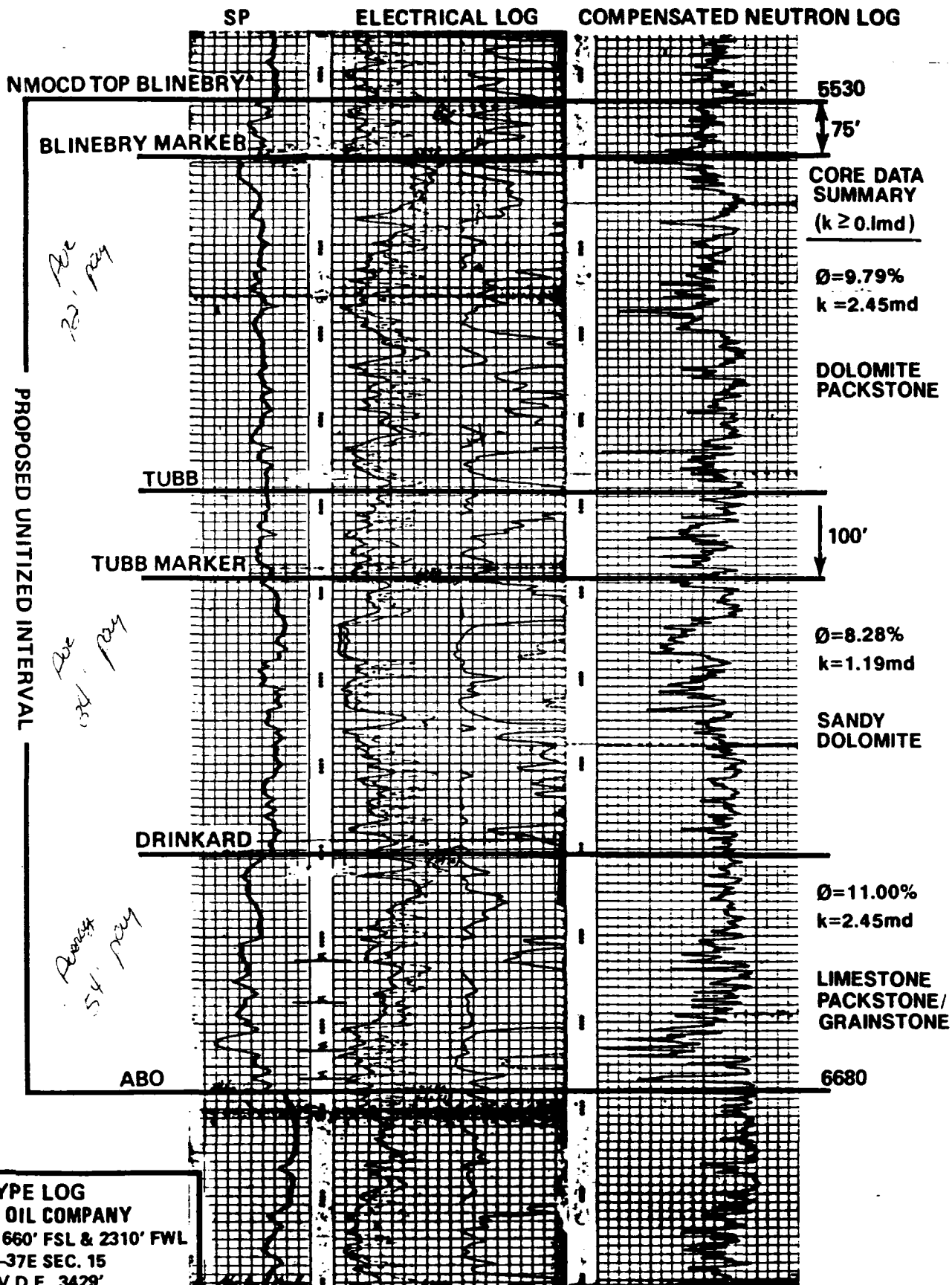
Sincerely,



Francis R. Cherry, Jr.
District Manager

Enclosures

Northeast Drinkard Unit
Exhibit Ten
Cases 9230
9231
9232



TYPE LOG
SHELL OIL COMPANY
 ARGO NO. 8 660' FSL & 2310' FWL
 21S-37E SEC. 15
 ELEV.D.F. 3429'
 LEA COUNTY, NEW MEXICO

Northeast Drinkard Unit
 Exhibit Fourteen
 Cases 9230
 9231
 9232

NORTHEAST DRINKARD UNIT

TECHNICAL COMMITTEE CHARGE

- DEFINE OPTIMUM UNIT AREA
- DETERMINE OPTIMUM VERTICAL INTERVAL TO UNITIZE
- DEVELOP UNITIZATION PARAMETERS
- DEVELOP A WATERFLOOD PLAN

OIL RECOVERY FORECAST

INVESTMENT

ECONOMIC EVALUATION

Northeast Drinkard Unit
Exhibit Twenty
Cases 9230
9231
9232

UNIT PARTICIPATIONS

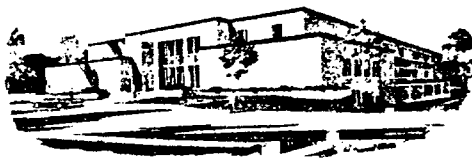
TRACT NUMBER	WORKING INTEREST OWNER(S)	WORKING INTEREST (%)	UNIT PARTICIPATIONS				RATIFIED?	RATIFICATIONS % OF TRACT
			OIL PHASE 1 (%)	OIL PHASE 2 (%)	GAS PHASE 1 (%)	GAS PHASE 2 (%)		
=====								
30	ARCO OIL & GAS CO.	100.00000	3.70361	3.07660	5.34515	4.63653	X	100.00000

		100.00000	3.70361	3.07660	5.34515	4.63653		100.00000

ROYALTY INTEREST OWNER(S)	ROYALTY INTEREST (%)	OIL PHASE 1 (%)	OIL PHASE 2 (%)	GAS PHASE 1 (%)	GAS PHASE 2 (%)	RATIFIED?	RATIFICATIONS % OF TRACT
=====							
INTERFIRST BANK DALLAS N. A., ESCROW	12.50000	3.50916	2.94101	5.12204	4.46590	X	100.00000

	12.50000	3.50916	2.94101	5.12204	4.46590		100.00000

State of New Mexico



SLO REF NO. OG-545

W.R. HUMPHRIES
COMMISSIONER

Commissioner of Public Lands

October 30, 1987

P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

Shell Western E&P Inc.
ATTENTION: Mr. James H. Smitherman
P. O. Box 576
Houston, Texas 77001

Re: Final Approval of Northeast
Drinkard Unit Agreement Lea
County, New Mexico

Gentlemen:

The Commissioner of Public Lands has this date granted final approval to the Northeast Drinkard Unit Agreement Lea County, New Mexico, along with your Initial Plan of Operation. Our approval is subject to like approval by the New Mexico Oil Conservation Division and the Bureau of Land Management.

Our approval is given with the understanding that you will obtain the New Mexico Oil Conservation Division's approval of Statutory Unitization within a reasonable time.

Enclosed are Five (5) Certificates of Approval.

Your filing fee in the amount of \$300.00 has been received.

If we may be of further help, please do not hesitate to call on us.

Very truly yours,

W. R. HUMPHRIES
COMMISSIONER OF PUBLIC LANDS

BY: *Floyd O. Prando*

FLOYD O. PRANDO, Director
Oil and Gas Division
(505) 827-5744

WRH/FOP/pm
encls.

cc: OCD-Santa Fe, New Mexico
BLM-Roswell, New Mexico
Gulram
OGAD

NORTHEAST DRINKARD UNIT

Individual Tract Ratification Status
(As of October 21, 1987)

BNBC8729401

NORTHEAST DRINKARD UNIT

Total Unit Ratifications
(As of October 21, 1987)

Working Interest Ratifications

<u>Oil</u> <u>Phase 1</u> <u>(%)</u>	<u>Oil</u> <u>Phase 2</u> <u>(%)</u>	<u>Gas</u> <u>Phase 1</u> <u>(%)</u>	<u>Gas</u> <u>Phase 2</u> <u>(%)</u>
98.37786	98.57269	98.22773	98.56469

Royalty Interest Ratifications

<u>Oil</u> <u>Phase 1</u> <u>(%)</u>	<u>Oil</u> <u>Phase 2</u> <u>(%)</u>	<u>Gas</u> <u>Phase 1</u> <u>(%)</u>	<u>Gas</u> <u>Phase 2</u> <u>(%)</u>
95.33770	94.48162	93.71573	93.26604

DEB/dmr
10/19/87

BNPB8725707.01

NORTHEAST DRINKARD UNIT

Tract Ratification Summary
(As of October 21, 1987)

<u>Tract</u>	<u>Ratifications, % of Tract</u>	
	<u>Working Interest</u>	<u>Royalty Interest</u>
1	100.0	100.0
2	100.0	100.0
3	100.0	100.0
4A	100.0	85.4
4B	100.0	95.9
4C	100.0	89.0
5	100.0	88.7
6	90.0	100.0
8	100.0	100.0
9	75.0	100.0
11	100.0	97.0
12	100.0	100.0
13	100.0	89.1
14	99.0	91.6
15	100.0	100.0
16	100.0	100.0
17	100.0	100.0
18BD	85.5	100.0
18T	91.0	100.0
19	96.4	100.0
20	100.0	93.8
21	99.4	69.1
23	100.0	93.8
24	100.0	64.7
25B	43.8	87.4
25TD	100.0	87.4
26	100.0	84.3
27	100.0	68.8
28	100.0	91.3
29	100.0	100.0
30	100.0	100.0

DEB/dmr
10/19/87

BNPB8725707.01

Shell Western E&P Inc.

A Subsidiary of Shell Oil Company

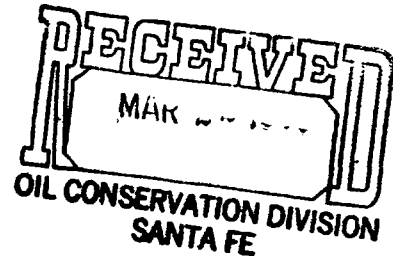


P.O. Box 576
Houston, TX 77001

March 16, 1989

#9231

Mr. David R. Catanach
New Mexico Oil Conservation Division
State Land Office Building
310 Old Santa Fe Trail
Santa Fe, New Mexico 87503



Gentlemen:

SUBJECT: NORTHEAST DRINKARD UNIT
LEA COUNTY, NEW MEXICO

We are submitting herewith a copy of first "First Supplement - 1989" of the "Plan of Development" for the Northeast Drinkard Unit. This submittal is for your information in accordance with Section II of the Unit Agreement - Northeast Drinkard Unit. We have this date filed copies of "First Supplement - 1989" with the New Mexico Commissioner of Public Lands and the Bureau of Land Management for their review and approval.

Should you have any questions, please contact J. M. Winder at (713) 870-3797.

Yours very truly,

A handwritten signature in cursive script, appearing to read "W. F. N. Kelldorf".

W. F. N. Kelldorf
Staff Production Engineer
Safety, Environmental, and Administration
Western Division

JMW:LGC

Enclosure

BNBC8811809 - 0002.0.0

NORTHEAST DRINKARD UNIT

"First Supplement-1989" to the "Plan of Operation"

Alternate Utilization of Original Source Wells

Working Interest Owner approval has been received to recomplete nine of the ten wells initially proposed as water source wells to an alternate utilization. It was recommended that seven of the wells be utilized as Unit oil producers, one as a gas producer, and one as an observation well. This work will result in additional recovery, and an initial sustained production increase of 20 BOPD plus 250 MCFD. The last of the ten wells, NEDU 118, has no immediate utility and will be offered back to its original owner.

These wellbores are no longer needed as source wells, because sufficient San Andres water has been located in the southern portion of the Unit (please refer to the 1988 Supplement to the Initial Plan of Operations dated April 28, 1988 for additional details). In lieu of temporarily abandoning the wells, the following utilization plan was been developed:

- A. Recomplete as oil wells: NEDU 104, 217, 220, 314, 316, 318 and 321.
- B. Recomplete as a gas well: NEDU 312
- C. Recomplete as an observation well: NEDU 210

The seven wells presented above in category A are at favorable locations to recover additional secondary reserves. Three of those listed (NEDU 220, 318, and 321) are the only Unit wells in their respective 40 acre pattern. The remaining four (NEDU 104, 217, 314, and 316) are at 20 acre infill locations, or situated more than 450 feet from the nearest producer. In general, the proposed workover for these wells will consist of a clean out, the opening of any additional pay, and an acid treatment.

The NEDU 312 is being recommended as a replacement for the NEDU 215, a proposed gas well located only 125 feet from a Unit injection well (NEDU 214W). Because the NEDU 312 is positioned more than 1000 feet from the nearest injector, the risk of interference due to injection will be significantly reduced. NEDU 215 will be temporarily abandoned and held for future use as a possible observation well or back-up injector.

The NEDU 210, located 180 feet south of NEDU injector No. 209W, is ideally positioned for use as an observation well. Its objective would be to determine if any of the injected water has migrated into the Blinebry or Tubb gas zones.

The only wellbore originally intended for use as a source well without an immediate alternate utility, is the NEDU 118. The well was only drilled through the Paddock, and thus does not penetrate the Unitized interval. Therefore, it will be recommended that abandonment proceedings begin as detailed in Article 18 of the Unit Operating Agreement.

SWEPI Wellbore Donation

Working interest owner approval has been received for SWEPI's donation of its State Section 2 No. 6 as a replacement for the NEDU No. 315W, due to the presence of an "irrecoverable" fish across the lower Tubb and Drinkard in the 315W.

It was recommended that the State 2-6 be used as a Blinebry II-V/Tubb I-III/Drinkard I-V injector, and that it be renamed the NEDU 322W. This will enable injection into the entire oil column at this location. The 315W will be temporarily abandoned, and retained as a back-up injection site.

An injection well data sheet for the State 2-6 (proposed NEDU 322W) is attached.

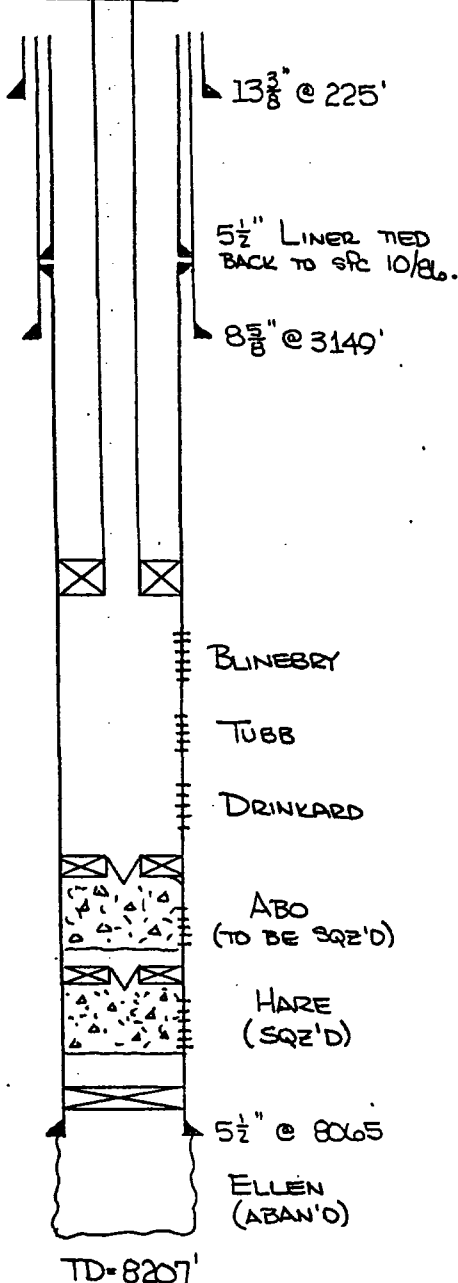
Background. The NEDU 315W, formerly SWEPI's State Section 2 No. 9, was originally completed in 1951 as a Drinkard I-II producer. During a 1956 operation to frac treat the well, ten joints of tubing and a treating packer came free from the pulling unit slips, and fell 6500 feet downhole. Subsequent efforts to recover the corkscrewed tubing, in 1956 and again in 1978, were unsuccessful as only 100 feet of the fish was recovered in 21 days of milling (8 feet in the final 8 days). The remainder of the fish is located opposite the Tubb III and Drinkard I-II. Communication with the Drinkard I-II perfs is still possible as evidenced by 32 years of Drinkard production since the accident.

The State Section 2 No. 6, located 100 feet east of 315W, was also completed in 1951, but as an Ellenburger producer. It has since been recompleted to the Abo where it is currently producing near its economic limit. The State 2-6 would prove a far more effective injection site than the 315W, due to its accessibility to the entire Unitized interval.

INJECTION WELL DATA SHEET

OPERATOR SWEPT LEASE NORTHEAST DRINKARD UNIT (FORMERLY SWEPT's)
 WELL NO. 322W FOOTAGE LOCATION 1980' FSL & 1980' FWL SECTION 2 TOWNSHIP 21S RANGE 37E
 STATE Sec. 2 No. 6

Schematic



Tabular Data

Surface Casing

Size 13 3/8 " Cemented with 300 sx.
 TOC SFC feet determined by CIRC.
 Hole size 17 "

Intermediate Casing

Size 8 5/8 " Cemented with 1500 sx.
 TOC SFC feet determined by CIRC.
 Hole size 11 "

Long string *

Size 5 1/2 " Cemented with 1450 sx.
 TOC SFC feet determined by CIRC.
 Hole size 7 7/8 "

Total depth 8207' (CSG TO 8065')

Injection interval

± 5820' feet to ± 6830' feet
 (perforated or open-hole, indicate which)

*: ORIGINALLY RUN AS A LINER IN 7/51.
 FROM 2942' TO 8065' (CMT'D w/ 1000 sx,
 TOC AT LINER TOP). IN 10/86 IT WAS
 TIED BACK TO SURFACE (CMT'D w/ 450 sx,
 TOC AT SURFACE).

Tubing size 2 3/8 " lined with FIBERGLASS EPOXY set in a
 (material)
GUIBERSON UNI-VI packer at ± 5750 feet
 (brand and model)

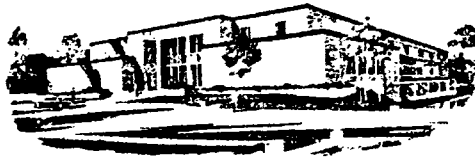
(or describe any other casing-tubing seal).

Other Data

- Name of the injection formation BLINEBRY / TUBB / DRINKARD
- Name of Field or Pool (if applicable) N. EUNICE B/T/D OIL & GAS POOL
- Is this a new well drilled for injection? ☐ Yes ☒ No
 If no, for what purpose was the well originally drilled? ELLENBURGER OIL PRODUCER
- Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used)
WANTZ ABO: 7014-7276, TO BE SQZ'D w/ 100 SX PRIOR TO B/T/D INJECTION.
HARE: 7608-7802, SQZ'D w/ 100 SX IN 7/87. ELLEN: 8065-8207, ABAN'D w/ CIRC
AT 8000', 10/86.
- Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area.

VJH 3/89

State of New Mexico



W.R. HUMPHRIES
COMMISSIONER

Commissioner of Public Lands

P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

SLO REF NO. OG-1020

February 7, 1989

Shell Western E&P Inc.
Attn: Mr. W. F. Kelldorf
P. O. Box 576
Houston, Texas 77001

Re: 1989 Plan of Development
Northeast Drinkard Unit
Lea County, New Mexico

Gentlemen:

The Commissioner of Public Lands has this date approved the above captioned Plan of Development.

Our approval is subject to like approval by all other appropriate agencies.

Enclosed is an approved copy for your files.

If we may be of further help please do not hesitate to call on us.

Very truly yours,

W. R. HUMPHRIES
COMMISSIONER OF PUBLIC LANDS

BY: *Floyd O. Prando*
FLOYD O. PRANDO, Director
Oil and Gas Division
(505) 827-5744

cc: OCD
BLM

State of New Mexico



W.R. HUMPHRIES
COMMISSIONER



Commissioner of Public Lands

P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

April 5, 1989

Shell Western E&P Inc.
P.O. Box 576
Houston, Texas 77001

ATTN: W.F.N. Kelldorf

RE: 1989 Plan of Development
First Amendment
Northeast Drinkard Unit
Lea County, New Mexico

Gentlemen:

The Commissioner of Public Lands has this date approved the above captioned amendment to the 1989 Plan of Development. Our approval is subject to like approval by all other appropriate agencies.

Enclosed is an approved copy for your files. If we may be of further help, please do not hesitate to contact us.

Very truly yours,

W.R. HUMPHRIES
COMMISSIONER OF PUBLIC LANDS

Floyd O. Prando
BY: FLOYD O. PRANDO, Director
Oil and Gas Division
(505) 827-5749

Shell Western E&P Inc.

A Subsidiary of Shell Oil Company



P.O. Box 576
Houston, TX 77001

January 25, 1989

United States Department of the Interior
Bureau of Land Management
Roswell District Office
P. O. Box 1397
Roswell, NM 88201

*D- Unit letters
The Ry*

Gentlemen:

SUBJECT: 1989 PLAN OF DEVELOPMENT AND 1988 REVIEW
NORTHEAST DRINKARD UNIT
LEA COUNTY, NEW MEXICO

Enclosed, in triplicate, is the 1989 Plan of Development and Review of 1988 operations for the subject unit.

Should you have any questions, please contact A. J. Fore at (713) 870-3787.

Yours very truly,

A handwritten signature in cursive script, appearing to read "W. F. N. Kelldorf".

W. F. N. Kelldorf
Staff Production Engineer
Safety, Environmental, and Administration
Western Division Production

JMW:VJC

Enclosures

cc: Mr. Floyd O. Prando, Director
Commissioner of Public Lands
Oil and Gas Division
State Land Office Building
310 Old Santa Fe Trail
Santa Fe, New Mexico 87503

Mr. David R. Catanach
New Mexico Oil Conservation Division
State Land Office Building
310 Old Santa Fe Trail
Santa Fe, New Mexico 87503

ATTACHMENT 1
REVIEW OF 1988 OPERATIONS

General

Steps toward the implementation of the Northeast Drinkard Unit Waterflood Project began immediately following its Effective Unit Date of December 1, 1987. Project implementation involves workovers on each of the Unit's 153 wellbores, and installation of water injection and oil gathering facilities. Work is scheduled to be completed by year-end 1989.

Facilities

Construction of the central battery and powerhouse, as well as laying and testing of all injection, source water, and oil transfer lines was completed in the summer of 1988. This allowed for gravity feed injection to commence in August. Following completion of Southwest Public Service's NEDU substation in October, full scale injection began via permanent injection pumps. During December 1988 average injection was 11,855 BWPd into a total of 20 injection wells. Installation of production satellites, and the Unit's new electrical distribution, is underway at this time with completion expected in the spring of 1989.

Oil Producers

Workovers were completed on 38 oil producers. In general, these operations consisted of squeezing off any open gas intervals, opening all oil intervals, and acid treating.

Injectors

In addition to workovers on producers, 20 wells were converted to injection. Like the oil producer workovers, these operations consisted of squeezing off any gas intervals, opening all oil intervals, and acid treating.

Gas Producers

To date, no workovers have been performed on those well bores intended for use as gas wells. During 1989 we plan to complete 20 unit wells as gas producers.

Water Source

In the original NEDU plan, 10 spare wells located in the northern portion of the unit were to provide source water from the San Andres. However, the initial test of northern San Andres (well 312S) found it to be an inadequate water source. In the search for an alternate water source the San Andres was tested in the southern portion of the unit. This test found that the southern San Andres would be capable of supplying the required volumes of source water. Based on these findings our original water source plan has been revised. SWEPI contributed five expendable non-unit wellbores as follows:

Pre Unit Well No.	NEDU Well No.
Argo No. 10	712S
Argo A No. 5	820S
Argo A No. 9	818S
Argo A No. 10	819S
Turner 16	919S

Wells 919S and 819S were completed during 1988. Approval of this change was given by the Working Interest ownership 4-25-88 and by the BLM 5-12-88. Alternate uses are being recommended for nine of the 10 original north end ex-source wells, and a recommendation to temporarily abandon the tenth ex-source well is routing.

ATTACHMENT 2
NORTHEAST DRINKARD UNIT BLINEBRY-TUBB-DRINKARD WATERFLOOD

1987 - 88 MONTHLY PRODUCTION AND INJECTION VOLUMES
(BBLs & MMCF)

<u>1987</u>	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec. **</u>
Prod Oil	19398	17421	16850	17270	17735	17549	18474	18800	20824	22804	19755	21270*
Prod Gas	187	184	415	422	475	433	462	496	495	468	417	420*
Prod Water	6789	5603	5610	8952	10407	8929	8485	8812	10509	10670	9618	10350*
Inj Water	-	-	-	-	-	-	-	47139	149838	175863	251403	367500*

CUMULATIVE VOLUMES AS OF 12-31-88
(BBLs & MMCF)

1. From Discovery
Prod Oil 27,918,135
Prod Gas 428,645
2. From Unitization (12/1/87)
Prod Oil 247,520
Prod Gas 5,058
Prod Water 104,734
Injected Water 991,743

* December figures are estimates
** Unit effective 12/1/87

FIELD PRODUCTION

100000
10000
1000
100

YEARS

87 88

UNIT EFFECTIVE DATE 12/1/87.

OIL B/D
 WATER B/D
 GOR SCF/B
 INJ WTR B/D

7.

ATTACHMENT 4
WELL STATUS AT END OF CALENDAR YEAR

<u>STATUS</u>	<u>YEAR-END 1987</u>	<u>YEAR-END 1988</u>
Producers	124	118
Injectors	0	20
Shut-In Prod	29	14
Shut-In Source	0	6
TA'd	0	0
Water Source	0	1
Disposal	<u>0</u>	<u>0</u>
TOTAL	153	159

* Additional wells

- (1) Five new source wells
- (2) Arco contributed Sarkeys No. 6

ATTACHMENT 6
WELL WORK 1987-1988

<u>Type of Operation</u>	<u>Number of Jobs</u>	
	<u>1987</u>	<u>1988</u>
Oil Producers: Squeeze open gas intervals, open all oil intervals, and acid treat.	1	38
Injectors: Squeeze open gas intervals, open all oil intervals, acid treat, and convert to injection.	0	20
Water Source Wells: Abandon existing perforations, open San Andres, and acid treat.	1	3

NOTE: Unit Effective Date was December 1, 1987.

ATTACHMENT 7

1989 Plan of Development NEDU

COMPLETE WATERFLOOD INSTALLATION

The injection facilities are in place. The production facilities will be completed in 1989. The remaining well work as listed in the initial 12/87 development plan will be completed in 1989 as follows:

1. CTI 17 wells (Total 37 CTI)
2. Workover 45 oil wells
3. Workover/recomplete 20 gas wells

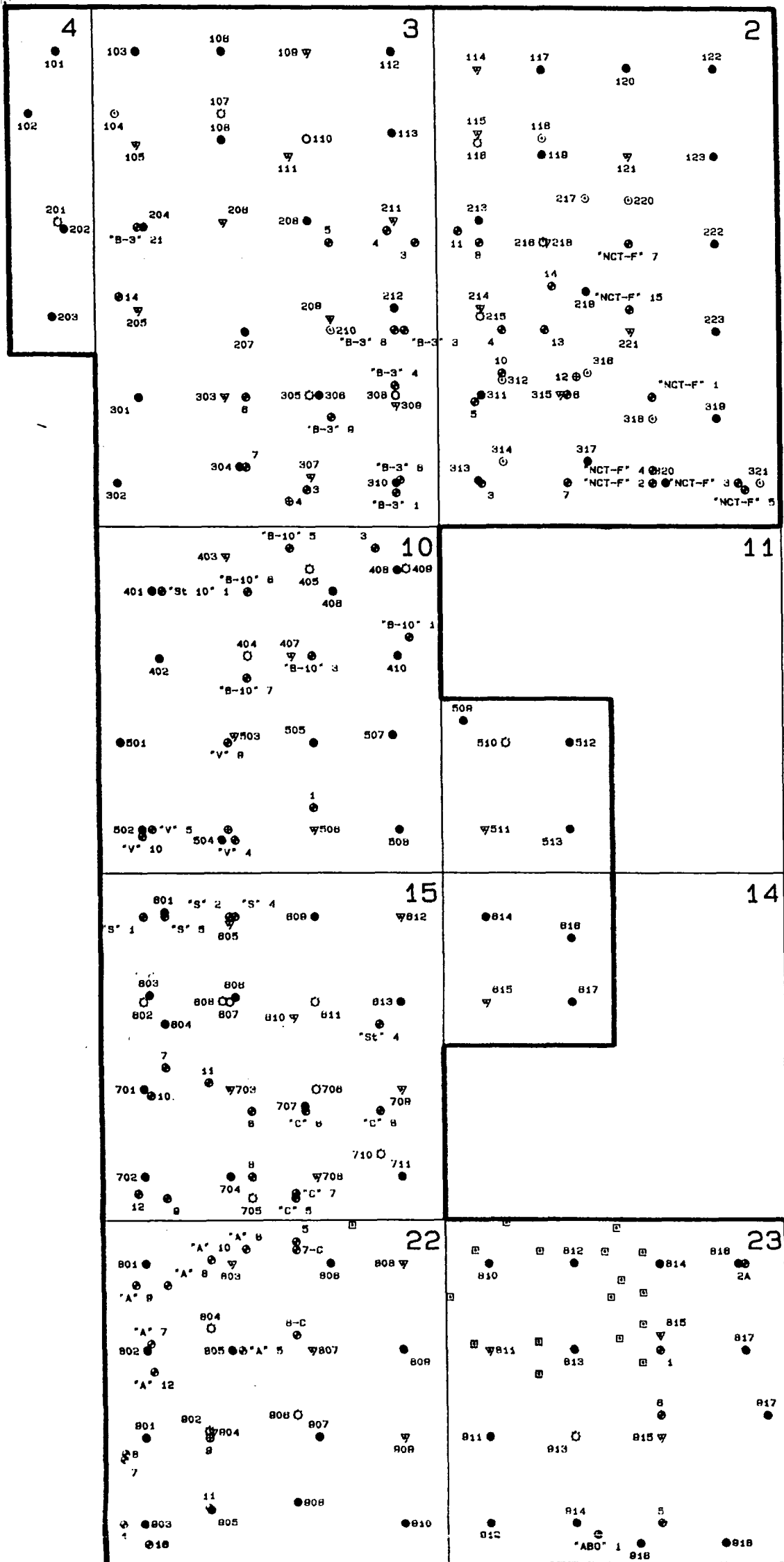
DEVELOP PERIPHERAL PATTERNS W/CO-OP INJECTION

In order to preclude oil losses to offset non-unit properties the NEDU initial plan of development did not include the full complement of injectors in the peripheral five spot patterns. To fully develop these peripheral patterns we now plan to enter into co-op agreements with offset lease operators and convert alternate line wells to injectors. Ultimately up to 22 unit line wells could be converted if agreement can be made with all offset operators. Assuming agreements can be reached with one or more offset operators in the near future we plan to make six co-op CTI's during 1989.

Water Source Wells

The remaining three water source wells (712S, 820S and 818S) will be completed in the San Andres in 1989.

Alternate uses are being planned for the 10 unit San Andres water source wells located in the northern portion of the unit that were replaced with five alternate San Andres source wells in the southern portion of the unit. Nine of these original 10 wells will be used as producers or observation wells. The tenth well will be temporarily abandoned or returned to the original owner.



- : OIL PRODUCER
- ★ : GAS PRODUCER
- ▽ : INJECTION WELL
- ⊙ : WATER SOURCE WELL
- ⊗ : NON-UNIT WELLBORE

SHELL WESTERN E. & P. INC.

NORTHEAST DRINKARD UNIT

UNIT AND NON UNIT WELLS

JOHN WEST ENGINEERING CO.
CONSULTANTS

NEW MEXICO

HOBBS

Surveyed By T. Asel	Drawn By J. Holmes	Last Rev Date	Drawing Number
Date Begin	Date 02-11-88	SCALE : 1"=2000'	
Date End	Checked By G. Jones	Sheet of	

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
CASE 10052

EXAMINER HEARING

IN THE MATTER OF:

Application of Shell Western E & P, Inc., for
Amendment of Division Order Nos. R-8539
and R-8541, as Amended, Lea County,
New Mexico

TRANSCRIPT OF PROCEEDINGS

BEFORE: DAVID R. CATANACH, EXAMINER

STATE LAND OFFICE BUILDING

SANTA FE, NEW MEXICO

August 22, 1990

ORIGINAL

CUMBRE COURT REPORTING
(505) 984-2244

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I N D E X

	Page Number
Appearances	2
LISA CORDER	
Examination by Mr. Pearce	7
Examination by Hearing Examiner	22, 53
WILLIAM R. LANCASTER	
Examination by Mr. Pearce	24, 40, 46
Examination by Hearing Examiner	31, 48
Examination by Mr. Stovall	32, 48
JOE D. RAMEY	
Examination by Mr. Pearce	33
Examination by Hearing Examiner	38
Examination by Mr. Stovall	38
Certificate of Reporter	55
E X H I B I T S	
APPLICANT'S EXHIBITS:	
Exhibit 1	8
Exhibit 2	8
Exhibit 3	9
Exhibit 4	9
Exhibit 5	10
Exhibit 6	10
Exhibit 7	11
Exhibit 8	12
Exhibit 9	13
Exhibit 10	13
Exhibit 11	14
Exhibit 12	25
Exhibit 13	26
Exhibit 14	28
Exhibit 15	28
Exhibit 16	46
Exhibit 17	34
Exhibit 18	35
Exhibit 19	49
Exhibit 20	49

1 EXAMINER CATANACH: At this time we'll call
2 10052.

3 MR. STOVALL: Application of Shell Western
4 E & P, Inc., for an amendment of Division Order Nos.
5 R-8539 and R-8541 as amended, Lea County, New Mexico.

6 EXAMINER CATANACH: Are there appearances
7 in this case?

8 MR. PEARCE: May it please the Examiner,
9 I'm W. Perry Pearce of the Law Firm of Montgomery &
10 Andrews, appearing in this matter on behalf of Shell
11 Western E & P, Inc., and I have three witnesses who
12 need to be sworn.

13 MR. PADILLA: Mr. Examiner, I'm Ernest L.
14 Padilla of Santa Fe, New Mexico, for John H. Hendrix
15 Corporation. I have no witnesses.

16 MR. KELLAHIN: Mr. Examiner, I'm Tom
17 Kellahin of the Santa Fe Law Firm of Kellahin,
18 Kellahin & Aubrey, appearing on behalf of J. R. Cone
19 and Jim Cone. I have no witnesses to present.

20 EXAMINER CATANACH: Any other appearances?
21 Will the witnesses please stand to be sworn
22 in.

23 (Thereupon, the witnesses were sworn.)

24 MR. PEARCE: Thank you, Mr. Examiner.
25 Before I call my first witness, if I may, I would like

1 to take just a moment to introduce this case and
2 describe what we're doing.

3 As you may recall, in November of 1987,
4 Shell Western appeared before the Division and asked
5 for the creation of a new Blinebry-Tubb-Drinkard Pool.
6 That Pool was approved by the Division in Order No.
7 8539 and was named the North Eunice Blinebry-Tubb-
8 Drinkard oil and gas pool.

9 At the same time, in a consolidated
10 hearing, the Division approved statutory unitization
11 of an area that was the same as the pool boundaries,
12 and approved a waterflood covering that same area.

13 The order, as is customary, required Shell
14 Western to appear before the Division within three
15 years to discuss why the special pool rules should not
16 lapse and general pool rules should not go into
17 effect.

18 We're appearing before you today to have
19 that three-year rule review, to request that special
20 pool rules be made permanent after some amendments
21 that result from information that we've gained during
22 the almost three years of waterflood, unit and pool
23 operation.

24 When we appeared before you in 1987, we
25 indicated that the available production information

1 and geological information seemed to indicate that the
2 gross Blinebry-Tubb-Drinkard interval was composed of
3 separate oil and gas zones. Based on that
4 description, the present pool rules provide for oil
5 wells and gas wells in the pool area.

6 As I indicated, we've done extensive study
7 during this almost three-year period, and after
8 collecting that data and analyzing it, Shell Western
9 is now ready to demonstrate that gas was originally
10 distributed in the form of gas caps rather than
11 separate zones, that those gas caps are now largely
12 depleted and that almost all of the gas currently
13 being produced in the pool area is coming from the oil
14 column.

15 That indicates to us that the retention of
16 a separate gas well classification and the imposition
17 of the natural gas prorationing system on that gas
18 production is not necessary and, in fact, is not
19 appropriate.

20 As part of our case today, we will present
21 data supporting the conclusion to the Division, we
22 will attempt to answer any questions you have, and at
23 the conclusion of the case we have a proposed form of
24 order which contains new special pool rules.

25 We'll demonstrate that the changes we're

1 requesting will operate to prevent a waste of
2 resources by assisting in a more efficient operation
3 of the pool and the associated waterflood, and we'll
4 indicate that it will operate to protect the
5 correlative rights of interest owners in the pool and
6 interest owners offsetting the pool.

7 With that introduction, if I may, I would
8 like to call my first witness, Ms. Lisa Corder.

9 LISA CORDER

10 the witness herein, after having been first duly sworn
11 upon her oath, was examined and testified as follows:

12 EXAMINATION

13 BY MR. PEARCE:

14 Q. For the record, would you please state your
15 name and place of residence?

16 A. My name is Lisa Corder, and I live in
17 Houston, Texas.

18 Q. By whom are you employed?

19 A. Shell Western Exploration Production.

20 Q. And in what capacity?

21 A. I'm a geological engineer in the Western
22 Division Production.

23 Q. Have you appeared before the Division
24 previously and had your credentials as an expert in
25 the field of petroleum geology made a matter of

1 record?

2 A. Yes, I have.

3 Q. Are you familiar with the application filed
4 by Shell Western today?

5 A. Yes, I am.

6 MR. PEARCE: Mr. Examiner, At this time I
7 would ask that Ms. Corder be qualified as an expert in
8 the field of petroleum geology.

9 EXAMINER CATANACH: She is so qualified.

10 Q. Ms. Corder, at this time I would like for
11 you to look at the exhibits--I have passed out copies
12 to the Examiner and the other parties in this
13 case--and discuss those for the Examiner and those in
14 attendance, please.

15 A. Okay. As indicated on the Exhibit 1, the
16 North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool
17 lies within the Penrose Skelly trend, which parallels
18 the western edge of the Central Basin Platform.
19 Drinkard production in the area was discovered in
20 1944, and most of the drilling activity occurred
21 between 1948 and 1958, when the field was developed on
22 40-acre spacing.

23 As shown on Exhibit 2, the North Eunice
24 Blinebry-Tubb-Drinkard Oil and Gas Pool is situated on
25 the northeast end of the north/northwest,

1 south/southeast trending anticline, about one mile
2 north of the town of Eunice.

3 I would like to ask the Examiners at this
4 time to note that the North Eunice
5 Blinebry-Tubb-Drinkard Oil and Gas Pool and the
6 Northeast Drinkard Unit may be used interchangeably by
7 the SWEPI witnesses throughout the rest of the
8 testimony, and also there may be occasion where the
9 Northeast Drinkard Unit is abbreviated NEDU, or
10 referred to simply as NEDU.

11 I would like to now direct your attention
12 to Exhibits 3 and 4. As indicated on these exhibits,
13 the North Eunice Blinebry-Tubb-Drinkard Oil and Gas
14 Pool and the Northeast Drinkard Unit became effective
15 in December of 1987. Water injection for secondary
16 recovery operations began in August of 1988.

17 Currently the pool is producing
18 approximately 560 barrels of oil a day, 11,600 Mcf of
19 gas a day, and 680 barrels of water per day.

20 As you can see on Exhibit 4, current
21 production is approximately 200 barrels of oil a day
22 above the 1987 forecast. That is basically the result
23 of an aggressive workover program to open all pay in
24 all of the producers.

25 Water injection currently averages about

1 25,400 barrels of water per day. Cumulative
2 protection is 28 million barrels of oil and 438 Bcf of
3 gas, and since unitization we've recovered 556,000
4 barrels of oil and 12 Bcf of gas.

5 Exhibit 5 is a map of the pool area. This
6 map outlines the status of all the Northeast Drinkard
7 Unit wells at mid-year 1990. Included on this map are
8 oil wells, pre-unit gas wells, post-unit gas wells,
9 observation wells, injectors, water source wells,
10 future water source wells, TA'd and shut in wells and
11 also plugged and abandoned wells. Of particular note
12 are the oil well and gas well classification.

13 Oil wells correspond to all those wells
14 open in oil zones, and gas wells correspond to those
15 wells open only in gas zones. So this sort of
16 nomenclature may or may not correspond to how the
17 State currently classifies a particular well.

18 This same exhibit will be used with slight
19 modifications later in the testimony by the reservoir
20 engineer.

21 As shown on Exhibit 6, the formations
22 within the area dip approximately one to two degrees
23 to the northeast. This particular map is contoured on
24 the Blinebry Marker, but the Tubb and the Drinkard
25 formations more or less follow this same general

1 structure. The structurally highest point within the
2 Unit is in the southwest corner, in Section 22. This
3 same structural interpretation will be displayed later
4 with the aid of a structural cross-section through the
5 field.

6 Exhibit 7 is a log from the Northeast
7 Drinkard Unit #221. Shown in black on the left-hand
8 side of this is the conventional gamma ray curve,
9 shown in yellow in the center track is the silt index
10 curve, shown in blue on the right-hand side is the
11 porosity curve.

12 The top of the Unit is defined by the NMOCD
13 Blinebry, and the bottom of the Unit is defined by the
14 top of the Abo formation. As indicated on the
15 left-hand side of this exhibit, the Blinebry has been
16 subdivided into five porosity zones that are
17 correlative across the Unit area. The Tubb has been
18 subdivided into four zones based on lithologic breaks,
19 and the Drinkard has been subdivided into five zones
20 based on lithology and porosity zonation.

21 The zonation shown on this exhibit is
22 consistent with our revised interpretation of the
23 geology of the pool, which I will go into in more
24 detail later in the testimony.

25 Limited core data, in combination with

1 production data, was used to develop the original
2 reservoir production description as presented in the
3 1987 unitization hearing. Since unitization, we've
4 acquired a much better understanding of the reservoir
5 with the aid of (1) more complete and detailed
6 production information by the working interest owners,
7 (2) more complete log data provided by the working
8 interest owners, and (3) a series of additional cased
9 whole log suites that have been run in many of the
10 wells in conjunction with the post-unitization
11 workover program.

12 One of the most significant results of the
13 detailed cased hole log program was the development of
14 a lithologic model over the entire vertical interval.
15 As I will demonstrate later in the testimony, that
16 revised lithologic model has had a significant impact
17 on the fluid distribution model.

18 I would like to direct your attention now
19 to Exhibit 8. This exhibits compares the vertical
20 distribution of lithology data that was available at
21 the time of unitization with the distribution of
22 lithology data that's available at the present.

23 Shown in red on the left-hand side of this
24 exhibit is a vertical distribution of lithology data
25 that was available at unitization. This was in the

1 form of actual core and covered only one-third of the
2 unitized interval. We had a little bit of core
3 coverage in the upper part of the Blinebry and then
4 the upper to middle part of the Drinkard Formation.

5 Since unitization, we have run detailed
6 cased hole logs in several wells over the entire
7 vertical interval, as shown in blue on the right-hand
8 side of this diagram. Those detailed cased hole logs
9 have been used to develop a lithologic model over the
10 entire vertical interval that's resulted in a more
11 detailed and accurate reservoir description.

12 As indicated on Exhibit 9, the detailed
13 cased hole log suites have been run in five key wells
14 located in strategic positions across the field. The
15 well in the northwest corner of this exhibit is
16 Northeast Drinkard Unit #108. We have actual core and
17 core data available over portions of the Blinebry and
18 Drinkard in that well, and they have been used to
19 calibrate the cased hole log suite.

20 Exhibit 10 shows simplified results of the
21 lithology data that was obtained from the detailed
22 cased hole logging of that well, which is Northeast
23 Drinkard Unit #108. The mineralogical log suite was
24 used to identify and approximate the relative
25 volumetric abundance of four main matrix components,

1 and those included limestone, dolomite, anhydrite and
2 silt.

3 The component that's most important to an
4 understanding of the fluid distribution is silt. The
5 silt, as we have defined it here is composed primarily
6 of quartz and potassium bearing feldspars and clays.
7 Silt, on this particular diagram, is indicated in
8 orange and spikes on that silt curve above the
9 background value indicate zones where there is
10 significant silt content. Those zones will be
11 referred throughout the rest of the testimony simply
12 as silts. Continuous silts are believed to constitute
13 reservoir seals, preventing the vertical migration of
14 fluid over geologic time.

15 The continuous silts that are present in
16 the North Eunice Blinbry-Tubb-Drinkard Oil and Gas
17 Pool are shown in yellow on Exhibit 11.

18 Q. At this time, Ms. Corder, I would ask you
19 to approach Exhibit 11 which we've hung on the wall.
20 The exhibit set contains smaller copies. If you would
21 just be careful to speak up as you discuss it.

22 A. Okay.

23 Q. Thank you.

24 A. Before I get into the details of this, I'm
25 just going to briefly summarize the main points that

1 I'm going to make with the aid of this exhibit
2 throughout the rest of the testimony.

3 The first point is that the silts within
4 this interval are confined to basically two packages;
5 secondly, that those silts acted as seals over
6 geologic time; third, that we've identified a gas/oil
7 contact within the Blinebry at a depth of minus 225;
8 that the upper part of the Tubb is actually a
9 continuation of the Blinebry hydrocarbon column; that
10 the remainder of the Tubb is generally gas productive
11 high on structure and oil productive across the rest
12 of the unit; and that a gas/oil contact was discovered
13 or identified within the Drinkard at a depth of minus
14 3025.

15 The overall result is that the original gas
16 bearing pore volume is currently believed to be much
17 less than that which was presented at the 1987
18 unitization hearing.

19 Before I go into the details concerning the
20 lithology and the fluid distribution, I'm just going
21 to briefly summarize the cross-section construction.

22 This is a structural cross-section
23 constructed using logs that have been acquired since
24 unitization. Five of the six wells, excluding NEDU
25 910, have been logged with detailed cased hole log

1 suites and portions of those logs are what you see
2 displayed.

3 As indicated in the lower right-hand corner
4 of this exhibit, the cross-section generally runs from
5 north to south. Beginning in a downdip position at
6 NEDU 221, continues updip to NEDU 910 and slightly
7 downdip at NEDU 918.

8 The green curve on the left-hand side of
9 the logs is the conventional gamma ray. Shown shaded
10 in red next to the gamma ray is the silt indicator
11 curve, and shown in blue on the right-hand side of
12 each of these logs is the porosity curve.

13 Pay corresponds to those intervals that are
14 shaded blue but do not have a significant silt
15 content. Also Noted on the left-hand side of this
16 exhibit is formation tops, NMOCD Blinbry NMOCD Tubb,
17 the Drinkard, and the top of the Abo formation. We've
18 shown between NEDU #108 and NDU #407 the subzone
19 nomenclature, and that nomenclature is consistent with
20 that which was described and presented on Exhibit 7.

21 I'm now going to summarize in detail the
22 lithologic model over the entire vertical interval and
23 I'll emphasize the position of the silts and their
24 control on fluid distribution.

25 The 75-foot interval from the NMOCD

1 Blinebry to the Blinebry Marker is a silty interval
2 that forms the upper seal to the Blinebry hydrocarbon
3 column. The interval from the Blinebry Marker to the
4 NMOCD Tubb basically consists of dolomite and various
5 amounts of nodular pore filling and replacement
6 anhydrite. There are a few discontinuous silt
7 stringers that are present within this interval.

8 Correlative porosity zones corresponding to
9 the Blinebry subzones are correlative across the unit
10 area. Within this interval there are no continuous
11 barriers other than variations within porosity.

12 The 100-foot interval from the NMOCD
13 Tubb to the Tubb Marker, which is commonly referred to
14 as Tubb I Upper, is very similar in lithology to the
15 overlying Blinebry. There are no lithologic breaks
16 that separate Blinebry V from the Tubb I Upper. And,
17 as I will mention again later in the testimony, we now
18 feel that that Tubb I Upper is actually a continuation
19 of the Blinebry oil column.

20 The Tubb Marker is the first silt of the
21 Tubb silt package and it's correlative or continuous
22 across the unit area. Three other silts of varying
23 thicknesses are also continuous across the unit area.
24 They are separated by relatively clean intervals of
25 dolomite that do have a little bit of porosity

1 development. The lower part of the Tubb, referred to
2 as Tubb III, has very little, if any, porosity
3 development.

4 There's no lithologic break separating Tubb
5 III from the Drinkard I. The Drinkard I is basically
6 dolomite with some anhydrite in the form of pore
7 filling replacement and nodular anhydrite. The
8 porosity within the Drinkard I is relatively low as
9 indicated by NEDU #704. Drinkard II through V
10 consists of interbedded stringers of limestone and
11 dolomite, and most of the porosity within that
12 interval appears to be developed within the limestone
13 units. Locally those porous units are correlative.
14 Again, within the Drinkard, there are no continuous
15 barriers other than variations in porosity.

16 Using detailed original completion
17 information provided by working interest owners, we've
18 superimposed or revised the fluid distribution model
19 on top of this lithology model, and I'll now summarize
20 that fluid distribution model.

21 Based on original completion information
22 we've identified an original gas/oil contact within
23 the Blinebry at minus 2225. This differs from the
24 original reservoir description or fluid distribution
25 for the Blinebry at the 1987 unitization hearing.

1 At that time Blinebry I and II were
2 believed to essentially be gas-bearing across the
3 entire unit area. The change in the fluid
4 distribution for the Blinebry is a result of detailed
5 analysis of all available data, including data that's
6 been acquired since unitization.

7 Given the gas/oil contact is at minus 2225
8 for the Blinebry, the downdip portions of Blinebry I
9 are oil-bearing, and Blinebry II is oil-bearing across
10 most of the unit area. Only the southwestern corner
11 of the unit falls within the Blinebry II gas wedge.

12 So the overall result of the change in the
13 fluid distribution is that the original gas-bearing
14 pore volume is currently believed to be much less than
15 that which was presented in the 1987 hearing.

16 The Tubb fluid distribution is also
17 different from that which was presented at the 1987
18 hearing. At that time the entire interval from the
19 NMOCD Tubb to the top of the Drinkard was believed to
20 be more or less discrete pods of oil and gas
21 distributed more or less randomly across the unit
22 area.

23 Based on lithologic data that we've
24 acquired since unitization, we do not see any
25 lithologic break separating Blinebry V from the Tubb I

1 Upper. 1988 selective zone tests of Tubb I Upper
2 indicates that the zone is oil-bearing across the
3 entire unit area, and we now believe that that
4 interval, the Tubb I Upper, is actually a continuation
5 of the Blinebry oil column.

6 This, again, results in a substantial
7 reduction of the original gas-bearing pore volume from
8 that which was presented at the 1987 hearing. Again,
9 at that time, we thought the Tubb I Upper was
10 predominantly gas-bearing.

11 Tubb I Lower and Tubb II generally appear
12 to be gas-bearing, high on structure and oil-bearing
13 across the rest of the structure. Data does not
14 support a single gas/oil contact for those zones, but
15 it does support the existence of a transition from gas
16 to oil about at the mid-structure of the pool area.

17 A very thick, tight and largely
18 nonproductive interval, referred to as the Tubb III,
19 separates the upper zones of the Tubb from the
20 Drinkard. Based on original completion information,
21 we've identified an original gas/oil contact within
22 the Drinkard at a depth of minus 3025. As a result,
23 Drinkard I is partially gas-bearing in the
24 southwestern corner of the Unit. However, the pore
25 volume associated with that gas cap is relatively

1 small or very small due to the fact that there is very
2 little porosity development in Drinkard I, as
3 evidenced by NEDU #704.

4 The remainder of the Drinkard, including
5 all of the downdip portions of Drinkard I, all of
6 Drinkard II, III, IV and V are completely oil-bearing
7 across the entire unit area.

8 So, to summarize the fluid distribution
9 model, the changes that we've seen have resulted in a
10 substantial reduction of the original gas-bearing pore
11 volume from that which was presented at the 1987
12 hearing.

13 Blinebry I was found to be oil-bearing in
14 the downdip portions of the unit; Blinebry II was
15 oil-bearing across most of the unit area; Tubb I Upper
16 is oil-bearing across the entire unit area and is now
17 considered to be a continuation of Blinebry oil column
18 and not predominantly gas-bearing as original
19 thought.

20 The rest of the Tubb is generally
21 gas-bearing high on structure, and oil-bearing in the
22 downdip portions of the pool area. A small gas cap is
23 identified within the Drinkard, but again the pore
24 volume associated with that gas cap is very small.
25 The remainder of the Drinkard is completely

1 oil-bearing.

2 So again, the overall result of the revised
3 lithology model and fluid distribution model is that
4 the original gas-bearing pore volume is currently
5 believed to be much less than that which was presented
6 at the 1987 unitization hearing.

7 As the reservoir engineer will demonstrate,
8 the intervals that were gas-bearing are now depleted
9 and are contributing very little to the current gas
10 production from the unit.

11 Q. Is there anything else you want to point
12 out right now?

13 A. No.

14 MR. PEARCE: Mr. Examiner, that's all the
15 questions I didn't have of this witness at this time.
16 She's available for questions, if you have any.

17 EXAMINATION

18 BY EXAMINER CATANACH:

19 Q. Ms. Corder, you've come to the conclusion
20 that the only real gas-bearing zones are high on
21 structure, and those would be mostly in the southeast
22 parts of the units?

23 A. That's right.

24 Q. Basically, what would that area consist of,
25 the gas-bearing portion?

1 A. It's basically going to be confined to
2 Sections 15, 22 and portions of 23, but given the
3 gas/oil contacts, it's going to vary a little bit for
4 each of the horizons, Blinebry I, Blinebry II, Tubb
5 and the Drinkard.

6 Q. You're saying the remainder of the unit,
7 there really isn't any recoverable gas or pore gas
8 volume?

9 A. Originally, there was a little bit of gas
10 in portions of the Tubb, like in Section 10 and
11 Section 3, although it was very spotty. Based on the
12 results that we've seen from recent completions--and
13 the reservoir engineer will go into that in a little
14 more detail--we're just not seeing any producible
15 volumes at the present time, so what gas was there is
16 now depleted. The majority of the gas at the time of
17 field discovery was in the updip portions of the unit
18 which I described as Sections 15, 22 and parts of 23.

19 Q. Now, there are some gas wells in Sections 3
20 and 4 and 10. Are those currently not producing?

21 A. The reservoir engineer is going to show
22 those.

23 EXAMINER CATANACH: I have no further
24 questions at this time.

25 Any other questions of this witness? She

1 may be excused.

2 WILLIAM R. LANCASTER

3 the witness herein, after having been first duly sworn
4 upon his oath, was examined and testified as follows:

5 EXAMINATION

6 BY MR. PEARCE:

7 Q. For the record, would you please state your
8 name and place of residence?

9 A. William R. Lancaster, Houston, Texas.

10 Q. Mr. Lancaster, by whom are you employed?

11 A. Shell Western Exploration and Production.

12 Q. In what capacity, sir?

13 A. As a reservoir engineer.

14 Q. Mr. Lancaster, have you appeared before the
15 Division and had your qualifications as an expert in
16 the field of reservoir engineering accepted and made a
17 matter of record?

18 A. Yes.

19 Q. Are you familiar with the application filed
20 by Shell Western under consideration today?

21 A. Yes, I am.

22 MR. PEARCE: Mr. Examiner, at this time I
23 would ask Mr. Lancaster be recognized as an expert in
24 the field of reservoir engineering.

25 EXAMINER CATANACH: He is so qualified.

1 Q. Mr. Lancaster, you have some information.
2 Would you please discussion that for the Examiner?

3 A. In this portion of the testimony, I would
4 like to cover how, as operator of the Drinkard unit,
5 Shell Western has changed their concept as to the
6 makeup of the gas reserves and how this has related to
7 the need for gas zone injection.

8 As illustrated by the geologist, there is a
9 revised description and considerably less pore volume
10 of the free gas than was originally thought, but we do
11 not anticipate any change in the initial estimate of
12 54 billion cubic feet of gas that was given when we
13 formed the unit.

14 The basis for this statement is our
15 observed performance of the unit and tests that we've
16 made on different zones that have if confirmed (1)
17 that the gas zones are largely depleted and have a
18 bottom hole pressure of something in the range of 250
19 psi and (2) that some 95 percent of the gas is coming
20 from wells that are completed in the oil column.

21 Now, to demonstrate what we mean when we
22 say the gas zones are depleted, I would like to call
23 your attention to Exhibit 12. That is a plot of the
24 pressure as given in the Drinkard Unit versus the
25 ultimate recovery that you would receive from a gas

1 zone.

2 On the Y axis we have the Drinkard pressure
3 that would range from 0 to 2400 pounds, and on the X
4 axis is the recovery of ultimate, from 0 to 100
5 percent, assuming an abandonment pressure of 100 psi.

6 As you can see on this plot, at 250 psi
7 we've recovered some 95 percent of the ultimate oil.
8 Now, one of the things that we found in order to
9 confirm what we had seen here, that were these zones
10 really depleted, we went in and tested eight wells.
11 These eight wells are shown on Exhibit 13, their
12 location.

13 This is the same exhibit as was shown on 5,
14 except that we've included in the lower right-hand
15 corner a tabulation of the wells that we've tested,
16 the zones, and the rates and the bottom hole pressures
17 that we observed.

18 These wells were scattered across the unit,
19 and we've selected four Blinebry Zone 1 and four Tubb
20 to test the completions. The northernmost well, 201,
21 was a Blinebry well that we were unable to establish
22 production in even though we spent extensive time and
23 money trying to bring it in. Its average bottom hole
24 pressure, that we measured later after an extended
25 shut-in period was only 135 pounds.

1 The test rates that you can see range from
2 20 to 72 Mcf per day and really are uneconomical.
3 Several of the wells, I might point out, you talked
4 about the gas wells in Sections 3--or 2 and 10, these
5 wells, although we tested them as gas wells, the gas
6 zones actually produced as oil wells, produced with
7 rather low gas/oil ratios.

8 These rates, which average probably some 33
9 Mcf per day, are essentially uneconomical and we can't
10 really afford to make any additional recompletions at
11 this rate. The pipelines feel the same way. In fact,
12 the pipelines refused to hook up the last three wells
13 we had, and the only way we were able to test them was
14 to receive permission from the Commission to test them
15 through our unit facilities rather than have the
16 pipelines hook up to them.

17 What we've seen here where we've seen these
18 low rates is really consistent with what we've seen in
19 the field in our observations, in that when we would
20 recomplete wells, squeeze off the gas zones and
21 recomplete into the oil zones, we would see little or
22 no change in the gas rate of the producing well. Now,
23 given this sort of production and performance, I would
24 like to--

25 Q. Excuse me. Before we do that, Mr.

1 Lancaster, I want to back up, please, to Exhibit 12.
2 You indicated that this exhibit indicates that 95
3 percent of the gas has been recoverable gas from the
4 gas zone so far? Is that what it says?

5 A. Yes.

6 Q. I apologize for interrupting. Let's go to
7 14.

8 A. In Exhibit 14 we have two pie charts. The
9 upper pie chart is our gas production as of mid-1990
10 and the lower one is our gas reserves. Given the
11 production that we see in these seven wells that we
12 produced, plus the other three gas producers that are
13 completed in the gas zones only, the total gas
14 production from the gas wells in this field is about
15 five percent.

16 Given five percent of the gas production
17 we've assumed we have five percent of the reserves
18 remaining in the gas zones. Given this gas
19 production, and I would like to draw your attention to
20 Exhibit 15, which is a plot, a comparison of the plot
21 of the forecast of the gas production as given in 1987
22 and the current 1990 forecast.

23 There's two similarities and two
24 differences in these. The similarities are that we
25 have assumed or recommended--we base the reserves the

1 same in both cases, they're 54.7 Bcf of gas. The
2 total rate of production really hasn't changed very
3 much. Our total rate that we now forecast is about
4 equivalent to what they had forecast then.

5 The differences in what we see is in the
6 makeup of the gas. Where we see significant amounts
7 of the gas now coming from the oil column and only
8 minor from the gas zones, we've extended the life from
9 2018 to 2033 to tie into the oil forecasts that we're
10 going to show a little later.

11 Now, given the evidence that we've seen,
12 where we have gas caps instead of gas zones, where we
13 have indications that there's some communication by
14 similarities in pressures, there's a concern that
15 repressuring the oil column to 1,000 pounds or more
16 could result in displacing some of the secondary oil
17 into the gas cap. And, under this scenario, we could
18 lose at least a million barrels of the 15 million
19 barrels of secondary recovery. And, to prevent these
20 losses, we would propose to include the gas zones as
21 part of our injection.

22 We would anticipate no loss in gas reserves
23 as a result of this and conceivably could actually
24 have a slight increase in the gas reserves by
25 injecting water into a depleted gas zone.

1 So, in summation, I would like to say that
2 we see no current--because we've seen a change in the
3 makeup, we see no current change in the ultimate gas
4 recovery; that 95 percent of the gas we now believe is
5 coming from wells completed in the oil column; the gas
6 zones are largely depleted, which was confirmed with
7 the completion of eight wells, four completed in the
8 Tubb and four completed in the Blinebry.

9 Additional gas zones recompletion are
10 uneconomical, and based on this we would recommend
11 that the NMOCD eliminate the gas well classification
12 which would allow us to increase our operating
13 efficiency and to maximize the ultimate recovery of
14 gas and oil.

15 MR. PEARCE: Mr. Examiner, at this time Mr.
16 Lancaster has completed his discussion of the
17 reservoir engineering aspects of the case and he is
18 available for questioning on those.

19 If I may, after he has been questioned
20 about reservoir engineering, I would like to excuse
21 Mr. Lancaster, bring on our third witness, and then
22 subsequently bring Mr. Lancaster back to discuss unit
23 operations since formation of the unit and approval of
24 the waterflood. But reservoir engineering information
25 is now before you.

EXAMINATION

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BY EXAMINER CATANACH:

Q. Mr. Lancaster, how would the injection of water into these gas zones increase your gas production?

A. It would be very negligible, but when you have depleted gas and no more gas to recover, injecting water could possibly move some water into the drainage area of your gas well. Some gas.

Q. Do you propose this in the entire unit, to inject water into these gas zones in the entire unit?

A. In selected wells, yes; not every well.

Q. You don't propose to exclude the southwest structurally high gas zones?

A. Initially we probably would, yes, until we get it completely drained.

Q. So you would continue to produce the gas in the southwest quarter, that portion?

A. That we have, yes.

Q. Is most of the gas production from gas wells coming from that southwest portion of that unit?

A. Yes, it is.

EXAMINER CATANACH: I believe that's all I have of the witness at this time.

MR. STOVALL: I just have one probably

1 naive question.

2 EXAMINATION

3 BY MR. STOVALL:

4 Q. The wells that are identified as gas wells
5 at the present time, are they perforated in the oil
6 column?

7 A. No, they are completed.

8 Q. They're strictly in the gas?

9 A. Only in the gas column.

10 Q. Can they be? Are they drilled through to
11 the oil? Could they be converted to oil production
12 without any--

13 A. Some of them. I would have to look and
14 tell you which ones. Probably

15 Q. Do you have any intent to try to make them
16 into into oil wells?

17 A. No.

18 MR. STOVALL: That's all I need to know.

19 EXAMINER CATANACH: Mr. Pearce, why don't
20 we take a 10-minute break now.

21 (Thereupon, a recess was taken.)

22 EXAMINER CATANACH: Let's proceed, Mr.
23 Pearce.

24 MR. PEARCE: Thank, you, Mr. Examiner.

25 JOE D. RAMEY

1 the witness herein, after having been first duly sworn
2 upon his oath, was examined and testified as follows:

3 EXAMINATION

4 BY MR. PEARCE:

5 Q. For the record, sir, would you please state
6 your name and place of residence?

7 A. Joe D. Ramey, Hobbs, New Mexico.

8 Q. Mr. Ramey, have you been retained by Shell
9 Western E & P, Inc. to testify in regard to the matter
10 under consideration today?

11 A. Yes, I have.

12 Q. And have you previously appeared before the
13 Division or one of its Examiners and had your
14 credentials accepted as an expert in the field of oil
15 and gas regulatory matters?

16 A. Yes, I have.

17 MR. PEARCE: Mr. Examiner, at this time I
18 would ask that Mr. Ramey be so accepted.

19 EXAMINER CATANACH: He is so accepted.

20 Q. At this time, Mr. Ramey, would you describe
21 for us briefly the purpose of your testimony today?

22 A. The purpose of my testimony is to
23 illustrate the differences in casinghead allowables
24 under the present rules and the proposed new rules.

25 MR. PEARCE: Mr. Examiner, at this time I

1 would like to briefly skip over Exhibit 16 and we'll
2 return to that exhibit when Mr. Lancaster returns.

3 Q. Mr. Ramey, at this time I would like for
4 you to address your attention to Exhibit No. 17,
5 please, and describe that exhibit for the Examiner and
6 those in attendance?

7 A. This exhibit illustrates the allowables or
8 the top casinghead gas allowables or gas allowables in
9 the North Eunice Blinebry-Tubb-Drinkard Pool.

10 The first three lines are the current
11 allowables for a 40-acre North Eunice oil well, which
12 is 107 barrels per day times the limiting gas/oil
13 ratio of 6,000 cubic feet per barrel. The Blinebry
14 gas well, that's the average daily allowable based on
15 the last year's production for allowables for a
16 160-acre unit, and the same with the Tubb.

17 Under the heading "Potential Gas Allowables
18 Mcf Per Day for a 160-Acre Tract," under the current
19 rules a fully developed 160-acre tract would have four
20 North Eunice Blinebry-Tubb-Drinkard oil wells, one
21 Blinebry gas well and one Tubb gas wells, which would
22 give you a daily gas allowable of 3468 Mcf.

23 Under the current rules, the fully
24 developed tract would only go down to four net North
25 Eunice Blinebry-Tubb-Drinkard oil wells.

1 Q. That's if the gas well classification is
2 dropped from the pool rules, is that correct?

3 A. Yes, that's right, and then the gas wells
4 would turn out to be second wells on a proration unit,
5 and the allowable would be 2568 Mcf per day.

6 Q. After determining what the allowable for an
7 average 160-acre tract would be, under the current
8 rules and then current rules without a gas well
9 classification, have you attempted to determine the
10 average producing capability of certain 160-acre
11 tracts within the unit area?

12 A. Yes, I have, and that's illustrated on
13 Exhibit 18. There are nine tracts listed which
14 encompass what we consider the higher gas producing
15 area of the pool. They are in the southwest portion
16 of the pool. Each square illustrated is a 160-acre
17 tract. And, as you can see, the farthest north
18 160-acre tract is the highest gas-producing tract, and
19 it makes around 1300 Mcf per day.

20 Q. As I understand it, once again this is the
21 area of highest gas productivity in the unit area?

22 A. Yes, it is. This is approximately
23 one-third of the 160-acre units, and it produces about
24 two-thirds of the gas that is being produced currently
25 from the pools.

1 Q. Let's look at Exhibits 17 and 18 together.
2 As I understand the information you've presented, the
3 highest 160-acre gas-producing tract now currently can
4 produce about 1300 Mcf a day, with an average current
5 allowable of perhaps 3468 Mcf, and if you subtract out
6 the gas wells, that allowable would be about 2500, is
7 that correct?

8 A. That is correct.

9 Q. Mr. Ramey, when you look at the average
10 allowables which would be available to wells within
11 the North Eunice Blinbry-Tubb-Drinkard Oil and Gas
12 Pool and you compare that with the 160-acre tract's
13 producing ability, do you believe that it is necessary
14 to have controls on the gas production within the unit
15 area?

16 A. No, I don't think that's necessary at all.
17 I think we've shown today that what we have at this
18 time in the pool is essentially a solution gas
19 reservoir, and so we have a waterflood in a solution
20 gas reservoir at this time.

21 And I would, you know, like to throw
22 something out for the Examiner's consideration. If
23 you'll refer to Rule 701(F)(3), it says, "Allowables
24 in waterfloods are equal to the ability to produce,
25 and they are not subject to the depth bracket

1 allowable." So the Examiner might consider treating
2 this waterflood as any other waterflood is treated in
3 the state.

4 Q. Mr. Ramey, do you believe that the
5 elimination of the gas well classification from the
6 rules governing the North Eunice Pool and allowing
7 that pool to be regulated under normal waterflood
8 rules is in the best interest of the prevention of
9 waste and the protection of correlative rights?

10 A. Yes.

11 Q. Mr. Ramey, do you have anything further at
12 this time?

13 A. I think not. I think just to add a little
14 something, these are current gas rates and we have,
15 you know, every indication is that these gas rates
16 will decline as the injection volume increases and we
17 start realizing fill-up. I think the gas volumes will
18 decline, so I don't think there will be any additional
19 gas or additional gas volumes produced on a daily
20 basis or a monthly basis.

21 MR. PEARCE: Mr. Examiner, I have nothing
22 further of this witness at this time. He's available
23 for questioning.

24 /

25 /

EXAMINATION

BY EXAMINER CATANACH:

Q. Mr. Ramey, on Exhibit 18, where's the gas coming from on these tracts? Are they from gas wells or does that also include oil wells?

A. There are gas wells on those tracts. I think the tract, the 1300 tract has four oil wells or four North Eunice Blinebry-Tubb-Drinkard wells and a Tubb gas well and a Blinebry gas well.

Q. So most of these tracts do contain some oil wells that are producing gas?

A. Yes. There are four oil wells on each of these tracts.

Q. There are? In addition to--

A. Or three wells and an injection well, but basically four North Eunice Blinebry-Tubb-Drinkard wells on each of the tracts.

Q. And each of the tracts also has a gas well?

A. No, I don't think--not each of them.

MR. PEARCE: No.

EXAMINER CATANACH: That's all right. I can get that from the other exhibit here.

EXAMINATION

BY MR. STOVALL:

Q. Mr. Ramey, let me clarify. Exhibit 18, the

1 squares drawn with the numbers in them are sections,
2 160-acre tracts?

3 A. Yes, they're 160-acre tracts.

4 Q. The four 160-acre tracts, 100 in the
5 northwest, 200 in the northeast, 1100 in the southeast
6 and 1000 southwest, is the southwestmost section of
7 the unit, is that correct? I don't see the number on
8 the exhibit?

9 A. All of Section 22, would it be the west
10 half of Section 23, and all but the northeast quarter
11 of Section 15 is what the area encompasses. It's
12 essentially the area that Ms. Corder outlined in her
13 testimony.

14 If you'll look up in the upper right-hand
15 corner of the exhibit, there's a small unit outlined
16 with the 160-acre tracts outlined in them.

17 MR. STOVALL: I just wanted to be sure my
18 interpretation of that was correct.

19 EXAMINER CATANACH: Mr. Ramey, did you give
20 a percentage of the amount of gas that's being
21 produced from this area right here?

22 THE WITNESS: Yes, about two-thirds of the
23 gas comes from this approximately one-third of the
24 unit.

25 MR. STOVALL: Approximately how much of the

1 gas coming from this area delineated comes from the
2 gas wells? Do you have that information?

3 MR. PEARCE: Counselor, I think when we get
4 Mr. Lancaster back on, he may have detailed production
5 records from each of those wells and we can probably
6 figure that out with him if you'll hold off on that
7 question for a couple of minutes.

8 MR. STOVALL: I can do that.

9 EXAMINER CATANACH: Any further questions?
10 The witness may be excused.

11 MR. PEARCE: Mr. Lancaster, if you would
12 return, please.

13 WILLIAM L. LANCASTER

14 the witness herein, after having been previously duly
15 sworn upon his oath, was examined and testified
16 further as follows:

17 EXAMINATION

18 BY MR. PEARCE:

19 Q. Before we go, Mr. Lancaster, to the second
20 part of your testimony, I would ask you to look at the
21 previous exhibits that Ms. Corder introduced, and it
22 may be that 13 is the best exhibit to use. We were
23 having some questions from the Examiner and Counsel
24 about relative production in the study area. Can you
25 address those for us?

1 A. Yes. The gas production from the gas wells
2 primarily comes from this area. There are two gas
3 producers listed that are not included in this area,
4 and they're 305 and 405, that make 70 Mcf a day.

5 Q. Where are the wells you just mentioned?

6 A. They're up here in Section 2 and 15--2 and
7 10. I beg your pardon. 201 is not producing.

8 So what you really see in Exhibit 18 is
9 that the 1300, the 160 acres with 1300 Mcf a day has
10 two gas wells, one of which is very marginal.

11 160 acres south of that with 1000 Mcf a day
12 has four wells and no gas wells. The two leases south
13 of that have three oil wells and one gas well each.
14 And the gas wells make maybe 150 Mcf a day each.

15 EXAMINATION

16 BY MR. STOVALL:

17 Q. In each of those areas?

18 A. No, just the two southern wells.

19 Q. When you're saying the two, down in Section
20 22?

21 A. The west half of Section 22, yes.

22 Q. Okay. It appears to me there's a gas well
23 in the northwest quarter, a gas well in the southwest
24 quarter and a gas well in the northeast quarter, is
25 that correct, of Section 22?

1 A. Yes. 806 is essentially shut in. 804 and
2 902 are the two gas wells.

3 Q. And those each make about 150 Mcf?

4 A. Approximately.

5 Q. So they're making their proportionate share
6 of the gas, approximately, is what you're saying, is
7 that correct? The oil wells are making as much or
8 more gas than those wells?

9 A. The oil wells make as much or more gas than
10 the gas wells do.

11 Q. Is that true in Section 15 as well, where
12 it looks like there's four gas wells that appear in
13 the area of study in Section 15, two in the northwest
14 and two in the southeast?

15 A. Essentially the oil wells probably make the
16 majority of the production. And then, from there,
17 north, we have literally no gas production from the
18 gas.

19 Q. Let me make sure I understand your concern
20 on why you're seeking the rule changes. One is that
21 by classifying these as gas wells, they're subject to
22 proration and limitations on production, is that
23 correct? Is that one of your concerns?

24 A. Our concern here is that--well, we have
25 several concerns. One is that we have to treat them

1 separately and produce them through the pipeline and
2 this is a problem. So, we would like to produce them
3 through the unit facilities and just kind of put them
4 in with the unit. And accounting for them and keeping
5 them separate is a very definite burden. The few gas
6 wells we have, we would just like to put in with the
7 rest of the oil wells and produce them until they
8 deplete, and then abandon them.

9 MR. PEARCE: If I may clarify, under the
10 previous order there was a requirement that the gas
11 wells be squeezed so that they are only open in the
12 gas zones. We're before you because, as shown by
13 Exhibit 13, when Shell did that to eight wells, it got
14 very marginal gas producers.

15 Shell is being forced to do extensive
16 workover on a number of wells, and the previous order
17 required us to keep, I believe, the number was, 22 gas
18 wells in the unit area. In fact, the last three
19 wells, as the previous witness mentioned, the last
20 three wells that were drilled, the pipeline was not
21 willing to lay line to connect them, they were
22 producing so little gas.

23 So, we're in a situation in which the
24 present order requires us to produce gas wells that
25 are not even marginally economic, and the cost of

1 doing that, plus the administrative burden of
2 maintaining separate gas well records and
3 classification, we believe, is unnecessary.

4 MR. STOVALL: Referring to the eight wells,
5 Mr. Pearce, those are the eight on Exhibit 13 that are
6 blocked in red?

7 MR. PEARCE: That is correct.

8 Q. (BY MR. STOVALL) And what would you
9 propose to do with those wells if the relief you're
10 seeking in this hearing is granted?

11 A. We would basically produce them to their
12 economic limit, or produce them until-- If any one of
13 them had a mechanical failure, it would be abandoned
14 because we just could not afford to work it over.

15 Q. I think you told me before, there would be
16 no intent to put them in the oil column or turn them
17 into oil wells, if you eliminate that classification?

18 A. Right.

19 MR. STOVALL: Would it be possible to amend
20 the order or get an exception to rules to allow the
21 gas from gas wells to go through the unit operation?
22 What would cause a problem as far as seeking that
23 relief?

24 MR. PEARCE: Well, the present order, as I
25 mentioned, requires us to maintain a set number of gas

1 wells in the unit so that we have a problem of system
2 that the gas can go through, we have a problem of
3 converting wells with uneconomic workovers, we have a
4 problem of dual administration through the Hobbs
5 office, with marginal wells being subject to the gas
6 prorationing system.

7 The witness has indicated that their
8 intention is to produce these wells to their economic
9 limit and eventually there just won't be any straight
10 gas wells in this area because Shell has no intention
11 of drilling additional gas wells.

12 Q. (BY MR. STOVALL) Is there any allowable
13 problem with respect to the oil wells in the unit,
14 based on a GOR or anything of that nature?

15 A. No. The average production here is around,
16 like we said, 560 barrels of oil with 11,600 Mcf per
17 barrel of gas. The problem is having to separate the
18 gas in our work, day-to-day work, separate and
19 accounting separate and keeping it separate from the
20 oil in just some of the wells, having to squeeze it
21 off. And this is a very expensive operation,
22 something that we would rather not have to do.

23 MR. STOVALL: I don't have any further
24 questions at this time.

25 MR. PEARCE: All right.

EXAMINATION

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BY MR. PEARCE:

Q. At this point, Mr. Lancaster, let's go back and I would ask you to pick out Exhibit 16.

MR. PEARCE: In this part of our testimony, Mr. Examiner, we want to have Mr. Lancaster provide an overview of unit and waterflood operations since formation.

A. One of the requirements in the original pool orders were that after three years we would come before you and show cause why the pool rules should be made permanent. That's what we're doing in this portion of the testimony, is fulfilling that requirement.

What we will do is show that the waterflood in our opinion is performing satisfactorily and we would recommend that the pool rules, with slight modifications, be made permanent.

To date we have expended some \$18.4 million or 92 percent of the total \$20 million that will be spent to install this waterflood as initially recommended. The facilities are completed and most of the remaining expenditures will be for well work.

Again, as stated earlier, our production is about 560 barrels of oil a day and our gas is 11,600

1 Mcf a day. Our injection at 25,400 barrels a day is
2 the one thing that's less than forecast. However, we
3 intend to add a source well and three co-op wells
4 offsetting the Cone acreage later this year, and by
5 the end of the year we would hope to have injection up
6 to 35,000 barrels a day.

7 Profile survey work has shown that we put
8 about 60 percent of the water into the Blinbry, five
9 percent into the Tubb, and 35 percent into the
10 Drinkard, and we think this is satisfactory for an
11 effective waterflood.

12 We've run a large number of bottom hole
13 pressures, and we've observed a normal range of values
14 and an average reservoir pressure of something less
15 than 250 psi. We've also observed relatively little
16 vertical or horizontal variation in these pressures.

17 I would like to draw your attention to
18 Exhibit 16, which is the current forecast of the oil
19 production for this pool. Like the gas forecast,
20 there are several similarities and differences; the
21 similarity being that the reserves used in this
22 forecast were the same as those predicted back in
23 1987, of a little over a million barrels of remaining
24 primary and 15 million barrels of secondary oil.

25 The difference is in the time required to

1 reach maximum production or fill-up. Given the fact
2 that we now envision most of the gas coming out of the
3 oil column, our fill-up requirements are significantly
4 higher and will require a longer period of time. So,
5 instead of, say, six years, we now anticipate
6 something like 11 years to fill up the reservoir and
7 the corresponding lengthening of the life from 2018 to
8 2033.

9 Q. Anything further, Mr. Lancaster?

10 A. That's all I have.

11 Q. Mr. Lancaster, you've studied the
12 operations of the pool, the unit and the waterflood.

13 Do you believe that the continuation of the
14 North Eunice Blinbry-Tubb-Drinkard Pool and the
15 continuation of waterflood operations in this area are
16 in the best interests of conservation of natural
17 resources?

18 A. Yes, I do.

19 MR. PEARCE: Mr. Examiner, I have nothing
20 further of this witness at this time. He's
21 available.

22 EXAMINATION

23 BY EXAMINER CATANACH:

24 Q. Mr. Lancaster, Shell doesn't plan to inject
25 into the zones that were previously thought to be gas,

1 is that correct? They don't plan to actively inject
2 into those zones that were thought to be gas caps--

3 A. Not into what we anticipate to be gas
4 caps. Now, into zones that we have reinterpreted to
5 have oil, like the downdip portion of Blinebry II and
6 the downdip of the Tubb, yes, we would probably
7 actively inject into those.

8 Q. That would not include or would that
9 include the southwest portion of the unit?

10 A. Not immediately, no.

11 Q. You would deplete the gas out of those
12 zones and then maybe go with injection?

13 A. Yes. And it could be 10 years from now.
14 It wouldn't be in the next immediate future at all.

15 EXAMINER CATANACH: I believe that's all I
16 have of the witness.

17 MR. PEARCE: A couple of additional matters
18 at this time, Mr. Examiner, if I may. I would like to
19 bring the Examiner's attention to what we have marked
20 as Exhibit No. 19. That's is an Affidavit of service
21 with an attached list of people receiving notice of
22 this case; and also to what we've marked as Exhibit
23 No. 20, which is a draft order in this matter adopting
24 new pool rules which have the effect of eliminating
25 the gas well classification, returning the waterflood

1 to normal waterflood operational and regulatory
2 procedures, and have the effect of conforming the
3 waterflood order itself to these changes of gas/oil
4 classification elimination.

5 If you could, I would ask you to turn to
6 page 4 of the draft order, Exhibit No. 20, and focus
7 your attention for a minute on proposed Rule No. 5.
8 The last part of that proposed rule has been added to
9 a previously existing North Eunice rule after
10 discussions of this matter with offset operators.

11 In addition to that, this morning we have
12 been asked to add another phrase at the end of that
13 proposed rule. The last part of that presently reads
14 that Shell will seek permission from such office, and
15 that's the Hobbs's office, before perforating the
16 gas-bearing intervals of the Blinbry Zones I and II
17 and any additional producing well.

18 To that we have been asked this morning to
19 add a phrase that says "after giving notice to offset
20 operators." As I say, we've been asked by an offset
21 operator to include that provision. Shell has no
22 objection to that. I would ask you to amend the
23 exhibit to show the addition of that phrase.

24 At this time, Mr. Examiner, I would ask
25 that Shell Western Exhibits 1 through 20 be admitted

1 into this record.

2 EXAMINER CATANACH: Exhibits 1 through 20
3 are hereby admitted.

4 MR. PEARCE: Thank you. Mr. Examiner, if I
5 may very briefly, Shell has appeared before you today
6 seeking some changes to the present rules for the
7 North Eunice Blinbry-Tubb-Drinkard Oil and Gas Pool.
8 We appear because after almost three years of
9 operation in this area we have gained a better
10 technical petroleum engineering and geological
11 understanding of the reservoir, we have examined
12 available cores and core data, we have collected and
13 analyzed detailed cased hole log suites, we've
14 reviewed detailed original completion data, and we've
15 conducted numerous bottom hole pressure surveys and
16 zonal production surveys.

17 This data has been summarized for you today
18 and demonstrates that a small amount of remaining gas
19 reserves can be produced from nearly depleted gas caps
20 but that approximately 95 percent of gas production
21 from the North Eunice Blinbry-Tubb-Drinkard Pool is
22 being produced from the oil column.

23 Based on this information, we are
24 requesting that the temporary pool rules eliminate the
25 minimum number of gas well provision and that the gas

1 prorationing restrictions on production from this pool
2 be eliminated.

3 We've demonstrated that such elimination
4 will not adversely affect ultimate recovery; that, in
5 fact, it may increase the efficiency and therefore the
6 ultimate recovery from the pool, will therefore
7 prevent waste, and we're of the opinion that it will
8 not impair correlative rights of any interest owners
9 in the pool or surrounding the pool.

10 Our Exhibit No. 20, as I've said, is a
11 proposed order with new rules which have the effect of
12 eliminating that gas well classification, and the
13 witnesses have testified for you that that elimination
14 will be in the best interests of the prevention of
15 waste and the protection of correlative rights.

16 We, therefore, recommend that the draft
17 order be reviewed and that the proposed Rule 5, as we
18 have suggested the amendment, and the other special
19 pool rules be adopted. Thank you, sir.

20 MR. STOVALL: Mr. Pearce, do we have the
21 return receipt cards on your--

22 MR. PEARCE: I do not have them. We will
23 get them for you.

24 MR. LANCASTER: I have them.

25 MR. PEARCE: You have them with you?

1 MR. LANCASTER: Yes.

2 MR. PEARCE: I will copy them immediately
3 after the hearing and put them in the case file.

4 EXAMINER CATANACH: Mr. Pearce, if I may, I
5 have two questions for Ms. Corder.

6 MR. PEARCE: Certainly. Ms. Corder, can
7 you come back please?

8 LISA CORDER

9 the witness herein, after having been previously duly
10 sworn upon her oath, was examined and testified
11 further as follows:

12 EXAMINATION

13 BY EXAMINER CATANACH:

14 Q. Ms. Corder, Mr. Lancaster has testified
15 that Shell may inject into some of those previously
16 bearing gas zones.

17 Have you looked at any of the acreage
18 surrounding the units, and do you have an opinion as
19 to whether that might have any detrimental effect to
20 any other operators outside of the unit?

21 A. I have not went and looked in detail at the
22 logs from wells surrounding the unit area, but based
23 on the fact or just assuming there's similarities
24 between our unit area and the offsetting area, the
25 porosity stringers themselves are continuous locally

1 but they're not continuous in such a degree that I
2 think it's really going to impair the offsetting
3 operators. Especially the fact that we don't plan
4 injecting along the lease lines until we get some sort
5 of co-op agreement with those offsetting operators.

6 So, if we inject into those gas caps, we're
7 going to be well away from the lease line unless we've
8 gotten approval from the offsetting operators to do
9 so.

10 EXAMINER CATANACH: Okay. That's all I
11 have.

12 Is there anything further in this case?

13 MR. PEARCE: Nothing further, Mr. Examiner.

14 EXAMINER CATANACH: Case 10052 will be
15 taken under advisement.

16 MR. PEARCE: Thank you.

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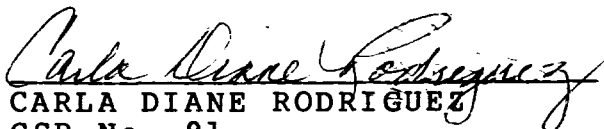
CERTIFICATE OF REPORTER

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

I, Carla Diane Rodriguez, Certified
Shorthand Reporter and Notary Public, HEREBY CERTIFY
that the foregoing transcript of proceedings before
the Oil Conservation Division was reported by me; that
I caused my notes to be transcribed under my personal
supervision; and that the foregoing is a true and
accurate record of the proceedings.

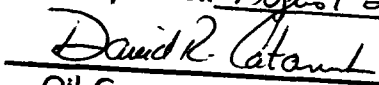
I FURTHER CERTIFY that I am not a relative
or employee of any of the parties or attorneys
involved in this matter and that I have no personal
interest in the final disposition of this matter.

WITNESS MY HAND AND SEAL August 30, 1990.


CARLA DIANE RODRIGUEZ
CSR No. 91

My commission expires: May 25, 1991

I do hereby certify that the foregoing is
a complete record of the proceedings in
the Examiner hearing of Case No. 10052
heard by me on August 22, 1990.


David R. Catant, Examiner
Oil Conservation Division

CUMBRE COURT REPORTING
(505) 984-2244

INJECTION WELLS

LEASE NAME

WELL NO	LOCATION	SURVEY	CASING				TUBING		PACKER(S)				
			SXS. OF	HOLE	TOC DATA	LINEING							
	SEC-TS-RNG		DEPTH	SIZE	CMT.	SIZE	TOC	SIZE	TYPE	DEPTH	MAKE	MODEL	DEPTH
Northeast Drinkard Unit													
105W	3-21S-37E	2080' FNL & 660' FNL	1380' 6870'	8 5/8" 5 1/2"	400 760	11" 7 7/8"	SURF CIRC 3975' CALC W/ 50% LOSS	2 3/8"	FG	6500'	TENSION PKR. BAKER LOK-SET	5600' 6500'	
109W	3-21S-37E	660' FNL & 1980' FEL	270' 3061'	11 3/4" 7 5/8"	375 1112	N/A N/A	SURF CIRC 1517' TEMP-SVY	2 3/8"	FG	5700'	BAKER LOK-SET	5700'	
111W	3-21S-37E	2232' FNL & 2310' FEL	1395' 6875'	8 5/8" 5 1/2"	599 2612	12 1/4" 7 7/8"	SURF CIRC SURF CIRC	2 3/8"	FG	6500'	TENSION PKR. BAKER LOK-SET	5650' 6500'	
114W	2-21S-37E	906' FNL & 660' FNL	208' 3008'	13 3/8" 8 5/8"	240 1750	17 1/4" 11"	SURF CIRC SURF CIRC	2 3/8"	FG	5700'	BAKER LOK-SET	5700'	
		3 1/2" LNR	5648'- 6898'	5 1/2"	225 100	7 7/8" 4 3/4"	TEMP-SVY CIRC						
115W	2-21S-37E	1896' FNL & 660' FNL	152' 3004'	13 3/8" 9 5/8"	165 1600	17 1/4" 12 1/4"	SURF CIRC SURF CIRC	2 3/8"	FG	6475'	TENSION PKR. TENSION PKR. BAKER LOK-SET	5600' 6250' 6475'	
121W	2-21S-37E	2220' FNL & 2307' FEL	375' 3024'	13 3/8" 8 5/8"	425 2950	17 1/4" 11"	SURF CIRC 317' TEMP-SVY	2 3/8"	FG	5800'	BAKER LOK-SET	5800'	
			5844'	5 1/2"	1120	7 7/8"	TEMP-SVY						
205W	3-21S-37E	660' FNL & 3300' FSL	271' 6724'	9 5/8" 2 7/8"	250 635	12 1/4" 8 3/4"	SURF CIRC TEMP-SVY	1 1/2"	PC	5600'	BAKER R-3	5600'	
			6724'	2 7/8"	635	8 3/4"	TEMP-SVY	1 1/2"	PC	6400'	BAKER R-3	6400'	
			6726'	2 7/8"	635	8 3/4"	TEMP-SVY						

LINING TYPES: FG = FIBERGLASS EPOXY PC = PLASTIC COATED SC-750

LEASE NAME

WELL NO	LOCATION	SURVEY	CASING				TUBING		PACKER(S)		
			SYS. OF HOLE		TOC DATA		LINING				
SEC-TS-RNG	SIZE	DEPTH	CMT.	SIZE	TOC	SOURCE	SIZE	TYPE	MAKE	MODEL	DEPTH
Northeast Drinkard Unit											
206W	3-21S-37E	3226' FNL & 1980' FNL	13 3/8"	301'	250	17 1/4"	SURF	CIRC	2 3/8"	FG	6450'
			8 5/8"	3879'	4800	11"	SURF	CIRC	TENSION PKR.		5600'
			5 1/2"	8060'	675	7 7/8"	2915'	TEMP-SVY	BAKER	LOK-SET	6450'
209W	3-12S-37E	3150' FSL & 1650' FEL	13 3/8"	250'	250	17 1/2"	SURF	CIRC	2 3/8"	FG	6500'
			9 5/8"	3150'	1370	12 1/2"	1450'	TEMP-SVY	TENSION PKR.		5700'
			7"	8113'	940	8 3/4"	2950'	TEMP-SVY	BAKER	LOK-SET	6500'
211W	3-21S-37E	4620' FSL & 660' FEL	13 3/8"	222'	300	17 1/4"	SURF	CIRC	2 3/8"	FG	6500'
			8 5/8"	2920'	2200	11"	SURF	CIRC	TENSION PKR.		5600'
			5 1/2"	6665'	600	7 7/8"	3200'	FREE PT.	BAKER	LOK-SET	6500'
214W	2-21S-37E	3300' FSL & 660' FNL	13 3/8"	145'	165	17 1/4"	SURF	CIRC	2 3/8"	FG	6550'
			9 5/8"	2939'	1600	12 1/4"	115'	TEMP-SVY	TENSION PKR.		5600'
			7"	6810'	600	8 3/4"	1970'	TEMP-SVY	TENSION PKR.		6350'
									BAKER	LOK-SET	6550'
218W	2-21S-37E	3546' FNL & 1700' FNL	13 3/8"	222'	250	17 1/2"	SURF	CIRC	2 3/8"	FG	6600'
			8 5/8"	3150'	1800	11"	SURF	CIRC	TENSION PKR.		5700'
			5 1/2" LNR	2948'- 7997'	895	7 7/8"	2948'	CIRC	TENSION PKR.		6350'
									BAKER	LOK-SET	6600'
221W	2-21S-37E	2983' FSL & 2317' FEL	13 3/8"	271'	300	17 1/4"	SURF	CIRC	2 3/8"	FG	6600'
			8 5/8"	2998'	3400	11"	1430'	TEMP-SVY	TENSION PKR.		5700'
			5 1/2"	8258'	675	7 7/8"	4085'	TEMP-SVY	TENSION PKR.		6250'
									BAKER	LOK-SET	6600'
303W	3-21S-37E	1980' FSL & 1980' FNL	13 3/8"	228'	300	17 1/4"	SURF	CIRC	2 3/8"	FG	6450'
			8 5/8"	2916'	2000	11"	SURF	CIRC	TENSION PKR.		5600'
			5 1/2"	6674'	600	7 7/8"	3601'	TEMP-SVY	BAKER	LOK-SET	6450'

LINING TYPES: FG = FIBERGLASS EPOXY

LEASE NAME

WELL NO	LOCATION	SURVEY	CASING				TUBING		PACKER(S)					
			SIZE	DEPTH	SXS. OF CMT.	HOLE SIZE	TOC	TOC DATA SOURCE		SIZE	TYPE	DEPTH	MAKE	MODEL
Northeast Drinkard Unit														
307W	3-21S-37E	660' FSL &	13 3/8"	224'	300	17 1/4"	SURF	CIRC		2 3/8"	FG	6550'	TENSION PKR.	5500'
		1980' FEL	8 5/8"	3148'	3700	11"	SURF	CIRC					BAKER LOK-SET	6550'
			5 1/2"	6674'	600	7 7/8"	3600'	FREE PT.						
309W	3-21S-37E	1830' FSL &	10 3/4"	268'	250	N/A	SURF	CIRC		2 3/8"	FG	6500'	TENSION PKR.	5700'
		660' FEL	7 5/8"	3128'	1145	N/A	1200'	TEMP-SVY					BAKER LOK-SET	6500'
			5 1/2"	8020'	550	N/A	2550	TEMP-SVY						
315W	2-21S-37E	1980' FSL &	13 3/8"	209'	250	17 1/4"	SURF	CIRC		2 3/8"	FG	6550'	TENSION PKR.	5600'
		1880' FHL	8 5/8"	3145'	2000	11"	SURF	CIRC					TENSION PKR.	6350'
			5 1/2" LNR	2950'- 6701'	700	7 7/8"	2950'	CIRC					BAKER LOK-SET	6550'
403W	10-21S-37E	460' FNL &	13 3/8"	337'	300	N/A	SURF	CIRC		2 3/8"	FG	6525'	TENSION PKR.	5700'
		1980' FHL	8 5/8"	3000'	300	N/A	1900'	TEMP-SVY					TENSION PKR.	6150'
			5 1/2"	6485'	375	N/A	3150'	TEMP-SVY					BAKER LOK-SET	6525'
			4" F LNR	6413'- 6790'	35	4 3/4"	6413'	CIRC						
407W	10-21S-37E	1980' FNL &	13 3/8"	251'	250	17"	SURF	CIRC		2 3/8"	FG	6500'	TENSION PKR.	5700'
		2310' FEL	9 5/8"	3149'	1156	12 1/4"	950'	TEMP-SVY					TENSION PKR.	6150'
			7"	7795'	1308	8 3/4"	SURF	CIRC					BAKER LOK-SET	6500'
503W	10-21S-37E	2080' FSL &	13 3/8"	333'	375	17 1/2"	SURF	CIRC		2 3/8"	FG	6400'	TENSION PKR.	5600'
		2080' FHL	9 5/8"	3165'	1400	12 1/4"	SURF	CIRC					TENSION PKR.	6050'
			5 1/2"	7785'	400	6 3/4"	2500'	N/A					BAKER LOK-SET	6400'
506W	10-21S-37E	660' FSL &	10 3/4"	342'	300	15"	SURF	CIRC		2 3/8"	FG		TENSION PKR.	5550'
		1980' FEL	7 5/8"	3098'	1600	9 7/8"	SURF	CIRC					BAKER LOK-SET	6350'
			5 1/2"	7673'	485	6 3/4"	2945'	TEMP-SVY						

LINING TYPES: FG = FIBERGLASS EPOXY

LEASE NAME

WELL NO	LOCATION	SURVEY	CASING				TUBING			PACKER(S)			
			SXS. OF	HOLE	TOC DATA	SIZE	TYPE	DEPTH	MAKE	MODEL	DEPTH		
SEC-TS-RNG			DEPTH	CMT.	SIZE	TOC	SOURCE	SIZE	TYPE	DEPTH	MAKE	MODEL	DEPTH
Northeast Drinkard Unit													
511W	11-21S-37E	660' FNL & 660' FSL	269' 3069' 6699'	225 1880 358	13 3/4" 9 7/8" 6 3/4"	SURF SURF 3225'	CIRC CIRC TEMP-SVY	2 3/8"	FG	6400'	TENSION PKR. BAKER LOK-SET	5500' 6400'	
605W	15-21S-37E	760' FNL & 1980' FNL	295' 2997' SURF- 2830'	300 2000 550	N/A N/A N/A	SURF SURF SURF	CIRC CIRC CIRC	2 3/8"	FG	6400'	TENSION PKR. BAKER LOK-SET	5500' 6400'	
			2839'- 7675'	350	N/A	3840'	N/A						
610W	15-21S-37E	2210' FNL & 2310' FEL	222' 2925' 7635'	250 2000 695	17 1/4" 11" 7 7/8"	SURF SURF 5050'	CIRC CIRC CALC W/ 50% LOSS	2 3/8"	FG	6400'	TENSION PKR. BAKER LOK-SET	5500' 6400'	
612W	15-21S-37E	660' FNL & 660' FEL	336' 3007' 121' 121'- 6693'	325 935 1180	17 1/2" 12 1/4" 7 7/8"	SURF 100' SURF	CIRC TEMP-SVY CIRC	2 3/8"	FG	6450'	TENSION PKR. BAKER LOK-SET	5700' 6450'	
615W	14-21S-37E	1980' FNL & 660' FNL	214' 3000' 2768'- 6565'	250 1500 500	17 1/4" 11" 7 7/8"	SURF SURF 2768'	CIRC CIRC CIRC	2 3/8"	FG	6350'	TENSION PKR. BAKER LOK-SET	5650' 6350'	
703W	15-21S-37E	1980' FSL & 1980' FNL	208' 2891' 6494'	250 1500 600	17 1/4" 11" 7 7/8"	SURF SURF 3800'	CIRC CIRC FREE PT.	2 3/8"	FG	6450'	TENSION PKR. BAKER LOK-SET	5500' 6450'	

LINING TYPES: FG = FIBERGLASS EPOXY

LEASE NAME

WELL NO	LOCATION	SURVEY	CASING				TUBING			PACKER(S)		
			SYS. OF HOLE		TOC DATA		LINING	SIZE	TYPE		DEPTH	
SEC-TS-RNG	SIZE	DEPTH	CMT.	SIZE	TOC	SOURCE				SIZE		TYPE
Northeast Drinkard Unit												
708W	15-21S-37E	660' FSL & 1980' FEL	13 3/8"	300'	250	17"	SURF	CIRC	2 3/8"	FG	6450'	TENSION PKR. 5450' BAKER LOK-SET 6450'
			8 5/8"	2799'	1200	11"	SURF	CIRC				
			5 1/2"	6590'	750	7 7/8"	3750'	CALC W/ 50% LOSS				
709W	15-21S-37E	1980' FSL & 660' FEL	13 3/8"	306'	300	N/A	SURF	CIRC	2 3/8"	FG	6400'	TENSION PKR. 5500' BAKER LOK-SET 6400'
			8 5/8"	2802'	1500	N/A	SURF	CIRC				
			5 1/2"	6596'	750	N/A	1250'	N/A				
803W	22-21S-37E	660' FNL & 1980' FNL	13 3/8"	226'	200	17 1/4"	SURF	CIRC	2 3/8"	FG	6350'	TENSION PKR. 5450' BAKER LOK-SET 6350'
			8 5/8"	2918'	1500	11"	SURF	CIRC				
			5 1/2"	6559'	700	7 7/8"	2800'	FREE PT.				
807W	22-21S-37E	1750' FNL & 2310' FEL	13 3/8"	315'	360	17 1/4"	SURF	CIRC	2 3/8"	FG	6300'	TENSION PKR. 5650' BAKER LOK-SET 6300'
			8 5/8"	2799'	1651	11"	SURF	CIRC				
			5 1/2"	7520'	580	7 7/8"	4424'	TEMP-SVY				
808W	22-21S-37E	660' FNL & 660' FEL	13 3/8"	291'	300	17 1/4"	SURF	CIRC	2 3/8"	FG	6400'	TENSION PKR. 5650' BAKER LOK-SET 6400'
			9 5/8"	2800'	1300	12 1/4"	1500'	TEMP-SVY				
			7"	6550'	700	8 3/4"	2720'	TEMP-SVY				
811W	23-21S-37E	1980' FNL & 660' FNL	13 3/8"	293'	300	17 1/4"	SURF	CALC W/ 50% LOSS	2 3/8"	FG	6400'	TENSION PKR. 5700' BAKER LOK-SET 6400'
			8 5/8"	2798'	1200	11"	SURF	50% LOSS				
			5 1/2"	6520'	400	7 7/8"	5000'	CALC W/ 50% LOSS				
815W	23-21S-37E	1750' FNL & 1980' FEL	13 3/8"	378'	400	17 1/2"	SURF	CIRC	2 3/8"	FG	6400'	TENSION PKR. 5650' BAKER LOK-SET 6400'
			9 5/8"	3203'	1160	12 1/4"	SURF	CIRC				
			7" LNR	3062'-6750'	888	8 5/8"	3062'	CIRC				

LINING TYPES: FG = FIBERGLASS EPOXY

LEASE NAME

WELL NO	LOCATION	SURVEY	CASING				TUBING			PACKER(S)	
			SXS. OF	HOLE	TOC DATA	SIZE	TYPE	DEPTH	MAKE	MODEL	DEPTH
	SEC-TS-RNG		CMT.	SIZE	TOC	SOURCE					
		SIZE	DEPTH								
Northeast Drinkard Unit											
904W	22-21S-37E	2065' FSL & 1700' FWL	220'	17 1/4"	SURF	CIRC	2 3/8"	FG	6350'	TENSION PKR. BAKER LDK-SET	5650' 6350'
			2905'	11"	SURF	CIRC					
		5 1/2"	6480'	7 7/8"	4400'	FREE PT.					
909W	22-21S-37E	1980' FSL & 660' FEL	224'	17 1/4"	SURF	CIRC	2 3/8"	FG	6350'	TENSION PKR. BAKER LDK-SET	5650' 6350'
			2913'	11"	SURF	CIRC					
		5 1/2"	6450'	7 7/8"	4545'	CALC W/ 50% LOSS					
915W	23-21S-37E	1980' FSL & 1980' FEL	270'	12 1/2"	SURF	CIRC	2 3/8"	FG	6450'	TENSION PKR. BAKER LDK-SET	5550' 6450'
			2933'	9 1/2"	1620'	TEMP-SVY					
		5 1/2"	6000'	6 3/4"	3820'	TEMP-SVY					
		3 1/2" LNR	6000'- 6650'	4 3/4"	6000'	CIRC					

LINING TYPES: FG = FIBERGLASS EPOXY

TABLE 3
EUNICE NONUMENT SOUTH UNIT
TRACT DECLINE, PRODUCTION, AND RESERVE SUMMARY

TRACT	LEASE	DECLINE FACTOR PER YEAR	ULT RECOVERY AT ECONOMIC LIMIT (STB)	TOTAL PRODUCTION TO DATE (STB)	PRIMARY RESERVES (STB)	ECONOMIC LIMIT
1	SKELLY*H*	.071	596614	547732	48882	60
2	STATE*P*	.040	693684	615785	77899	60
3	GILLULLY*A*	.088	1083731	1051814	31917	90
4	GILLULLY*B*	.000	64868	64868	0	0
5	WHITE*A*	.041	1061900	971608	90292	90
6	FOPEANO	.000	362290	362290	0	0
7	PHILLIPS	.000	69517	69517	0	0
8	STATE*W*	.027	319564	317682	1882	60
9	STATE193	.000	132941	132941	0	0
10	SUNSHINE	.028	627739	577034	50705	60
11	SKELLY*G*	.116	151897	150924	973	30
12	STATE*F*	.107	512389	506027	6362	30
13	R_R_BELL*F*	.043	3528777	2949963	578814	180
14	STATE*K*	.039	3618342	2384372	1233970	120
15	STATE*H*	.022	1081545	925110	156435	60
16	ORCUTT*C*	.054	4396074	3851334	544740	180
17	AGGIES	.093	3577050	3460262	116788	150
18	STATE*H*	.028	1020828	944770	76058	60
19	STATE*O*	.000	120665	120665	0	0
20	TURNER_STATE	.036	318361	285631	32730	60
21	STATE*AY*	.000	21573	21573	0	0
22	STATE*196*	.063	381373	363854	17519	30
23	STATE*J*	.052	427681	398468	29213	120
24	STATE*L*_BATT2	.069	922598	897087	25511	60
25	STATE*G*	.000	529686	529686	0	0
26	STATE*EE*	.140	848320	819677	28643	30
27	STATE*F*	.000	569390	569390	0	0
28	ORCUTT*A*	.123	2566750	2426863	139887	150
29	R_R_BELL*D*	.073	924772	840869	83903	60
30	STATE*K*	.069	444679	433937	16742	30
31	GRAHAM_STATE*E*	.036	949266	907372	41894	30
32	R_R_BELL*B*	.041	2635327	1735275	900052	60
33	HEASLEY_STATE	.026	2791516	2213016	578500	180
34	ORCUTT*B*	.028	569443	525076	44367	30
35	STATE*H*	.054	1576492	1490025	86467	60
36	STATE*E*	.041	2010710	1365768	644942	60
37	STATE*A*	.147	711506	706600	4906	60
38	STATE*G*	.098	1227053	1181096	45957	60
39	STATE*C*	.041	1325255	1081610	243645	60
40	BELL_RAMSAV*A*	.039	2057392	1855285	202107	150
41	MEYER*B4*	.048	8387823	7321758	1066065	330
42	STATE*L*	.027	174053	155639	18414	30
43	WALLACE	.041	583429	566804	16625	30
44	AKENS	.092	1114803	1105175	8828	60
45	AKENS	.117	528833	479649	49184	30
46	HOUSTON	.067	927409	895397	32012	60
47	H_L_HOUSTON*HA*	.000	461791	461791	0	0

TABLE 3
EUNICE MONUMENT SOUTH UNIT
TRACT DECLINE, PRODUCTION, AND RESERVE SUMMARY

TRACT	LEASE	DECLINE FACTOR PER YEAR	ULT RECOVERY AT ECONOMIC LIMIT (STB)	TOTAL PRODUCTION TO DATE (STB)	PRIMARY RESERVES (STB)	ECONOMIC LIMIT
55	HOUSTON	.181	2045502	2013216	52286	60
56	MOLLIE_CAMPBELL	.041	368264	358518	9746	30
57	A_F_HOUSTON	.141	1508803	1505329	3474	30
59	MEYER*B8	.024	5435382	2876588	2558794	120
60	STATE*A	.074	2569125	2369336	199789	120
62	STATE*B	.091	1330887	1279320	51567	60
63	STATE*B	.164	1004752	1004016	736	30
64	BELL*A	.098	1629966	1606697	23269	90
65	BELL_RAMSAY*A*2	.042	1991625	1826619	165006	90
66	MEYER*B9	.029	4395649	3820702	574947	210
67	ADKINS	.068	2146758	2137045	9713	30
68	ADKINS	.049	537239	472750	64489	30
69	J_D_KNOX	.053	2789776	2657560	132216	150
70	RASMUSSEN_ST	.042	159151	157193	1958	30
71	BELL*E	.073	689225	672445	16780	60
72	STATE*L*BATT3	.040	404721	370034	34687	30
73	STATE*B	.000	145071	165071	0	0
74	MCQUATTERS	.000	502736	502736	0	0
75	STATE*D*BATT2	.045	949474	926018	23456	90
77	BEKRYMAN	.000	122116	122116	0	0
78	MARSHALL	.000	283207	283207	0	0
79	MARSHALL	.000	212949	212949	0	0
80	MEYER*B18	.000	610333	610333	0	0
81	MEYER*A1	.046	10294096	8966471	1327625	390
82	LOCKHART_A	.076	1872355	1831365	40990	60
83	COLEMAN*A	.060	635821	602851	32970	30
84	COLEMAN	.095	725405	710979	14426	30
85	COLEMAN	.065	2421222	2306058	115164	120
86	COLEMAN	.084	1066394	965363	41031	60
87	MEYER*B17	.000	774162	774162	0	0
88	SKELLY_STATE*B	.085	2535772	2479035	56737	150
89	STATE*AW	.067	350913	345202	5711	30
90	STATE*AX	.058	390324	385906	4418	30
91	STATE*C	.126	1539256	1516980	22276	60
92	STATE*D	.037	1131006	983003	148003	60
93	STATE*E	.065	1013875	978165	35710	60
94	BELL*C	.031	2518212	1949372	568840	120
95	JANDA	.091	1913123	1849230	63893	90
96	STATE*D	.031	2706097	2511730	274367	180
97	LOCKHART*B14	.114	1288965	1265171	23794	60
98	COLLINS	.014	852187	754307	97880	30
99	FRONA_LECK	.121	169580	165393	4187	30
102	ARNOTT_RAMSAY*C	.093	452500	4392116	200384	270
103	STATE*C	.068	416222	385550	30672	30
104	STATE*I	.052	787325	767101	20224	60
105	STATE*J	.070	393803	375203	18520	30
106	STATE*L*BATT4	.109	433191	412916	20275	30

EXHIBIT # /
PROPOSED EUNICE MONUMENT SOUTH UNIT
UNIT AREA PRODUCTION
AND RESERVE ESTIMATE

• Ultimate Primary Recovery

91.0 percent	Cumulative Production	122	million bbls.
<u>9.0 percent</u>	Remaining Primary	<u>12</u>	million bbls.
100.0 percent		134	million bbls.

• Actual Unit Recoverable Reserve on January 1, 1985

15.8 percent	Remaining Primary	12.0	million bbls.
<u>84.2 percent</u>	Secondary Reserves	<u>64.2</u>	million bbls.
100.0 percent		76.2	million bbls.

• Allocation of Unit Reserve by Participation Formula (Formula #2A)

Primary

10.0 percent	Oil Production (January 1, 1982 through September 30, 1982)	7.62	million bbls.
<u>40.0 percent</u>	Remaining Primary Oil Reserve as of October 1, 1982	<u>30.48</u>	million bbls.
50.0 percent	Primary Total	38.10	million bbls.

Secondary

<u>50.0 percent</u>	Cumulative Oil Production from the unitized interval as of September 30, 1982	<u>38.1</u>	million bbls.
100.0 percent		76.2	million bbls.

Exhibit No. /
Exxon Corporation
Case No. 8397
November 7, 1984



Home Office 707 N. Leech, P.O. Box 1499 / Hobbs, NM 88240 / Ph. 505/393-7751, TWX 910/986-0010

WATER ANALYSIS

ALL RESULTS EXPRESSED IN PPM UNLESS OTHERWISE NOTED

CLIENT NAME: SHELL OIL CO.
FACILITY: DRINKARD
LOCATION: SEC. 10

DATE: 09/08/87
SAMPLE DATE: 09/08/87
DATE ANALYZED: 09/08/87

SAMPLE IDENTIFICATION : NORTH SOUTH

pH		7.43	7.45
PHEND ALKALINITY	(CaCO3)	NIL	NIL
TOTAL ALKALINITY	(CaCO3)	164	246
BICARBONATE	(HCO3)	200.1	300.1
CARBONATE	(CO3)	NIL	NIL
HYDROXIDE	(OH)	NIL	NIL
TOTAL HARDNESS	(CaCO3)	880	344
CALCIUM	(Ca)	200.0	78.4
CALCIUM	(CaCO3)	500	196
MAGNESIUM	(Mg)	91.2	35.5
MAGNESIUM	(CaCO3)	380	148
CHLORIDE	(Cl)	438	130
CHROMATE	(CrO4)	***	***
SULFATE	(SO4)	345	438
TOTAL PHOSPHATE	(PO4)	***	***
ORTHO PHOSPHATE	(PO4)	***	***
POLY PHOSPHATE	(PO4)	***	***
SILICA	(SiO2)	***	***
SILICA	(CaCO3)	***	***
SPECIFIC CONDUCTANCE	(mmhos)	2230	1270
IRON	(Fe)	***	***
COPPER	(Cu)	***	***
CALCULATED :			
TOTAL DISSOLVED SOLIDS		1394	1231
SODIUM	(Na)	120	249

ANALYZED BY: 
(HOBBS LAB)

APPROVED BY: _____

*** INDICATES THAT THIS TEST WAS NOT RUN



Page 2 of 2

Home Office 707 N. Leech, P.O. Box 1499 / Hobbs, NM 88240 / Ph. 505/393-7751, TWX 910/988-0010

WATER ANALYSIS

ALL RESULTS EXPRESSED IN PPM UNLESS OTHERWISE NOTED

CLIENT NAME: SHELL OIL CO.
FACILITY: NE DRINKARD
LOCATION:

DATE: 09/21/87
SAMPLE DATE: 09/21/87
DATE ANALYZED: 09/21/87

SAMPLE IDENTIFICATION : SECTION 14

SECTION 15

PH		7.45	9.01
PHEND ALKALINITY	(CaCO3)	NIL	36
TOTAL ALKALINITY	(CaCO3)	248	120
BICARBONATE	(HCO3)	302.6	58.6
CARBONATE	(CO3)	NIL	43.2
HYDROXIDE	(OH)	NIL	NIL
TOTAL HARDNESS	(CaCO3)	344	248
CALCIUM	(Ca)	83.2	41.6
CALCIUM	(CaCO3)	208	104
MAGNESIUM	(Mg)	32.6	34.6
MAGNESIUM	(CaCO3)	136	144
CHLORIDE	(Cl)	148	160
CHROMATE	(CrO4)	***	***
SULFATE	(SO4)	250	164
TOTAL PHOSPHATE	(PO4)	***	***
ORTHO PHOSPHATE	(PO4)	***	***
POLY PHOSPHATE	(PO4)	***	***
SILICA	(SiO2)	***	***
SILICA	(CaCO3)	***	***
SPECIFIC CONDUCTANCE	(mmhos)	1001	924
IRON	(Fe)	***	***
COPPER	(Cu)	***	***
CALCULATED :			
TOTAL DISSOLVED SOLIDS		987	625
SODIUM	(Na)	171	123

ANALYZED BY: Duke Browning
(HOBBS LAB)

APPROVED BY: _____

*** INDICATES THAT THIS TEST WAS NOT RUN

SHELL WESTERN E&P INC.
WATER ANALYSIS REPORT
WESTERN DIVISION

CaCO_3 0.44
 CaSO_4 ✓

SAMPLE DESCRIPTION

COMPANY Shell Western E&P, Inc.
FIELD _____
LEASE CDU
WELL NUMBER _____
COUNTY & STATE _____
PRODUCING FORMATION San Andres
WHERE SAMPLED Water Supply Well #200
REMARKS _____

LABORATORY Martin Water Labs., Inc.
LABORATORY NUMBER 387246
DATE SAMPLE TAKEN 3-17-87
DATE SAMPLE RECEIVED 3-26-87
DATE SAMPLE REPORTED 3-30-87

CHEMICAL AND PHYSICAL PROPERTIES

TOTAL HARDNESS Mg/L AS CaCO_3 _____

TOTAL ALKALINITY Mg/L AS CaCO_3 760

CONSTITUENT	Mg/LITER	REACT. COEF.	MEQ/LITER
SODIUM (INCL POTASSIUM) AS Na^+	10,057	0.04350	437.3
CALCIUM - Ca^{++}	1,000	0.04990	49.9
MAGNESIUM - Mg^{++}	334	0.08224	27.5
IRON TOTAL - Fe^{++} & Fe^{+++}	2.9	0.03581	0.1
BARIUM - Ba^{++}		0.01460	
POSITIVE SUB-TOTAL	11,394		514.8
CHLORIDE - Cl^-	14,914	0.02620	420.6
SODIUM & BICARBONATE - Na^+ & HCO_3^-	927	0.01639 *	15.2
SULFATE - SO_4^{--}	2,027	0.02082	42.2
HYDROXYL - OH^-	0	0.05820	0.0
SULFIDE - S^{--}	589	0.08238	36.8
NEGATIVE SUB-TOTAL	18,457		514.8
TOTAL DISSOLVED SOLIDS	29,851		1,029.6

* BICARBONATE

SPECIFIC GRAVITY 1.0222 @ 60 °F pH 6.74 RES. 0.270 @ 80 °F

ANALYST _____
REQUESTED BY _____

REACTION VALUE = (MILLIGRAMS/LITER) X (REACTION COEFFICIENT)
REACTION COEFFICIENT = VALENCE ÷ MOLECULAR WEIGHT.

Mr. Donnie Anderson, Hobbs

	8	7	6	5	4	3	2	1	0	1	2	3	4	5	6	7	8	
Na^+ 1000																		Cl^- 1000
Ca^{++} 100																		HCO_3^- 100
Mg^{++} 100																		SO_4^{--} 100
Fe^{+++} 100																		CO_3^{--} 100

SHELL WESTERN E&P INC.
WATER ANALYSIS REPORT
MID-CONTINENT DIVISION

SAMPLE DESCRIPTION

COMPANY SWEPI
FIELD DRINKARD
LEASE TURNER
WELL NUMBER 2
COUNTY & STATE LEA, NEW MEXICO
PRODUCING FORMATION BLINEBERRY
WHERE SAMPLED _____
REMARKS _____

LABORATORY _____
LABORATORY NUMBER _____
DATE SAMPLE TAKEN 4/8
DATE SAMPLE RECEIVED 4/8
DATE SAMPLE REPORTED 4/9

CHEMICAL AND PHYSICAL PROPERTIESTOTAL HARDNESS Mg/L AS CaCO₃ 30500TOTAL ALKALINITY Mg/L AS CaCO₃ 202

CONSTITUENT	Mg/LITER	REACT. COEF.	MEQ/LITER
SODIUM (INCL. POTASSIUM) AS Na ⁺	46995	0.04350	
CALCIUM - Ca ⁺⁺	7400	0.04990	
MAGNESIUM - Mg ⁺⁺	2916	0.08224	
IRON TOTAL - Fe ⁺⁺ & Fe ⁺⁺⁺	44	0.03581	
BARIUM - Ba ⁺⁺	0	0.01480	
POSITIVE SUB-TOTAL	57355		
CHLORIDE - Cl ⁻	93035	0.02820	
CARBONATE & BICARBONATE - CO ₃ ⁼ & HCO ₃ ⁼	246	0.01639 *	
SULFATE - SO ₄ ⁼	1262	0.02082	
HYDROXYL - OH ⁻	0	0.05890	
SULFIDE - S ⁼	0	0.06238	
NEGATIVE SUB-TOTAL	94543		
TOTAL DISSOLVED SOLIDS	151898		

* BICARBONATE

SPECIFIC GRAVITY 1.1068 @ 60 °F pH 6.33 RES. .069 @ 80 °F

ANALYST _____
REQUESTED BY _____

REACTION VALUE = (MILLIGRAMS/LITER) X (REACTION COEFFICIENT)
REACTION COEFFICIENT = VALENCE ÷ MOLECULAR WEIGHT.

	8	7	6	5	4	3	2	1	0	1	2	3	4	5	6	7	8	
Na ⁺ 1000																		Cl ⁻ 1000
Ca ⁺⁺ 100																		HCO ₃ ⁻ 100
Mg ⁺⁺ 100																		SO ₄ ⁼ 100
Fe ⁺⁺⁺ 100																		CO ₃ ⁼ 100

CaCO₃ - 0.87 (NONE)
CaSO₄ N

COMPANY Shell Western E&P, Inc.
FIELD Drinkard
LEASE Argo
WELL NUMBER #5
COUNTY & STATE Lea, NM
PRODUCING FORMATION Tubb
WHERE SAMPLED _____
REMARKS _____

TOTAL ALKALINITY mg/L AS CaCO_3 90

SPECIFIC GRAVITY 1.0181 @ 60 °F pH 6.02 RES. 0.390 @ 80 °F

Mr. Donnie Anderson, Hobbs

Na⁺ - 1000
Ca⁺⁺ - 100
Mg⁺⁺ - 100
Fe⁺⁺ - 100
Cl⁻ - 1000
HCO₃⁻ - 100
SO₄⁻⁻ - 100
CO₃⁻⁻ - 100

SHELL WESTERN E&P INC.
WATER ANALYSIS REPORT
WESTERN DIVISION

CaCO_3 - 0.58 (NONE)

CaSO_4 N

SAMPLE DESCRIPTION

COMPANY Shell Western E&P, Inc.
FIELD Drinkard
LEASE Argo "A"
WELL NUMBER #3
COUNTY & STATE Lee, NM
PRODUCING FORMATION Drinkard
WHERE SAMPLED _____
REMARKS _____

LABORATORY Martin Water Labs., Inc.
LABORATORY NUMBER 38791
DATE SAMPLE TAKEN _____
DATE SAMPLE RECEIVED 3-12-87
DATE SAMPLE REPORTED 3-16-87

CHEMICAL AND PHYSICAL PROPERTIES

TOTAL HARDNESS Mg/L AS CaCO_3 23,200

TOTAL ALKALINITY Mg/L AS CaCO_3 106

CONSTITUENT	Mg/LITER	REACT. COEF.	Mg/LITER
SODIUM (INCL. POTASSIUM) AS Na^+	26,603	0.04350	1,156.6
CALCIUM - Ca^{++}	6,920	0.04890	345.3
MAGNESIUM - Mg^{++}	1,434	0.08274	117.9
IRON TOTAL - Fe^{++} & Fe^{+++}	351	0.03581	12.6
BARIUM - Ba^{++}	0	0.01460	0.0
POSITIVE SUB-TOTAL	35,308		1,632.4
CHLORIDE - Cl^-	57,525	0.02820	1,622.2
CARBONATE & BICARBONATE - CO_3^{--} & HCO_3^-	129	0.01639 *	2.1
SULFATE - SO_4^{--}	390	0.02082	8.1
HYDROXYL - OH^-	0	0.05880	0.0
SULFIDE - S^{--}	0.0	0.06236	0.0
NEGATIVE SUB-TOTAL	58,045		1,632.4
TOTAL DISSOLVED SOLIDS	93,353		3,264.8

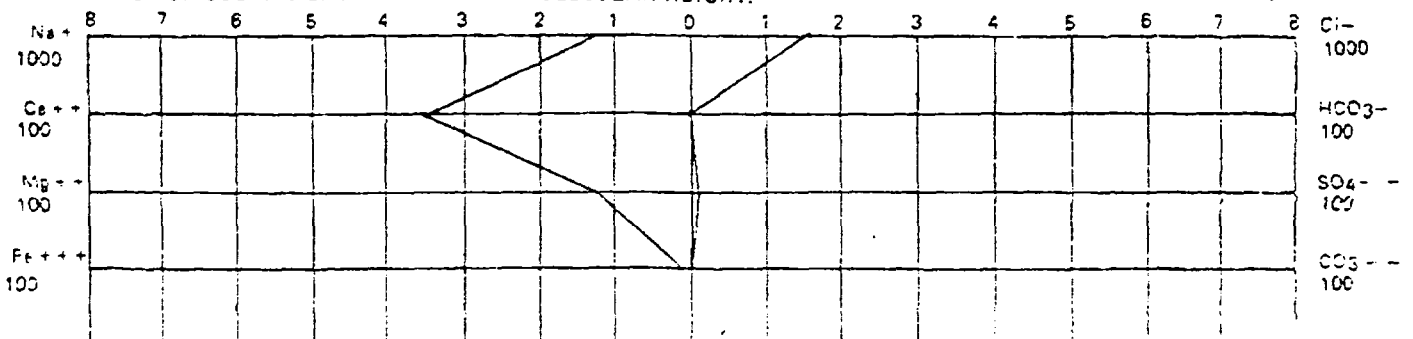
* BICARBONATE

SPECIFIC GRAVITY 1.0651 @ 60 OF pH 5.9 RES. 0.098 @ 80 OF

ANALYST _____
REQUESTED BY _____

REACTION VALUE = (MILLIGRAMS/LITER) X (REACTION COEFFICIENT)
REACTION COEFFICIENT = VALENCE / MOLECULAR WEIGHT.

Mr. Donnie Anderson, Hobbs



SHELL WESTERN E&P INC.
WATER ANALYSIS REPORT
WESTERN DIVISION

CaCO₃ 0.63CaSO₄ 10.22SAMPLE DESCRIPTION

COMPANY Shell Western E&P, Inc.
FIELD Drinkard
LEASE Sarkey
WELL NUMBER _____
COUNTY & STATE Lea, NM
PRODUCING FORMATION _____
WHERE SAMPLED _____
REMARKS _____

LABORATORY Martin Water Labs., Inc.
LABORATORY NUMBER 48739
DATE SAMPLE TAKEN 3-30-87
DATE SAMPLE RECEIVED 4-2-87
DATE SAMPLE REPORTED 4-8-87

CHEMICAL AND PHYSICAL PROPERTIESTOTAL HARDNESS Mg/L AS CaCO₃ 29,600TOTAL ALKALINITY Mg/L AS CaCO₃ 330

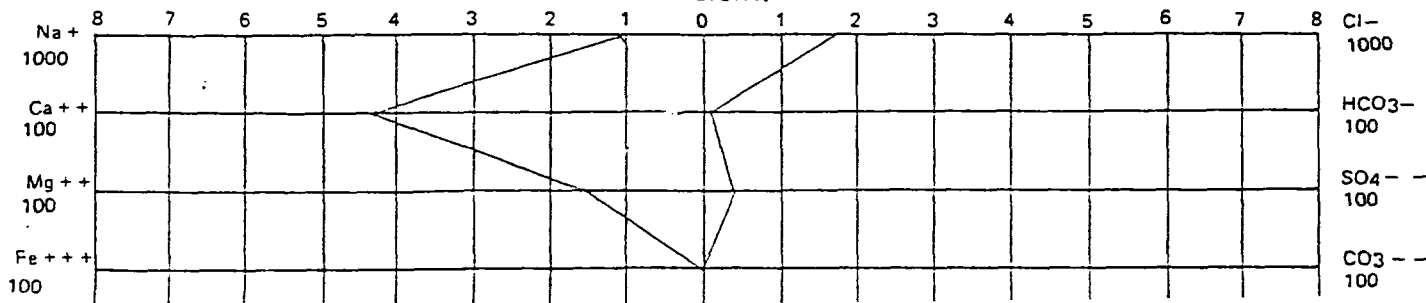
CONSTITUENT	Mg/LITER	REACT. COEF.	Meq/LITER
SODIUM (INCL. POTASSIUM) AS Na ⁺	25,607	0.04350	1,113.4
CALCIUM - Ca ⁺⁺	8,680	0.04990	433.1
MAGNESIUM - Mg ⁺⁺	1,920	0.08224	157.9
IRON TOTAL - Fe ⁺⁺ & Fe ⁺⁺⁺	21.6	0.03581	0.8
BARIUM - Ba ⁺⁺	0	0.01460	0.0
POSITIVE SUB-TOTAL	36,228		1,705.2
CHLORIDE - Cl ⁻	58,946	0.02820	1,662.3
CARBONATE & BICARBONATE - CO ₃ ⁼ & HCO ₃ ⁻	403	0.01639 *	6.6
SULFATE - SO ₄ ⁼	1,742	0.02082	36.3
HYDROXYL - OH ⁻	0	0.05880	0.0
SULFIDE - S ⁼	0.0	0.06238	0.0
NEGATIVE SUB-TOTAL	61,090		1,705.2
TOTAL DISSOLVED SOLIDS	97,318		3,410.4

* BICARBONATE

SPECIFIC GRAVITY 1.0770 @ 60 °F pH 6.49 RES. 0.096 @ 80 °FANALYST _____
REQUESTED BY _____

REACTION VALUE = (MILLIGRAMS/LITER) X (REACTION COEFFICIENT)
REACTION COEFFICIENT = VALENCE ÷ MOLECULAR WEIGHT.

Mr. Donnie Anderson, Hobbs



Northeast Drinkard Unit
Exhibit Thirty-One
Cases 9230
9231
9232

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage
Application qualifies for administrative approval? ☐ yes ☐ no
- II. Operator: Shell Western E&P Inc.
Address: P. O. Box 576 ; Houston, TX 77001
Contact party: D. E. Burbank Phone: (713) 870-2213
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? ☐ yes ☒ no
If yes, give the Division order number authorizing the project _____.
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- * VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- * XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification
- I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- Name: D. E. Burbank Title: Production Engineer
Signature: Douglas E. Burbank Date: September 8, 1987
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

SWEPT's LNINGSTON #4

SWEPT's LNINGSTON #4

UNIT LETTER W
3-215-37E
LEA County, New Mexico

PCAD 8/59

13³/₈" @ 151'
w/ 200sx

85/8" @ 3147'
w/ 2000 SX

5 1/2" @ 8018'
w/ 870sx

15sx Aug AT SURFACE

30sX FROM 1720' TO 1675'

25sx FROM 7280' TO 7000'

McKEE/CONNELL POOLS
7641' - 7959'

CIBP @ 8000'

ELLENBURGER OPEN HOUSE
8018' - 8167'

TD@ 8167'

VJ 9/87

P&A'd well

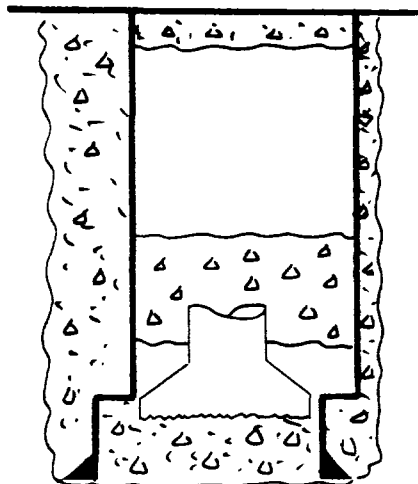
CONOCO's HAWK B-3 #21

3300' FNL & 660' FWL

3-21S-3TE

LEA County, New Mexico

P&A'D 8/62



10' PLUG AT SURFACE

25SX FROM 1317' TO 1246'

DRILL PIPE CUT AT 1317'

CSG PARTED AT 1320'

9 5/8" @ 1370'
w/ 500sx

* AFTER SETTING 9 5/8" STRING - CSG PARTED AND
MILL BECAME STUCK AT 1320'. PIPE CUT AT
1317'. TWO PLUGS SET TO P&A.

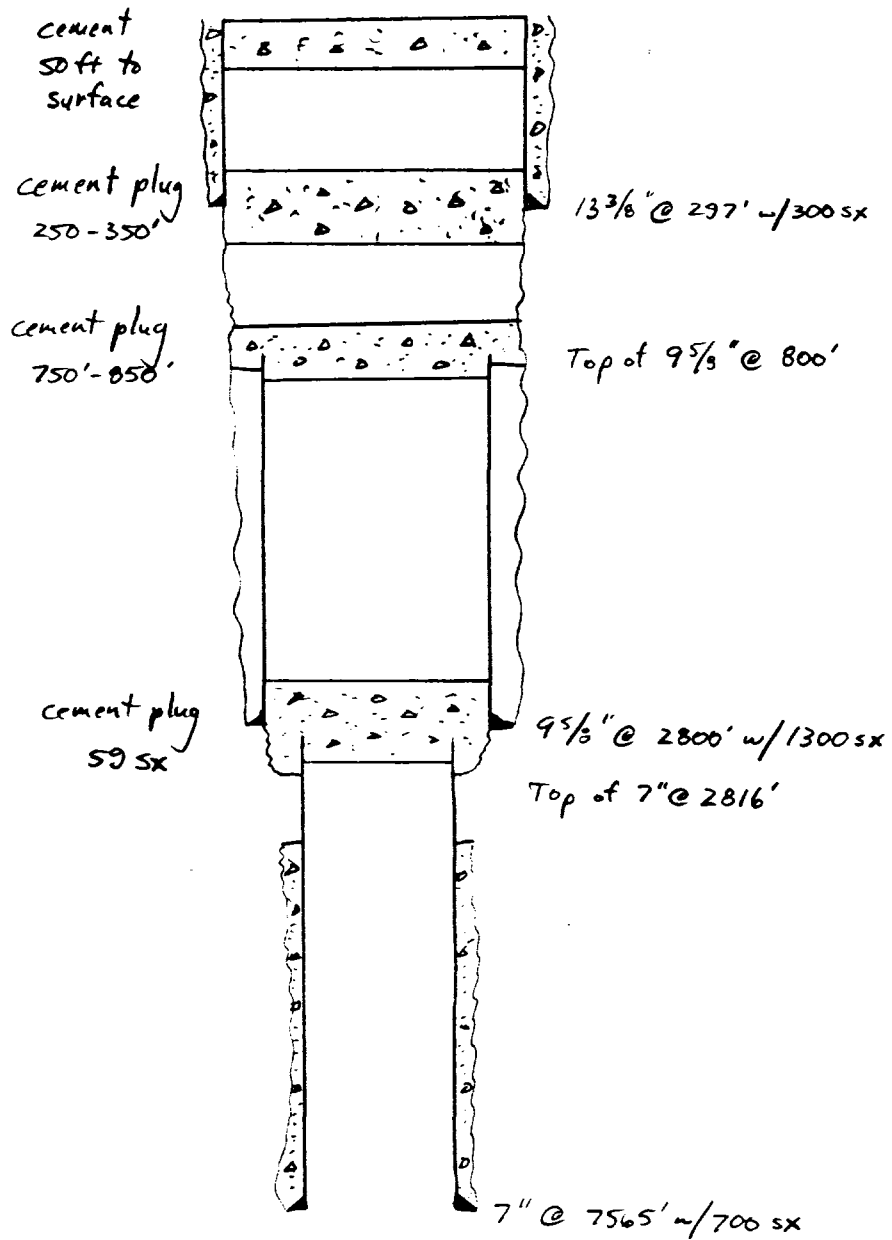
U31
9/87

PrAd well

GULF EUBANK #6

UNIT LETTER O

22-215-37E



Shell Turger #9

105x
@ surface

13 3/8" @ 227' w/300 SX

cement plug
2866'-2965'
(35 sk)

8 5/8" @ 2913' w/2000 sx

cement plug
3300'-3687'
(1153x)

Top of $5\frac{1}{2}$ @ 3680'

cement plug
5205' - 5075'
(25 sx)

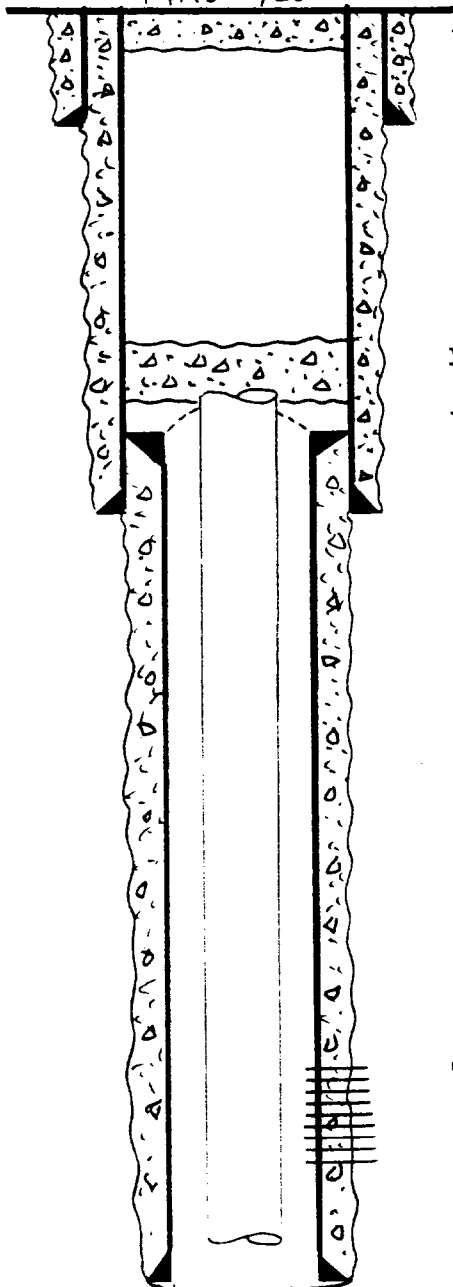
5 1/2" @ 7725 w/500 sx

P&A'd well

SWEPI's STATE SECTION 2 #12

UNIT LETTERS
2-21S-37E
LEA COUNTY, NEW MEXICO

P&A'd 1/63.



30sx FROM SURFACE TO 100'

13 3/8" @ 211'
w/ 250sx

15sx FROM 2870' TO 2912'

TOP OF FISH @ 2912'

TDL @ 2928'

8 5/8" @ 3160'
w/ 1800sx

MCKEE/CONNELL PERFS
7719' TO 8016'

5 1/2" @ 8072'
w/ 850sx

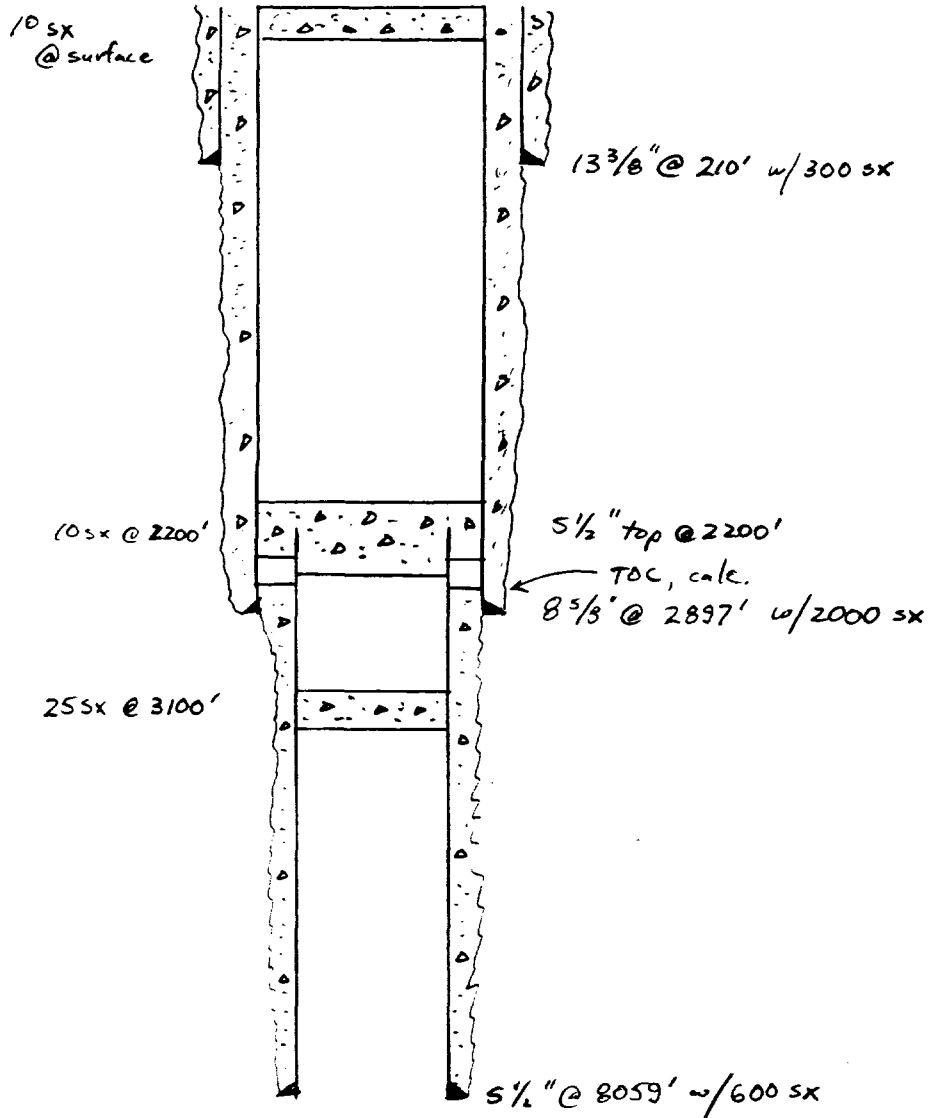
TD @ 8075'

VJ
9/87

P+A'd well

SHELL TURNER #7

3630' FNL, 4950' FEL
22-215-37E



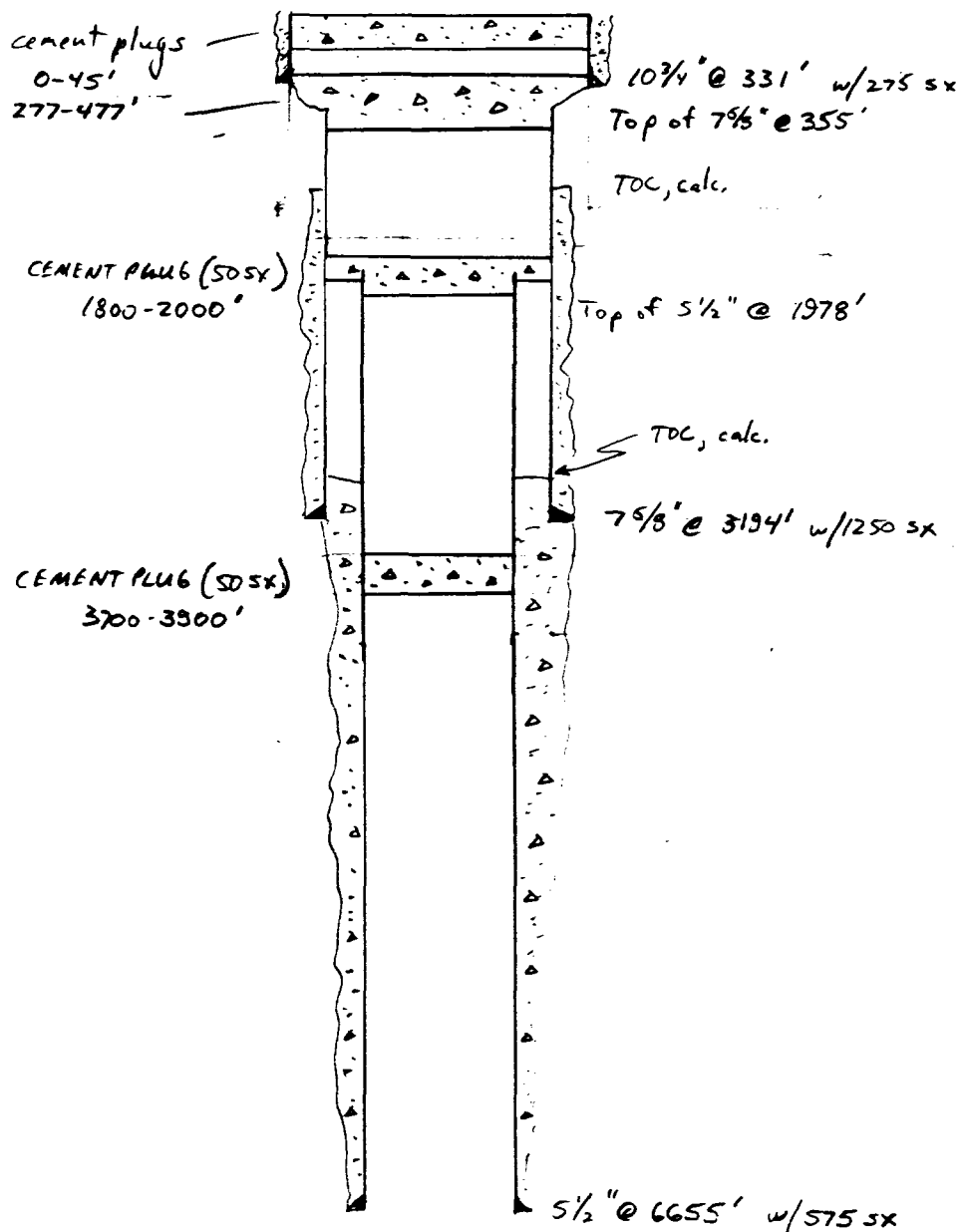
42 181 50 SHEETS 1 SQUARE
42 182 100 SHEETS 1 SQUARE
42 183 200 SHEETS 1 SQUARE



P+A'd well

HUMBLE NM STATE V #2

SE/4 OF SW/4
SEC. 10, 21S-37E
LEA COUNTY, NEW MEXICO



P+ A'd well

GULF'S HARRY LEONARD #13

UNIT LETTER 2
2-215-37E
LEA COUNTY, New Mexico

13 $\frac{3}{8}$ " @ 318'
w/ 425 sx

8 $\frac{5}{8}$ " @ 3099'
w/ 2025 sx

5 $\frac{1}{2}$ " @ 5879'
w/ 670 sx

TD @ 5995'

PERF'D AT 445', CIRCULATED
CMT TO SURFACE THEN SPOTTED
PLUG FROM 445' TO SURFACE
(135 sx TOTAL)

25 sx FROM 1650' TO 1400'

TOC @ \pm 2100' (CALC.)

CIBP @ 5570' CAPPED w/ 10 sx

Paddock PERFS (5620' - 5786')

CIBP @ 5808'

BUNEBA OPEN HOLE
(5879' - 5995')

V31
9/67

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025859 9/10/87	Hunt, N. B. 2400 Thanksgiving Tower 1601 Elm Street Dallas, TX 75201	2.40	75	70	
025860 9/10/87	Kirby Exploration Company of Texas 1717 St. James Place Houston, TX 77056				
025861 9/10/87	Marathon Oil Company 125 W. Missouri Street Midland, TX 79702				
025862 9/10/87	Mobil Producing Texas & New Mexico, Inc. Nine Greenway Plaza - Suite 2700 Houston, Tx 77046				
025863 9/11/87	Natural Resources Group, Inc. 401 West Texas - Suite 300 Midland, TX 79701				
025864	Summit Energy, Inc. 1925 Mercantile Dallas Bldg. Dallas, TX 75201				
025865 9/10/87	Sun Exploration & Production Company Sun Tower Clay - Desta Plaza Midland, TX 79702-1861				
025866 9/11/87	Tenneco Oil Company 7990 IH 10 West San Antonio, TX 78230				
025867 9/11/87	Texaco Producing Inc. 1401 N. Turner Hobbs, NM 88240				
	Northeast Drinkard Unit Exhibit Thirty-Two Cases 9230 9231 9232				
TOTAL NUMBER OF PIECES LISTED BY SENDER 9		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 9		NAME OF RECEIVING POSTAL EMPLOYEE JH	

Service List for Application for
Authorization to Inject

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025868 <i>(9/8/87)</i>	Dallas McCasland P. O. Box 206 Eunice, NM 88231	240	75	70	
025869 <i>9/10/87</i>	Nadine Owen 909 West Taos Hobbs, NM 88240				
025870 <i>9/11/87</i>	Tom Kennann P. O. Box 202 Eunice, NM 88231				
025871	Jimmie Charles Weir P. O. Box 777 Jal, NM 88252				
025872 <i>9/11/87</i>	Charlie A. Bettis P. O. Box 483 Eunice, NM 88231				
025873 <i>9/10/87</i>	Muriel Terry McNeill c/o Will N. Terry Trust P. O. Box 686 Hobbs, NM 88240				
025874 <i>9/10/87</i>	Ruth Terry Furneaux c/o Will N. Terry Trust P. O. Box 686 Hobbs, NM 88240				
025875 <i>9/10/87</i>	Marcia McNeill Blackburn c/o Will N. Terry Trust P. O. Box 686 Hobbs, NM 88240				
TOTAL NUMBER OF PIECES LISTED BY SENDER <i>8</i>		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE <i>8</i>		NAME OF RECEIVING POSTAL EMPLOYEE <i>BAH</i>	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025876 9/10/87	Acoma Oil Corporation Executive Plaza Bldg. Suite 1200 210 W. 6th Street Ft. Worth, TX 76102	240	75	70	
025877 9/10/87	Amerada Hess Corporation 100 NW 7th Street Seminole, TX 79360				
025878 9/11/87	Amoco Production Company 205 E. Bender Blvd. Hobbs, NM 88240				
025879 (returned -11/11/87-)	Antweil, Morris R. 814 W. Marland Hobbs, NM 88240				
025880 9/10/87	Arco Oil & Gas Company 1515 Calle Sur Hobbs, NM 88240				
025881 9/10/87	Argee Oil Company 401 W. Texas, Suite 810 Midland, TX 79701-4454				
025882 9/11/87	Bravo Energy, Inc. Broadmoor Pedro Plaza East Hobbs, NM 88241-2160				
025883 9/14/87	Harper Oil Company Briercroft Bldg. Suite 300 Midland, TX 79701				
TOTAL NUMBER OF PIECES LISTED BY SENDER 8		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 8		NAME OF RECEIVING POSTAL EMPLOYEE B. H.	


SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025884 9/10/87	Chevron U.S.A., Inc. 1923 N. Dal Paso Hobbs, NM 88240	2.40	75	70	
025885 delivered (9/11/87)	Cone, J.R. 1423 N. Ave. P Lubbock, TX 79408				
025886 9/10/87	Conoco, Inc. 726 E. Michigan Hobbs, NM 88240				
025887 9/11/87	Elliott Oil Company 500 N. Kentucky Roswell, NM 88201				
025888	Exxon Company U.S.A. 615 W. Missouri Midland, TX 79702-1600				
025889 9/11/87	Elk Oil Company 500 N. Main, Suite 814 Roswell, NM 88201				
025890 9/10/87	Hendrix, J. 223 W. Wall 525 Midland Tower Bldg. Midland, TX 79701				
025891 9/10/87	Hondo Drilling Company 410 N. Lorraine Street Midland, TX 79701-2516				
TOTAL NUMBER OF PIECES LISTED BY SENDER 8		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 8		NAME OF RECEIVING POSTAL EMPLOYEE B11	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025892 9/10/87	Marilyn McNeill Cates c/o Will N. Terry Trust P. O. Box 686 Hobbs, NM 88240	2.40	75	70	
025893 9/10/87	William Frank McNeill c/o Will N. Terry Trust P. O. Box 686 Hobbs, NM 88240				
025894 9/10/87	State of New Mexico Commissioner of Public Lands P. O. Box 1148 Santa Fe, NM 87504-1148				
025895	Millard Deck Estate c/o Erdman Corp. HL 8200 Brookview Drive N600 Dallas, Texas 75447				
025896	Ruth B. Glen 211 W. Avenue M. Lovington, NM 88260				
025897	Ms. G. P. Sims P. O. Box 1046 Eunice, NM 88231				
025898	Joe Taylor c/o Lee Newsom 3383-C Punta Alta Laguna Hills, CA 92653				
025899 9/11/87	Mr. Robert L. Beck P. O. Box 561 Eunice, NM 88231				
					
TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE			
8	8	BH			

Form 3871, July 1983

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:

Hunt, N. B.
2400 Thanksgiving Tower
1601 Elm Street
Dallas, TX 75201

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025859

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *[Signature]*

6. Signature - Agent

X *[Signature]*

7. Date of Delivery *SEP 10 1987*

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Kirby Exploration Company of Texas
1717 St. James Place
Houston, TX 77056

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025860

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

X *M. Lowe*

6. Signature - Agent

X

7. Date of Delivery

9-16-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Marathon Oil Company
125 W. Missouri Street
Midland, TX 79702

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025861

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X *Sammy Edwards*

7. Date of Delivery

9-10-87 *W. Hanks*

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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

3. Article Addressed to:

Mobil Producing Texas & New Mexico, Inc.
Nine Greenway Plaza - Suite 2700
Houston, TX 77046

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025862

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

X *John*

6. Signature - Agent

X

7. Date of Delivery

9-16-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Natural Resources Group, Inc.
401 West Texas - Suite 410
Midland, TX 79701

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025863

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X *Salvador Ruiz*

7. Date of Delivery

9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 Company
Sun Tower Clay - Deste Plaza
Midland, TX 79702-1861

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025865

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X *W. Hanks*

7. Date of Delivery

9-10-87 *W. Hanks*

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 IH 10 West
San Antonio, TX 78230

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025866

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X *Charles Carrance*

7. Date of Delivery

9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Texaco Producing Inc.
1401 N. Turner
Hobbs, NM 88240

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025867

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X *B. Hanks*

7. Date of Delivery

9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Dallas McCasland
P. O. Box 206
Eunice, NM 88231

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025868

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

X

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

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for services requested.

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

3. Article Addressed to:

Nadine Owen
909 West Taos
Hobbs, NM 88240

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025869

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X *Nadine Owen*

6. Signature - Agent

X *[Signature]*

7. Date of Delivery

9-10-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for services requested.

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

3. Article Addressed to:

Charlie A. Bettis
P. O. Box 481
Eunice, NM 88231

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025872

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X *Charlie A. Bettis*

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for services requested.

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

3. Article Addressed to:

Marcia McNeill Blackburn
c/o Will N. Terry Trust
P. O. Box 686
Hobbs, NM 88240

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025875

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X *Marcia McNeill Blackburn*

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for services requested.

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

3. Article Addressed to:

Tom Kennann
P. O. Box 202
Eunice, NM 88231

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025870

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X *Tom Kennann*

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for services requested.

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

3. Article Addressed to:

Muriel Terry McNeill
c/o Will N. Terry Trust
P. O. Box 686
Hobbs, NM 88240

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025873

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X *Muriel Terry McNeill*

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for services requested.

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

3. Article Addressed to:

Ruth Terry Furneaux
c/o Will N. Terry Trust
P. O. Box 686
Hobbs, NM 88240

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025874

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X *Ruth Terry Furneaux*

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for services requested.

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

3. Article Addressed to:

Acera Hess Corporation
100 N. 7th Street
Seminole, TX 79360

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025877

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X *Norma Hess*

6. Signature - Agent

X

7. Date of Delivery

SEP 10 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to
Anco Production Company
205 E. Bender Blvd.
Hobbs, NM 88240

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025878
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X *Janice Riddle*
6. Signature Agent
X
7. Date of Delivery 9-11-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to
Antwell, Morris R.
814 W. Harland
Hobbs, NM 88240

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025879
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X *M. Antwell*
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

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 boxes for service(s) requested.

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

3. Article Addressed to
Arco Oil & Gas Company
1515 Calle Sur
Hobbs, NM 88240

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025880
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X *K. Arco*
6. Signature Agent
X
7. Date of Delivery 9-10-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to
Argee Oil Company
401 W. Texas, Suite 810
Midland, TX 79701-4454

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025881
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X
6. Signature Agent
X *Argee Oil*
7. Date of Delivery 9-10-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to
Bravo Energy, Inc.
Broadmoor Pedro Plaza East
Hobbs, NM 88241-2160

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025882
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X
6. Signature Agent
X *B. Louder*
7. Date of Delivery 9/11/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to
Harper Oil Company
Briercroft Bldg. Suite 300
Midland, TX 79701

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025883
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X *Harper Oil*
6. Signature Agent
X
7. Date of Delivery 9-14-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to
Chevron U.S.A., Inc.
1923 N. Dal Paso
Hobbs, NM 88240

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025884
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X
6. Signature Agent
X *Chadley*
7. Date of Delivery 9/10/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to
Cone, J.P.
1423 N. Ave. P
Lubbock, TX 79408

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025885
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X *J.P. Cone*
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

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 boxes for service(s) requested.

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

3. Article Addressed to
Conoco, Inc.
226 E. Michigan
Hobbs, NM 88240

4. Type of Service Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025886
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature Addressee
X
6. Signature Agent
X *Sara Smith*
7. Date of Delivery 9/10/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

1 Form 3811, July 1983

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:

Ruth B. Glen
211 W. Avenue M.
Lovington, NM 88260

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail
 025896

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Ruth B. Glen*

6. Signature - Agent
 X

7. Date of Delivery
 X

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

DOMESTIC RETURN RECEIPT

1 Form 3811, July 1983

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:

Ms. G. P. Sims
P. O. Box 1046
Eunice, NM 88231

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail
 025897

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Ms. G. P. Sims*

6. Signature - Agent
 X

7. Date of Delivery
 X 7-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:

Mr. Robert J. Beck
P.O. Box 561
Eunice, NM 88231

4. Article Number
 025899

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

5. Signature - Addressee
 X *Robert J. Beck*

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

7. Date of Delivery
 X 7-11-87

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

DOMESTIC RETURN RECEIPT



SPALL MASONRY CO. INC.

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025494 9/8/87	AJM Company CEM Company EMM Company KAM Company KPM Company PGM Company TMM Company P. O. Box 758 Hobbs, Nm 88241				
025495 (9/3/87)	Amoco Production Company ATTN Mr. Dan Janik 502 West Lake Park Blvd. P. O. Box 3092 Houston, TX 77253				
025496 9/4/87	Arco Oil & Gas Company ATTN Mr. Dan C. Dodd P. O. Box 1610 Midland, TX 79702				
025497 9/8/87	Bravo Energy, Inc. ATTN Mr. Jay Janica P. O. Box 2160 Hobbs, NM 88241				
025498 document 7/1/87	Chevron U.S.A. Inc. ATTN Mr. John C. Prindle P. O. Box 670 Hobbs, NM 88240				
025499 9/4/87	Chevron U.S.A. Inc. ATTN Mr. Mickey Cohlma P. O. Box 1150 Midland, TX 79702				
025500 9/4/87	Cities Service Oil & Gas Corp. ATTN Mr. Terry Lindquist P. O. Box 1919 Midland, TX 79702				
025501 9/4/87	Cities Service Oil and Gas Corp. ATTN Mr. Charles E. Creekmore P. O. Box 300 Tulsa, OK 74102				
Northeast Drinkard Unit Exhibit Twelve Cases 9230 9231 9232		Service List for Notice of Hearing: Working Interest Owners Within Proposed Unit Boundaries			
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
8		EIGHT		DRE	

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for services requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:

Elliot Oll Company
500 N. Kentucky
Roswell, NM 88201

4. Type of Service: Article Number

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025887

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Paul S. Hernandez*

7. Date of Delivery
9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for services requested.

1. ☐ Show to whom, date and address of delivery.

2. ☒ Restricted Delivery

3. Article Addressed to:

Elk Oil Company
500 N. Main, Suite B14
Roswell, NM 88201

4. Type of Service: Article Number

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025889

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Paul S. Hernandez*

7. Date of Delivery
9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for services requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:

Hendrix, J.
223 W. Wall
525 Midland Tower Bldg.
Midland, TX 79701

4. Type of Service: Article Number

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025890

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *John Antonio*

6. Signature - Agent
X

7. Date of Delivery
9/10/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for services requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:

Hondo Drilling Company
410 N. Loring Street
Midland, TX 79701-2516

4. Type of Service: Article Number

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025891

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Harvey Kell*

7. Date of Delivery
9-10-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for services requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:

Marilyn McNeill Cates
c/o Will N. Terry Trust
P. O. Box 686
Hobbs, NM 88240

4. Type of Service: Article Number

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025892

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Marilyn McNeill Cates*

6. Signature - Agent
X

7. Date of Delivery
SEP 10 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for services requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:

William Frank McNeill
c/o Will N. Terry Trust
P. O. Box 686
Hobbs, NM 88240

4. Type of Service: Article Number

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025893

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *William Frank McNeill*

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

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 boxes for services requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:

State of New Mexico
Commissioner of Public Lands
P. O. Box 1148
Santa Fe, NM 87504-1148

4. Type of Service: Article Number

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025894

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *William Frank McNeill*

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

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 boxes for services requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:

Millard Deck Estate
c/o Erdman Corp. HL
8200 Brookview Drive H600
Dallas, Texas 75447

4. Type of Service: Article Number

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025895

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *William Frank McNeill*


7. Date of Delivery
9/10/87

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

DOMESTIC RETURN RECEIPT


SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025502 9/4/87	Charles L. Cobb 1722 Broadway St. Lubbock, TX 79401-3014				
025503 9/4/87	Adeline Z. Cone P. O. Box 10321 Lubbock, TX 79408				
025504 9/4/87	S. E. Cone, Jr. P. O. Box 10321 Lubbock, TX 79408				
025505 9/4/87	Conoco, Inc. ATTN Mr. Donald Johnson P. O. Box 460 Hobbs, NM 88240				
025506 9/4/87	Conoco, Inc. ATTN Mr. Gene Shumate P. O. Box 1959 Midland, TX 79702				
025507 9/4/87	Devon Energy Corp. 20 N. Broadway Suite 1500 Oklahoma City, OK 73102				
025508 9/4/87	Exxon Company, U.S.A. ATTN Mr. R. R. Hickman P. O. Box 1700 Midland, TX 79702-1700				
025509 9/4/87	Felmont Oil Corporation P. O. Box 2266 Midland, TX 79702				
025510 9/4/87	Texaco, Inc. ATTN Mr. Joe E. King Broadmoor Building P. O. Box 728 Hobbs, NM 88240				
025511 9/4/87	Duer Wagner, Jr. ATTN Joe Hale 1420 Continental Plaza 777 Main Ft. Worth, TX 76012				
					
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
10		10		DBE	

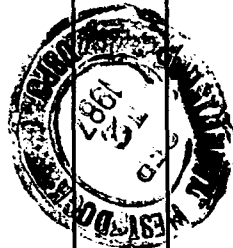
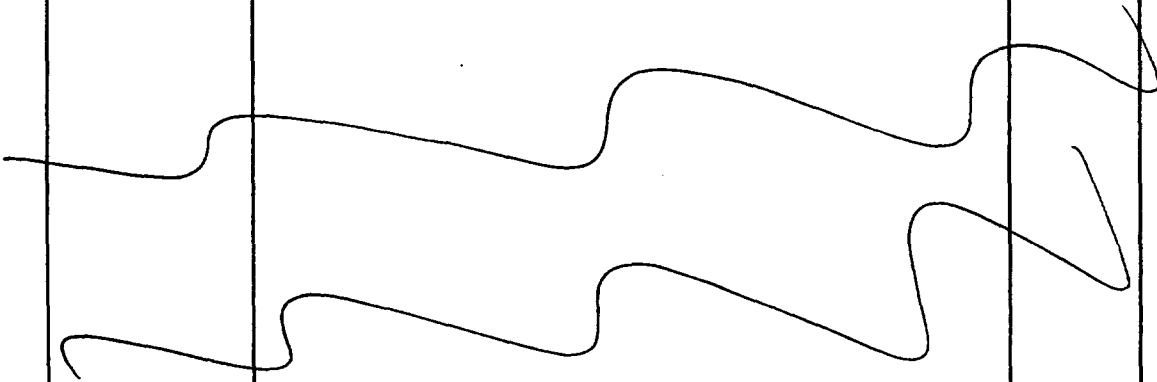
SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025512 9/8/87	Duer Wagner, III ATTN Joe Hale 1420 Continental Plaza 777 Main Ft. Worth, TX 76012				
025513 9/4/87	Ms. Jo-Ann Garrison 5221 Ira Fort Worth, TX 76117				
025514 9/4/87	John H. Hendrix Corp. 525 Midland Tower Midland, TX 79701				
025515 (reforwarding address)	Lavena Howard 1629 16th St., Apt. #8 Lubbock, TX 79401				
025516 9/4/87	Barbara Moran Jernigan P. O. Box 368 Hobbs, NM 88240				
025517 9/4/87	Marjorie Cone Kastman P. O. Box 5930 Lubbock, TX 79417				
025518	Katherine Adeline Cone Keck 1801 Avenue of the Stars Los Angeles, CA 90067				
025519 9/4/87	Marathon Oil Company ATTN Mr. Jim W. Nichols P. O. Box 552 Midland, TX 79702				
025520 9/4/87	Owen W. McWhorter, Jr. 3019 21st St. Lubbock, TX 79410				
025521 9/4/87	Meridian Oil Co. ATTN Mr. Tom Oille 21 Desta Drive Midland, TX 79705				
025522 9/4/87	Mobil Producing Texas and New Mexico, Inc. ATTN Joint Interest Manager P. O. Box 633 Midland, TX 79702				
					
TOTAL NUMBER OF PIECES LISTED BY SENDER	11	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	11	NAME OF RECEIVING POSTAL EMPLOYEE PRZ	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025523 9/9/87	Ann W. Morris 2865 Macvicar Topeka, KS 66611				
025524 9/4/87	Phillips Petroleum Company ATTN Mr. Scott Maddox P. O. Box 1967 Houston, TX 77001				
025525 9/4/87	Republic Bank First National Midland Trustee of John E. Moran Trust No. 1 Account No. 323 303 West Wall P. O. Box 370 Midland, TX 79702				
025526 9/3/87	Linda B. Parrish and Linda Ann Parrish Richardson, Trustees U/W of M. C. Parrish, Jr. C/O Dana T. Richardson, Jr. P. O. Box 525 Willis, TX 77378				
025527 (refused 9/10)	Maryanne Riwinsky P. O. Box 9620 Fort Worth, TX 76107-0620				
025528 9/4/87	Polk Shelton 9110 Bluff Springs Road Austin, TX 78744				
025529 9/5/87	Irma Spear P. O. Box 206 Perkinston, MS 39573				
					
					
TOTAL NUMBER OF PIECES LISTED BY SENDER	7	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	Seven	NAME OF RECEIVING POSTAL EMPLOYEE	
				DPR	

PS Form 3811, July 1983

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

Arco Oil & Gas Company
ATTN: Mr. Dan C. Dold
502 West Lake Park Blvd.
P. O. Box 3092
Houston, TX 77253

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025494
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

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

Ameco Production Company
ATTN: Mr. Dan Janik
502 West Lake Park Blvd.
P. O. Box 3092
Houston, TX 77253

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025495
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

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

Arco Oil & Gas Company
ATTN: Mr. Dan C. Dold
502 West Lake Park Blvd.
P. O. Box 3092
Houston, TX 77253

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025496
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

Bravo Energy, Inc.
ATTN: Mr. Jay Janica
P. O. Box 2160
Hobbs, NM 88241

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025497
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

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

Chevron U.S.A. Inc.
ATTN: Mr. John C. Prindle
P. O. Box 670
Hobbs, NM 88240

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025498
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

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

Chevron U.S.A. Inc.
ATTN: Mr. Hickey Colliwa
P. O. Box 1150
Midland, TX 79702

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025499
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

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

Cities Service Oil & Gas Corp.
ATTN: Mr. Terry Lindquist
P. O. Box 1919
Midland, TX 79702

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025500
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

Cities Service Oil & Gas Corp.
ATTN: Mr. Charles E. Crechore
P. O. Box 300
Tulsa, OK 74102

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025501
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

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

Charles L. Cobb
1722 Broadway St.
Midland, TX 79401-3013

4. Type of Service Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD 025502
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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

3. Article Addressed to:
Adeline Z. Cone
P. O. Box 10321
Lubbock, TX 79408

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025503
☐ 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
9.4.87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

SEP 1 1987
LUBBOCK, TX
USPS

PS Form 3811, July 1983

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:
S. E. Cone, Jr.
P. O. Box 10321
Lubbock, TX 79408

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025504
☐ 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
9.4.87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

SEP 1 1987
LUBBOCK, TX
USPS

PS Form 3811, July 1983

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:
Conoco, Inc.
ATTN Mr. Donald Johnson
P. O. Box 460
Hobbs, NM 88240

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025505
☐ 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
9.4.87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Conoco, Inc.
ATTN Mr. Gene Shumate
P. O. Box 1959
Midland, TX 79702

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025506
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Devco Energy Corp.
20 N. Broadway
Suite 1500
Oklahoma City, OK 73102

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025507
☐ 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
SEP 1 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Exxon Company, U.S.A.
ATTN Mr. R. R. Hickman
P. O. Box 1700
Midland, TX 79702-1700

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025508
☐ 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
9.4.87 DR
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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

3. Article Addressed to:
Falcon Oil Corporation
P. O. Box 2266
Midland, TX 79702

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025509
☐ 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
9.4.87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

SEP 1 1987

PS Form 3811, July 1983

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

3. Article Addressed to:
Texaco, Inc.
ATTN Mr. Joe E. King
Broadmoor Building
P. O. Box 728
Hobbs, NM 88240

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025510
☐ 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
9.4.87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Duer Wagner, Jr.
ATTN Joe Hale
1420 Continental Plaza
777 Main
Ft. Worth, TX 76012

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025511
☐ 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
SEP 1 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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:
Duer Wagner, III
ATTN Joe Hale
1420 Continental Plaza
777 Main
Ft. Worth, TX 76012

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025512
☒ 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
SEP 08 1987
8. Addressee's Address (ONLY if requested and fee paid)

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:
Ms. Jo-Ann Garrison
5221 Ira
Fort Worth, TX 76117

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025513
☒ 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
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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:
John H. Hendrix Corp.
525 Midland Tower
Midland, TX 79701

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025514
☒ 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
9/4/87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Barbara Moran Jernigan
P. O. Box 368
Hobbs, NM 88240

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025516
☒ 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
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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:
Marjorie Cone Kastman
P. O. Box 5930
Lubbock, TX 79417

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025517
☐ 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
SEP 4 1987
8. Addressee's Address (ONLY if requested and fee paid)

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:
Marathon Oil Company
ATTN Mr. Jim W. Nichols
P. O. Box 552
Midland, TX 79702

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025519
☒ 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
9-1-87
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:
Owen W. McWhorter, Jr.
3019 21st St.
Lubbock, TX 79410

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025520
☒ 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
9-1-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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

3. Article Addressed to:
Meridian Oil Co.
ATTN Mr. Tom Oile
21 Desta Drive
Midland, TX 79705

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025521
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Carlene Henderson*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Mobil Producing Texas
and New Mexico, Inc.
ATTN Joint Interest Manager
P. O. Box 633
Midland, TX 79702

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025522
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X
6. Signature - Agent
X *Robert Garcia*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Ann W. Morris
2965 Maycar
Topeka, KS 66611

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025523
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Ann W. Morris*
6. Signature - Agent
X
7. Date of Delivery
SEP - 9 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Phillips Petroleum Company
ATTN Mr. Scott Maddox
P. O. Box 1967
Houston, TX 77001

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025524
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
SEP 4 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Republic Bank First National Midland
Trustee of John E. Moran Trust No. 1
Account No. 323
303 West Wall
P. O. Box 370
Midland, TX 79702

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025525
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X
6. Signature - Agent
X *James King*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Linda B. Parrish and Linda Ann
Parrish Richardson, Trustees U/W
of M. C. Parrish, Jr.
C/O Dana T. Richardson, Jr.
P. O. Box 525
Willis, TX 77378

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025526
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Linda B. Parrish*
6. Signature - Agent
X
7. Date of Delivery
9/9/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Folk Shelton
9110 Bluff Springs Road
Austin, TX 78744

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025528
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *P. C.*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Irma Spear
P. O. Box 206
Perkinston, MS 39573

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025529
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X
6. Signature - Agent
X *Irma Spear*
7. Date of Delivery
SEP 5 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Shell Western E & P Inc.

2266

7001

CERTIFIED

No. 025515

RETURN RECEIPT REQUESTED

FIRST CLASS



Lavena Howard
1629 16th St., Apt. #8
Lubbock, TX 79401

Lavena Howard
1629 16th St., Apt. #8
Lubbock, TX 79401

ways obtain signature of addressee or agent and
DATE DELIVERED.

Signature - Addressee

Signature - Agent

Date of Delivery

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

Type of Service:

Registered ☐ Insured
Certified ☐ COD
Express Mail

Article Number

025515

HOM 29 070439N1 09/04/87

RETURN TO SENDER
NO FORWARDING ORDER ON FILE
UNABLE TO FORWARD

hell Western E & P Inc.
2266

301

R: Complete items 1, 2, 3 and 4.
address in the "RETURN TO" space on the
t. Failure to do this will prevent this card from
ned to you. The return receipt fee will provide
me of the person delivered to and the date of
or additional fees the following services are
onsult postmaster for fees and check box(es)
s: requested.

w to who date and address delivery.
tricted Delivery **REFUSED**

Addressed to:

Marvonne Riwinsky
Box 9620
Worth, TX 76107-0620

1 Service:

Red ☐ Insured
COD ☐
Mail ☐

Article Number

025527

tain signature of addressee or agent and
LIVERED.

ire - Addressee

ire - Agent

r Delivery

see s Address (ONLY if requested and fee paid)

CERTIFIED

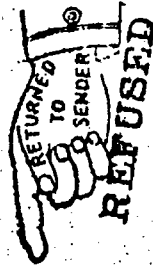
No. 025527

RETURN RECEIPT REQUESTED

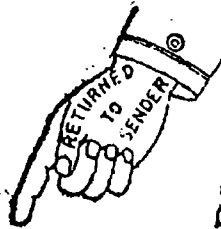
FIRST CLASS

U.S. POSTAGE

1 84



Marvonne Riwinsky
P.O. Box 9620
Fort Worth, TX 76107-0620



REFUSED




REFUSED

Boyd Hall

6-6
99
99

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025530 9/4/87	Adeline Z. Cone P. O. Box 10321 Lubbock, TX 79408				
025531 9/4/87	Minnie Turland Adams P. O. Box 121 Salado, TX 76571-0121				
025532 (9/3/87)	Amoco Production Company P. O. Box 201642 Houston, TX 77216-1642				
025533 9/4/87	Republic Bank Dallas N.A. Independent Executor U/W of Selma E. Andrews Trust #0518801 P. O. Box 241 Dallas, TX 75221-0241				
025534 9/3/87	Atlantic Richfield Company P. O. Box 201690 Houston, TX 77216-1690				
025535 (attempted not known)	Emma S. Turland Baker 607 Waco Road Belton, TX 76513				
025536 9/4/87	Helen Jane Christmas B. by P. O. Box 2767 Edmond, OK 73003-2767				
025537 9/4/87	New Mexico Bank & Trust Co. For Account of Opal Barton Hobbs, NM 88240				
025538 9/5/87	Roy G. Barton, Jr. P. O. Box 978 Hobbs, NM 88240-0978				
025539 9/5/87	Roy G. Barton, Jr., Trustee of Roy G. Barton, Sr. and Opal Barton Revocable Trust Box 978 Hobbs, NM 88240-0978				
025540 10/10/87 (9/10/87)	Dixie Bennett 5600 Oakmont Lane Fort Worth, TX 76112				
025541 9/9/87	Richard C. Bennett 5017 Circle Ridge Drive Fort Worth, TX 76114				
<div style="text-align: right;">  </div>					
<p>Service List for Notice of Hearing: Non-Working Interest Owners Within Proposed Unit Boundaries</p>					
TOTAL NUMBER OF PIECES LISTED BY SENDER	12	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	12	NAME OF RECEIVING POSTAL EMPLOYEE	
				PK 8	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025542 9/13/87	Verda Bennett 4900 Ridge Oak Drive Austin, TX 78731				
025543 9/12/87	Dorothy P. Black 4615 Clybourn Avenue Toluca Lake, CA 91602				
025544 9/14/87	Republic National Bank Agency No. 631-00, Agent for Braille Institute of America Trust Oil and Gas Dept. P. O. Box 241 Dallas, TX 75221-0241				
025545 9/13/87	Joyce Ann Brown 909 North Alameda Las Cruces, NM 88001				
025546 9/13/87	Ronald J. Byers 1600 United Bank Tower 400 West Fifteenth Street Austin, TX 78701				
025547 9/14/87	S. E. Cone, Jr. P. O. Box 10321 Lubbock, TX 78-9408-0321				
025548 9/14/87	Harry Campbell, Jr. 708 Arrowhead Circle Garland, TX 75043				
025549 9/13/87	Sandra Chaskin 4951 Glenmeadow Houston, TX 77096				
025550 9/12/87	B. A. Christmas, Jr. Chico Route Raton, NM 87740				
025551 9/14/87	Bradford Ace Christmas P. O. Box 173 Wagon Mound, NM 87752-0173				
025552 9/11/87	Candy Christmas P. O. Box 64278 Lubbock, TX 79464-4278				
025553 9/14/87	Charles H. Coll Box 1818 Roswell, NM 88201-1818				
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
12		12		DRE	



SHELL WESTERN E&P INC.

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025554 9/4/87	James N. Coll Box 1818 Roswell, NM 88201-1818				
025555 9/4/87	Jon F. Coll Box 1818 Roswell, NM 88201-1818				
025556 9/4/87	Max W. Coll, II Box EE Santa Fe, NM 87502				
025557 9/4/87	Commissioner of Public Lands State of New Mexico P. O. Box 1148 Santa Fe, NM 87501-1148				
025558 9/8/87	J. R. Cone P. O. Box 10217 Lubbock, TX 79408-0217				
025559 9/11/87	Kathleen Wilmeth Cowart 1402 Sixteenth Street Plains, TX 79355				
025560 9/3/87	Ollie Gann Cowden Box 579 Carlsbad, NM 88220-0579				
025561 9/3/87	Charles Doyle Crain 3207 Park Hills Drive Austin, TX 78746				
025562 9/5/87	Cheryl Margaret Crain 7030 Meadow Creek Drive Dallas, TX 75240				
025563 9/3/87	Michael W. Crain 3625 Centenary Drive Dallas, TX 75225				
025564 9/2/87	Patricia Crain 901 South Coit, No. 1043 Richardson, TX 75080				
025565 9/5/87	Roxann K. Crain 7030 Meadow Creek Dallas, TX 75240				
025566 9/8/87	Walter Robert Crain Thanksgiving Tower, Suite 960 Box 50 Dallas, TX 75201-0050				
TOTAL NUMBER OF PIECES LISTED BY SENDER 13		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 13		NAME OF RECEIVING POSTAL EMPLOYEE TR-2	





SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025567 <i>delivered</i> <i>(9/4/87?)</i>	Billie June Crow P. O. Box 643 Roswell, NM 88201-0643				
025568 9/14/87	Earl D. Crow Route 3, Box 3177 Pearland, TX 77581				
025569 9/14/87	RepublicBank First National Midland, Trustee for Jessie Blevins Crump Trust #1069 P. O. Box 270 Midland, TX 79702-0270				
025570 9/2/87 (?)	David C. Bevins & Texas American Bank, Co-Trustees of Joe & Jessie Crump Fund #2312 Drawer No. 99033 Fort Worth, TX 76199				
025571 9/14/87	Margaret Hamm Curry P. O. Box 135 Montgomery, TX 77356-0135				
025572 9/14/87	Edwin L. Cox, Trustee of DEF Trusts 3800 First National Bank Building 1400 Elm Dallas, TX 75202				
025573 9/11/87	Juanelle G. Wilmeth Dalda1 87 Pine Oaks Road Oroville, CA 95965				
025574 9/14/87	June P. Danglade Drawer 1687 Lovington, NM 88260				
025575 9/14/87	Miller Daniel P. O. Box 3728 Lubbock, TX 79452-3728				
025576 9/14/87	Elizabeth Dekker 6535 West 114th Avenue Westminster, CO 80020				
025577 9/5/87	Greg Dodd 154 East 29th Street, #66 New York, NY 10016				
TOTAL NUMBER OF PIECES LISTED BY SENDER	11	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	11	NAME OF RECEIVING POSTAL EMPLOYEE DRE	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025578	Monte Sue Dodd 17314-48th Terr. So. Ct. Independence, MO 64055				
025579 9/4/87	Bank of California NA, Trustee of Betty Kyte Dreessen Trust Nos. 2-2010 and 2-2013 Real Estate Operations P. O. Box 7629 San Francisco, CA 94119-7629				
025580	Betty M. Dreessen, Trustee of the Betty M. Breessen Revocable Living Tust P. O. Box 817 Los Altos, CA 94022-0817				
025581 9/9/87	Edward Dreessen, Jr. P. O. Box 416 Los Altos, CA 94022-0416				
025582 9/4/87	Juanelle Jones Dunn 1120 Linda Vista Avenue Napa, CA 94558				
025583 9/4/87	Charles L. Cobb 1722 Broadway Street Lubbock, TX 79401-3014				
025584 9/4/87	Elliott Oil Company P. O. Box 1355 Roswell, NM 88201-1355				
025585 9/4/87	Fairway Oil & Gas Co. P. O. Box 2280 Midland, TX 79702-2280				
025586 9/4/87	First National Bank of Midland Trustee for Trust No. 320 P. O. Box 270 Midland, TX 79702-0270				
025587 9/4/87	First National Bank of Midland Trustee for Trust No. 319 P. O. Box 270 Midland, TX 79702-0270				
025588 9/4/87	Catherine Ruth Hamm D Hemecourt Star Route 3, Box 751 New Braunfels, TX 78130				
025589 9/8/87	Theresa Morrow Hamm 1819 Cypress Rapids Drive New Braunfels, TX 78130				
TOTAL NUMBER OF PIECES LISTED BY SENDER 12		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 12		NAME OF RECEIVING POSTAL EMPLOYEE DRE	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025590	William Edward Hamm 1226 Clearwater New Braunfels, TX 78130				
025591 9/4/87	Owen W. McWhorter 3019 21st Street Lubbock, TX 79410				
025592 9/4/87	Hamon Operating Company c/o Fina Oil & Chemical Co. P. O. Box 2159 Dallas, TX 75221-2159				
025593 9/4/87	Polk Shelton 9110 Bluff Springs Road Austin, TX 78744				
025594 9/4/87	Hanaho, Ltd. P.O. Box 2280 Midland, TX 79702-2280				
025595 9/4/87	First National Bank Lubbock, Successor Trustee of J. E. Simmons Test Trust B F/B/O Mary Jane Hand Trust Department Account #101-3084 P. O. Box 1242 Lubbock, TX 79408-1242				
025596 9/4/87	First National Bank Lubbock, Successor Trustee of Beulah H. Simmons Test Trust B F/B/O Mary Jane Hand Trust Department Account #101-3068 P. O. Box 1241 Lubbock, TX 79408-1241				
025597 9/4/87	Juanita L. Harris 2125 North 20th Abilene, TX 79603				
025598 9/4/87	Edith Minnie Harsin 15713 Osage Avenue Lawndale, CA 90260				
025599 9/4/87	Hendrick Medical Center 1242 North 19th Street Abilene, TX 79601				
025600 9/4/87	J. H. Herd Box 130 Midland, TX 79702-0130				
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
11		11		J. H. C.	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

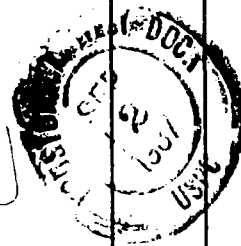
NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025601 9/4/87	Homer Herring Route 21, Box 428A Tyler, TX 75709				
025602 9/4/87	La Verne Herring 2105 43rd Street Snyder, TX 79515				
025603 9/9/87	Ray Herring Box 17 Fluvanna, TX 79517-0017				
025604 forwarding order 9/5/87	Curtis Wayne Holden 309 Gorman Belen, NM 87002				
025605 9/5/87	Mary T. Christmas Holladay P. O. Box 11041 Spring, TX 77391-1041				
025606 9/4/87	Howard P. Holmes Box 667 Hobbs, NM 88240-0667				
025607 9/4/87	Pearlie Hopkins 1902 White Killeen, TX 76541				
025608 delivered (9/4/87?)	Hunter Oil Corporation 2020 Civic Circle Amarillo, TX 79109				
025609 9/4/87	Felmont Oil Corporation P. O. Box 2266 Midland, TX 79702-2266				
025610 9/5/87	Evelyn Jeter HCR 7, Box 152 Lamesa, TX 79331				
025611	Nancy June Johnson 3257 Wabash Fort Worth, TX 76109				
025612 9/4/87	Alice Jones 1915 - 30th Street Lubbock, TX 79411				
025613 9/8/87	First National Bank, Successor Co-Trustee & Jerry D. Jones, Co-Trustee of Belinda Jones Trust P. O. Box 1626 Levelland, TX 79336-1626				
TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE			
13	13	DRE			



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

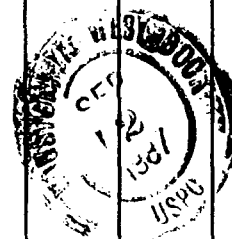
NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025614 9/8/87	First National Bank, Successor Co-Trustee & Jerry D. Jones Co-Trustee of Deann Jones Trust P. O. Box 1626 Levalland, TX 79336-1626				
025615 9/4/87	Nelva Ruth Herring Jones Route 1, Box 26 Fluvanna, TX 79517				
025616 9/7/87	Jones Robinson Company P. O. Box 2076 Roswell, NM 88201-2076				
025617 9/4/87	Thurman Jones, Jr. 14829 SE Fairwood Boulevard Renton, WA 98055				
025618 (no forwarding address)	Lavena Howard 1629 Sixteenth Street, Apt. #8 Lubbock, TX 79408				
025619	Katherine Cone Kleck 1801 Avenue of the Stars, Suite 430 Los Angeles, CA 90067				
025620 7/4/87	Marjorie Cone Kastman P. O. Box 5930 Lubbock, TX 79408-5930				
025621 9/4/87	Aubrey E. Kenyon P. O. Box 911 Hobbs, NM 88240-0911				
025622 9/4/87	David Bond Kyte c/o Estado Home Loan Co. Ste B 1900 State Street Santa Barbara, CA 93101				
025623 9/10/87	Betty M. Dreessen and Ingrid Powell, Trustees of the Mariee I. Kyte Revocable Living Turst P. O. Box 749 Los Altos, CA 94022-0749				
025624 9/10/87	Edward David Ladner 2116 South Detroit Avenue Tulsa, OK 74114				
TOTAL NUMBER OF PIECES LISTED BY SENDER 11		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE S. J. 2	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025625 9/4/87	Helen Louise Ladner 1020 North Corona Colorado Springs, CO 80903				
025626 9/10/87	Mildred M. Ladner 2116 South Detroit Avenue Tulsa, OK 74114				
025627 9/4/87	Allie M. Lee Trust United New Mexico Trust Co., Trustee P. O. Box 1977 Roswell, NM 88201-1977				
025628 9/13/87	Kay Levy 410 Menking Court Houston, TX 77024				
025629 9/4/87	Sue Herring Lloyd Star Route Fluvanna, TX 79517				
025630 9/4/87	Jerry W. Love 1109 Lindsey Circle Belton, TX 76513				
025631 9/10/87	Johnnie A. Love Route 4, Box 261F Caldwell, TX 77836				
025632 9/4/87	Margaret L. Mahon, Individually and Independent Executrix of the Estate of D. D. Mahon 3307 38th Street Lubbock, TX 79413				
025633 9/5/87	Violet Malaby 4571 Colver Road Talent, OR 97540				
025634	Billie Joe Markham 6524 East Julep Street Mesa, AZ 85205				
025635 9/4/87	C. B. Markham, Jr. 5090 Coors Road SW, No. 35 Albuquerque, NM 87105				
025636 9/4/87	Jack Markham First National Pioneer Building 1500 Broadway, Suite 1212 Lubbock, TX 80401				
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
12		(12)		DR	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025637 9/8/87	John Markham Route 2, Box 143 Idalou, TX 79329				
025638	Susan Crain Matsuura 178 Kaiiko Drive Honolulu, HI 96786				
025639 9/5/87	Joyce Matzenbacker 4110 NE 103 Road St. Vancouver, WA 98665				
025640	Malcolm McDuffie 711 East Walnut Street, Room 206 Pasadena, CA 91101				
025641 9/5/87	Joyce McGough 4110 NE 103 Road Street Vancouver, WA 98665				
025642 9/4/87	Interfirst Bank Dallas, N.A., Agent for Methodist Home, A Texas Non-Profit Corporation Department No. 0738 P. O. Box 84738 Dallas, TX 75284-0738				
025643 9/8/87	Lou Francis Mahon 9715 Tiltree Houston, TX 77075				
025644 9/4/87	J. Hiram Moore, Betty Jane Moore & Michael Harrison Moore, Trustees of The Moore Trust P. O. Box 10908 Midland, TX 79702-0908				
025645 9/4/87	Jo Ann Howard Garrison 5221 Ira Fort Worth, TX 76117				
025646 9/4/87	The Moran Partnership P. O. Box 1919 Hobbs, NM 88241-1919				
025647 9/4/87	Reese Cleveland c/o First City National Bank of Midland Account #50-110-00 P. O. Box 10966 Midland, TX 79702-0966				
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
11		11		DICK	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025648 <i>delivered</i> <i>(9/4/87?)</i>	Albert Lee Newsom and Dora B. Newsom, Trustees of the Newsom Revocable Living Trust 3383-C Punta Alta Laguna Hills, CA 92653				
025649 <i>9/4/87</i>	Lula C. Peterson, Representative for Estate of Arthur J. Pierce c/o First National Bank Account #115-39-23 P. O. Box 697 Destin, FL 32541-0697				
025650 <i>9/10/87</i>	Ingrid K. Powerll P. O. Box 416 Los Altos, CA 94022-0416				
025651 <i>9/5/87</i>	Robert C. Prater Box 1135 Hobbs, NM 88240-1135				
025652 <i>delivered</i> <i>(9/4/87?)</i>	Pete Proctor, Personal Ancillary Representative of the Estate of Julia Ruth Markham Proctor 2506 Redbud Odessa, TX 79761				
025653 <i>9/4/87</i>	Fannye Gae Ratcliff 2248 Demaret Drive Mesa, AZ 85205				
025654 <i>9/4/87</i>	Ann W. Morris 2865 Mac Vicar Topeka, KS 66611				
025655 <i>9/5/87</i>	Martha Rips 122 Bartlett San Antonio, TX 78209				
025656 <i>9/5/87</i>	Mary Patricia Ladner Robertson 1209 Canal Road R.D. 1 Princeton, NJ 08540				
025657	Iris Rigers P. O. Box 8044 Roswell, NM 88202-8044				
025658 <i>9/4/87</i>	Robert L. Rorschach 320 South Boston Avenue, Suite 708 Tulsa, OK 74103				
TOTAL NUMBER OF PIECES LISTED BY SENDER	11	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	11	NAME OF RECEIVING POSTAL EMPLOYEE TRZ	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025659 9/4/87	Interfirst Bank Dallas N.A. Escrow Agent for Sabine Royalty Trust Department No. 0887 Dallas, TX 75284-0887				
025660	Charles D. Sands P. O. Box 314 Elephant Butte, NM 87935-0314				
025661 9/4/87	Shriners Hospital for Crippled Children P. O. Box 0050 Tampa, FL 33655-0050				
025662 9/5/87	Blanche Shulie 160 East Fargo Street Stockton, CA 95204				
025663 9/4/87	June D. Speight Drawer 1687 Lovington, NM 88260				
025664 9/10/87	Eula Splittgerber Route 2, Box 2255 Belton, TX 76513				
025665 9/4/87	First National Bank Lubbock, Successor Trustee of J. E. Simmons Test Trust A, F/B/O Jean S. Sullican Trust Department, Account #101-3076 P. O. Box 1241 Lubbock, TX 79408-1241				
025666 9/4/87	First National Bank Lubbock, Successor Trustee of Beulah H. Simmons Test Trust A, F/B/O Jean S. Sullivan Trust Department, Account #101-3033 P. O. Box 1241 Lubbock, TX 79408-1241				
025667 9/5/87	Judith A. Becker 4231 Maple Lane Carmichael, CA 95608				
025668 9/4/87	Cassie M. Turland Tabor Route 1, Box 273 Salado, TX 76571				
025669 9/4/87	Joe F. Taylor 3002 Brentwood Amarillo, TX 79106				
TOTAL NUMBER OF PIECES LISTED BY SENDER 11		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	



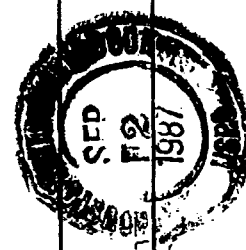
SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025670 9/3/87	Tenneco Oil Company Southwestern Division P. O. Box 100143 Houston, TX 77212-0143				
025671	Jo Dell Terrel Box 247 Magdalena, NM 87825-0247				
025672 9/4/87	Texaco, Inc. P. O. Box 3109 Midland, TX 79702-3109				
025673 (forwarding time expired) 9/10/87	Carolyn Wilmeth Truss 5101 Leonard Road Box 59 Bryan, TX 77801-0059				
025674 (refused)	A. A. Turland 1900 South Wall Belton, TX 76513				
025675 9/8/87	Ace Turland 610 Carmen Killeen, TX 76541				
025676	Ann Turland 1700 Hooten Killeen, TX 76541				
025677 9/4/87	Billie T. Turland Box 479 Ozona, TX 76943-0479				
025678 9/14/87	Charles G. Turland Box 26584 Austin, TX 78755-6584				
025679 9/5/87	Donald Turland 9331 Forest Lane, Apt. 1117 Dallas, TX 75243				
025680	Dorothy D. Turland 200 Mitchell Belton, TX 76513				
025681 9/4/87	Margaret Ethel R. Turland P. O. Box 658 Ozona, TX 76943-0658				
025682	Pat Turland 1700 Hooten Killeen, TX 76541				
TOTAL NUMBER OF PIECES LISTED BY SENDER 13		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 13		NAME OF RECEIVING POSTAL EMPLOYEE DRC	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025683 9/4/87	William H. Turland 1308 South 51st Street Temple, TX 76501				
025684 9/4/87	J. M. Welborn First National Pioneer Building 1500 Broadway, Suite 1212 Lubbock, TX 79401				
025685 9/5/87	Sallie Mae White 3418 36th Street Lubbock, TX 79413				
025686 9/4/87	Bonnie J. Wilmeth 2809 Peoria Avenue Lubbock, TX 79410				
025687 9/5/87	Billie Jean Wilmeth, Attorney in Fact for Elton Wilmeth 5115 47th Street Lubbock, TX 79414				
025688 9/9/87	Mack Wilmeth 1202 East Ward Street Brownfield, TX 79316				
025689 9/5/87	Mitchell Wilmeth 1163 East 25th Street San Angelo, TX 79303				
025690 7/3/87	Ross Alton Wilmeth 2427 West Main Houston, TX 77098				
025691 9/5/87	Thorn T. Wilmeth P. O. Box 298 Ralls, TX 79357-0298				
025692 9/8/87	Tandy Sueann Wilmeth 1163 East 25th Street San Angelo, TX 76903				
025693 9/9/87	Valley Sue Wilmeth 3720 33rd Street Lubbock, TX 79410				
025694 9/9/87	W. C. Wilmeth P. O. Box 69 Plains, TX 79355-0069				
025695 9/4/87	The Wiser Oil Company Department L 454 P Pittsburgh, PA 15264				
TOTAL NUMBER OF PIECES LISTED BY SENDER 13		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 13		NAME OF RECEIVING POSTAL EMPLOYEE DSE	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

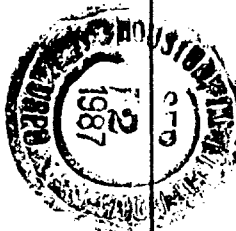
APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025696 9/4/87	United States Department of the Interior Bureau of Land Management New Mexico State Office ATTN Mr. Joseph M. Montoya Federal Building, South Federal Place P. O. Box 1449 Santa Fe, NM 87504-1449				
025697	John William Nichols P. O. Box 2177 Midland, TX 79701-2177				
025698 9/4/87	First National Bank of Midland Trustee for Trust #2071-12 Christopher Perkins Nichols P. O. Box 270 Midland, TX 79702-0270				
025699 9/5/87	Judith A. and Donald T. Becker 4231 Maple Lane Carmichael, CA 95608				
025700 9/5/87	Judith A. Becker 4231 Maple Lane Carmichael, CA 95608				
025701 9/10/87	Pauline Cowden P. O. Box 5316 San Angelo, TX 76902-5316				
025702 9/4/87	Louise P. Slagle P. O. Box 26509 Benbrook, TX 76126-6509				
025703 9/4/87	First National Bank Midland Trustee Under Trust #1055 P. O. Box 270 Midland, TX 79702-0270				
025704 9/5/87	Joe Gant P. O. Box 909 Carlsbad, NM 88220-0909				
025705 9/4/87	Teresa W. Irvin P. O. Box 13328 El Paso, TX 79913-3328				
025706 9/8/87	Maude M. Hooker LeFlore 6449 Lontos Dallas, TX 75214				
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
11		11		JRE	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025707 9/8/87	Catherine J. Nerwick 9604 Morrow Road NE Albuquerque, NM 87112				
025708 9/5/87	John Perkins, III 29510 Terra Vista Boerne, TX 78006				
025709 9/9/87	George L. Reese, Jr. District Judge P. O. Box 1776 Roswell, NM 88201-1776				
025710 9/4/87	Ethel E. and Mark W. Rogers Maria Manor, Apt. M-3 4158 Tamiami Trail Charlotte Harbor, FL 33952				
025711 9/4/87	John Simpson 877 Redfern Avenue Akron, OH 44314				
025712 9/4/87	Patricia J. Simpson 877 Redfern Avenue Akron, OH 44314				
025713 9/4/87	Leona L. Stagner 1605 Live Oak Carlsbad, NM 88220				
025714 delivered (9/10/87)	Ben F. Williams, Jr. P. O. Drawer W Douglas, AZ 85607				
025715 9/4/87	William A. Kolliker 3812 Hillcrest Drive El Paso, TX 79902				
025716 9/4/87	Betty Buttig, Trustee, Charles Gutman Trust Dated 04-30-56 Manufacturers Hanover Trust Co. P. T. Real Estate Department 600 Fifth Avenue, 2nd Floor New York, NY 10020				
025717 9/4/87	Jule L. Daniels 2409 Wooded Acres Waco, TX 76710				
025718 9/4/87	Fort Worth National Bank, Independent Executor U/W/O Roy S. Magruder, Deceased, Account #1059 P. O. Box 2402 Fort Worth, TX 76113-2402				
TOTAL NUMBER OF PIECES LISTED BY SENDER 12		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 12		NAME OF RECEIVING POSTAL EMPLOYEE [Signature]	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

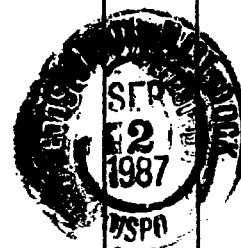
NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025719 9/5/87	Alfred E. Gutman 206 Winthrop Street Taunton, WA 02780				
025720 9/4/87	G. L. Gutman, Trustee Estate of Max Gutman P. O. Box 2823 Dallas, TX 75221-2823				
025721 9/4/87	Daniel L. Gutman 239 East 79th Street, Apt. 11E New York, NY 10021				
025722 9/10/87	Betty Gutman 16 Sutton Place New York, NY 10022				
025723 9/8/87	Edith G. and A. Walter Socolow, Trustees 45 East 82nd Street New York, NY 10028				
025724 9/9/87	Jane Blain Baker 5200 Hilltop Drive N-4 Brookhaven, PA 19015				
025725 9/4/87	H. W. Benischek 1216 Morningside Drive NE Albuquerque, NM 87110				
025726 9/8/87	Janet E. Benson Main Street Carver, MA 02330				
025727 9/5/87	Ella F. Blain The Briarcliff, Apt. 104 801 South Chester Road Swarthmore, PA 19081				
025728 9/5/87	Esther L. Blain The Briarcliff, Apt. 104 801 South Chester Road Swarthmore, PA 19081				
025729 9/4/87	Citizens National Bank & Trust Co. Oklahoma City Trustee U/W Charles Pfile, Deceased P. O. Box 1216 Oklahoma City, OK 73101				
025730 9/4/87	Eugene Coffelt Box 104 Bentonville, AR 72712				
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
12		12		VPE	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

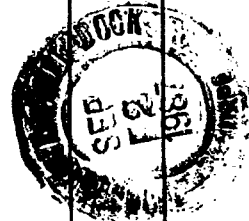
NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025731 9/4/87	E. L. Cooper 2620 Princeton Drive Durham, NC 27707				
025732 9/8/87	Helen I. Godfrey 610 West Maywood Street Peoria, IL 61604				
025733 9/4/87	Twila Goodding, Trustee U/Agent & Declaration Tr., Lucky Wright Royalty Syndicate Tr Re-Established, dated 12-01-78 P. O. Box 505 Farmington, NM 87401-0505				
025734 9/5/87	Laura Kaempf 1325 Valley View Drive, Apt. 202 Glendale, CA 91202				
025735 9/4/87	Liberty Trust Co., Trustee Trust No. 2007 P. O. Box 7159 Odessa, TX 79760-7159				
025736 9/4/87	Reuben I. Wolfson Properties 1999 Bryan Street, Suite 3140 Dallas, TX 75201				
025737 9/8/87	Raymond J. O'Connor, Jr. 400 Jefferson, Apt. 103 Springfield, IL 62701				
025738 9/5/87	Myrtle Pfile Box 18741 Oklahoma City, OK 73154-8741				
025739 delivered (9/4/87)	Philadelphia National Bank and Eileen Hart Hinkson and Charles H. Hinkson, Executors and Trustees U/W/O J. H. Ward Hinkson, Deceased Personal Trust Department Philadelphia, PA 19101				
025740 9/4/87	Betty Moran Rive 6223 Lupton Dallas, TX 75225				
025741	George F. Senner, Jr. 2849 West Myrtle Phoenix, AZ 85021				
TOTAL NUMBER OF PIECES LISTED BY SENDER 11		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 11		NAME OF RECEIVING POSTAL EMPLOYEE T. H. E.	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025742 9/3/87	A. E. Smith San Antonio Savings Association Account #06-105690-1 P. O. Box 1810 San Antonio, TX 78296-810				
025743 9/4/87	Southwestern Baptist Theological Seminary P. O. Box 22000 Fort Worth, TX 76122-2000				
025744 9/4/87	Ellie Spear 603 Seco Drive Hobbs, NM 88240				
025745 9/5/87	Howell Spear Box 206 Perkinston, MS 39573-0206				
025746 9/15/87	Frances B. Swarts 217 East Fifth Street Dixon, IL 61021				
025747 9/15/87	H. L. and Frances B. Swarts 217 East Fifth Street Dixon, IL 61021				
025748 9/3/87	Texas Commerce Bank NA Agent and AIR Trust Mineral Sec 63140 P. O. Box 200555 Houston, TX 77216-0555				
025749 9/4/87	Mary Ellen Todd 2032 Rose Lane Las Cruces, NM 88001				
025750 9/4/87	Sam Wolfson 1999 Bryan Street, Suite 340 Dallas, TX 75201				
025751 9/4/87	Mildred A. Wright P. O. Box 505 Farmington, NM 87401-0505				
025752 9/4/87	Ernest Frances Bradfield P. O. Box 587 Nowata, OK 74048-0587				
025753 9/4/87	Sam Campbell 1717 Norfolk, #3301 Lubbock, TX 79416				
TOTAL NUMBER OF PIECES LISTED BY SENDER 12		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 12		NAME OF RECEIVING POSTAL EMPLOYEE P.R.E.	





SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025754 9/4/87	Hubert E. Cone 4810 College Avenue Lubbock, TX 79413				
025755 9/15/87	L. M. Duncan 3404 37th Lubbock, TX 79413				
025756	George Eager 810 North Coddington Lincoln, NE 65828				
025757 9/4/87	Marion R. Eager 3530 South 38th Street Lincoln, NE 68506				
025758 9/4/87	R. H. Fulton P. O. Box 1526 Lubbock, TX 79408-1526				
025759 9/8/87	Julian W. Glass, Jr., Executor of Eva Payne Glass Estate P. O. Box 587 Nowata, OK 84048-0587				
025760 9/4/87	Julia J. Harmon Box 286 Nowata, OK 74048-0286				
025761 9/4/87	The Pennsylvania Bank & Trust Co. Trustee U/W of Albert W. Cone Warren, PA 16365				
025762 9/4/87	Donald M. Phillips P. O. Box 6908 Albuquerque, NM 87940				
025763 4/9/87	John W. Phillips P. O. Box 1379 La Jolla, CA 92038				
025764 9/4/87	Paul M. Phillips 3843 Park Boulevard San Diego, CA 92103				
025765 9/10/87	Pierre D. Phillips P. O. Box 700034 Tulsa, OK 74170				
025766 9/4/87	Wilma M. Phillips and Curtis Darling, Co-Executors of Estate of Ross M. Phillips 3843 Park Boulevard, Suite C San Diego, CA 92103				
TOTAL NUMBER OF PIECES LISTED BY SENDER 13		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 13		NAME OF RECEIVING POSTAL EMPLOYEE DCE	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001


APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025767 9/3/87	Rom Rhone 7625 Blue Hills Road Houston, TX 77069 <i>Correction: Rom Rhone 6234 Rolling Water Drive Houston, TX 77069</i>				
025768 9/4/87	A. L. Cone P. O. Box 3457 Lubbock, TX 79452				
025769 9/4/87	Julian W. Glass, Jr. Box 587 Nowata, OK 74048-0587				
025770 9/4/87	Julian W. Glass Special P. O. Box 587 Nowata, OK 74048-0587				
025771 9/4/87	The Pennsylvania Bank & Trust Co., Trustee of the Estate of Albert Walter Goal Warren, PA 16365				
025772 9/10/87	Pierre D. Phillips Trust No. 1 Under Declaration of Trust Dated 06-25-82 P. O. Box 700034 Tulsa, OK 74170				
025773 9/4/87	Tom W. Schnaubert Life Estate c/o Mary Irwinsky 3912 Eighth Avenue Fort Worth, TX 76110				
025774 9/4/87	Hazel E. Schwancke, Independent Executrix of the Estate of Duncan Schwancke 316 Linden Lane Lake Jackson, TX 77566				
025775 (not deliverable)	Florence Louise Woods 224 East Tucla Hobbs, NM 88240				
025776 9/4/87	George A. Moberly P. O. Box 228 Midland, TX 79701-0228				
025777 9/8/87	Daniel L. Hannifin P. O. Box 182 Roswell, NM 88201-0182				
025778 9/4/87	Gannye Gae Ratcliff, Independent Executrix of the Estate of C. B. Markham 3418 36th Lubbock, TX 79413				
TOTAL NUMBER OF PIECES LISTED BY SENDER 12		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 12		NAME OF RECEIVING POSTAL EMPLOYEE DRE	



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025779 9/4/87	First City National Bank and Reese Cleveland, Independent Co-Executors and Trustees U/W Roselle B. Cleveland Account #1-763-00-4 P. O. Box 2097 Midland, TX 79702-2097				
025780 9/4/87	Robert H. Hannifin P. O. Box 218 Midland, TX 79702-0218				
025781 9/5/87	Margaret Wygocki 721 Robins Road Lansing, MI 48917				
025782 9/4/87	Katheyn McCormick 2905 San Pable NE Albuquerque, NM 87110				
025783 9/4/87	Shriners Hospital for Crippled Children Agency #10027-00 Republic National Bank of Dallas, Agent P. O. Box 241 Dallas, TX 75221-0241				
025784 9/8/87	Davis A. Coppedge 466 Goodwin Drive Richardson, TX 75081				
025785 9/4/87	Jane Ellen Moore P. O. Box 356 Sherman, TX 75090-0356				
025786 9/4/87	Katie L. Storm 8620 B Memphis Lubbock, TX 79423				
025787 9/5/87	James T. Coppedge 79 West Morgan Spencer, IN 47460				
025788 9/4/87	Nora L. Markham 3418 36th Street Lubbock, TX 79413				
025789 9/4/87	Michael H. Moore Box 356 Sherman, TX 75090-0356				
025790 9/4/87	John Richard Williamson 3406 Humphrey S.E. Street Olympia, WA 98501				
					
TOTAL NUMBER OF PIECES LISTED BY SENDER	12	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	12	NAME OF RECEIVING POSTAL EMPLOYEE	
				DRE	

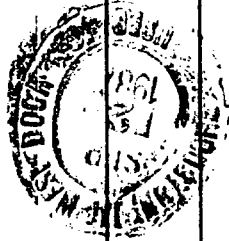
SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025791 9/4/87	Carlla Lynn Montgomery Antwine 1701 Pease Street Sweetwater, TX 79556				
025792 9/3/87	Melvin S. Cohn 5847 San Felipe, Suite 1700 Houston, TX 77057				
025793 9/5/87	Mary J. Dotson 206 Old Eagle Pass Road Carrizo Springs, TX 78834				
025794 9/8/87	John J. Christman First National Bank Building 1500 Broadway, Suite 800 Lubbock, TX 79401				
025795 9/10/87	Irene J. Schuler 1210 Highland Road Roswell, NM 88201				
025796 9/4/87	Mary J. McWhorter 2033 East Second Street Tucson, AZ 85719				
025797 9/9/87	Brent W. McWhorter 2701 East Aldine Phoenix, AZ 85332				
025798 9/4/87	Hayden M. Moberly 7106 McKamy Boulevard Dallas, TX 75248				
025799 9/12/87	Margaret Hannifin Voelker 1261 St. Tropez Circle Box 28 Orlando, FL 32806				
025800 9/8/87	Reuben I. Wolfson Properties Michael S. Wolfson, Partnership Manager 1999 Bryan Street, Suite 3140 Dallas, TX 75201				
025801 9/3/87	Fort Worth National Bank Trustee U/W of Roy S. Magruder P. O. Box 2605 Fort Worth, TX 76101				
025802 9/8/87	Edith C. Wheeler P. O. Box 64035 Lubbock, TX 79464-4035				
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
12		12		P. R. E.	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001


APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025803 9/8/87	Diane M. Landen P. O. Box 155 Allen, TX 75002-0155				
025804 9/6/87	Ann D. Allison P. O. Box 64035 Lubbock, TX 79464-4035				
025805 delivered (9/5/87?)	Julia Ruth Proctor 2506 Redbud Odessa, TX 79761				
025806 9/5/87	Betty Adkins 7107 South Hudson Circle Littleton, CO 80122				
025807 9/8/87	The Fort Worth National Bank, Trustee for the Katherine K. McIntyre Revocable Trust #4541 P. O. Box 2605 Fort Worth, TX 76101-2605				
025808 9/4/87	United New Mexico Trust Company, Trustee of the Allie M. Lee Trust P. O. Box 1977 Roswell, NM 88201-1977				
025809 9/4/87	The First City National Bank of Midland, Texas Trustee U/S/O Rozelle B. Cleveland, Account #20-0763-00 P. O. Box 10966 Midland, TX 79702-0966				
025810 9/4/87	Sallie Mae White 3418 36th Street Lubbock, TX 79413				
025811 9/4/87	Carrla Lynne Davis Antwine 1701 Pease Street Sweetwater, TX 79556				
025812 9/9/87	Bettina Blackmar P. O. Box 351 Luling, TX 78648-0351				
025813	Donald E. Blackmar P. O. Box 608 Roswell, NM 88201-0608				
025814 9/4/87	Richard A. Blackmar 1907 Adams Drive Roswell, NM 88201				
					
TOTAL NUMBER OF PIECES LISTED BY SENDER	12	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	12	NAME OF RECEIVING POSTAL EMPLOYEE	
				TAE	

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025815 9/8/87	Johnson Enterprises Limited Partnership P. O. Box 1713 Roswell, NM 88202-1713				
025816 9/8/87	S. P. Johnson, III and Patricia J. Cooper, Trustees of the Sylvester P. Johnson, Jr. Testamentary Trust P. O. Box 1713 Roswell, NM 88202-1713				
025817 9/5/87	Maxine B. Lombard 3980 Eighth Avenue #220 San Diego, CA 92103				
025818	Maude Fisher McBee R I Box 479 Monticello, IN 49760				
?- 025819 (attempted not known)	Donna Bryan P. O. Box 133 Berthoud, CO 80513-0133				
025820 9/4/87	Mary Lou Clark 317 North Kansas Cherokee, OK 73728				
025821 9/4/87	Annie M. Donaway Box 874 Putnam, TX 76469-0874				
025822 9/4/87	Gordon Donaway P. O. Box 4635 El Paso, TX 79914-4635				
025823 9/11/87	Harlan Donaway 1308 North Lauderdale Odessa, TX 79760				
025824 9/4/87	Milton Donaway P. O. Box 1058 Putnam, TX 76469-1058				
025825 (deceased)	Stella Donohue c/o Seabury Nursing Home 2443 West Sixteenth Odessa, TX 79763				
025826 9/4/87	Samuel P. Duffield and Mae Wach Duffield 1256 Camino Rio Verde Santa Barbara, CA 93111				
TOTAL NUMBER OF PIECES LISTED BY SENDER		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE		NAME OF RECEIVING POSTAL EMPLOYEE	
12					



SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025827 9/3/87	Lucille Evans 1117 North Sixteenth Street Abilene, TX 79601				
025828 9/8/87	Clara M. Graves 207 Quail Run Brownwood, TX 76801				
025829 9/8/87	Clara M. Graves, Trustee U/W of John Reese Graves, Deceased 207 Quail Run Brownwood, TX 76801				
025830 9/4/87	Oleta Hale 907 West Fourteenth Street Cisco, TX 76437				
025831 9/4/87	Ida Hazelwood Route 7, Box 856 Midland, TX 79701				
025832 9/4/87	Edith Ivie Box 1043 Putnam, TX 76469				
025833 9/4/87	Bonnie McCleskey 802 West Twelfth Street Cisco, TX 76437				
025834 9/6/87	Clara S. McKinley 2126 Princeton Street Wichita Falls, TX 76301				
025835 9/9/87	Laudis Irene Perrine Box 418 Clyde, TX 79510-0418				
025836 9/4/87	Gertrude Reese Route 4 Cisco, TX 76437				
025837 delivered (9/8/87?)	Dora Etta Stephens General Delivery Buckhorn, NM 88025				
025838 delivered (9/8/87?)	Ethel M. Stephens P. O. Box 115 Eunice, NM 88231-0115				
025839 9/4/87	F. M. Stephens, Jr. Route 1 Paden, OK 74860				
TOTAL NUMBER OF PIECES LISTED BY SENDER 13		TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE 13		NAME OF RECEIVING POSTAL EMPLOYEE DAE	

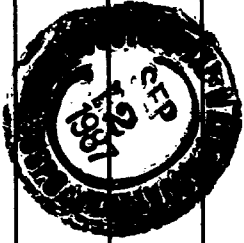


SHELL WESTERN E&P INC.

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025840 9/4/87	Grover C. Stephens 7304 Good Samaritan Court, No. 101 El Paso, TX 79912				
025841 9/4/87	Wayne C. Stephens 10928 Gary Player El Paso, TX 79935				
025842 <i>delivered</i> (9/5/87?)	William O. Stephens P. O. Box 115 Eunice, NM 88231-0115				
025843 9/4/87	Eva M. Toussaint Box 9047 806 Tonicte Incline Village, NV 89450				
025844 9/10/87	Irene H. Schuler 1210 Highland Road Roswell, NM 88201				
025845 9/4/87	Interfirst Bank Dallas, N.A. Escrow Agent Sabine Royalty Trust Department #0337 Dallas, TX 75284				
					
TOTAL NUMBER OF PIECES LISTED BY SENDER	6	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	SIX	NAME OF RECEIVING POSTAL EMPLOYEE DRE	

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:
Adeline Z. Cone
P. O. Box 10321
Lubbock, TX 79408

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025530

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)
LUBBOCK, TX 79408
SEP 3 1987

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:
Minnie Turland Adams
P. O. Box 121
Salado, TX 76571-0121

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025531

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
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:
Amoco Production Company
P. O. Box 201642
Houston, TX 77216-1642

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025532

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
SEP 3 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:
Republic Bank Dallas N.A.
Independent Executor U/W of Selma E. Andrews
Trust #0518801
P. O. Box 241
Dallas, TX 75221-0241

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025533

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
SEP 3 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:
Atlantic Richfield Company
P. O. Box 201690
Houston, TX 77216-1690

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025534

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
SEP 3 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:
Atlantic Richfield Company
P. O. Box 201690
Houston, TX 77216-1690

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025534

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
SEP 3 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:
Helen Jane Christmas Bart
P. O. Box 2767
Edmond, OK 73083-2767

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025536

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
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:
New Mexico Bank & Trust Co.
For Account of Opal Bart
Hobbs, NM 88240

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025537

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
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:
Roy G. Barton, Jr.
P. O. Box 978
Hobbs, NM 88240-0978

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025538

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
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:
Roy G. Barton, Jr., Trustee of
Roy G. Barton, Sr. and Op. I Barton
Revocable Trust
Box 978
Hobbs, NM 88240-0978

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025539
☒ Certified ☐ 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
9-5-87
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:
Dixie Bennett
5600 Oakmont Lane
Fort Worth, TX 76112

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025540
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-5-87
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:
Richard C. Bennett
5017 Circle Ridge Drive
Fort Worth, TX 76114

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025541
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-5-87
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:
Yarda Bennett
4900 Ridge Oak Drive
Austin, TX 78731

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025542
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-3-87
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:
Dorothy P. Black
4615 Clybourn Avenue
Toluca Lake, CA 91602

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025543
☒ Certified ☐ 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
9-12-87
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:
Republic National Bank
Agency No. 631-00, Agent for
Braille Institute of America
Trust Oil and Gas Dept.
P. O. Box 241
Dallas, TX 75221-0241

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025544
☒ Certified ☐ 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
SEP 0 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:
Joyce Ann Brown
909 North Alameda
Las Cruces, NM 88001

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025545
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-5-87
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:
Ronald J. Byers
1600 United Bank Tower
400 West Fifteenth Street
Austin, TX 78701

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025546
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-3-87
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:
S. E. Cone, Jr.
P. O. Box 10321
Lubbock, TX 79408-0321

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025547
☒ Certified ☐ 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
9-3-87
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:
Harry Campbell, Jr.
708 Arrowhead Circle
Garland, TX 75043

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025548
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Harry Campbell Jr*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
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:
Sandra Chaskin
4951 Glenmeadow
Houston, TX 77096

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025549
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Sandra Chaskin*
6. Signature - Agent
X *9-5*
7. Date of Delivery
9-5-87
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:
B. A. Christmas, Jr.
Chico Route
Raton, NM 87740

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025550
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *B. A. Christmas Jr*
7. Date of Delivery
9-12-87
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:
Bradford Ace Christmas
P. O. Box 173
Wagon Mound, NM 87752-0173

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025551
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Bradford Ace Christmas*
6. Signature - Agent
X *Mrs. Brad Christmas*
7. Date of Delivery
09-04-87
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:
Candy Christmas
P. O. Box 64278
Lubbock, TX 79464-4278

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025552
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Candy Christmas*
6. Signature - Agent
X
7. Date of Delivery
SEP 11 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:
Charles H. Coll
Box 1818
Roswell, NM 88201-1818

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025553
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *James F. Coll*
7. Date of Delivery
9-4-87
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:
James N. Coll
Box 1818
Roswell, NM 88201-1818

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025554
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *James N. Coll*
7. Date of Delivery
9-4-87
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:
Jon F. Coll
Box 1818
Roswell, NM 88201-1818

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025555
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *James N. Coll*
7. Date of Delivery
9-4-87
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:
Max W. Coll, II
Box EE
Santa Fe, NM 87502

4. Type of Service: Article Number
☐ Registered ☐ Insured ☒ Certified COD 025556
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 4-7-83

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 boxes for service(s) requested.

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

3. Article Addressed to:
Commissioner of Public Lands
State of New Mexico
P. O. Box 1148
Santa Fe, NM 87501-1148

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025557
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
SEP 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
J. R. Cone
P. O. Box 10217
Lubbock, TX 79408-0217

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025558
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Kathleen Milweth Cowart
1402 Sixteenth Street
Plains, TX 79355

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025559
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Ollie Gann Cowden
Box 579
Carlsbad, NM 88220-0579

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025560
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
9-15-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Charles Doyle Crain
3207 Park Hills Drive
Austin, TX 78746

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025561
☒ Certified ☐ 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
9-3-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Cheryl Margaret Crain
7030 Meadow Creek Drive
Dallas, TX 75240

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025562
☒ Certified ☐ 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
9-15-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Michael W. Crain
3625 Centenary Drive
Dallas, TX 75225

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025563
☒ Certified ☐ 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
9-3-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Patricia Crain
901 South Cott, No. 1043
Richardson, TX 75080

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025564
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Roxann K. Crain
7030 Meadow Creek
Dallas, TX 75240

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025565
☒ Certified ☐ 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
9-15-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Walter Robert Crain
Thanksgiving Tower, Suite 960
Box 50
Dallas, TX 75201-0050

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025566

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9/8/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Billie June Crow
P. O. Box 643
Roswell, NM 88201-0643

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025567

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

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

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:

Earl D. Crow
Route 3, Box 3177
Pearland, TX 77581

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025568

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9-14-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

RepublicBank First National Midland,
Trustee for Jessie Blevins Crump
Trust #1069
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025569

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 C. Bevins & Texas American Bank,
Co-Trustees of Joe & Jessie Crump Fund #2312
Drawer No. 99033
Fort Worth, TX 76199

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025570

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

08 SEP 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Margaret Hamm Curry
Box 0 - Box 135
Montgomery, TX 77356-0135

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025571

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

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

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:

Edwin L. Cox,
Trustee of DCF Trusts
3800 First National Bank Building
1400 Elm
Dallas, TX 75202

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025572

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

SEP 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Juanella G. Wilmeth Dalda
87 Pine Oaks Road
Oroville, CA 95965

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025573

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

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

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 P. Dangle
Drawer 1687
Lovington, NH 88260

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025574

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

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

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:
Miller Daniel
P. O. Box 3728
Lubbock, TX 79452-3728

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025575
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
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

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:
Elizabeth Dekker
6535 West 114th Avenue
Westminster, CO 80020

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025576
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Greg Dodd
154 East 29th Street, 46G
New York, NY 10016

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025577
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9/5
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Bank of California NA,
Trustee of Betty Kyte Dreesen Trust
Nos. 2-2010 and 2-2013
Real Estate Operations
P. O. Box 7629
San Francisco, CA 94119-7629

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025579
☐ 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. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Edward Dreesen, Jr.
P. O. Box 416
Los Altos, CA 94022-0416

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025581
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
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

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:
Juanelle Jones Dunn
1120 Linda Vista Avenue
Hapa, CA 94558

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025582
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9/11/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 L. Cobb
1722 Broadway Street
Lubbock, TX 79401-3014

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025583
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4
8. Addressee's Address (ONLY if requested and fee paid)

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 boxes for service(s) requested.

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

3. Article Addressed to:
Elliott Oil Company
P. O. Box 1355
Roswell, NM 88201-1355

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Express Mail 025584

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *Paul J. Henderson*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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 boxes for service(s) requested.

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

3. Article Addressed to:
Fairway Oil & Gas Co.
P. O. Box 2280
Midland, TX 79702-2280

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Express Mail 025585

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *Sharon Henderson*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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 boxes for service(s) requested.

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

3. Article Addressed to:
First National Bank of Midland
Trustee for Trust No. 320
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Express Mail 025586

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *James King*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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 boxes for service(s) requested.

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

3. Article Addressed to:
First National Bank of Midland
Trustee for Trust No. 319
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Express Mail 025587

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *James King*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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 boxes for service(s) requested.

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

3. Article Addressed to:
Catherine Ruth Ham
O Hemecourt
Star Route 3, Box 751
New Braunfels, TX 78130

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Express Mail 025588

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Catherine Ham*
6. Signature - Agent
X
7. Date of Delivery
9/4/87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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 boxes for service(s) requested.

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

3. Article Addressed to:
Theresa Morrow Ham
1819 Cypress Rapids Drive
New Braunfels, TX 78130

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Express Mail 025589

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Theresa Morrow Ham*
6. Signature - Agent
X
7. Date of Delivery
SEP - 8 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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 boxes for service(s) requested.

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

3. Article Addressed to:
Owen W. McWhorter
3019 21st Street
Lubbock, TX 79410

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Express Mail 025591

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Owen W. McWhorter*
6. Signature - Agent
X
7. Date of Delivery
SEP 11 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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 boxes for service(s) requested.

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

3. Article Addressed to:
Hamon Operating Company
c/o Fina Oil & Chemical Co.
P. O. Box 2159
Dallas, TX 75221-2159

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Express Mail 025592

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *Kevin Metchy*
7. Date of Delivery
SEP 11 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Polk Shelton
9110 Bluff Springs Road
Austin, TX 78744

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025593

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Nanaho, Ltd.
P.O. Box 2280
Midland, TX 79702-2280

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025594

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
First National Bank Lubbock,
Successor Trustee of J. E. Simmons
Test Trust B F/B/O Mary Jane Hand
Trust Department
Account #101-3084
P.O. Box 1242
Lubbock, TX 79408-1242

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025595

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
First National Bank Lubbock,
Successor Trustee of Beulah H. Simmons
Test Trust B F/B/O Mary Jane Hand
Trust Department
Account #101-3084
P.O. Box 1241
Lubbock, TX 79408-1241

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025596

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Juanita L. Harris
2125 North 20th
Arlene, TX 79603

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025597

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Edith Minnie Harsin
15713 Osage Avenue
Lawndale, CA 90260

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025598

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Hendrick Medical Center
1242 North 19th Street
Arlene, TX 79601

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025599

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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. H. Herd
Box 130
Midland, TX 79702-0130

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025600

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
SEP 4 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Homer Herring
Route 21, Box 428A
Tyler, TX 75709

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail 025601

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
SEP 4 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
La Verne Herring
2105 43rd Street
Snyder, TX 79515

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025602
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *La Verne Herring*
6. Signature - Agent
X
7. Date of Delivery
7-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Ray Herring
Box 17
Fluvanna, TX 79517-0017

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025603
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Ray Herring*
6. Signature - Agent
X
7. Date of Delivery
7-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Mary T. Christmas Holladay
P. O. Box 11041
Spring, TX 77391-1041

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025605
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Mary Christmas*
6. Signature - Agent
X
7. Date of Delivery
7-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Howard P. Holmes
Box 667
Hobbs, NM 88240-0667

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025606
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Howard Holmes*
6. Signature - Agent
X
7. Date of Delivery
7-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Pearlie Hopkins
1902 White
Killeen, TX 76541

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025607
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Pearlie Hopkins*
6. Signature - Agent
X
7. Date of Delivery
9-14-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Hunter Oil Corporation
2020 Civic Circle
Amarillo, TX 79109

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025608
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Falcon Oil Corporation
P. O. Box 2266
Midland, TX 79702-2266

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025609
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *John*
7. Date of Delivery
SEP - 5 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Evelyn Jeter
HCP 7, Box 152
Lamesa, TX 79331

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025610
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Evelyn Jeter*
6. Signature - Agent
X
7. Date of Delivery
9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

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 boxes for service(s) requested.

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

3. Article Addressed to:
Alice Jones
1915 - 30th Street
Lubbock, TX 79411

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025612
☐ 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
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

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 boxes for service(s) requested.

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

3. Article Addressed to:
First National Bank, Successor
Co-Trustee & Jerry O. Jones,
Co-Trustee of Belinda Jones Trust
P. O. Box 1626
Levelland, TX 79336-1626

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025613
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

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 boxes for service(s) requested.

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

3. Article Addressed to:
First National Bank, Successor
Co-Trustee & Jerry O. Jones
Co-Trustee of Deann Jones Trust
P. O. Box 1626
Levelland, TX 79336-1626

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025614
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

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 boxes for service(s) requested.

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

3. Article Addressed to:
Nelva Ruth Herring Jones
Route 1, Box 26
Fluvanna, TX 79517

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025615
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

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 boxes for service(s) requested.

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

3. Article Addressed to:
Jones Robinson Company
P. O. Box 2076
Roswell, NM 88201-2076

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025616
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

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 boxes for service(s) requested.

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

3. Article Addressed to:
Thurman Jones, Jr.
14829 SE Fairwood Boulevard
Renton, WA 98055

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025617
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3871, July 1983

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:
Marjorie Cone Kastman
P. O. Box 5930
Lubbock, TX 79408-5930

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025620
☐ Certified ☐ 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
SEP 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3871, July 1983

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:
Aubrey E. Kenyon
P. O. Box 911
Hobbs, NH 88240-0911

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025621
☐ Certified ☐ 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
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3871, July 1983

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 Bond Kyle
c/o Estado Home Loan Co. Ste B
1900 State Street
Santa Barbara, CA 93101

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025622
☐ Certified ☐ 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
9/4

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

DOMESTIC RETURN RECEIPT

PS Form 3871, July 1983

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:
Betty H. Dreesen and
Ingrid Powell, Trustees of the
Marilee I. Kyte Revocable Living Trust
P. O. Box 749
Los Altos, CA 94022-0749

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025623
☐ Certified ☐ 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 3871, July 1983

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:
Edward David Ladner
2116 South Detroit Avenue
Tulsa, OK 74114

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025624
☐ Certified ☐ 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 3871, July 1983

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:
Ladner
Corona
Springs, CO 80903

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025625
☐ Certified ☐ 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
SEP - 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3871, July 1983

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 M. Ladner
2116 South Detroit Avenue
Tulsa, OK 74114

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025626
☐ Certified ☐ 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 3871, July 1983

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:
Allie M. Lee Trust
United New Mexico Trust Co., Trustee
P. O. Box 1977
Roswell, NH 88201-1977

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025627
☐ Certified ☐ 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 3871, July 1983

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:
Kay Levy
410 Menking Court
Houston, TX 77024

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025628
☐ Certified ☐ 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

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 boxes for service(s) requested.

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

3. Article Addressed to:
Sue Herring Lloyd
Star Route
Fluvanna, TX 79517

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025629
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Sue Herring Lloyd*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Jerry W. Love
1109 Lindsey Circle
Belton, TX 76513

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025630
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Jerry W. Love*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Johnnie A. Love
Route 4, Box 261F
Caldwell, TX 77836

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025631
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Johnnie A. Love*
6. Signature - Agent
X
7. Date of Delivery
9-11-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Margaret L. Mahon, Individually and
Independent Executrix of the
Estate of D. D. Mahon
3307 38th Street
Lubbock, TX 79413

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025632
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Margaret Mahon*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Violet Malaby
4571 Colver Road
Talent, OR 97540

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025633
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Violet Malaby*
6. Signature - Agent
X
7. Date of Delivery
9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Billie Joe Markham
6524 East Julep Street
Mesa, AZ 85205

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025634
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Billie Joe Markham*
6. Signature - Agent
X
7. Date of Delivery
9-14-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
C. B. Markham, Jr.
5090 Coors Road SW, No. 35
Albuquerque, NM 87105

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025635
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *John Markham*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Jack Markham
First National Pioneer Building
1500 Broadway, Suite 1212
Lubbock, TX 80401

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025636
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Jack Markham*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
John Markham
Route 2, Box 143
Idolou, TX 79329

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025637
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *John Markham*
6. Signature - Agent
X
7. Date of Delivery
9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Joyce McLaugh
4110 NE 103 Road Street
Vancouver, WA 98665

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025641
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Joyce McLaugh*
6. Signature - Agent
X
7. Date of Delivery
7/5/83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Interfirst Bank Dallas, N.A.,
Agent for Methodist Home,
A Texas Non-Profit Corporation
Deputy Unit No. 073H
P. O. Box 84738
Dallas, TX 75284-0738

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025642
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
7/5/83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Lou Francis Mahon
9715 Tiltree
Houston, TX 77015

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025643
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Lou Francis Mahon*
6. Signature - Agent
X
7. Date of Delivery
7/5/83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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. Brian Moore, Betty Jane Moore &
Michael Harrison Moore, Trustees of
The Moore Trust
P. O. Box 16740
Midland, TX 79702-0740

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025644
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
7/5/83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Dr. Ann Howard Garrison
5221 Ira
Fort Worth, TX 76117

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025645
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Ann Howard Garrison*
6. Signature - Agent
X
7. Date of Delivery
7-4-83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
The Moran Partnership
P. O. Box 1919
Hills, NM 87011-1919

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025646
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *C. C. Moran*
6. Signature - Agent
X
7. Date of Delivery
7/4/83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Joyce Matzenbacker
4110 NE 103 Road St.
Vancouver, WA 98665

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025639
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Joyce Matzenbacker*
6. Signature - Agent
X
7. Date of Delivery
7/5/83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Malcolm McDuffie
711 East Walnut Street, Room 206
Pasadena, CA 91101

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025640
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *B. Karlstad*
7. Date of Delivery
7-9-83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Reese Cleveland
c/o First City National Bank of Midland
Account #50-110-00
P. O. Box 10966
Midland, TX 79702-0966

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025647
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Charles Rodriguez*

7. Date of Delivery
9-9-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Albert Lee Newson and
Dora B. Newson, Trustees of the
Newson Revocable Living Trust
3383-C Punta Alta
Laguna Hills, CA 92653

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025648
☐ 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. Addressee's Address (ONLY if requested and fee paid)
Mr. Lee Newson

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Lula C. Peterson, Representative
for Estate of Arthur J. Pierce
c/o First National Bank
Account #115-39-23
P. O. Box 697
Destin, FL 32541-0697

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025649
☐ 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. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Ingrid K. Powell
P. O. Box 416
Los Alitos, CA 94022-0416

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025650
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Ingrid Powell*

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

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 boxes for service(s) requested.

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

3. Article Addressed to:
Robert C. Prater
Box 1135
Hobbs, NM 88240-1135

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025651
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *R. C. Prater*

6. Signature - Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Pete Proctor, Personal Ancillary
Representative of the Estate of
Julia Ruth Markham Proctor
2506 Redbud
Odessa, TX 79761

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025652
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Pete Proctor*

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

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 boxes for service(s) requested.

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

3. Article Addressed to:
Fanny Gae Ratcliff
2248 Dewar Drive
Pesa, AZ 85205

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025653
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Fanny Ratcliff*

6. Signature - Agent
X

7. Date of Delivery
7/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Ann M. Morris
2865 Mac Vicar
Topeka, KS 66611

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025654
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Ann Morris*

6. Signature - Agent
X

7. Date of Delivery
SEP - 9 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Martha Rips
122 Bartlett
San Antonio, TX 78209

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025655
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Martha Rips*

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

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 boxes for service(s) requested.

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

3. Article Addressed to:

Mary Patricia Ladner Robertson
1209 Canal Road R.D. 1
Princeton, NJ 08540

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025656

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *M. Robertson*

6. Signature - Agent

X

7. Date of Delivery

SEP 10 1983

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Iris Riggs
P. O. Box 8044
Roswell, NM 88202-8044

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025657

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Iris Riggs*

6. Signature - Agent

X

7. Date of Delivery

SEP 10 1983

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Robert L. Rorschach
320 South Boston Avenue, Suite 708
Tulsa, OK 74103

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025658

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Robert L. Rorschach*

6. Signature - Agent

X

7. Date of Delivery

9-11-83

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Interfirst Bank Dallas N.A.
Escrow Agent for Sabine Royalty Trust
Department No. 0887
Dallas, TX 75284-0887

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025659

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1983

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:

Shriners Hospital for Crippled Children
P. O. Box 0050
Tampa, FL 33655-0050

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025661

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1983

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Blanche Shulie
160 East Faron Street
Stockton, CA 95204

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025662

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Blanche Shulie*

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

June D. Speight
Drawer 1687
Lovington, NM 88260

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025663

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *June D. Speight*

6. Signature - Agent

X

7. Date of Delivery

SEP 11 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Eula Splittergerber
Route 2, Box 2255
Belton, TX 76513

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025664

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Eula Splittergerber*

6. Signature - Agent

X

7. Date of Delivery

9-16-87

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:
First National Bank Lubbock,
Successor Trustee of J. E. Simmons
Test Trust A, F/B/O Jean S. Sullivan
Trust Department, Account #101-3076
P. O. Box 1241
Lubbock, TX 79408-1241

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025665
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
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.

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

3. Article Addressed to:
First National Bank Lubbock,
Successor Trustee of Beulah H. Simmons
Test Trust A, F/B/O Jean S. Sullivan
Trust Department, Account #101-3033
P. O. Box 1241
Lubbock, TX 79408-1241

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025666
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
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.

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

3. Article Addressed to:
Judith A. Becker
4231 Maple Lane
Carmichael, CA 95608

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025667
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-5-87
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:
Cassie M. Turland Tabor
Route 1, Box 273
Salado, TX 76571

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025668
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
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:
Joe F. Taylor
3002 Brentwood
Amarillo, TX 79106

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025669
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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
Southwestern Division
P. O. Box 100143
Houston, TX 77212-0143

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025670
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
9-3-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Jo Dell Terrell
Box 247
Magdalena, NM 87825-0247

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025671
☐ 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
X
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Texaco, Inc.
P. O. Box 3109
Midland, TX 79702-3109

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025672
☐ 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
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Carolyn Wilmet Truss
5101 Leonard Road
Box 59
Bryan, TX 77801-0059

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025673
☐ 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
X
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Ace Turland
610 Carmen
Killeen, TX 76541

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025675
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee
X

6. Signature - Agent
X *Ace Turland*

7. Date of Delivery
9-8-87

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 boxes for service(s) requested.

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

3. Article Addressed to:
Billie T. Turland
Box 479
Cocoa, TX 76913-0479

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025677
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee
X

6. Signature - Agent
X *Billie T. Turland*

7. Date of Delivery
9-4-87

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 boxes for service(s) requested.

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

3. Article Addressed to:
Charles G. Turland
Box 26584
Austin, TX 78755-6584

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025678
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee
X *Charles G. Turland*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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 boxes for service(s) requested.

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

3. Article Addressed to:
Donald Turland
9331 Forest Lane, Apt. 1117
Dallas, TX 75243

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025679
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee
X *Donald Turland*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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 boxes for service(s) requested.

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

3. Article Addressed to:
Margaret Ethel R. Turland
P. O. Box 658
Cocoa, TX 76943-0658

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025681
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee
X

6. Signature - Agent
X *Margaret Ethel R. Turland*

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

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:

William H. Turland
1308 South 51st Street
Temple, TX 76701

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025683

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *William H. Turland*

6. Signature - Agent

X

7. Date of Delivery

7-4-83

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

DOMESTIC RETURN RECEIPT

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:

J. M. Melborn
First National Pioneer Building
1500 Broadway, Suite 1212
Lubbock, TX 79401

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025684

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *J. M. Melborn*

6. Signature - Agent

X

7. Date of Delivery

7-4-83

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

DOMESTIC RETURN RECEIPT

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:

Sallie Mae White
3418 36th Street
Lubbock, TX 79413

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025685

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Sallie Mae White*

6. Signature - Agent

X *[Signature]*

7. Date of Delivery

7-5-83

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

DOMESTIC RETURN RECEIPT

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:

Bonnie J. Wilmeth
2809 Peoria Avenue
Lubbock, TX 79410

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025686

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Bonnie J. Wilmeth*

6. Signature - Agent

X

7. Date of Delivery

7-4-83

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

DOMESTIC RETURN REC

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:

Billie Jean Wilmeth,
Attorney in Fact for Elton Wilmeth
5115 47th Street
Lubbock, TX 79414

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025687

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Billie Jean Wilmeth*

6. Signature - Agent

X

7. Date of Delivery

7-4-83

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:

Mack Wilmeth
1202 East Ward Street
Brownfield, TX 79316

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025688

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *[Signature]*

6. Signature - Agent

X *[Signature]*

7. Date of Delivery

7-4-83

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

DOMESTIC RETURN RECEIPT

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:

Mitchell Wilmeth
1163 East 25th Street
San Angelo, TX 79203

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025689

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Mitch Wilmeth*

6. Signature - Agent

X

7. Date of Delivery

7-5-83

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:

Ross Alton Wilmeth
2427 West Main
Houston, TX 77098

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025690

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Ross Alton Wilmeth*

6. Signature - Agent

X

7. Date of Delivery

7-5-83

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:

Thorn T. Wilmeth
P.O. Box 248
Ralls, TX 79357-0428

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025691

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Thorn T. Wilmeth*

6. Signature - Agent

X *[Signature]*

7. Date of Delivery

7-5-83

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:
Tandy Sueann Wilmeth
1163 East 25th Street
San Angelo, TX 76903

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025692
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Tandy Sueann Wilmeth*
6. Signature - Agent
X
7. Date of Delivery
9/8/87
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:
Valley Sue Wilmeth
3720 33rd Street
Lubbock, TX 79410

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025693
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Valley Sue Wilmeth*
6. Signature - Agent
X
7. Date of Delivery
9/8/87
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:
W. C. Wilmeth
P. O. Box 69
Plains, TX 79355-0069

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025694
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *W.C. Wilmeth*
6. Signature - Agent
X
7. Date of Delivery
9/8/87
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:
The Wiser Oil Company
Department L 451 P
Pittsburgh, PA 15264

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025695
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
9/8/87
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:
United States Department of the Interior
Bureau of Land Management
New Mexico State Office
ATTN Mr. Joseph M. Montoya
Federal Building, South Federal Place
P. O. Box 1449
Santa Fe, NM 87504-1449

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025696
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *MONICA L. MARTINEZ*
7. Date of Delivery
9/8/87
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:
Judith A. Becker
4231 Maple Lane
Carmichael, CA 95608

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025700
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Judith A. Becker*
6. Signature - Agent
X
7. Date of Delivery
9/5/87
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.
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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
First National Bank of Midland
Trustee for Trust #2071-12
Christopher Perkins Nichols
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025698
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *Robert King*
7. Date of Delivery
9/5/87
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:
Judith A. and Donald T. Becker
4231 Maple Lane
Carmichael, CA 95608

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025699
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Judith A. Becker*
6. Signature - Agent
X
7. Date of Delivery
9/5/87
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.
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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Judith A. Becker
4231 Maple Lane
Carmichael, CA 95608

4. Type of Service: Article Number
☒ Registered ☐ Insured
☒ Certified ☐ COD 025700
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Judith A. Becker*
6. Signature - Agent
X
7. Date of Delivery
9/5/87
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:
Pauline Cowden
P. O. Box 5316
San Angelo, TX 76902-5316

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025701
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Pauline Cowden*

6. Signature - Agent
X

7. Date of Delivery
9-10-87

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

3. Article Addressed to:
Louise P. Slagle
P. O. Box 26509
Benbrook, TX 76126-6509

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025702
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Louise P. Slagle*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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:
First National Bank Midland
Trustee Under Trust #1055
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025703
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Forest King*

7. Date of Delivery
9-4-87

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:
Joe Gant
P. O. Box 909
Carlsbad, NM 88220-0909

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025704
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Joe Gant*

6. Signature - Agent
X

7. Date of Delivery
Sept 5 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:
Teresa W. Irvin
P. O. Box 13328
El Paso, TX 79913-3328

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025705
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Teresa W. Irvin*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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:
Maude M. Hooker LeFlore
6449 Lontos
Dallas, TX 75214

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025706
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Maude M. Hooker*

6. Signature - Agent
X

7. Date of Delivery
9-8-87

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:
Catherine J. Herwick
9604 Morrow Road NE
Albuquerque, NM 87112

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025707
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Catherine Herwick*

6. Signature - Agent
X

7. Date of Delivery
9-8-87

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 Perkins, III
29510 Terra Vista
Boerne, TX 78006

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025708
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *John Perkins*

6. Signature - Agent
X

7. Date of Delivery
9-5-87

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:
George L. Reese, Jr.
District Judge
P. O. Box 1776
Roswell, NM 88201-1776

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025709
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *George Reese*

6. Signature - Agent
X

7. Date of Delivery
9-9-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:
Ethel E. and Mark W. Rogers
Maria Manor, Apt. M-3
4158 Tamiami Trail
Charlotte Harbor, FL 33952

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025710
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *E. E. Rogers*

6. Signature - Agent
X

7. Date of Delivery
9/4/87

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:
John Simpson
877 Redfern Avenue
Akron, OH 44314

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025711
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *John Simpson*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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:
Patricia J. Simpson
877 Redfern Avenue
Akron, OH 44314

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025712
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Patricia J. Simpson*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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

3. Article Addressed to:
Leona L. Stagner
1505 Live Oak
Carlsbad, NM 88220

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025713
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Leona L. Stagner*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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

3. Article Addressed to:
Ben F. Williams, Jr.
P. O. Drawer W
Douglas, AZ 85607

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025714
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Ben F. Williams, Jr.*

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:
William A. Kolliter
3812 Hillcrest Drive
El Paso, TX 79902

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025715
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *W. A. Kolliter*

7. Date of Delivery
9/4/87

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

3. Article Addressed to:
Betty Buttag, Trustee,
Charles Gutman Trust Dated 04-30-56
Manufacturers Hanover Trust Co.
P. T. Real Estate Department
600 Fifth Avenue, 2nd Floor
New York, NY 10020

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025716
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Betty Buttag*

6. Signature - Agent
X

7. Date of Delivery
9/4/87

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

3. Article Addressed to:
Jule L. Daniels
2409 Wooded Acres
Waco, TX 76710

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025717
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Jule L. Daniels*

7. Date of Delivery
9-4-87

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:
Fort Worth National Bank, Independent Executor
U/W/O Roy S. Magruder, Deceased, Account #1059
P. O. Box 2402
Fort Worth, TX 76113-2402

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified COD 025718
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Roy S. Magruder*

7. Date of Delivery
9/4/87

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

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:
Alfred E. Gutman
206 Winthrop Street
Taunton, MA 02780

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025719
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *Alfred E. Gutman*
7. Date of Delivery
9/5/87
8. Addressee's Address (ONLY if requested and fee paid)

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:
G. L. Gutman, Trustee
Estate of Max Gutman
P. O. Box 2823
Dallas, TX 75221-2823

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025720
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *G. L. Gutman*
7. Date of Delivery
SEP 04 1987
8. Addressee's Address (ONLY if requested and fee paid)

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:
Daniel L. Gutman
239 East 79th Street, Apt. 11E
New York, NY 10021

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025721
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Daniel L. Gutman*
6. Signature - Agent
X
7. Date of Delivery
9/1/87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Betty Gutman
16 Sutton Place
New York, NY 10022

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025722
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *Betty Gutman*
7. Date of Delivery
9/5/87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Edith G. and A. Walter Socolow, Trustees
45 East 82nd Street
New York, NY 10028

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025723
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X *Edith G. and A. Walter Socolow*
7. Date of Delivery
9/5/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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:
Jane Blain Baker
5200 Hilltop Drive N-4
Brookhaven, PA 19015

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025724
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Jane Blain Baker*
6. Signature - Agent
X
7. Date of Delivery
9/5/87
8. Addressee's Address (ONLY if requested and fee paid)

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:
M. W. Benischek
1216 Horningside Drive NE
Albuquerque, NM 87110

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025725
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *M. W. Benischek*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Janet E. Benson
Main Street
Carver, MA 02330

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025726
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Janet E. Benson*
6. Signature - Agent
X
7. Date of Delivery
9/5/87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Ella F. Blain
The Briarcliff, Apt. 104
801 South Chester Road
Swarthmore, PA 19081

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025727
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Ella F. Blain*
6. Signature - Agent
X
7. Date of Delivery
9/5/87
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:
Esther L. Blain
The Briarcliff, Apt. 104
801 South Chester Road
Swarthmore, PA 19081

4. Type of Service: Article Number
☒ Registered ☐ Insured
☐ Certified ☐ COD 025728
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Esther L. Blain*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
9-8-87

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:
Citizens National Bank & Trust Co.
Oklahoma City Trustee, U/W
Charles Pfile, Deceased
P. O. Box 1216
Oklahoma City, OK 73101

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025729
☐ 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
9-9-87

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:
Eugene Coffelt
Box 104
Bentonville, AR 72712

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025730
☐ 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
9/10

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:
E. L. Cooper
2620 Princeton Drive
Durham, NC 27707

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025731
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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:
Helen J. Godfrey
610 West Haywood Street
Peoria, IL 61604

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025732
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
9-8-87

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:
Twila Goodding, Trustee U/Agent &
Declaration Tr., Lucky Wright Royalty
Syndicate, Inc. Re-Established, dated 12-01-78
P. O. Box 505
Farmington, NH 07401-0505

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025733
☐ 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
9-4-87

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:
Laura Kaempf
1325 Valley View Drive, Apt. 302
Glendale, CA 91202

4. Type of Service: Article Number
☒ Registered ☐ Insured
☐ Certified ☐ COD 025734
☐ 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
9/5/87

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:
Liberty Trust Co.,
Trustee Trust No. 2007
P. O. Box 7159
Odessa, TX 79760-7159

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025735
☐ 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
9-4-87

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:
Reuben I. Wolfson Properties
1959 Bryan Street, Suite 3140
Dallas, TX 75201

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025736
☐ 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
9-4-87

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

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:
Raymond J. O'Connor, Jr.
400 Jefferson, Apt. 103
Springfield, IL 62701

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail **025737**

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

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Myrtle Pfile
Box 18741
Oklahoma City, OK 73154-8741

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail **025738**

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

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Philadelphia National Bank and Eileen Hart
Hinkson and Charles H. Hinkson, Executors
and Trustees U/W/O J. H. Ward Hinkson, Deceased
Personal Trust Department
Philadelphia, PA 19101

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail **025739**

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

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Betty Moran Rive
6223 Lupton
Dallas, TX 75225

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail **025740**

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

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
SEP 4 - 1987
8. Addressee's Address (ONLY if requested and fee paid)

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:
A. E. Smith
San Antonio Savings Association
Account #06-105690-1
P. O. Box 1810
San Antonio, TX 78296-310

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail **025742**

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

5. Signature - Addressee
X
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
SEP - 3 1987
8. Addressee's Address (ONLY if requested and fee paid)

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:
Southwestern Baptist Theological Seminary
P. O. Box 22000
Fort Worth, TX 76122-7100

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail **025743**

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

5. Signature - Addressee
X
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9/1/87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Ellie Spear
603 Seco Drive
Hobbs, NM 88240

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail **025744**

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

5. Signature - Addressee
X *[Signature]*
6. Signature - Agent
X
7. Date of Delivery
9-1-87
8. Addressee's Address (ONLY if requested and fee paid)

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:
Howell Spear
Box 206
Perkinston, MS 39573-0706

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail **025745**

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

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
9-1-87
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:
Frances B. Swarts
217 East Fifth Street
Dixon, IL 61021

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025746

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Mrs. H. L. Swarts -
6. Signature - Agent
X
7. Date of Delivery SEP 15 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:
H. L. and Frances B. Swarts
217 East Fifth Street
Dixon, IL 61021

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025747

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Mrs. H. L. Swarts -
6. Signature - Agent
X
7. Date of Delivery SEP 15 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:
Texas Commerce Bank NA
Agent and AIR
Trust Mineral Sec 63140
P. O. Box 200555
Houston, TX 77216-0555

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025748

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery SEP 3 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:
Mary Ellen Todd
2032 Rose Lane
Las Cruces, NM 88001

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025749

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Mary Ellen Todd
6. Signature - Agent
X
7. Date of Delivery 9-16

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:
Sam Wolfson
1999 Bryan Street, Suite 3140
Dallas, TX 75201

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025750

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery SEP 4 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:
Mildred A. Wright
P. O. Box 505
Farmington, NM 87401-C 15

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025751

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Mildred A. Wright
6. Signature - Agent
X
7. Date of Delivery 9-4-87

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:
Ernest Frances Bradfield
P. O. Box 587
Nowata, OK 74048-0587

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025752

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Ernest Bradfield
6. Signature - Agent
X
7. Date of Delivery 9-16-87

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:
Sam Campbell
1717 Norfolk, #3301
Lubbock, TX 79416

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025753

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery 9/16/87

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:
Hubert E. Cone
4810 College Avenue
Lubbock, TX 79413

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail 025754

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery 9-16-87

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:
L. M. Duncan
3404 37th
Lubbock, TX 79413

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025755
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *L. M. Duncan*

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.

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

3. Article Addressed to:
Marion R. Eager
3530 South 38th Street
Lincoln, NE 68506

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025757
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Marion Eager*

6. Signature - Agent
X

7. Date of Delivery 8-4-87

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:
R. H. Fulton
P. O. Box 1526
Lubbock, TX 79408-1526

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025758
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *R. H. Fulton*

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.

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

3. Article Addressed to:
Julian W. Glass, Jr.,
Executor of Eva Payne Glass Estate
P. O. Box 587
Nowata, OK 84048-0587

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025759
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Julian W. Glass, Jr.*

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.

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

3. Article Addressed to:
Julia J. Harmon
Box 286
Nowata, OK 74048-0286

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025760
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Julia J. Harmon*

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.

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

3. Article Addressed to:
The Pennsylvania Bank & Trust Co.
Trustee U/W of Albert W. Cone
Warren, PA 16365

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025761
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Albert W. Cone*

7. Date of Delivery 9/4/87

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 M. Phillips
P. O. Box 6908
Albuquerque, NM 87940

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025762
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Donald M. Phillips*

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.

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

3. Article Addressed to:
John W. Phillips
P. O. Box 1379
La Jolla, CA 92038

4. Type of Service: Article Number
☐ Registered ☐ Insured
☐ Certified ☐ COD 025763
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *John W. Phillips*

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.

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

3. Article Addressed to:

Paul M. Phillips
3843 Park Boulevard
San Diego, CA 92103

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025764

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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

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:

Pierre D. Phillips
P. O. Box 700034
Tulsa, OK 74170

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025765

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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

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:

Wilma M. Phillips and Curtis Darling,
Co-Executors of Estate of Ross M. Phillips
3843 Park Boulevard, Suite C
San Diego, CA 92103

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025766

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

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.

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

3. Article Addressed to:

Ron Rhone
7625 Blue Hills Road
Houston, TX 77069

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025767

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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

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:

A. L. Cone
P. O. Box 3457
Lubbock, TX 79452

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025768

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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

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:

Julian W. Glass, Jr.
Box 587
Nowata, OK 74048-0587

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025769

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

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.

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

3. Article Addressed to:

Julian W. Glass
Special
P. O. Box 587
Nowata, OK 74048-0587

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025770

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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

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:

The Pennsylvania Bank & Trust Co.,
Trustee of the Estate of Albert Walter Goal
Warren, PA 16365

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025771

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

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.

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

3. Article Addressed to:

Pierre D. Phillips Trust No. 1
Under Declaration of Trust Dated 06-25-81
P. O. Box 700034
Tulsa, OK 74170

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

025772

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

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.

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

3. Article Addressed to:

Tom W. Schnaubert Life Estate
c/o Mary Irwin
3912 Eighth Avenue
Fort Worth, TX 76110

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025773

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Mary Irwin*
6. Signature - Agent
X

7. Date of Delivery

9/6/87

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

3. Article Addressed to:

Hazel E. Schwanke, Independent
Executrix of the Estate of Duncan Schwanke
315 Linden Lane
Lake Jackson, TX 77566

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025774

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Hazel E. Schwanke*
6. Signature - Agent
X

7. Date of Delivery

9/6/87

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.

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

3. Article Addressed to:

George A. Moberly
P. O. Box 228
Midland, TX 79701-0228

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025776

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *George A. Moberly*
6. Signature - Agent
X

7. Date of Delivery

9-4-87

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.

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

3. Article Addressed to:

Daniel L. Hannifin
P. O. Box 182
Roswell, NM 88201-0182

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025777

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Daniel L. Hannifin*
6. Signature - Agent
X

7. Date of Delivery

9-5-87

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.

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

3. Article Addressed to:

Gannye Gae Ratcliff, Independent
Executrix of the Estate of C. B. Markham
3418 36th
Lubbock, TX 79411

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025778

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Gannye Gae Ratcliff*
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.

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

3. Article Addressed to:

First City National Bank and
Reese Cleveland, Independent Co-Executors
and Trustees U/W Poselle B. Cleveland
Account #1-763-00-4
P. O. Box 2097
Midland, TX 79702-2097

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025779

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Reese Cleveland*
6. Signature - Agent
X

7. Date of Delivery

9-4-87

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.

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

3. Article Addressed to:

Robert H. Hannifin
P. O. Box 218
Midland, TX 79702-0218

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025780

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Robert H. Hannifin*
6. Signature - Agent
X

7. Date of Delivery

9-4-87

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:

Margaret Wysocki
721 Robins Road
Lansing, MI 48917

4. Type of Service:

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025781

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X *Margaret Wysocki*
6. Signature - Agent
X

7. Date of Delivery

9/5/87

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:
Kathryn McCormick
2905 San Pablo NE
Albuquerque, NM 87110

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025782
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Kathryn McCormick*

6. Signature - Agent
X *Kathryn McCormick*

7. Date of Delivery
87-4-9

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Shriners Hospital for Crippled Children Agency
10027-00 Republic National Bank of Dallas, Agent
P. O. Box 241
Dallas, TX 75221-0241

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025783
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X

6. Signature - Agent
X *SEP 04 1987*

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Davis A. Coppedge
466 Goodwin Drive
Richardson, TX 75081

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025784
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Davis A. Coppedge*

6. Signature - Agent
X

7. Date of Delivery
9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Jane Ellen Moore
P. O. Box 356
Sherman, TX 75090-0356

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025785
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Jane Ellen Moore*

6. Signature - Agent
X

7. Date of Delivery
9-1-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Katie L. Storm
8620 B Memphis
Lubbock, TX 79423

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025786
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
James T. Coppedge
79 West Morgan
Spencer, IN 47460

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025787
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *James T. Coppedge*

6. Signature - Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Hora L. Markham
3418 36th Street
Lubbock, TX 79413

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025788
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Hora L. Markham*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Michael H. Moore
Box 356
Sherman, TX 75090-0356

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025789
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Michael H. Moore*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 Richard Williamson
3406 Humphrey S.E. Street
Olympia, WA 98501

4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025790
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *John R. Williamson*

6. Signature - Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Carla Lynn Montgomery Antwine
1701 Poase Street
Sweetwater, TX 79556

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025791
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Carla Lynn Montgomery Antwine*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Melvin S. Cohn
5647 San Felipe, Suite 1700
Houston, TX 77057

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025792
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Melvin S. Cohn*
6. Signature - Agent
X
7. Date of Delivery
SEP 3 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Mary J. Dotson
206 Old Eagle Pass Road
Carrizo Springs, TX 78834

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025793
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Mary J. Dotson*
6. Signature - Agent
X
7. Date of Delivery
9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
John J. Christman
First National Bank Building
1500 Broadway, Suite 800
Lubbock, TX 79401

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025794
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery
9-1-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Irene J. Schuler
1210 Highland Road
Roswell, NH 88201

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025795
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Irene J. Schuler*
6. Signature - Agent
X
7. Date of Delivery
9-1-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Mary J. McWhorter
2033 East Second Street
Tucson, AZ 85719

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025796
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Mary J. McWhorter*
6. Signature - Agent
X
7. Date of Delivery
9-1-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Brent W. McWhorter
2701 East Aldine
Phoenix, AZ 85332

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025797
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Brent W. McWhorter*
6. Signature - Agent
X
7. Date of Delivery
9-9-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Hayden M. Moberly
7106 McKamy Boulevard
Dallas, TX 75248

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025798
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Hayden M. Moberly*
6. Signature - Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:
Margaret Hannifin Voelker
1261 St. Tropez Circle
Box 28
Orlando, FL 32806

4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025799
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
X *Margaret Hannifin Voelker*
6. Signature - Agent
X
7. Date of Delivery
9-1-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Reuben I. Wolfson Properties
Michael S. Wolfson, Partnership Manager
1999 Bryan Street, Suite 3140
Dallas, TX 75201

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025800
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Fort Worth National Bank
Trustee U/W of Roy S. Magruder
P. O. Box 2605
Fort Worth, TX 76101

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025801
☐ 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 SEP 13 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Edith C. Wheeler
P. O. Box 64035
Lubbock, TX 79464-4035

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025802
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Diane M. Landen
P. O. Box 155
Allen, TX 75002-0155

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025803
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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

3. Article Addressed to:
Ann D. Allison
P. O. Box 64035
Lubbock, TX 79464-4035

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025804
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
Julia Ruth Proctor
2506 Redford
Odessa, TX 79761

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025805
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
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

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:
Betty Adkins
7107 South Hudson Circle
Littleton, CO 80122

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025806
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*
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

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:
The Fort Worth National Bank, Trustee
for the Katherine K. McIntyre Revocable Trust #4541
P. O. Box 2605
Fort Worth, TX 76101-2605

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025807
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X
6. Signature - Agent
X
7. Date of Delivery SEP 8 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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:
United New Mexico Trust Company,
Trustee of the Allie M. Lee Trust
P. O. Box 1977
Roswell, NM 88201-1977

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD 025808
☐ 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. Addressee's Address (ONLY if requested and fee paid)

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 boxes for services requested.

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

3. Article Addressed to:

The First City National Bank of Midland, Texas
Trustee US/O Rotelle B. Cleveland, Account #20-0763-00
P. O. Box 10666
Midland, TX 79707-0366

4. Type of Service:	Article Number
<input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	025809
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
9-9-87	
8. Addressee's Address (ONLY if requested and fee paid)	

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 boxes for services requested.

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

3. Article Addressed to:

Sallie Mae White
3418 36th Street
Lubbock, TX 79413

4. Type of Service:	Article Number
<input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	025810
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	

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 boxes for services requested.

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

3. Article Addressed to:

Carrla Lynne Davis Antwine
1701 Pease Street
Sweetwater, TX 79556

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	025811
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
9-4-87	
8. Addressee's Address (ONLY if requested and fee paid)	

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 boxes for services requested.

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

3. Article Addressed to:

Bettina Blackmar
P. O. Box 351
Luling, TX 78648-0351

4. Type of Service:	Article Number
<input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	025812
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
SEP 9 1987	
8. Addressee's Address (ONLY if requested and fee paid)	

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 boxes for services requested.

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

3. Article Addressed to:

Donald E. Blackmar
P. O. Box 608
Roswell, NM 86201-0608

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	025813
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	

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 boxes for services requested.

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

3. Article Addressed to:

Richard A. Blackmar
1907 Adams Drive
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	025814
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
9-11-87	
8. Addressee's Address (ONLY if requested and fee paid)	

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 boxes for services requested.

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

3. Article Addressed to:

Johnson Enterprises Limited Partnership
P. O. Box 1713
Roswell, NM 88202-1713

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	025815
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
9-8-87	
8. Addressee's Address (ONLY if requested and fee paid)	

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 boxes for services requested.

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

3. Article Addressed to:

S. P. Johnson, III and Patricia J. Cooper,
Trustees of the Sylvester P. Johnson, Jr.
Testamentary Trust
P. O. Box 1713
Roswell, NM 88202-1713

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	025816
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
9-8-87	
8. Addressee's Address (ONLY if requested and fee paid)	

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 boxes for services requested.

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

3. Article Addressed to:

Maxine B. Lombard
3500 Eighth Avenue #220
San Diego, CA 92103

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	025817
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
X <i>[Signature]</i>	
6. Signature - Agent	
X <i>[Signature]</i>	
7. Date of Delivery	
9-5-87	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Donna Bryen
P. O. Box 133
Berthoud, CO 80513-0133

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025819

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X

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

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 boxes for service(s) requested.

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

3. Article Addressed to:

Gordon Donaway
P. O. Box 4635
El Paso, TX 79514-4635

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025822

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

SEP 1 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Mary Lou Clark
317 North Kansas
Cherokee, OK 73728

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025820

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for service(s) requested.

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

3. Article Addressed to:

Annie M. Donaway
Box 874
Putnam, TX 76469-0874

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025821

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Hilton Donaway
P. O. Box 1058
Putnam, TX 76469-1058

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025824

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Lucille Evans
1117 North Sixteenth Street
Abilene, TX 79601

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025827

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

8-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

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

3. Article Addressed to:

Samuel P. Duffield and
Pae Wach Duffield
1256 Camino Rio Verde
Santa Barbara, CA 93111

4. Type of Service: Article Number

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025826

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

SEP 1 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Clara M. Graves
207 Quail Run
Brownwood, TX 76801
4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025828
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Robert Welch*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Clara M. Graves, Trustee U/W of
John Reese Graves, Deceased
207 Quail Run
Brownwood, TX 76801
4. Type of Service: Article Number
☒ Registered ☐ Insured ☐ COD 025829
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Robert Welch*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Oleta Hale
907 West Fourteenth Street
Cisco, TX 76437
4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025830
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Oleta Hale*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Ida Hazelwood
Route 7, Box 856
Midland, TX 79701
4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025831
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Ida Hazelwood*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Edith Ivie
Box 1043
Putnam, TX 76469
4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025832
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Edith Ivie*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Bonnie McClesley
802 West Twelfth Street
Cisco, TX 76437
4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025833
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Bonnie McClesley*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Clara S. McKinley
2126 Princeton Street
Wichita Falls, TX 76301
4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025834
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Clara S. McKinley*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Laudis Irene Ferrine
Box 418
Clyde, TX 79510-0418
4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025835
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Laudis Irene Ferrine*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
SEP 6 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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 boxes for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Gertrude Reese
Route 4
Cisco, TX 76437
4. Type of Service: Article Number
☐ Registered ☐ Insured ☐ COD 025836
☒ Certified ☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee
X *Gertrude Reese*
6. Signature - Agent
X *[Signature]*
7. Date of Delivery
9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983
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:
Corla Etta Stephens
General Delivery
Buckhorn, NM 88025
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025837
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *Corla Etta Stephens*
6. Signature - Agent: *X*
7. Date of Delivery: *X*
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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:
Ethel M. Stephens
P. O. Box 115
Eunice, NM 88231-0115
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025838
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *Ethel M. Stephens*
6. Signature - Agent: *X*
7. Date of Delivery: *X*
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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:
F. M. Stephens, Jr.
Route 1
Padon, UT 84050
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025839
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *F. M. Stephens, Jr.*
6. Signature - Agent: *X*
7. Date of Delivery: *4-4-87*
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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:
Grover C. Stephens
7304 Good Samaritan Court, No. 101
El Paso, TX 79912
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025840
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *X*
6. Signature - Agent: *X*
7. Date of Delivery: *X*
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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:
Wayne C. Stephens
10928 Gary Place
El Paso, TX 79906
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025841
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *X*
6. Signature - Agent: *X*
7. Date of Delivery: *8-11-87*
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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. Stephens
P. O. Box 115
Eunice, NM 88231-0115
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025842
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *X*
6. Signature - Agent: *X*
7. Date of Delivery: *X*
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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:
Eva M. Toussaint
Box 9547
P.O. Toric
Buckhorn, NM 88025
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025843
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *X*
6. Signature - Agent: *X*
7. Date of Delivery: *9-7-87*
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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:
Irene H. Schuler
1210 Highland Road
Roswell, NM 88201
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025844
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *X*
6. Signature - Agent: *X*
7. Date of Delivery: *9/10/87*
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983
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:
Interfirst Bank Dallas, N.A.
Escrow Agent Sabine Royalty Trust
Department 40337
Dallas, TX 75284
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025845
Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee: *X*
6. Signature - Agent: *X*
7. Date of Delivery: *X*
8. Addressee's Address (ONLY if requested and fee paid)

Shell Western E & P Inc.

2266

77001

CERTIFIED

No. 025535

RETURN RECEIPT REQUESTED

FIRST CLASS



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:

Emma S. Turland Baker
607 Waco Road
Belton, TX 76513

4. Type of Service:

- ☐ Registered
- ☐ Insured
- ☒ Certified
- ☐ COD
- ☐ Express Mail

Article Number

025535

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

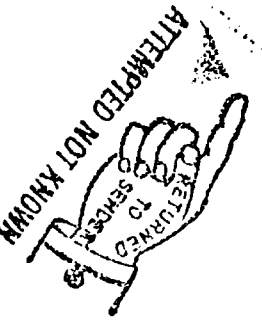
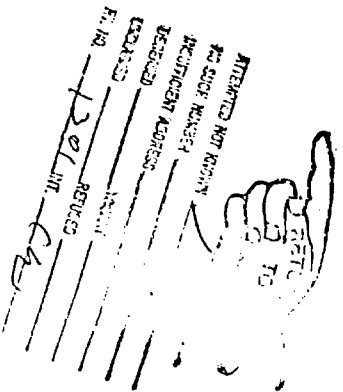
6. Signature - Agent

X

7. Date of Delivery

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

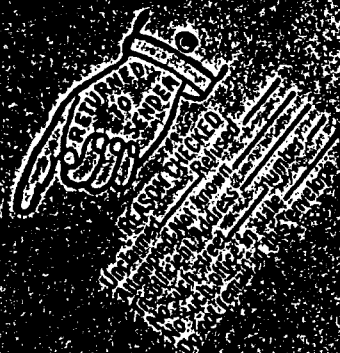
Emma S. Turland Baker
607 Waco Road
Belton, TX 76513



Shell Western E & P Inc.

77001

RETURN RECEIPT



you delivery. Consu. for service(s) requested.

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

3. Article Addressed to:

Curtis Wayne Holden
309 Gorman
Belen, NM 87002

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025604

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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

() ATTEMPTED UNKNOWN () UNCLAIMED
() NOT RECEIVED () TEMP AWAY
() INSUFF ADDRESS () REFUSED
() NO SUCH NUMBER/ST () VACANT
() FORWARDING ORDER EXPIRED

Curtis Wayne Holden
~~309 Gorman~~
Belen, NM 87002

3811, July 1983

DOMESTIC RETURN RECEIPT

FIRST CLASS

TERMINATED
No. 025618

RETURN RECEIPT REQUESTED

Shell Western E & P Inc.

2266

77001



● **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:

Lavena Howard
1629 Sixteenth Street, Apt. #8
Lubbock, TX 79408

4. Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025618

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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

Lavena Howard
1629 Sixteenth Street, Apt. #8
Lubbock, TX 79408

HCM 29 070439NL 09/04/87
RETURN TO SENDER
NO FORWARDING ORDER ON FILE
UNABLE TO FORWARD

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Shell Western E & P Inc.

2266

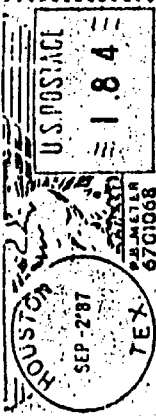
7001

FIRST CLASS

CERTIFIED

No. 025673

RETURN RECEIPT REQUESTED



Claim Check

No. 795010

☐ Hold

Date

1ST Notice

2ND Notice

Return

Returned from
Post Office
City, State

TRU 01 4R04SK81 FWD TIME EXPD
TRUES
PO BOX 273
BRYAN TX 77806-0273
RETURN TO SENDER

Carolyn Wilmeth Truss
5101 Leonard Road
Box 59
Bryan, TX 77801-0059

Shell Western E & P Inc.
2266

77001

FIRST CLASS

CERTIFIED

No. 025674

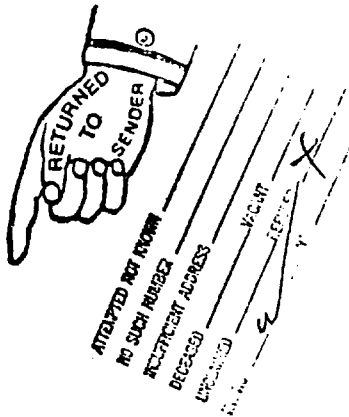
RETURN RECEIPT REQUESTED



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. <input type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: A. A. Turland 1900 South Wall Belton, TX 76513	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number 025674
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	
6. Signature - Agent X	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT



Claim Check No. 025674
☐ Hold
Date 9-4
1ST Notice
2ND Notice
Return
Detached from PS Form 3849-A, Oct. 1985

A. A. Turland
1900 South Wall
Belton, TX 76513

hell Western E & P Inc.

2266

001

CERTIFIED

No. 025775

RETURN RECEIPT REQUESTED

FIRST CLASS

U.S. POSTAGE

184

SEP - 4 1987

Post Notice
2nd Notice
Return

Florence Louise Woods
224 East Tucula
Hobbs, NM 88240

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

SENDER: Complete items 1, 2, 3 and 4. it your address in the "RETURN TO" space on the verse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide in 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) or service(s) requested.	
<input type="checkbox"/> Show to whom, date and address of delivery.	
<input type="checkbox"/> Restricted Delivery.	
Article Addressed to: Florence Louise Woods 224 East Tucula Hobbs, NM 88240	
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number 025775
ways obtain signature of addressee or agent and ATE DELIVERED.	
Signature - Addressee	
Signature - Agent	
Date of Delivery	
Addressee's Address (ONLY if requested and fee paid)	

Shell Western E & P Inc. to

2266

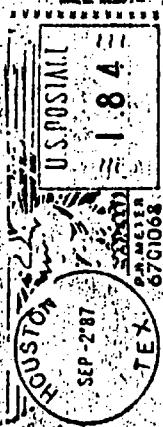
77001

CERTIFIED

No. 025819

RETURN RECEIPT REQUESTED

FIRST CLASS



CLAIM CHECK
NO.
351935

☐ HOLD

DATE

7/1

1ST NOTICE

2ND NOTICE

RETURN

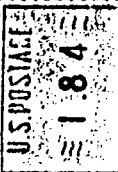
Detached from
PS Form 3849-A
Oct. 1980

Donna Bryan
P. O. Box 133
Berthoud, CO 80513-0133

Shell Western E & P Inc.
2266



FIRST CLASS



001

RETURN RECEIPT REQUESTED

ER: Complete items 1, 2, 3 and 4.
address in the "RETURN TO" space on the
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or additional fees the following services are
Consult postmaster for fees and check box(es)
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ow to whom, date and address of delivery.

stricted Delivery.

Addressed to:

Stella Donohue
c/o Seabury Nursing Home
2443 West Sixteenth
Odessa, TX 79763

if Service:

ired ☐ Insured
ed ☐ COD
s Mail

Article Number

025825

tain signature of addressee or agent and
LIVERED.

re - Addressee

re - Agent

Delivery

ee's Address (ONLY if requested and fee paid)



Stella Donohue
c/o Seabury Nursing Home
2443 West Sixteenth
Odessa, TX 79763

Deceased
6386 9-4-87 BW

Claim Check
No.

9-4-87

☐ Held

Date

9-4-87

1ST Notice

2ND Notice

Return

386

1 from
2333-A.

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

IN THE MATTER OF THE APPLICATION
OF SHELL WESTERN E&P INC. FOR CREATION
OF A NEW POOL, FOR CONTRACTION OF
POOL BOUNDARIES AND FOR SPECIAL
POOL RULES, LEA COUNTY, NEW MEXICO.

Case No. 9230

APPLICATION

COMES NOW the Applicant, Shell Western E&P Inc. (Shell Western) and requests that the Division create a new pool, the North Eunice Blinebry-Tubb-Drinkard Pool Oil and Gas Pool, Lea County, New Mexico.

Applicant requests that the horizontal boundaries of this pool include:

TOWNSHIP 21 SOUTH, RANGE 37 EAST

All Lots	Sections 2, 3, 10, 15, 22, 23
Lots A,H,I,P	Section 4
Lots K,L,M,N	Section 11
Lots C,D,E,F	Section 14
Lots L,M	Section 24

Applicant further requests that the vertical limits of this pool include all of the Blinebry, Tubb, and Drinkard formations. In support of this application, Shell Western states:

1. The acreage underlying the proposed pool boundaries or portions thereof are presently within the boundaries of the Blinebry Oil and Gas Pool, Tubb Oil and Gas Pool and Drinkard Pool, previously established by the Division. During the course

Northeast Drinkard Unit
Exhibit Thirty-Three
Cases 9230
9231
9232

of operations within this area in these three pools the Division has allowed liberal commingling of these three zones and the three zones are now in effective communication with each other so as to constitute one common source of supply.

2. Applicant believes that the communication between the zones affected by operations in this area have effectively created a single common source of supply and believes that the formation of a common pool within this area will operate to prevent waste of natural resources and will better protect the correlative rights of interest owners within this area.

3. Applicant believes that in order to prevent waste and protect correlative rights of interest owners within this area that special pool rules should be adopted for the proposed North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool as set forth in Exhibit A hereto.

4. In order to allow for the orderly continuation of the proration of natural gas produced from the Blinebry Oil and Gas Pool and the Tubb Oil and Gas Pool (present prorated gas pools), it is necessary to designate appropriate wells as gas wells subject to proration under the provisions of Order R-8170 as amended.


5. In order to accomplish this pool creation it will be necessary to contract the present boundaries of the Blinebry Oil and Gas Pool, Tubb Oil and Gas Pool, and Drinkard Pool by eliminating from those pools the acreage to be included within the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool.

WHEREFORE, Applicant prays that the Division enter its order creating a new pool named the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool, contracting the present boundaries of the Blinebry Oil and Gas Pool, the Tubb Oil and Gas Pool, and the Drinkard Pool to allow acreage presently in those pools to be included within the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool, designating certain wells as gas wells, and adopting the special pool rules attached hereto as Exhibit A as the rules governing the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool , all for the purpose of preventing waste of natural resources and protecting the correlative rights of interest owners within the area of the proposed North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool.

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

By


W. Perry Pearce
Post Office Box 2307
Santa Fe, New Mexico 87504-2307
(505) 982-3873

Attorneys for Shell Western
E & P, Inc.

wpp/3

**SPECIAL RULES AND REGULATIONS
FOR THE
NORTH EUNICE BLINEBRY-TUBB-DRINKARD
OIL AND GAS POOL**

RULE 1.

A standard gas proration unit in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be 160 acres.

RULE 2.

A standard oil proration unit in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be 40 acres.

RULE 3.

Acreage may be simultaneously dedicated to a gas well and an oil well in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool, thereby receiving separate oil and gas allowables.

RULE 4.

Any acreage within the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall not be assigned to a gas well proration unit if the acreage is: 1) located within 1320' of the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool boundary, and 2) such acreage is not contiguous to offset non-unit gas proration unit.

RULE 5.

Any well within the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool designated as a gas well shall be subject to the gas proration rules set forth in Commission Order No. R-8170, as amended for the Blinebry Oil and Gas Pool or Tubb Oil and Gas Pool or both as appropriate.

EXHIBIT "A"

The District Supervisor shall have authority to classify any well in the pool as a gas well or an oil well upon appropriate showing by the operator.

RULE 6.

An oil well in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be a well producing from the vertical and horizontal limits of the Pool and not classified as a gas well.

RULE 7.

The limiting Gas-Oil Ratio for oil wells in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be 6000 cubic feet of gas per barrel of oil.

RULE 8.

Commingling in the well bore of production from oil zones and gas zones in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool is prohibited.

RULE 9.

In submitting Form C-115 on gas wells producing from the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool, the operator shall estimate the condensate and gas volumes produced by each well in the Blinebry, Tubb, and Drinkard zones by using the ratios as reflected in the most recent tests submitted if separate metering equipment for each zone is not utilized.

RULE 10.

Oil wells in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall receive oil and casinghead gas allowables as provided in either Rule 701F.3 or Rules 503, 505 and 506 of the Division Rules and Regulations.

RULE 11.

An oil well in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool may be recompleted as a gas well in the Blinebry or Tubb formations provided the operator of such well makes application to and receives approval from the District Supervisor for such recompletion.

RULE 12.

All gas wells in the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be subject to the same pool rules as would be applicable to gas wells completed in either or both the Blinebry Oil and Gas Pool and the Tubb Oil and Gas Pool; except that such gas wells shall not be subject to any provision in either set of pool rules relating to classification by gas-liquid hydrocarbon ratio, nor shall they be subject to any provision within such rules prohibiting multiple assignments of acreage, except as provided by Rule 4 above. To the extent applicable rules of either the Blinebry Oil and Gas Pool or the Tubb Oil and Gas Pool conflict with the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool rules, the latter shall control.

RULE 13.

Special Pool Rules and Regulations for the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be applicable only within the pool boundaries.

RULE 14.

Any expansion of the boundaries of the North Eunice Blinebry-Tubb-Drinkard Oil and Gas Pool shall be only upon application filed after notice under Rule 1207 and hearing.

[WPP:47]

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

IN THE MATTER OF THE APPLICATION
OF SHELL WESTERN E&P INC. FOR A STATUTORY
UNITIZATION, LEA COUNTY, NEW MEXICO.

Case No. 9231

APPLICATION

COMES NOW the Applicant, Shell Western E&P Inc. (Shell Western) and requests that the Division approve the statutory unitization of the Northeast Drinkard Unit, Lea County, New Mexico for secondary recovery, waterflood, operations.

In support of its application, Applicant states:

1. Shell Western is engaged in the business of producing and selling oil and gas in New Mexico.
2. The unit area for which application is made consists of approximately 5018 acres, more or less, of federal, state and fee lands in Lea County, New Mexico, and is more particularly described in Exhibit A attached hereto and incorporated herein by reference. Shell Western seeks an order pursuant to the Statutory Unitization Act providing for the unitized management, operation and further development of the unit area.
3. The vertical limits of the formation to be included within the proposed unit area is that interval commonly known as the Blinbry, Tubb, and Drinkard formations as encountered

between the log depths of 5530 ft. and 6680 ft. in the Shell Western Argo No. 8 well located 660' FSL, 2310' FWL, Section 15, Township 21 South, R 37 East, Lea County, New Mexico as recorded on the log of that well run on June 21, 1951 and filed with the Oil Conservation Division.

4. The portion of the reservoir involved in this application has been reasonably defined by development.

5. The unitized interval is in effective communication throughout the three stratigraphic intervals due to operational practices in this area which have allowed liberal and frequent commingling of the three zones so that the three zones now comprise one common source of supply.

6. The type of operations to be conducted in this unit will be a waterflood.

7. Attached to this application as Exhibit B and incorporated herein by reference is a copy of the proposed plan of unitization, unit agreement, which Shell Western considers to be fair, reasonable and equitable.

8. Attached to this application as Exhibit C and incorporated herein by reference is a copy of the proposed unit operating agreement setting forth the manner in which the unit will be supervised and managed and setting forth the method of allocation of costs and payment of those costs among unit participants.

9. Shell Western further states:

A. That the unitized management, operation and further development of that portion of the Blinebry, Tubb, and Drinkard formations which is the subject of this application is reasonably necessary in order to effectively carry on waterflood operations and to substantially increase the ultimate recovery of oil from the unitized interval.

B. That the unitized methods of operation applied to the portion of the Blinebry, Tubb, and Drinkard formations which are the subject of this application are feasible, will prevent waste and will result with reasonably probability in the increased recovery of substantially more oil from the unitized portion of the North Eunice Blinebry-Tubb-Drinkard Pool that would otherwise be recovered.

C. That the estimated additional costs, if any, of conducting such operations will not exceed the estimated value of additional oil so recovered plus reasonable profit.

D. That such unitization and adoption of unitized methods of operation will benefit the working interest owners and royalty owners of the oil and gas rights within that portion of the pool directly affected.

E. That Shell Western, as operator, has made a good faith effort to secure voluntary unitization within that portion of the pool affected by this application.

F. That the participation formula contained in the unitization agreement allocates the produced and saved unitized hydrocarbons to the separately owned tracts in the unit area on a fair, reasonable, and equitable basis.

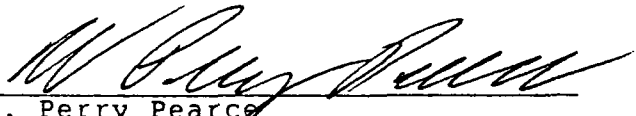
10. Approval of the statutory unitization of the Northeast Drinkard Unit is in the best interests of conservation, the prevention of waste and the protection of correlative rights.

WHEREFORE, Shell Western respectfully requests that this application be set for hearing before the Division examiner on September 23, 1987 and after notice and hearing as required by law and the rules of the Division, the Division enter its order granting this application.

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

By


W. Perry Pearce
Post Office Box 2307
Santa Fe, New Mexico 87504-2307
(505) 982-3873

Attorneys for Shell Western
E & P, Inc.

wpp/5

Case No. 9232

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage
Application qualifies for administrative approval? ☐ yes ☐ no
- II. Operator: Shell Western E&P Inc.
Address: P. O. Box 576 ; Houston, TX 77001
Contact party: D. E. Burbank Phone: (713) 870-2213
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? ☐ yes ☒ no
If yes, give the Division order number authorizing the project _____.
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- * VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- * XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification
- I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- Name: D. E. Burbank Title: Production Engineer
Signature: Douglas E. Burbank Date: September 8, 1987
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate Division