STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

October 11, 1990

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Case File - 10052

Shell Western E&P Inc.
Box 576
Houston, TX 77001 (WCK-4435)

Attn: Marcus Winder

RE: Northeast Drinkard Unit
R-8539-A & R-8541-B

Gentlemen:

In reply to your inquiry concerning Rule 5 of the above-referenced orders regarding notification of affected offset operators (when you add perfs to any well currently producing from gas bearing portion of Blinebry and Tubb zones), it has been determined that it will be necessary for you to notify on 160 acres since the Tubb and Blinebry Pools are on 160-acres for gas.

This notification may be done by sending each offset a copy of your proposed work as submitted on Form C-103 with a cover letter. You will need to furnish the Hobbs office with a map showing offset operators and proof of notice then your C-103 will be held 20 days and if no objection is received the work will be approved.

In response to your question as to who determines gas bearing intervals, you will be expected to comply with the gas bearing zones as established at the hearing creating this project using type log Shell Argo #8-N Sec. 15, T21S, R37E.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

ed

cc: David Catanach

STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

GARREY CARRUTHERS
GOVERNOR

September 25, 1990

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87504
(505) 827-5800

Mr. W. Perry Pearce
Montgomery & Anderews
P. O. Box 2307
Santa Fe, New Mexico

Re: CASE NO. 10052
ORDER NO. R-8539-A and
R-8541-B
Applicant:

Shell Western E & P Inc.

Dear Sir:

Enclosed herewith are two copies of the above-referenced Division order recently entered in the subject case.

Sincerely,

Florene Davidson

FLORENE DAVIDSON
OC Staff Specialist

Copy of order also sent to:

Hobbs OCD x
Artesia OCD x
Aztec OCD

Other Ernest L. Padilla, Thomas Kellahin

MONTGOMERY & ANDREWS
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

OF COUNSEL
William R. Federici

J. O. Seth (1883-1963)
A. K. Montgomery (1903-1987)
Frank Andrews (1914-1981)

SANTA FE OFFICE
325 Paseo de Peralta
Post Office Box 2307
Santa Fe, New Mexico 87504-2307
Telephone (505) 982-3873
Telecopy (505) 982-4289

'90 AUG 24 AM 9 13

August 23, 1990

Victor R. Ortega
Jeffrey R. Brannen
John B. Pound
Gary R. Kilpatric
Thomas W. Olson
William C. Madison
Walter J. Melendres
Bruce Herr
Robert P. Worcester
John B. Draper
Nancy Anderson King
Janet McL. McKay
Joseph E. Earnest
W. Perry Pearce
Sarah M. Singleton
Stephen S. Hamilton
Michael H. Harbour
Katherine W. Hall
Robert J. Mroz
Richard L. Puglisi
Galen M. Buller
Edmund H. Kendrick
Gary P. Kaplan
Jay R. Hone
Deborah J. Van Vleck
Kenneth B. Baca
Robert A. Bassett
Susan Andrews
Paula G. Maynes
Neils L. Thompson
Nancy A. Taylor
Rod D. Baker
R. Michael Shickich
Janet W. Cordova
M. Eliza Stewart
Martin R. Esquivel
Scott K. Atkinson
Catherine E. Pope
Phyllis Savage Lynn

ALBUQUERQUE OFFICE
707 Broadway, N.E.
Suite 500
Post Office Box 26927
Albuquerque, New Mexico 87125-6927

Telephone (505) 242-9677
Telecopy (505) 243-4397

REPLY TO SANTA FE OFFICE

Mr. David Catanach
Hearing Examiner
Oil Conservation Division
Post Office Box 2088
Santa Fe, New Mexico 87504-2088

Re: Application of Shell Western E&P Inc. - Division Case 10052

Dear David:

Enclosed please find copies of the certified return receipts from parties notified of Shell's application to amend the rules for the North Eunice Blinebry-Tubb-Drinkard Pool. Please have these returns made a part of the case file in this matter in compliance with the provisions of Rule 1207.

If I can help in any way, please let me know.

Sincerely,

W. Perry Pearce

WPP:gr:47
Enclosures
File #10000-87-02
cc: Mr. Jim Smitherman

P 852 239 931

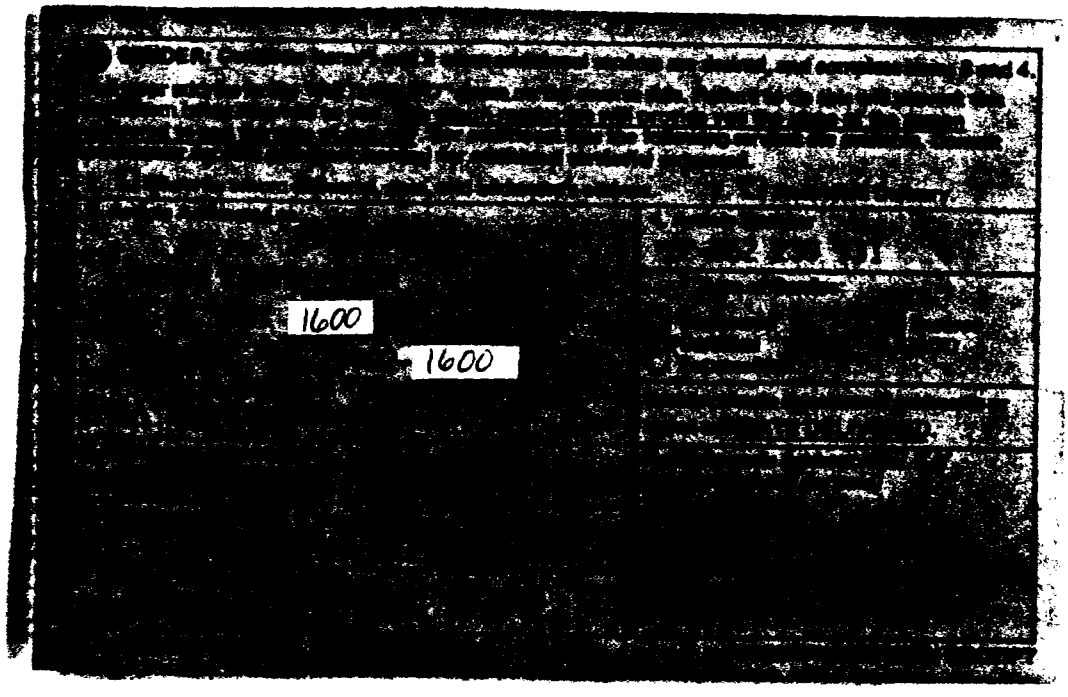
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to EXXON CORPORATION	
Street and No ATTN: CRRUS. MGR, 500 P. O. BOX 1600	
P.O., State and ZIP Code MIDLAND, TX 79702-1600	
Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date J. H. SMITHERMAN WCK 4436 8-03-90	

PS Form 3800, June 1985



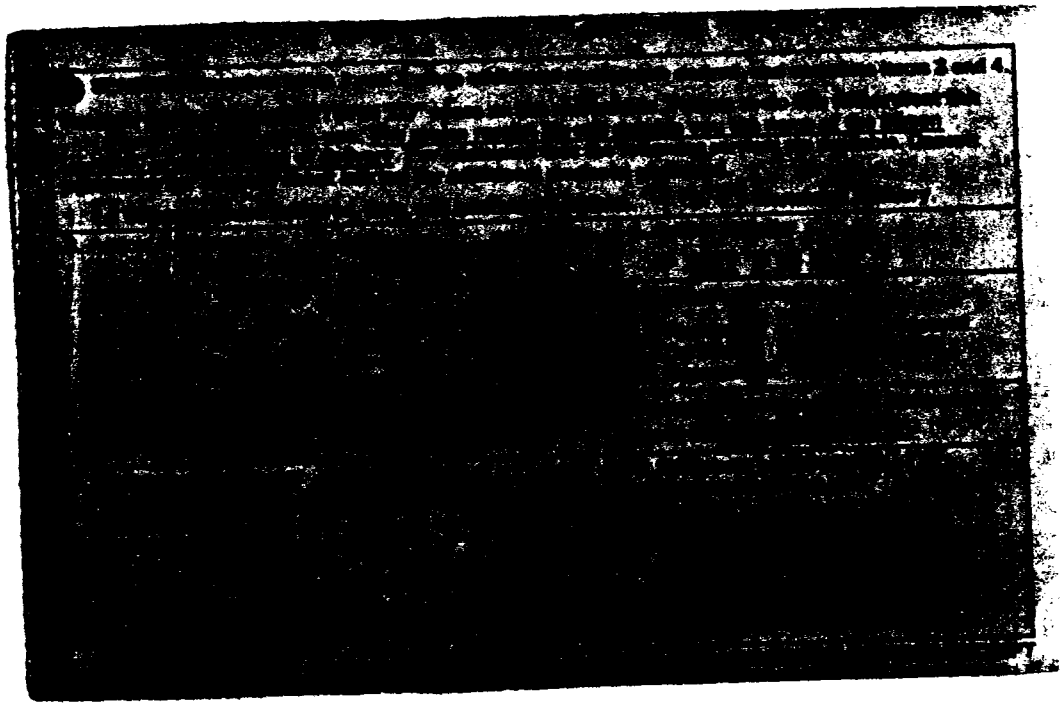
P 852 239 932

RECEIPT FOR CERTIFIED MAIL

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

Sent to Pacific Enterprises	
Street and No. P. O. Box 3083	
P.O., State and ZIP Code Midland, TX 79702-3083	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date J. A. SMITHERMAN WCK 4436 8-06-90	

PS Form 3800, June 1985



P 852 239 933

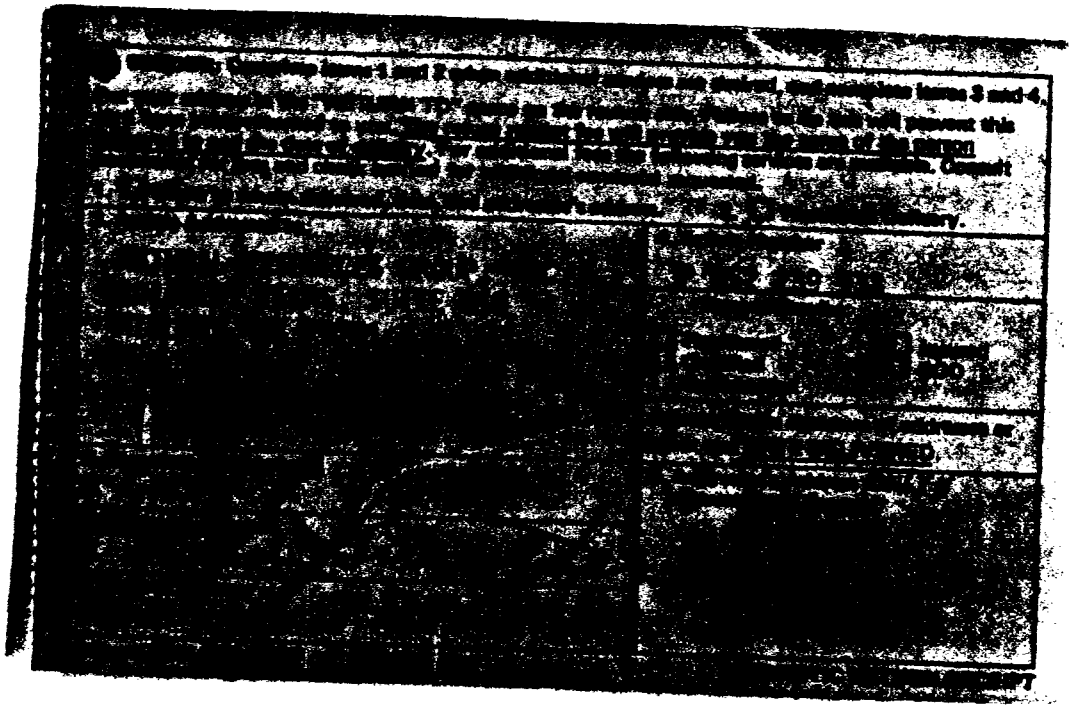
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to NATURAL RESOURCES GROUP, INC.	
Street and No 401 W. Texas, Ste 810	
P.O., State and ZIP Code Midland, TX 79701	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date J. H. SMITHERMAN WCK 4436 8-06-90	

PS Form 3800, June 1985



P-495 091 427

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse) WCK 4436

Sent to

AMERADA HESS CORPORATION
DRAWER D
MONUMENT, NM 88265

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

HOUSTON, TX
USPS
JUN 20 1990
EAST

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

AMERADA HESS CORPORATION
DRAWER D
MONUMENT, NM 88265

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

P-495 091 427

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

Barbara Brumbelow

6. Signature — Agent

X

7. Date of Delivery

6-20-90

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

PS Form 3811, Mar. 1988

P-495 091 428

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse) WCK 4436

Sent to AMERICAN EXPLORATION COMPANY 2100 NCNB CENTER 700 LOUISIANA HOUSTON, TX 77002	
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

AMERICAN EXPLORATION COMPANY
2100 NCNB CENTER
700 LOUISIANA
HOUSTON, TX 77002

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

Article Number: P-495 091 428

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery JUL 31 1990

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

P-495 091 429

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse) WCK 4436

Sent to AMERICAN PRODUCTION PARTNERSHIP-VII, LTD. 2100 NCNB CENTER 700 LOUISIANA HOUSTON, TX 77002	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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.

2. Article Addressed to:

AMERICAN PRODUCTION
PARTNERSHIP-VII, LTD.
2100 NCNB CENTER
700 LOUISIANA
HOUSTON, TX 77002

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

Article Number
P-495-091 429

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery JUL 8 1990

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

P-495 091 430

RECEIPT FOR CERTIFIED MAIL

(NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL)

(See Reverse) WCK 4436

Sent to AMOCO PRODUCTION COMPANY P. O. BOX 3092 HOUSTON, TX 77253	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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 3092
HOUSTON, TX 77253

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P-495 091 430

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Nancy Cooper

7. Date of Delivery
8-22-90

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

PS Form 3811, July 1983

P-495 091 431

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse) WCK 4436

Sent to ATLANTIC RICHFIELD COMPANY P. O. BOX 2819 DALLAS, TX 75221	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

HOUSTON, TX GPO WEST DOCK JUL 30 1990 USPS

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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 2819
DALLAS, TX 75221

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P-495 091 431

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
AUG 02 1990

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

PS Form 3811, Dec. 1985

P-495 091 432

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK 4436

Sent to

B. P. EXPLORATION, INC.
P. O. BOX 4587
HOUSTON, TX 77210

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom	.90
Return Receipt Showing to whom, Date and Address	
TOTAL Postage and Fees	$ 2.00

Postmark or Date

HOUSTON, TX 670 WEST DOCT JUL 30 1990 5885

PS Form 3800, June 1985

U.S.G.P.O. 1983-506

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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. P. EXPLORATION, INC.
P. O. BOX 4587
HOUSTON, TX 77210

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

Article Number
P-495 091 432

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
AUG 01 1990

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

P-495 091 433

RECEIPT FOR CERTIFIED MAIL

HOUSTON, TX GPO WEST STA JUL 30 1990

WCK 4436

Sent to

BISON PETROLEUM
5809 SOUTH WESTERN, STE 200
AMARILLO, TX 79110-3607

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

BISON PETROLEUM
5809 SOUTH WESTERN, STE 200
AMARILLO, TX 79110-3607

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

Article Number
P-495 091 433

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X L Bristow

7. Date of Delivery
8 Jul 90

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

P-495 091 434

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK 4436

Sent to

BLANCO ENGINEERING, INC.
116 NORTH FIRST
ARTESIA, NM 88210

Postage	$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivered	
TOTAL Postage and Fees	$ 2.00

Postmark or Date

HOUSTON, TX GPO WEST DOCK JUL 30 1990 USPS

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

BLANCO ENGINEERING, INC.
116 NORTH FIRST
ARTESIA, NM 88210

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

Article Number
P-495 091 434

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X W4 Blanco

6. Signature – Agent
X

7. Date of Delivery
8-1-90

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

HOUSTON TX APO 091 435

RECEIPT FOR CERTIFIED MAIL

WCK 4436

BRAVO ENERGY
P. O. BOX 2160
HOBBS, NM 88241

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

BRAVO ENERGY
P. O. BOX 2160
HOBBS, NM 88241

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

Article Number
P-495 091 435

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X C. E. Cooper

6. Signature – Agent
X

7. Date of Delivery
9-1-90

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

P-495 091 436

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse! WCK 4436

CHEVRON USA, INC. P. O. BOX 1635 HOUSTON, TX 77351	
Sent to Barry Hoover Midland	$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

CHEVRON USA, INC.
P. O. BOX 1635
HOUSTON, TX 77351

4. Type of Service:	Article Number
☐ Registered ☒ Insured ☒ Certified ☐ COD ☐ Express Mail	P-495 091 436

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

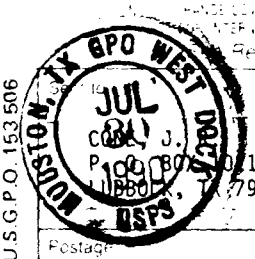
6. Signature – Agent
X C. Ketto

7. Date of Delivery
AUG 01 1990

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

P-495 091 437

RECEIPT FOR CERTIFIED MAIL



Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

WCK 4436

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

CONE, J. R.
P. O. BOX 10217
LUBBOCK, TX 79408

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

P-495 091 437

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

8-2-90

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

DOMESTIC RETURN RECEIPT

P-495 090 471

RECEIPT FOR CERTIFIED MAIL

Re: WCK 4436

Sent to: ELK OIL COMPANY & VEDA VISTA ENERGY COMPANY
P. O. BOX 310
ROSWELL, NM 88201

HOUSTON, TX 850 WEST
JUL 5
1990

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

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

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

3. Article Addressed to:

ELK OIL COMPANY & VEDA
VISTA ENERGY COMPANY
P. O. BOX 310
ROSWELL, NM 88201

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

Article Number
P-495 090 471

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery
5/11/90

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

P-495 090 472

RECEIPT FOR CERTIFIED MAIL

See Reverse WCK 4436

Sent to

ELLIOTT, FRANK O.
BOX 1355
ROSWELL, NM 88201

Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom & Date Delivered	90
Return Receipt Showing to whom, Date, & Address of Delivery	
TOTAL Postage & Fees	2.00
Postmark or Date	

HOUSTON, TX GPO JUL 30 1990 MAIL DOCK

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

ELLIOTT, FRANK O.
BOX 1355
ROSWELL, NM 88201

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

Article Number: P-495 090 472

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Marty Fr

7. Date of Delivery

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

ROSWELL, NM AUG 1990

P-495 090 474

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK 4436

Sent to FELMENT OIL AND GAS COMPANY 350 GLENBOROUGH, SUITE 300 HOUSTON, TX 77067	
Postage	$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

HOUSTON, TX 77067 JUL 3 1990 WEST 77067 USPS

PS Form 3800, June 1985

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

FELMENT OIL AND GAS COMPANY
350 GLENBOROUGH, SUITE 300
HOUSTON, TX 77067

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number
P-495 090 474

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Jade Whelchel

7. Date of Delivery

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

JUL 3 1990 HOUSTON, TX

P-495 090 475

RECEIPT FOR CERTIFIED MAIL

WCK4436

Sent to:

FINA OIL AND CHEMICAL COMPANY
P. O. BOX 2159
DALLAS, TX 75221-2159

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt to Whom	.90
Return Receipt Date	
TOTAL Postage & Fees	$ 2.00

Postmark or Date

HOUSTON, TX GPO WEST STA

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

PS Form 3800, June 1985

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

FINA OIL AND CHEMICAL COMPANY
P. O. BOX 2159
DALLAS, TX 75221-2159

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

P-495 090 475

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X

6. Signature – Agent

X

7. Date of Delivery AUG 02 1990

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

P-495 090 476

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK 4436

HOUSTON, TX 77063-9506
DSPS

Sent to
FOLSON, CRAIG C.
300 CRESCENT COURT
DALLAS, TX 75201

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

FOLSON, CRAIG C.
300 CRESCENT COURT
DALLAS, TX 75201

4. Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number
P-495 090 476

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)

P-495 090 477

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

(See Reverse) WCK 4436

Sent to

GRAHAM ROYALTY LTD.
P. O. BOX 3134
COVINGTON, LA 70434

HOUSTON, TX 770

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

GRAHAM ROYALTY LTD.
P. O. BOX 3134
COVINGTON, LA 70434

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P-495 090 477

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X [signature]

6. Signature — Agent
X

7. Date of Delivery
8-1-90

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

P-495 090 478

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK 4436

Sent to

HALL, EDNA I. TRUST
BOX 1355
ROSWELL, NM 88201

HOUSTON, TX BRO WEST DOCK JUL 3 OCCI

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom and Date Delivered	.90
Return Receipt Showing to Whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

U.S.G.P.O. 1983-506

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

HALL, EDNA I. TRUST
BOX 1355
ROSWELL, NM 88201

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

Article Number
P-495 090 478

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X Marty Fry

7. Date of Delivery

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

ROSWELL, NM AUG 31 88201

P-495 090 479

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK 4436

HILL, ELMER C. TRUST
INTERSTATE BANK OF OKLAHOMA N.A.
AGENT FOR 1ST. INTERSTATE BANK
OF ROSWELLL, SUCCESSOR TRUSTEE,
P. O. BOX 25189
OKLAHOMA CITY, OK 73125

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	.90
Return Receipt Showing to Whom, Date & Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

Fold at line over top of envelope to

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

HILL, ELMER C. TRUST
INTERSTATE BANK OF OKLAHOMA N.A.
AGENT FOR 1ST. INTERSTATE BANK
OF ROSWELLL, SUCCESSOR TRUSTEE,
P. O. BOX 25189
OKLAHOMA CITY, OK 73125

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

Article Number
P-495 090 479

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
8

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

OKLAHOMA CITY, OK
AUG 7 PM

P-495 090 480

RECEIPT FOR CERTIFIED MA

WCK 4436

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

PS Form 3800, June 1985

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

HONDO DRILLING CO.
DRAWER 2516
MIDLAND, TX 79701

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

HONDO DRILLING CO.
DRAWER 2516
MIDLAND, TX 79701

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

Article Number
P-495 090 480

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
8-1-90

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

P-495 090 481

RECEIPT FOR CERTIFIED MAIL

See Reverse WCK 4436

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

Sent to HUNT OIL COMPANY 2900 INTERFIRST ONE BLDG. 1401 ELM STREET DALLAS, TX 75202	
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

HOUSTON, TX GPO USPS 1990

PS Form 3800, June 1985

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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 OIL COMPANY
2900 INTERFIRST ONE BLDG.
1401 ELM STREET
DALLAS, TX 75202

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

Article Number: P-495 090 481

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery AUG 2 1990

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

P-495 090 483

RECEIPT FOR CERTIFIED MAIL

See Reverse WCK 4436

INDUSTRIAL OIL GAS & DEV. CORP
P. O. BOX 2521
MIDLAND, TX 79702

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

INDUSTRIAL OIL GAS & DEV. CORP
P. O. BOX 2521
MIDLAND, TX 79702

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

Article Number: P-495 090 483

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
AUG 14 1990

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

P-495 090 484

RECEIPT FOR CERTIFIED MAIL

See Reverse WCK 4436

Sent to

JOHN H. HENDRIX CORP.
223 WEST WALL, SUITE 525
MIDLAND, TX 79701

Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return Receipt Showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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 H. HENDRIX CORP.
223 WEST WALL, SUITE 525
MIDLAND, TX 79701

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P-495 090 484

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
6-1-90

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

P-495 090 485

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse) WCK 4436

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

Sent to LANEXO INC. P. O. BOX 1206 JAL, NM 88252	
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	HOUSTON, TX USPS JUL 30 1990 WEST OCK DOCK

PS Form 3800, June 1985

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

LANEXO INC.
P. O. BOX 1206
JAL, NM 88252

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number: P-495 090 485

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Susan Chacon

6. Signature – Agent
X

7. Date of Delivery
8-1-90

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

P-495 090 486

RECEIPT FOR CERTIFIED MA

See Re... WCK 4436

Sent to

LYNX PETROLEUM CONSULTANTS, INC
P. O. BOX 1666
HOBBS, NM 88241

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	.90
Return Receipt Showing to Whom, Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

USGPO 153506

USPS HOUSTON, TX DOCK WEST 0651

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

LYNX PETROLEUM CONSULTANTS, INC
P. O. BOX 1666
HOBBS, NM 88241

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number: P-495 090 486

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Barry R. Scott

6. Signature – Agent
X

7. Date of Delivery
8-1-90

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

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

P-495 090 487

RECEIPT FOR CERTIFIED MAIL

WCK4436

MARATHON OIL COMPANY
P. O. BOX 2409
HOBBS, NM 88240

Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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
P. O. BOX 2409
HOBBS, NM 88240

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

Article Number
P-495 090 487

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
8-1-90

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

P-495 090 488

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
See Reverse WCK 4436

MARTINDALE PETROLEUM CORP.
P. O. BOX 1955
HOBBS, NM 88240

	25
	85
	90
TOTAL Postage and Fees	$ 2.00

Postmark or Date

PS Form 3800, June 1985

U.S.G.P.O. 1985-480-793

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

MARTINDALE PETROLEUM CORP.
P. O. BOX 1955
HOBBS, NM 88240

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number: P-495 090 488

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Beth Hill

6. Signature – Agent
X

7. Date of Delivery
8-2-90

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

PS Form 3811, July 1983 495-488 DOMESTIC RETURN RECEIPT

P-495 090 489

RECEIPT FOR CERTIFIED MA

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse) WCK 4436

Sent to ME-TEX SUPPLY COMPANY P. O. BOX 2070 HOBBS, NM 88240	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete Items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

ME-TEX SUPPLY COMPANY
P. O. BOX 2070
HOBBS, NM 88240

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

Article Number
P-495 090 489

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery
3-2-90

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

P-495 090 490

RECEIPT FOR CERTIFIED MAIL

(See Reverse) WCK 4436

Sent to

MARATHON OIL COMPANY
P. O. BOX 552
MIDLAND, TX 79702

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

HOUSTON, TX

SASB - ROCK

AUG 01 1990

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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
P. O. BOX 552
MIDLAND, TX 79702

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

Article Number
P-495 090 490

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
Tammy Edwards

7. Date of Delivery AUG 1 1990

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

P-495 090 491

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse) WCK 4436

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

Sent to MOBIL PROD. TEX & NM INC. 12450 GREENSPOINT DRIVE HOUSTON, TX 77060	
Postage	$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

HOUSTON TX GPO WEST DOCK JUL 30 1990

PS Form 3800, June 1985

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

MOBIL PROD. TEX & NM INC.
12450 GREENSPOINT DRIVE
HOUSTON, TX 77060

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

Article Number: P-495 090 491

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)

6027

P-495 090 493

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK 4436

Sent to NELSON, RON P. O. BOX 2432 HOBBS, NM 88241	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

NELSON, RON
P. O. BOX 2432
HOBBS, NM 88241

4. Type of Service:	Article Number
☐ Registered ☒ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 090 493

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery 8-2-90

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

P-495 090 494

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse! WCK 4436

Sent to: O'BRIEN H GEORGE, JR. P. O. BOX 1717 MIDLAND, TX 79702	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

O'BRIEN H GEORGE, JR.
P. O. BOX 1717
MIDLAND, TX 79702

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number: P-495 090 494

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery AUG - 1

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

P-495 090 495

RECEIPT FOR CERTIFIED MA

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse) WCK 4436

Sent to ORYX ENERGY COMPANY P. O. BOX 2880 DALLAS, TX 75221	
Postage	$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

ORYX ENERGY COMPANY
P. O. BOX 2880
DALLAS, TX 75221

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P-495 090 495

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery 02 1990

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

P-495 090 496

RECEIPT FOR CERTIFIED MAIL

WCK 4436

Sent to

OXY USA INC.
P. O. BOX 300,
TULSA, OK 74102

Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

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

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

3. Article Addressed to:

OXY USA INC.
P. O. BOX 300
TULSA, OK 74102

4. Type of Service:
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail

Article Number: P-495 090 496

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Lisa Wheeler

7. Date of Delivery
AUG 01 1990

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

POSTAL CARD

P-495 090 498

RECEIPT FOR CERTIFIED MA

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

WCK4436

Sent to	
SUMMIT ENERGY, INC. 112 NORTH FIRST ARTESIA, NM 88210	
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

USPS WEST DOCK HOUSTON, TX BPO JUL 30 1990

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

SUMMIT ENERGY, INC.
112 NORTH FIRST
ARTESIA, NM 88210

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

Article Number
P-495 090 498

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
8-1-90

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

P-495 090 499

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK4436

Sent to

TEMPO ENERGY
4000 NORTH BIG SPRING
SUITE 109
MIDLAND, TX 79705

Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

MIDLAND, TX 79701 MAY 30 1990 USPS

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

TEMPO ENERGY
4000 NORTH BIG SPRING
SUITE 109
MIDLAND, TX 79705

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

Article Number: P-495 090 499

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery: 8-1-90

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

P-495 090 500

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse) WCK 4436

Sent to TERRA RESOURCES INC. 5416 SOUTH YALE TULSA, OK 74135	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

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

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

3. Article Addressed to:

TERRA RESOURCES INC.
5416 SOUTH YALE
TULSA, OK 74135

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

Article Number
P-495 090 500

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
8-3

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

P-495 090 501

RECEIPT FOR CERTIFIED MAIL

INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse) WCK 4436

Sent to

TEXACO PRODUCING INC.
P. O. BOX 728
HOBBS, NM 88240

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fee 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.
P. O. BOX 728
HOBBS, NM 88240

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☒ COD
☐ Express Mail

Article Number

P-495 090 501

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X

6. Signature – Agent

X

7. Date of Delivery

8-1-90

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

P-495 090 502

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse WCK 4436

Sent to TEXAKOMA OIL & GAS CORP. SUITE 250 12801 N. CENTRAL EXPRESSWAY DALLAS TX 79701	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom and Date Delivered	.90
Return Receipt Showing to Whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

U.S.G.P.O. 153606

WEST BRCK HOUSTON TX EPO DSPS JUL 85

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

TEXAKOMA OIL & GAS CORP.
SUITE 250
12801 N. CENTRAL EXPRESSWAY
DALLAS, TX 79701

4. Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number: P-495 090 502

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X Richard Cromer

7. Date of Delivery
8-3-90

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

P-495 090 503

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

WCK 4436

Sent to	
WARREN, DAVID M. PAN HANDLE, TX 79068	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

PS Form 3800, June 1985

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

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person 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:

WARREN, DAVID M.
PAN HANDLE, TX 79068

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

Article Number
P 495 090 503

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery
12-3-90

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

P-495 090 504

WCK 4436

YATES PETROLEUM CORP.
207 SOUTH 4TH STREET
ARTESIA, NM 88210

25
85

90

2.00

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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

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

3. Article Addressed to:

YATES PETROLEUM CORP.
207 SOUTH 4TH STREET
ARTESIA, NM 88210

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P-495 090 504

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Mike Burch

7. Date of Delivery
08-01-90

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

DOMESTIC RETURN RECEIPT