

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF GILLESPIE OIL, INC. FOR
UNIT EXPANSION, STATUTORY UNITIZATION,
AND QUALIFICATION OF THE EXPANDED UNIT
AREA FOR THE RECOVERED OIL TAX RATE AND
CERTIFICATION OF A POSITIVE PRODUCTION
RESPONSE PURSUANT TO THE "NEW MEXICO ENHANCED
OIL RECOVERY ACT," LEA COUNTY, NEW MEXICO.

No. 121⁷¹

AFFIDAVIT OF PAUL S. CONNER

STATE OF COLORADO)
) ss.
CITY AND COUNTY OF DENVER)

Paul S. Conner, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am the president of UnitSource Incorporated, which has been employed by Gillespie Oil, Inc. to notify the interest owners in the unit of the hearing on unit expansion

3. Notice was given to all persons identified in the letter attached hereto as Exhibit A, by certified mail. Copies of the return receipts are attached hereto as Exhibit B.


Paul S. Conner

SUBSCRIBED AND SWORN TO before me this 25th day of May, 1999, by Paul S. Conner.


Notary Public

My Commission Expires:
4-15-2000

NEW MEXICO
OIL CONSERVATION DIVISION

Gillespie Oil EXHIBIT 14

CASE NO. 12171

UnitSource Incorporated

11184 HURON STREET, SUITE 16
DENVER, COLORADO 80234
(303)452-6881 * FAX (303)452-6892
TOLL FREE (800)552-5983

May 7, 1999

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

**TO: LESSEES, LESSORS AND WORKING INTEREST OWNERS
PARTIES TO THE WEST LOVINGTON STRAWN UNIT
AGREEMENT, LEA COUNTY, NEW MEXICO**

Ladies and Gentlemen:

Enclosed is a copy of an application for Expansion of the West Lovington Strawn Unit Area, filed with the New Mexico Oil Conservation Division by Gillespie Oil, Inc., the Unit Operator. This matter is scheduled to be heard at 8:15 a.m. on Thursday, May 27, 1999, at the Division's Offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505 {phone: (505) 827-7132}. Other matters which may be considered include amendments to Section 16 of the West Lovington Strawn Unit Agreement (enclosed) and Article 10.4 of the West Lovington Strawn Unit Operating Agreement.

The Unit Operator's records indicate that you own an interest in the Unit Area, as expanded. As an interest owner in the Unit Area, you have the right to enter an appearance and participate in the hearing. Failure to appear at the hearing will preclude you from contesting this matter at a later date. If you will be appearing at the hearing, you are requested to notify the Attorney for the Unit Operator, Mr. James Bruce, P. O. Box 1056, Santa Fe, New Mexico 87504.

Sincerely,

UNITSOURCE INCORPORATED



Paul S. Conner, CPL

enclosures



"Specializing in Unitization since 1971"

99 APR -7 AM 11:21

APPLICATION OF GILLESPIE OIL, INC. FOR UNIT EXPANSION, STATUTORY UNITIZATION, AND QUALIFICATION OF THE EXPANDED UNIT AREA FOR THE RECOVERED OIL TAX RATE AND CERTIFICATION OF A POSITIVE PRODUCTION RESPONSE PURSUANT TO THE "NEW MEXICO ENHANCED OIL RECOVERY ACT," LEA COUNTY, NEW MEXICO.

No. _____

APPLICATION

Applicant Gillespie Oil, Inc., formerly known as Gillespie-Crow, Inc., for its application, states:

1. Applicant is engaged in the business of producing and selling oil and gas as defined by the Statutory Unitization Act, NMSA 1978 §§70-7-1 through 21 (1996 Supp.) ("the Act").

2. Applicant is the operator of the West Lovington Strawn Unit ("WLSU"), as expanded, approved by Division Order Nos. R-10449 and R-10864, which statutorily unitized the Strawn formation underlying the following lands located in Lea County, New Mexico:

TOWNSHIP 15 SOUTH, RANGE 35 EAST, N.M.P.M.

- Section 28: S $\frac{1}{2}$ SE $\frac{1}{4}$
- Section 33: All
- Section 34: W $\frac{1}{2}$ and W $\frac{1}{2}$ SE $\frac{1}{4}$

TOWNSHIP 16 SOUTH, RANGE 35 EAST, N.M.P.M.

- Section 1: Lots 1 through 8

TOWNSHIP 16 SOUTH, RANGE 36 EAST, N.M.P.M.

- Section 6: Lots 3 through 5

Containing 1618.95 acres, more or less.

The vertical limits of the unitized formation are defined in Order No. R-10449, which is incorporated herein by reference.

3. Certain lands outside the unit appear to be in communication with the unitized formation. As a result, Applicant requests that the WLSU be expanded to include the Strawn formation underlying the following lands:

TOWNSHIP 15 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 28: S $\frac{1}{2}$ SW $\frac{1}{4}$
Section 32: E $\frac{1}{2}$ NE $\frac{1}{4}$
Section 34: NE $\frac{1}{4}$ and E $\frac{1}{2}$ SE $\frac{1}{4}$
Section 35: SW $\frac{1}{4}$

TOWNSHIP 16 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 1: Lots 9-12

TOWNSHIP 16 SOUTH, RANGE 36 EAST, N.M.P.M.

Section 5: Lots 3-6
Section 6: Lots 1, 2, and 6-8

Containing 1123.95 acres more or less.

A map of the proposed expanded unit area, containing 2742.90 acres, more or less, is attached hereto as Exhibit 1. The Strawn formation underlying the expanded unit area has been reasonably defined by development.

4. The WLSU is subject to a natural gas injection pressure maintenance project, authorized by Division Order Nos. R-10448 and R-10864. Said orders also qualified the WLSU pressure maintenance project for the recovered oil tax rate pursuant to the "New Mexico Enhanced Oil Recovery Act" (Laws 1992, Chapter 38, Sections 1 through 5).

5. The plan of unitization for the expanded unit area, modified as described below, is embodied in the Unit Agreement approved by the Division in Order Nos. R-10449 and R-10864, which agreement is incorporated herein by reference. The plan of unitization would be modified by changing Article 13 (Tract Participation) as set forth on Exhibit 2 attached hereto. Such modification would change tract participations to those set forth on Exhibit 3 attached hereto.

6. The operating plan for the expanded unit area, covering the manner in which the expanded unit area will be supervised and managed, and costs allocated and paid, is embodied in the Unit Operating Agreement approved by the Division Order Nos. R-10449 and R-10864, which agreement is incorporated herein by reference.

7. The unitized management, operation, and further development of the Strawn formation underlying the expanded unit area is reasonably necessary in order to effectively carry on pressure maintenance operations and to substantially increase the ultimate recovery of oil and gas therefrom.

8. The existing pressure maintenance operation, as applied to the Strawn formation underlying the expanded unit area, is feasible, will prevent waste, and will result with reasonable probability in the increased recovery of substantially more oil from the Strawn formation than would otherwise be recovered.

9. The estimated additional costs, if any, of conducting unitized operations will not exceed the estimated value of the additional oil recovered thereby, plus a reasonable profit.

10. By Order No. R-10608, as amended, the Division certified a positive production response for the wells within the WLSU. There are two additional wells within the proposed expanded unit area which are entitled to be qualified for the recovered oil tax rate and certified for a positive production response. These wells, and the acreage dedicated thereto, are as follows:

<u>WELL NAME</u>	<u>WELL UNIT</u>
Snyder "EC" Com. No. 1	WLSU Tract 16
Snyder "C" No. 4	WLSU Tract 17

11. The granting of this application is in the interests of conservation and the prevention of waste.

WHEREFORE, applicant requests that, after notice and hearing, the Division enter its order:

- A. Approving the expansion of the WLSU to include the lands described in ¶3 above;
- B. Statutorily unitizing the expanded unit area;
- C. Approving the tract participations for the expanded unit area as described in ¶5 above;
- D. Approving the WLSU Unit Agreement, as amended, and the WLSU Unit Operating Agreement for the expanded unit area;
- E. Qualifying the expansion area of the WLSU for the recovered oil tax rate and certifying the wells described in ¶10 for a positive production response; and
- F. Granting such further relief as the Division deems proper.

Respectfully submitted,

A handwritten signature in cursive script that reads "James Bruce". The signature is written in dark ink and is positioned above a horizontal line.

James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Applicant

SECTION 13. TRACT PARTICIPATION (EXPANDED UNIT). The percentages of Tract Participation for each Tract within the Unit Area have been calculated and determined in accordance with the following formulas:

1. October 1, 1995 - October 31, 1997 (Original Unit).

Tract Participations for Tracts 1-11 (the original Unit Area) are those calculated under the Unit Agreement, as approved and amended by Oil Conservation Division Order No. R-10449.

2. November 1, 1997 - March 31, 1999 (First Expansion).

Tract Participations for this period are those approved by Oil Conservation Division Order No. R-10864, as follows:

Tracts 1-11:	95.2797924%
Tract 12:	2.3161519%
Tract 13:	2.1147842%
Tract 14:	0.2892715%

Production allocated to Tracts 1-11 was apportioned among said Tracts in the proportions set forth in Oil Conservation Division Order No. R-10449.

There shall be no retroactive changes in Tract Participations or in allocation of production of Unitized Substances for any period prior to April 1, 1999.

3. Effective April 1, 1999 (Second Expansion).

(a) Tract Participation Percentage = (80% x HPV) + (20% x WF), adjusted as described in subparagraph (c) below.

HPV = Hydrocarbon Pore Volume: Determined by volumetric original oil in place in the Unitized Formation under each Tract divided by volumetric original oil in place in the Unitized Formation under the expanded Unit Area.

Original oil in place is calculated from hydrocarbon pore volume using 100% of the density porosity electric log response with a 3% porosity cutoff, with an $R_w = 0.48$.

WF = Wellbore Factor: Determined by (i) the number of wells on a Tract, (ii) multiplied by the maximum average daily producing rate during a consecutive six (6) month producing period divided by the allowable for the West Lovington-Strawn Pool (250 BOPD/well), (iii)



divided by the cumulative sum of all Well Factors in the Unit Area.

Tracts 1-11 shall have a cumulative Wellbore Factor of 11 assigned thereto.

(b) Tract Participations for Tracts 12-14 shall be calculated under the subparagraph (a) formula for the period commencing April 1, 1999.

(c) After the calculations in subparagraph (a) are made, Tract 14's Tract Participation shall be increased to 3% by means of the other Tracts proportionately contributing a portion of their participation percentages as necessary for Tract 14 to achieve said 3% interest. The collective contribution of Tracts 1-11 shall be 82.3271757% of the amount necessary to increase Tract 14's interest to 3%. The individual contribution of each of Tracts 1-11 shall be in the proportions set forth in Oil Conservation Division Order No. R-10449.

(d) After the foregoing numbers are calculated, Tracts 1-11 shall be allocated 81.1529828% of Unitized Substances produced from the Unit Area, as expanded, which shall be apportioned among said Tracts in the proportions set forth in Oil Conservation Division Order No. R-10449.

The participations for each Tract in the expanded Unit Area are set forth in Exhibit "C" (Second Revision) attached hereto.

The Tract Participation percentages have been calculated upon the basis of all Tracts within the Unit Area, as expanded, being committed to this Agreement as of the effective date of unit expansion (being April 1, 1999), and such Tract Participations shall govern the allocation of Unitized Substances produced from the Unit Area after April 1, 1999; subject, however, to any revisions of the Unit Area and Exhibit "C" (Second Revision) in accordance with the provisions hereof.

If, subsequent to the effective date of unit expansion, any additional tract becomes committed hereto under the provisions of Section 4 (Expansion), Unit Operator shall revise Exhibits "B" and "C," or the latest revisions thereof, to show the new percentage participations of the then committed tracts, which revised exhibits shall, upon their approval by the Commissioner, Authorized Officer, and Division, supersede, as of their effective date, the last previously effective Exhibits "B" and "C." In any revision of Exhibit "C," the revised percentage participations of the respective tracts listed in the previously effective Exhibit "C" shall remain in the same ratio one to the other.

EXHIBIT "C" (SECOND REVISION)

<u>Tract No:</u>	<u>Tract Participation</u>
1-11	81.1529828%
12	1.9209371%
13	2.1752086%
14	3.0000000%
15	1.3604302%
16	0.9250416%
17	2.8805334%
18	2.8397964%
19	0.5007412%
20	0.2771667%
21	1.1632921%
22	1.0857725%
23	0.1378454%
24	0.2182614%
25	0.1469958%
26	0.1896112%
27	0.0253479%



UNIT AGREEMENT
FOR THE DEVELOPMENT AND OPERATION
OF THE
WEST LOVINGTON STRAWN UNIT
LEA COUNTY, NEW MEXICO

SECTION 16. OUTSIDE SUBSTANCES.

Paragraph 2 (New): Consistent with Article 11.1 of the Unit Operating Agreement (Basis of Charge to Working interest Owners), Unit Operator shall allocate and pay the proceeds from the production, recovery, and sale of all volumes of gas purchased or acquired and injected into the Unitized Formation for pressure maintenance operations before the effective date of the first expansion of the Unit (the "Initial Injection Volumes") to the Working Interest Owners in the Unit as then constituted, and according to the Unit Participations in effect at the time the costs of acquisition of the Initial Injection Volumes were incurred (per Exhibit "D" attached to the Unit Operating Agreement in effect before November 1, 1997). At such time as 100% of the Initial Injection Volumes has been produced, recovered, and sold, proceeds from the production, recovery, and sale of subsequently acquired and injected gas volumes shall be allocated and paid to the Working Interest Owners in proportion to their Unit Participations (per Exhibit "D" to the Unit Operating Agreement in effect during the pertinent time period) at the time the costs of acquisition of subsequently injected gas volumes were incurred.

"EXHIBIT A"

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS

LEONARD S. ANDERSON, JR.
71-332 SAN GARGONIO ROAD
RANCHO MIRAGE, CA 92270

CLARENCE V. SHELFER
ROUTE 1, BOX 248-A
SAN ANTONIO, TX 78223

CHARLES B. GILLESPIE, JR. (O)
P. O. BOX 8
MIDLAND, TX 79702-0008

CHARLES B. GILLESPIE, JR.
P. O. BOX 8
MIDLAND, TX 79702-0008

ANNIE LAURA STURDIVANT
ROUTE 1, BOX 1219
PINEVILLE, MO 64856

ATTN: LAND DEPARTMENT
TAURUS EXPLORATION U.S.A., INC.,
dba ENERGEN RESOURCES
CORPORATION
2101 SIXTH AVENUE NORTH
BIRMINGHAM, AL 35203

ATTN: LAND DEPARTMENT
TAURUS EXPLORATION U.S.A., INC.,
dba ENERGEN RESOURCES
CORPORATION
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TEDDIE DARRELL SHELFER
4508 SKYLARK WAY
EL PASO, TX 79922

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OF THE ROY G. BARTON, SR. &
OPAL BARTON REVOCABLE TRUST
P. O. BOX 978
HOBBS, NM 88241-097

LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PEMBROOK
ODESSA, TX 79762

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
LEASED BASIC ROYALTY OWNERS

RICHARD H. POWER
207 W. AVENUE M
LOVINGTON, NM 88260

LAND DEPARTMENT
ADIA ENTERPRISES INC.
4209 CARDINAL LANE
MIDLAND, TX 79707

MR. EARL CUNNINGHAM
DISTRICT MANAGER
BUREAU OF LAND MANAGEMENT
P. O. BOX 1397
ROSWELL, NM 88201

JEAN BENSON
816 168TH PLACE NE
BELLEVUE, WA 98008

WILLIAM R. CROW
5007 CANTERBURY DR.
MIDLAND, TX 79705

JUNE DANGLADE SPEIGHT
P. O. DRAWER 1687
LOVINGTON, NM 88206

BETTY LOUISE PIEPER
APARTMENT 1701
5200 BRITTANY DR. SOUTH
ST. PETERSBURG, FL 33715

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
UNLEASED ROYALTY OWNERS

DOROTHY LEE LUSK
P. O. BOX 537
TESUQUE, NM 87574

ROBERT L. BROWN
17 WOODRUFF ROAD
EDISON, NJ 08820-2601

GERALDINE ANDERSON HILL
30357 PALO VERDE DRIVE E.
RANCHO PALO VERDE, CA 90274

MARJORIE SMART, TRUSTEE OF THE
MARJORIE C. SMART REVOCABLE
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1238 PALISADE CIR.
HEBER SPRINGS, AR 72543

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COLEMAN, TX 76834

JAMES DARRELL SHELFER
665 SHELTON
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REVOCABLE TRUST
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LOIS H. STADWICK
ROBERT STADWICK
TODD STADWICK
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PENELOPE LOUISE HOLCOMB
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MARGOT S. M. CHAMBERS
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MERRITT ISLAND, FL 32953

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39904 SHORELINE DRIVE
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CRYSTAL LAKE, IL 60014

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39904 SHORELINE DRIVE
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SNYDER RANCHES, INC.
P. O. BOX 2158
HOBBS, NM 88241

GRACE STARMER
c/o WILLIAM C. HUNTER
P. O. BOX 1047
HEALDSBURG, CA 95448

ROY G. BARTON, III
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FIRST INTERSTATE BANK OF
ALBUQUERQUE, TRUSTEE OF THE
L. JAY ROOT ROYALTY TRUST
AGREEMENT DATED 4/28/83
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THE GROOMS TRUST uad 12/15/82
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ROSWELL, NM 88202

NORMA J. CHANLEY
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UNITED BANK OF LEA COUNTY,
TRUSTEE FOR CHAD L. & NORMA
B. WILEY
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VANCE LEE MASON
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MARY KATHERINE GARRETT NOBLE
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MARY RANDALL FREDERICKSON &
NORAH BAKER (J/T)
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CHICO, CA 95926

WILLIAM ROBERT YARNELL
c/o JOAN LOUISE YARNELL RINE
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BILLIE GARRETT LYTLER
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DOROTHY FULLER LUNDEEN
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TAMPA, FL 33615

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
OVERRIDING ROYALTY OWNERS

JOSEPH E. & TWILA M. GOODDING
LIVING TRUST
c/o TWILA M. GOODDING TRUSTEE
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FARMINGTON, NM 87401

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MIDLAND, TX 79702

LAND DEPARTMENT
GPC OIL & GAS CORP.
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MIDLAND, TX 79710

ROBERT H. HANNIFIN
P. O. BOX 218
MIDLAND, TX 79702

C. R. & ARLENE ALDERSON
P. O. BOX 1408
GRAND ISLAND, NE 68802

DONALD R. CURRY
905 FT. WORTH CLUB BLDG.
FT. WORTH, TX 76102

EVA H. & EPHRAIM G. MATSON

No Address Found

**WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS
EXPANSION NO. 1**

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MIDLAND, TX 79705

EMILY I. & THOMAS S. PARK

No Address Found

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ERNESTINE GILLESPIE
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SCOTTSDALE, AZ 85267

WINFIELD S. CARSON

No Address Found

ATTN: LAND DEPARTMENT
TAURUS EXPLORATION U.S.A., INC.,
dba ENERGEN RESOURCES
CORPORATION
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BIRMINGHAM, AL 35203

LAWRENCE J. SERIGHT
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WILBUR W. & JAMAEAH S. IRVIN
4208 BECKLAND DR.
FARMINGTON, NM 87402

**WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
NON PARTICIPATING ROYALTY
OWNERS**

ROY G. BARTON, JR., TRUSTEE OF
THE ROY G. BARTON, SR. & OPAL
BARTON REVOCABLE TRUST
P. O. BOX 978
HOBBS, NM 88240

ATTN: LAND DEPARTMENT
VIERSEN OIL & GAS COMPANY
P. O. BOX 280
OKMULGEE, OK 74447

CHARLES B. GILLESPIE, JR.
P. O. BOX 8
MIDLAND, TX 79702-0008

LANIS PALMER

No Address Found

LAND DEPARTMENT
YATES PETROLEUM CORPORATION
ABO PETROLEUM CORPORATION
MYCO INDUSTRIES, INC.
YATES DRILLING COMPANY
105 S. 4TH STREET
ARTESIA, NM 88210

LAND DEPARTMENT
PARALLEL PETROLEUM CORPORATION
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MIDLAND, TX 79702

SELMA PAULK

No Address Found

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REBEL OIL COMPANY
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RUBY GIBSON CORLEY
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HOUSTON, TX 77027

LAND DEPARTMENT
LARIO OIL & GAS COMPANY
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WICHITA, KS 67202

ATTN: LAND DEPARTMENT
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COMPANY
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MIDLAND, TX 79707

WILLIAM CROW & LISA CROW
5007 CANTERBURY DRIVE
MIDLAND, TX 79705

ROGER T. ELLIOTT & HOLLY L.
ELLIOTT
3907 CRESTGATE
MIDLAND, TX 79707

LAND DEPARTMENT
CANNON EXPLORATION CO.
3608 SCR 1184
MIDLAND, TX 79701

LAND DEPARTMENT
HOLLYHOCK CORPORATION
3907 CRESTGATE
MIDLAND, TX 79707

LAND DEPARTMENT
RIO PECOS CORPORATION
4501 GREENTREE BOULEVARD
MIDLAND, TX 79701

LAND DEPARTMENT
TARA-JON CORPORATION
6003 MEADOW VIEW LANE
MIDLAND, TX 79707

LAND DEPARTMENT
VISA INDUSTRIES OF ARIZONA
9215 NORTH 14TH STREET
PHOENIX, AZ 85020

LAND DEPARTMENT
HANLEY OAD, LTD., II
HANLEY PETROLEUM, INC.
415 W. WALL
MIDLAND, TX 79701

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
LEASED BASIC ROYALTY
OWNERS
EXPANSION NO. 1

NATIONSBANK OF TEXAS, N.A.,
TRUSTEE OF THE MARILYN
MAXWELL CHANDLER TRUST
#8436-00
P. O. BOX 830308
DALLAS, TX 77289-0503

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
OVERRIDING ROYALTY OWNERS
EXPANSION NO. 1

ATTN: LAND DEPARTMENT
PIONEER NATURAL RESOURCES
USA, INC.
1400 WILLIAMS SQUARE WEST
5205 NORTH O'CONNOR BLVD.
IRVING, TX 75039

STANLEY H. FOX
2514 LOCKHEED
MIDLAND, TX 75039

WYLIE G. BASHAM
3317 HAYNES
MIDLAND, TX 79707

MARVIN E. KRAFT
367 FAIRWAY
WICHITA, KS 67212

CHARLES T. SLACK
1131 MAUS LANE
WICHITA, KS 67212

LAWRENCE J. SERIGHT
P. O. BOX 5361
MIDLAND, TX 79704

JAMES W. ROGERS
3922 EDGEBROOK CT.
MIDLAND, TX 79707

BRETT K. BRACKEN
5107 BELAIRE
MIDLAND, TX 79703

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
NON-PARTICIPATING ROYALTY
OWNERS
EXPANSION NO. 1

J. HIRAM MOORE, LTD.
310 W. WALL, SUITE 404
MIDLAND, TX 79701

ATTN: LAND DEPARTMENT
ACORN RESOURCES, INC.
P.O. BOX 9665
TULSA, OK 74157

LAND DEPARTMENT
PARALLEL PETROLEUM CORP.
P. O. BOX 10587
MIDLAND, TX 79702

DONALD S. MULLINS,
c/o SMITH BARNEY, INC.
IRA CUSTODIAN
#216-62697-1-8-791
P.O. BOX 3937
WESTLAKE VILLAGE, CA 91359-9976

**WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS
EXPANSION NO. 2**

CHARLES B. GILLESPIE, JR. (O)
P.O. BOX 8
MIDLAND, TX 79702

ATTN: LAND DEPARTMENT
TAURUS EXPLORATION U.S.A., INC.,
dba ENERGEN RESOURCES
CORPORATION
2101 SIXTH AVENUE NORTH
BIRMINGHAM, AL 35203

ATTN: LAND DEPARTMENT
PERMIAN BASIN LAND ASSOCIATES,
INC.
401 WEST TEXAS, SUITE 917
MIDLAND, TX 79701

ATTN: LAND DEPARTMENT
DAVID ARRINGTON OIL AND GAS, INC.
P.O. BOX 2071
MIDLAND, TX 79702

WILLIAM R. CROW & LISA CROW
5007 CANTERBURY DRIVE
MIDLAND, TX 79705

ATTN: LAND DEPARTMENT
CHESAPEAKE OPERATING, INC.
P.O. BOX 54525
OKLAHOMA CITY, OK 73154-1525

ATTN: LAND DEPARTMENT
ANSON ENERGY COMPANY
P.O. BOX 24060
OKLAHOMA CITY, OK 73124

ATTN: CHUCK MORAN
YATES PETROLEUM CORPORATION
MYCO INDUSTRIES, INC.
JOHN A. YATES
YATES DRILLING COMPANY
S.P. YATES
LOS CHICOS
ABO PETROLEUM CORPORATION
PEYTON YATES
RICHARD YATES
WEED OIL AND GAS
105 SOUTH 4TH STREET
ARTESIA, NM 88210

ATTN: LAND DEPARTMENT
WOOD OIL COMPANY
401 SOUTH BOSTON AVE.
TULSA, OK 74103

ATTN: LAND DEPARTMENT
RAMCO OPERATING COMPANY
SUITE 650
5100 E. SKELLY DRIVE
TULSA, OK 74135

ATTN: LAND DEPARTMENT
PHILWELL, INC.
SUITE 1910
320 SOUTH BOSTON AVENUE
TULSA, OK 74103-4708

ROBERT D. SNOW & BILL RAYMOND
SNOW, TRUSTEES OF THE ROBERT D.
SNOW LIVING TRUST UNDER TRUST
DECLARATION OF TRUST DATED
5-27-1993
SUITE 1910
320 SOUTH BOSTON AVENUE
TULSA, OK 74103-4708

ATTN: LAND DEPARTMENT
RB OPERATING COMPANY
SUITE 650
5100 E. SKELLY DRIVE
TULSA, OK 74135

ATTN: LAND DEPARTMENT
VIERSON OIL & GAS COMPANY
P.O. BOX 280
OKMULGEE, OK 74447

ATTN: LAND DEPARTMENT
LARIO OIL & GAS COMPANY
SUITE 1420
500 WEST TEXAS
MIDLAND, TX 79701

ATTN: LAND DEPARTMENT
LARIO OIL & GAS COMPANY
301 SOUTH MAIN STREET
WICHITA, KS 67202

ATTN: LAND DEPARTMENT
VISA INDUSTRIES OF ARIZONA
9215 NORTH 14TH STREET
PHOENIX, AZ 85020

ATTN: LAND DEPARTMENT
MARKS AND GARNER PRODUCTION
LIMITED COMPANY
P.O. BOX 70
LOVINGTON, NM 88260

ATTN: LAND DEPARTMENT
HONEYSUCKLE EXPLORATION
No Address Found

ATTN: LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PEMBROOK
ODESSA, TX 79762

MARY FRANCES DOW BYERS
No Address Found

**WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
LEASED BASIC ROYALTY OWNERS
EXPANSION NO. 2**

ATTN: LAND DEPARTMENT
PERRY & PERRY INC.
P.O. BOX 371
MIDLAND, TX 79702

JAMES L. DOW
P.O. BOX 128
CARLSBAD, NM 88220

STATE OF NEW MEXICO
2040 SOUTH PACHECO
SANTA FE, NM 87505

ATTN: LAND DEPARTMENT
DAVID PETROLEUM CORPORATION
116 WEST FIRST STREET
ROSWELL, NM 88201

BOBBIE ANN DOW LOGAN
P.O. BOX 128
CARLSBAD, NM 88220

MICHAEL MARK ESTLACK
c/o LAYTON J. ESTLACK
1205 CAMINA VEGA
FARMINGTON, NM 87401

ATTN: LAND DEPARTMENT
RESOURCES INVESTMENT COMPANY
No Address Found

JAMES A. GIBBS, dba JEB
ROYALTIES
4925 GREENVILLE AVE.
ONE ENERGY SQUARE
DALLAS, TX 75206

VERA DICKSON & R.S. DICKSON
902 NORTH MAIN, #26
SAN ANGELO, TX 76903

**WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
UNLEASED BASIC ROYALTY OWNERS
EXPANSION NO. 2**

EDWARD G. BOONE
1513 TINSDALE
NASHVILLE, AR 71852

LILA HUGHES
206 RADIO BLVD.
CARLSBAD, NM 88220

UNKNOWN HEIRS OF ROSE BOYD
No Address Found

ELLEN B. SCHWETHELM
P.O. BOX 6716
SAN ANTONIO, TX 78209-6716

L. RUTH PRITCHARD & JAMES
R. PRITCHARD, SR.
1400 ALAMOGORDO STREET
DEMING, NM 88030

GEORGE W. ESTLACK & RUBY DELL
ESTLACK
P.O. BOX 640
CLARENDON, TX 79226

SUSAN HUGHES
P.O. BOX 1491
TRINITY, TX 75862

PAUL E. POWELL, AIF
FOR E.E. POWELL
4159 STECK AVE. #125
AUSTIN, TX 78759

C.E. BOYD & MARGUERITE BOYD
No Address Found

JANET EVERS
3209 BRIDLEPATH
AUSTIN, TX 78703

DAVID L. ESTLACK, AIF FOR EUGENE
H. ESTLACK
2002 SURREY DRIVE
ROUND ROCK, TX 78644

ATTN: LAND DEPARTMENT
SNYDER RANCHES, INC.
P.O. BOX 2158
HOBBS, NM 88241

SHIRELY MADELEY
P.O. BOX 248
BALMORHEA, TX 79718

LEE BRIXEY EASTLAKE, AKA
LEE BRIXEY ESTLACK
1701 GRANT STREET
WICHITA FALLS, TX 76309

DONNA ESTLACK HICKS, HEIR OF
MARY ATHLYA ESTLACK
P.O. BOX 596
CLARENDON, TX 79226

IRA JEAN ESTLACK CHUNN HEIR
OF ALFRED D. ESTLACK
5114 CROCKETT
AMARILLO, TX 79110

GARY NELSON JOINER
2020 CEDARWOOD
BRYAN, TX 77807

ALLEN H. ESTLACK, HEIR OF MARY
ATHLYA
P.O. BOX 596
CLARENDON, TX 79226

PATRICIA ESTLACK SAMMONS
HEIR OF ALFRED D. ESTLACK
P.O. BOX 524
PETERSBURG, TX 79520

BARBARA GAIL YOUNG
6719 AVENUE B
BELLAIRE, TX 77401

THOMAS W. BOYD HEIR OF ROSE
BOYD
P.O. BOX 270
LUBBOCK, TX 79414

ALLEN H. ESTLACK HEIR OF
ALFRED D. ESTLACK
P.O. BOX 596
CLARENDON, TX 79226

J.E. SIMMONS TRUSTS A&B
BEULAH H. SIMMONS TRUSTS A&B,
NORWEST BANK OF TEXAS, N.A.
TRUSTEES
c/o TRUST DIVISION
P.O. BOX 1241
LUBBOCK, TX 79408-1241

CHARLES W. BOYD HEIR OF ROSE
BOYD
6968 S. MADISON WAY
LITTLETON, CO 80122

DANA ESTLACK SHEA HEIR OF
ALFRED D. ESTLACK
1062 NORTH LINDEN
WAHOO, HE 68066

OPAL N. STOUT HEIR OF ROSE
BOYD
1904 AVE. M
SNYDER, TX 79549

BARBARA ESTLACK BROCK HEIR OF
ALFRED D. ESTLACK
P.O. BOX 951
CHESTER, CA 96020

GEORGE ALLEN THOMAS
3601 FM 608
ROSCOE, TX 79545-3219

JERRY D. BOYD HEIR OF ROSE
BOYD
2734 MEADOW TREE LANE
SPRING, TX 77388

CHESTER A. BEADLE & MARGARET
BEADLE
1104 NORTH 8TH STREET
CARLSBAD, NM 88220

JACKIE IRENE THOMAS
WALTERS
2401 CREEKSIDE CIR. SOUTH
IRVING, TX 75063-3356

DOROTHY TEAGUE HEIR OF
ROSE BOYD
4712 40TH STREET
LUBBOCK, TX 79423

DONNA J. ADAMS & PHILLIP
GLENN ADAMS, SR.
14 A. CARLSON ROAD
SANTA FE, NM 87505

CLIFFORD G. BURNETT
P.O. BOX 508
ROSCOE, TX 79545

NORMA BOYD HEIR OF ROSE
BOYD
2121 73RD STREET
LUBBOCK, TX 79423

THELMA EVA GORNEY
3808 ALDERWOOD
EL PASO, TX 79927

CLYDE PARKS THOMAS
No Address Found

JOE BOYD HEIR OF ROSE BOYD
P.O. BOX 270
LUBBOCK, TX 79414

JAY NEIL JOINER
5908 GARY DRIVE
AUSTIN, TX 78757

ATTN: LAND DEPARTMENT
SNYDER RANCHES, INC.
P.O. BOX 2158
HOBBS, NM 88241

ROBERT J. BAER
21422 WILLOW DRIVE
KATY, TX 77450-4817

BRADFORD A. CHRISTMAS
BOX 173
WAGON MOUND, NM 88752

JULIA CULP, HARVEY CULP, LEORA
LEE & ZENA RUTH PEARCE
No Address Found

KARL E. BAER REVOCABLE TRUST
8-11-88
3109 EAST 48TH STREET
TULSA, OK 74105-5312

BILL MATHIS & BETTY LOU MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

B.A. CHRISTMAS & ANNIE L. CHRIST
No Address Found

JUNE D. SPEIGHT
P.O. DRAWER 1687
LOVINGTON, NM 88206

JOYCE ANN BROWN SANDERS, JOYCE
CHRISTMAS BROWN
909 NORTH ALAMEDA
LAS CRUCES, NM 88001

S.P. JOHNSON & FRANCES G. JOHNSO
No Address Found

JULIA CULP
P.O. BOX 363
LOVINGTON, NM 88260

SANDRA LEE PONDER BARBEE
2630 77TH STREET
LUBBOCK, TX 79423

DOCIA BAIN BOWMAN
No Address Found

J. EDWARD WOOD, AKA JERRY E.
WOOD
P.O. BOX 760
ROSWELL, NM 88201

WILLIAM G. PONDER
1209 BERKELEY
RICHARDSON, TX 75080

DAVID CHAVEZ, JR. & GENEVIEVE T.
CHAVEZ
No Address Found

MARY RUTH McCRORY & WILLIAM
THOMAS REED, IND. EXECUTORS OF
THE ESTATE OF J.L. REED, DEC.
P.O. BOX 444
LOVINGTON, NM 88260

POWHATAN & EFFIE CARTER
No Address Found

W.M. CHAMBERS & MATTIE E.
CHAMBERS
No Address Found

ZENA RUTH PEARCE
No Address Found

JOHN NICKSON BEERS
20579 MISSIONARY RIDGE
WALNUT, CA 91789

H. DILLARD SCHENCK & L. KIRBY
SCHENCK
No Address Found

LEORA CULP LEE
P.O. BOX 363
LOVINGTON, NM 88260

JOSEPH RICHARD NICKSON
205 WEST 19TH STREET
NEW YORK, NY 10011

L.H. PUCKETT & LELA W. PUCKETT
No Address Found

NELSON H. JAMES & VIRGINIA H.
JAMES, EUNICE GRAY & WAILES
GRAY
No Address Found

MARTHA NICKSON
P.O. BOX 10352
MIDLAND, TX 79702

W.E. GRISSO & MAGGIE GRISSO
No Address Found

GORDON M. CONE & KATHLENE
CONE

No Address Found

MRS. W.L. LEMMONS, ELVA D.
LEMMONS, ELLAS LEMMONS
UNDERWOOD, ZELLA LEMMONS
CALVERLEY

No Address Found

R.R. CULBERTSON

No Address Found

A.E. PETTY & JOSIE PETTY

No Address Found

DONALD B. HEARD

P.O. BOX 2009

PITTSBURG, PA 15213

PHILLIP E. CARR

P.O. BOX 13387

SCOTTSDALE, AZ 85267

THE PROTESTANT EPISCOPAL
CHURCH FOUNDATION
OF THE DIOCESE OF OKLAHOMA
924 NORTH ROBINSON
OKLAHOMA CITY, OK 73102

ARLINE P. SCHREIBER

5622 SHERATON OAKS

HOUSTON, TX 77091

**WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
NON-PARTICIPATING ROYALTY
EXPANSION NO. 2**

CHARLES R. WIGGINS

P.O. BOX 10862

MIDLAND, TX 79702

ATTN: PHIL FLEETWOOD

TCMAP 1995-C

P.O. BOX 407

MARLOW, OK 73055

ATTN: LAND DEPARTMENT

BAYOU BLACK ROYALTY COMPANY,
INC.

1107 HUDSON LANE, SUITE B

MONROE, LA 71201

WILBUR P. DAVIS

P.O. BOX 1330

EL DORADO, AR 71731

ATTN: LAND DEPARTMENT

MID CONTINENTAL ENERGY, INC.

SUITE 450

100 WEST 5TH STREET

TULSA, OK 74103-4287

W.K. GRIFFIN, JR., TRUSTEE OF THE

W.K. GRIFFIN, JR. CHILDREN'S

IRREVOCABLE TRUST

P.O. BOX 12274

JACKSON, MS 39236

BARRON J. O'NEAL

SUITE 204

2210 LINE AVE

SHREVEPORT, LA 71104

DONALD F. DUNCAN

c/o PHIL FLEETWOOD

P.O. BOX 407

MARLOW, OK 73055

ROBERT M. KEY

P.O. DRAWER 22

SHREVEPORT, LA 71161

ROY F. PEARCE, JR.

No Address Found

LEE FAMILY TRUST DATED 4/13/93

P.O. BOX 363

LOVINGTON, NM 88260

BILL L. LEE

HC 60 BOX 465

LOVINGTON, NM 88260

FRED PEARCE

No Address Found

MARY THERESA CHRISTMAS

P.O. BOX 20204

ARLINGTON, TX 76006-1204

CANDY CHRISTMAS ALEWINER

P.O. BOX 64278

LUBBOCK, TX 79464

HELEN JANE CHRISTMAS, TRUSTEE

OF THE HELEN JANE CHRISTMAS

BARBY TRUST UNDER AGREEMENT

DATED 2-14-92

P.O. BOX 425

OKARCHE, OK 79762

STEPHEN NELSON JAMES
No Address Found

HUNTER WOLFLIN PUCKETT
2116 ONG
AMARILLO, TX 79109

BEVERLY T. CARTER, TRUSTEE OF
THE POWHATTAN AND BEVERLY
T. CARTER REVOCABLE TRUST
UNDER TRUST AGREEMENT DATED
9/25/81
P.O. BOX 328
FORT SUMMER, NM 88119

MIKE FIELD
2112 INDIANA
LUBBOCK, TX 79408

JOSEPH SHELBY PUCKETT
15 ALPINE COURT
BELLAIRE, TX 77401

DAN FIELD
P.O. BOX 1105
LOVINGTON, NM 88260

BRENDA BERRY
498 HUDSON #3
NEW YORK, NY 10014

THE TRUSTEES OF THE CHARLES
AND BEVERLY OVERTON REVOCABL
TRUST UNDER TRUST AGREEMENT
12/15/93
P.O. BOX 32
YESO, NM 88136

PJC LIMITED PARTNERSHIP
1409 SOUTH SUNSET
ROSWELL, NM 88201

KYLE KENNETH BERRY
#8 EDGEWATER COVE
MAUMELLE, AR 72113

S.P. JOHNSON III AND BARBARA JO
JOHNSON, TRUSTEES OF THE S.P.
JOHNSON, II AND BARBARA JO
JOHNSON REVOCABLE TRUST UNDER
TRUST AGREEMENT DATED 1/24/85
P.O. BOX 1641
ROSWELL, NM 88202

NANCY DAWKINS
P.O. BOX 7
STORY BROOK, NY 11790

POWHATTAN CARTER, III
No Address Found

MARSHALL T. DAWKINS
P.O. BOX 1394
AMARILLO, TX 79105

RODNEY CARTER
5977 WILLOWROSS WAY
PLANO, TX 75093

RITA D. SCHENCK, KLEIN BANK,
SPRING TEXAS, AND WILLIAM CARL
SCHENCK, CO-TRUSTEES UNDER
KIRBY D. SCHENCK AND RITA D.
SCHENCK REVOCABLE TRUST
AGREEMENT DATED 10/2/91
P.O. BOX 1627
LOVINGTON, NM 88260

LELA DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109

ANDERSON CARTER
P.O. BOX 998
LAS CRUCES, NM 88004

JOHN E. DAWKINS
#24 CALLE DEL NORTE
PLACITAS, NM 87043

ANDERSON CARTER, FOR LIFE,
REMAINDER TO HIS ISSUE
P.O. BOX 998
LAS CRUCES, NM 88004

PATTILOU PUCKETT DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109

DEVON ENERGY CORPORATION
(NEVADA)
SUITE 1500
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

FIRST NATIONAL BANK AND TRUST
COMPANY OF OKLAHOMA CITY,
TRUSTEE UNDER TRUST AGREEMENT
DATED 12/8/66 FOR THE GRISSE
FAMILY TRUST
P.O. BOX 25189
LAS CRUCES, NM 88004

CATHIE CONE McCOWN
P.O. BOX 658
DRIPPING SPRINGS, TX 78620

ATTN: LAND DEPARTMENT
McMILLIAM PRODUCTION CO., INC.
118 WEST 1ST STREET
ROSWELL, NM 88201

BILLY W. ROBINSON
1123 NORTH GILA
HOBBS, NM 88240

**WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
OVERRIDING ROYALTY OWNERS
EXPANSION NO. 2**

MARY KATHRYN GRISSE
P.O. BOX 10716
MIDWEST CITY, OK 73110

LEECO ENERGY & INVESTMENTS,
INC.
SUITE 1420
400 WEST ILLINOIS
MIDLAND, TX 79701

ERNESTINE W. GILLESPIE
P.O. BOX 13387
SCOTTSDALE, AZ 85267

HARRY J. SCHAFER, JR. TRUSTEE OF
THE MARY E. GRISSE TRUST NO. 1
UNDER TRUST AGREEMENT DATED
8/28/79
P.O. BOX 14700
OKLAHOMA CITY, OK 73113

KITTIE D. LEMMONS
No Address Found

GEORGE D. ZIMMERMAN & PATRICIA
C. ZIMMERMAN
3808 STANOLIND
MIDLAND, TX 79707

JOE MELANIE CALVERLY
No Address Found

ERNEST L. MARKS
P.O. BOX 1234
LOVINGTON, NM 88260-1234

MARILYN CONE, TRUSTEE FOR THE
C.D. TRUST
P.O. BOX 64244
LUBBOCK, TX 79464

THEORA CALVERLY, AKA ZELLA
THEORA CALVERLY, DEC., NORMA
JEAN HESTER, IND. EXEC. NORMA
JEAN HESTER, IN FEE
P.O. BOX 38
GARDEN CITY, TX 79739

JAMES H. GARNER
P.O. BOX 841
LOVINGTON, NM 88260-0841

CLIFFORD CONE
P.O. BOX 1629
LOVINGTON, NM 88260-1629

ATTN: LAND DEPARTMENT
BTA OIL PRODUCERS
104 SOUTH PECOS
MIDLAND, TX 79701

TOM R. CONE
P.O. BOX 778
JAY, OK 74346

OLIVE D. FIX
No Address Found

ATTN: LAND DEPARTMENT
RIO PECOS CORPORATION
4501 GREEN TREE BLVD.
MIDLAND, TX 79707-1607

KENNETH G. CONE
P.O. BOX 11310
MIDLAND, TX 79702

SAMERY ELLA UNDERWOOD
No Address Found

ATTN: LAND DEPARTMENT
PATHFINDER EXPLORATION
COMPANY
4306 CRESTGATE
MIDLAND, TX 79707

ATTN: LAND DEPARTMENT
CANNON EXPLORATION COMPANY
3608 SCR 1184
MIDLAND, TX 79701

ATTN: LAND DEPARTMENT
HOLLYHOCK CORPORATION
3907 CRESTGATE
MIDLAND, TX 79707

ATTN: LAND DEPARTMENT
TARA-JON CORPORATION
6003 MEADOW VIEW LANE
MIDLAND, TX 79707

BILL MATHIS & BETTY LOU
MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

OLSER C. HUTSON
No Address Found

RICHARD F. SPENCER
No Address Found

EDWEL B. NEFF, JR.
403 TIERRA BERRENDA
ROSWELL, NM 88201

"EXHIBIT B"

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 LAND DEPARTMENT
 ADIA ENTERPRISES INC.
 4209 CARDINAL LANE
 MIDLAND, TX 79707

4a. Article Number
Z. 224.509.560

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise COD
 Certified
 Insured

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)
Alia Sothman

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994 **PS 102565-97-0179 Domestic Return Receipt**

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 MARY KATHERINE GARRETT NOBLE
 613 PASEO DEL MAR NE
 ALBUQUERQUE, NM 87123

4a. Article Number
Z. 224.509.566

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise COD
 Certified
 Insured

7. Date of Delivery
5-10-99

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

5. Received By: (Print Name)
LSD

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994 **PS 102565-97-0179 Domestic Return Receipt**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 CLARENCE V. SHELFER
 ROUTE 1, BOX 248-A
 SAN ANTONIO, TX 78223

4a. Article Number
Z. 224.509.583

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise COD
 Certified
 Insured

7. Date of Delivery
20 May 1999

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994 **PS 102565-97-0179 Domestic Return Receipt**

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 UNITED BANK OF LEA COUNTY,
 TRUSTEE FOR CHAD L. & NORMA
 B. WILEY
 P. O. BOX 2468
 ROSWELL, NM 88202

4a. Article Number
Z. 224.509.564

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise COD
 Certified
 Insured

7. Date of Delivery
8201

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

5. Received By: (Print Name)
Don Huelsh

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994 **PS 102565-97-0179 Domestic Return Receipt**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
Z-224-509-571

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
5-10-99

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

3. Article Addressed to:
 REVA JOYCE THOMPSON
 c/o WILLIAM H. THOMPSON
 198 HICKORY DRIVE
 ROGERS, AR 72756

5. Received By: (Print Name)
W.H. Thompson

6. Signature: (Addressee or Agent)
X W.H. Thompson

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
Z-224-509-569

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
5-10-99

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

3. Article Addressed to:
 GERALDINE ANDERSON HILL
 30357 PALO VERDE DRIVE E.
 RANCHO PALO VERDE, CA 90274

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Geraldine Anderson

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
Z-224-509-568

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
5-10-99

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

3. Article Addressed to:
 JOSEPH E. & TWILA M. GOODDING
 LIVING TRUST
 c/o TWILA M. GOODDING TRUSTEE
 1009 CRESTVIEW CIRCLE
 FARMINGTON, NM 87401

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Twila Goodding

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
Z-224-509-567

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
5/10/99

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

3. Article Addressed to:
 THOMAS W. PETTIT
 151 W. TRINITY RD.
 GLEN ELLEN, CA 95442

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Thomas W. Pettit

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 JANE BOWERS STONEMAN
 525 E. CHERRY LYNN ROAD
 PHOENIX, AZ 85012

4a. Article Number
 Z-224-509-573

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Sharon D. Shelfer

6. Signature: (Addressee or Agent)
 Sharon D. Shelfer

7. Date of Delivery
 5-11-99

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 EFFIE SHELFER
 110 E. 10TH
 COLEMAN, TX 76834

4a. Article Number
 Z-224-509-575

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 X Effie Shelfer

6. Signature: (Addressee or Agent)
 X Effie Shelfer

7. Date of Delivery
 MAY 14 1999

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 JAMES DARRELL SHELFER
 565 SHELTON
 ABILENE, TX 79603

4a. Article Number
 Z-224-509-574

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Sharon D. Shelfer

6. Signature: (Addressee or Agent)
 Sharon D. Shelfer

7. Date of Delivery
 MAY 13 1999

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ROBERT L. BROWN
 17 WOODRUFF ROAD
 EDISON, NJ 08820-2601

4a. Article Number
 Z-224-509-576

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Robert L. Brown

7. Date of Delivery
 5-11-99

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ROY G. BARTON, JR., TRUSTEE
 OF THE ROY G. BARTON, SR. &
 OPAL BARTON REVOCABLE TRUST
 P. O. BOX 978
 HOBBS, NM 88241-097

4a. Article Number
 Z-224-509-580

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 X *Bunda Stewart*

6. Signature: (Addressee or Agent)
 PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 JEAN BENSON
 816 168TH PLACE NE
 BELLEVUE, WA 98008

4a. Article Number
 Z-224-509-578

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured

5. Received By: (Print Name)
 X *JEAN BENSON*

6. Signature: (Addressee or Agent)
 PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 RICHARD H. POWER
 207 W. AVENUE M
 LOVINGTON, NM 88260

4a. Article Number
 Z-224-509-579

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 X *Mrs. R. H. Power*

6. Signature: (Addressee or Agent)
 PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 BETTY LOUISE PIEPER
 APARTMENT 1701
 5200 BRITTANY DR. SOUTH
 ST. PETERSBURG, FL 33715

4a. Article Number
 Z-224-509-577

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 X *Betty Louise Pieper*

6. Signature: (Addressee or Agent)
 PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 MARJORIE SMART, TRUSTEE OF THE MARJORIE C. SMART REVOCABLE TRUST DATED 5/9/90
 1238 PALISADE CIR.
 HEBER SPRINGS, AR 72543

4a. Article Number
 Z-224-509-584

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Marjorie Smart

6. Signature: (Addressee or Agent)
 Marjorie Smart

7. Date of Delivery
 05-12-94

8. Addressee's Address (Only if requested and fee is paid)
 10708 B-B-023 Domestic Return Receipt
 TSCU: 2001-11-17-94

PS Form 3811, December 1994

SENDER:
 I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 EDDIE DARRELL SHELFER
 508 SKYLARK WAY
 L PASO, TX 79922

4a. Article Number
 Z-224-509-581

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Eddie Darrell Shelfer

6. Signature: (Addressee or Agent)
 Eddie Darrell Shelfer

7. Date of Delivery
 5/10/94

8. Addressee's Address (Only if requested and fee is paid)
 0235953-0-179 Domestic Return Receipt
 CR: 2001-11-17-94

PS Form 3811, December 1994

SENDER:
 I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 DOROTHY LEE LUSK
 P. O. BOX 537
 TESUQUE, NM 87574

4a. Article Number
 Z-224-509-585

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Dorothy Lee Lusk

6. Signature: (Addressee or Agent)
 Dorothy Lee Lusk

7. Date of Delivery
 5-11-94

8. Addressee's Address (Only if requested and fee is paid)
 10708 B-B-023 Domestic Return Receipt
 TSCU: 2001-11-17-94

PS Form 3811, December 1994

SENDER:
 I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 ANNIE LAURA STURDIVANT
 ROUTE 1, BOX 1219
 PINEVILLE, MO 64856

4a. Article Number
 Z-224-509-582

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Annie Laura Sturdivant

6. Signature: (Addressee or Agent)
 Annie Laura Sturdivant

7. Date of Delivery
 5-11-94

8. Addressee's Address (Only if requested and fee is paid)
 10708 B-B-023 Domestic Return Receipt
 TSCU: 2001-11-17-94

PS Form 3811, December 1994

Is your RETURN completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
JUNE DANGLADE SPEIGHT
P. O. DRAWER 1687
LOVINGTON, NM 88206

4a. Article Number
Z. 224.509.586

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

7. Date of Delivery
MAY 10 1994

8. Addressee's Address (Only if requested and fee is paid)
LOVINGTON, NM 88206

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Is your RETURN completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
JUNE DANGLADE SPEIGHT
P. O. DRAWER 1687
LOVINGTON, NM 88206

4a. Article Number
Z. 224.509.586

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

7. Date of Delivery
MAY 10 1994

8. Addressee's Address (Only if requested and fee is paid)
LOVINGTON, NM 88206

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Is your RETURN completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
LEONARD S. ANDERSON, JR.
71-332 SAN GARGONIO ROAD
RANCHO MIRAGE, CA 92270

4a. Article Number
Z. 224.509.587

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

7. Date of Delivery
MAY 10 1994

8. Addressee's Address (Only if requested and fee is paid)
RANCHO MIRAGE, CA 92270

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Is your RETURN completed on the reverse side?

6. Signature: (Address of Agent)
X *Leonard S. Anderson*

PS Form 3811, December 1994
Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
LESTER F. COLBY
4619 FILLMORE STREET
HOLLYWOOD, FL 33021

4a. Article Number
W. 327525124

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

7. Date of Delivery
MAY 11 1994

8. Addressee's Address (Only if requested and fee is paid)
HOLLYWOOD, FL 33021

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
DOROTHY C. FELTZ
5 GATES STREET
CRYSTAL LAKE, IL 60014

4a. Article Number
Z. 327525125

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 Certified

7. Date of Delivery
MAY 11 1994

8. Addressee's Address (Only if requested and fee is paid)
CRYSTAL LAKE, IL 60014

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

6. Signature: (Address of Agent)
X *Dorothy C. Feltz*

PS Form 3811, December 1994
Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 FRANCIS J. MOYNIHAN, JR.
 135 OLD WARREN RD, ~~REB2~~
 FREWSPBURG, NY 14738

4a. Article Number: 2327 525127
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 Francis J. Moynihan Jr

6. Signature: (Addressee or Agent)
 X

7. Date of Delivery: 5-10-99

8. Addressee's Address (Only if requested and fee is paid)
 135 Old Warren Rd.

PS Form 3811, December 1994 W. COV. 2000 95-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 BARBARA M. GALLAGHER
 44 WILLIAM STREET
 LINCOLN PARK, NJ 07035

4a. Article Number: 2327 525124
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X B. Gallagher

7. Date of Delivery: 5/13/89

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

PS Form 3811, December 1994 W. COV. 2000 95-98-B-0229 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 BERKELEY N. MOYNIHAN
 448 WINDSWEPT VIEW
 ASHEVILLE, NC 28801

4a. Article Number: 2327 525728
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X B. Moynihan

7. Date of Delivery: 5-12-99

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

PS Form 3811, December 1994 W. COV. 2000 95-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ANITA M. MCDONALD
 1301 SUNNY HILL COURT
 BETTENDORF, IA 52722

4a. Article Number: 2327 525 281
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 Anita M. McDonald

7. Date of Delivery: 5-11-99

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

PS Form 3811, December 1994 W. COV. 2000 95-98-B-0229 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

KELLY H. BAXTER
P. O. BOX 1649
AUSTIN, TX 78767

4a. Article Number

2327 525 288

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

MAY 12 1994

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994 W. COV. 2ND 95-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

JOAN SERMAK
1401 QUAIL CANYON
SAN BERNADINO, CA 92404

4a. Article Number

2327 525 290

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

5-11-94

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994 W. COV. 2ND 95-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

HENRY W. LAWTON
P. O. BOX 161
PORTVILLE, NY 14770

4a. Article Number

2327 525 289

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

5/10/94

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994 W. COV. 2ND 95-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

NANCY O'CONNOR
10756 MAIN ST. #201
FAIRFAX, VA 22030

4a. Article Number

2327 525 291

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

MAY 12 1994

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994 W. COV. 2ND 95-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
LEWIS E. MCLAUGHLIN
LOIS M. MCLAUGHLIN
20110 MELOS COURT
PORT CHARLOTTE, FL 33954

4a. Article Number
2327 525 292

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

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

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 W. CO. 290 1025-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
CHERIE WEICHEL
6943 MELDRUM
IRA TOWNSHIP, MI 48023

4a. Article Number
2327 525 294

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
5-10-99

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

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 W. CO. 290 1025-98-B-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
HARVARD STADWICK, JR.
c/o LOIS STADWICK
39904 SHORELINE DRIVE
HARRISON, MI 48045

4a. Article Number
2327 525 295

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
5-12-99

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

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 W. CO. 290 1025-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MICHAEL STADWICK
LOIS H. STADWICK
ROBERT STADWICK
TODD STADWICK
39904 SHORELINE DR.
HARRISON, MI 48045

4a. Article Number
2327 525 293

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
5-12-99

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

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 W. CO. 290 1025-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 JOHN STADWICK
 c/o LOIS STADWICK
 39904 SHORELINE DRIVE
 HARRISON, MI 48045

4a. Article Number: 2327525296
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 5-12-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X P. Stadwick

PS Form 3811, December 1994 10259-98-0229 W. CO., 200 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 KEITH STADWICK
 c/o LOIS STADWICK
 39904 SHORELINE DRIVE
 HARRISON, MI 48045

4a. Article Number: 2327525282
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 5-12-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X P. Stadwick

PS Form 3811, December 1994 10259-98-0229 W. CO., 200 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 FIRST INTERSTATE BANK OF
 ALBUQUERQUE, TRUSTEE OF THE
 L. JAY ROOT ROYALTY TRUST
 AGREEMENT DATED 4/28/83
 P. O. BOX 2468
 ROSWELL, NM 88202

4a. Article Number: 2327525288
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

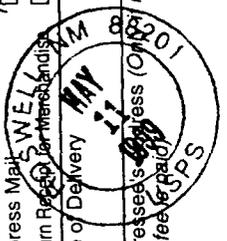
7. Date of Delivery: MAY 11 1999

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X JAY ROOT

PS Form 3811, December 1994 10259-98-0229 W. CO., 200 Domestic Return Receipt



SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 FAYE L. LIPSETT KLEIN
 P. O. BOX 1503
 HOBBS, NM 88241

4a. Article Number: 2327525300
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 5-11-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X FAYE LIPSETT KLEIN

PS Form 3811, December 1994 10259-98-0229 W. CO., 200 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
GRACE STARMER
c/o WILLIAM C. HUNTER
P. O. BOX 1047
HEALDSBURG, CA 95448

4a. Article Number: 2327 525301

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 *W. Co. 200* 98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
VANCE LEE MASON
7487 HARTLEY ROAD
VACACILLE, CA 95688

4a. Article Number: 2327 525 304

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
Koryen Mason

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 *W. Co. 200* 98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
THE GROOMS TRUST uad 12/15/82
P. O. BOX 2328
ROSWELL, NM 88202

4a. Article Number: 2327 525303

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 *W. Co. 200* 98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MARY RANDALL FREDERICKSON &
NORAH BAKER (JT)
1382 VALLOMBROSA AVENUE
CHICO, CA 95926

4a. Article Number: 2327 525305

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 *W. Co. 200* 98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: RUSSELL & ANN PANG 1831 ORANGE AVENUE COSTA MESA, CA 92627		4a. Article Number 2327525307	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 1-10	
PS Form 3811, December 1994 W. Cov. 2009-08-0229		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DOROTHY FULLER LUNDEEN 4304 HARBOR HOUSE DR. TAMPA, FL 33615		4a. Article Number 2327525306	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 5-13-95	
PS Form 3811, December 1994 W. Cov. 2009-08-0229		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BRETT C. BARTON 11904 VAIL DRIVE OKLAHOMA CITY, OK 73162		4a. Article Number 2327525309	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 5-10-99	
PS Form 3811, December 1994 W. Cov. 2009-08-0229		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: HEIDI C. BARTON 502 E. YESO HOBBS, NM 88240		4a. Article Number 2327525308	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 5-14-99	
PS Form 3811, December 1994 W. Cov. 2009-08-0229		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
ROY G. BARTON, III
P. O. BOX 572565
HOUSTON, TX 77257

4a. Article Number: **2327 525 310**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
R. G. Barton

6. Signature: (Addressee or Agent)
R. G. Barton

7. Date of Delivery: **5/17/99**

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

PS Form 3811, December 1994 W. COV. 2000 6-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 W. COV. 2000 6-B-0229 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
JOAN LOUISE YARNEIL RINE
2120 ANDRE AVENUE
LOS OSOS, CA 93402

4a. Article Number: **2327 525 313**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
J. Yarneil Rine

7. Date of Delivery

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

PS Form 3811, December 1994 W. COV. 2000 6-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 W. COV. 2000 6-B-0229 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

W. COV. 210098-B-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

WILLIAM ROBERT YARNELL
c/o JOAN LOUISE YARNELL RINE
2120 ANDRE AVENUE
LOS OSOS, CA 93402

4a. Article Number: 2327 525311

4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 COD

5. Received By: (Print Name)
W. COV. 210098-B-0229

6. Signature: (Addressee or Agent)
X [Signature]

7. Date of Delivery: MAY 17 1999

8. Addressee's Address (Only if requested and fee is paid):
W. COV. 210098-B-0229 Domestic Return Receipt

PS Form 3811, December 1994

W. COV. 210098-B-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

LAND DEPARTMENT
GPC OIL & GAS CORP.
P. O. BOX 50982
MIDLAND, TX 79710

4a. Article Number: 2327 525316

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
W. COV. 210098-B-0229

6. Signature: (Addressee or Agent)
X [Signature]

7. Date of Delivery: MAY 17 1999

8. Addressee's Address (Only if requested and fee is paid):
W. COV. 210098-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

W. COV. 210098-B-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

RANDALL CAPPS, dba
XERIC OIL & GAS CORP.
P. O. BOX 352
MIDLAND, TX 79702

4a. Article Number: 2327 525315

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
W. COV. 210098-B-0229

6. Signature: (Addressee or Agent)
X [Signature]

7. Date of Delivery: MAY 17 1999

8. Addressee's Address (Only if requested and fee is paid):
W. COV. 210098-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

W. COV. 210098-B-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

DONALD R. CURRY
905 FT. WORTH CLUB BLDG.
FT. WORTH, TX 76102

4a. Article Number: 2327 525317

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
W. COV. 210098-B-0229

6. Signature: (Addressee or Agent)
X [Signature]

7. Date of Delivery: MAY 17 1999

8. Addressee's Address (Only if requested and fee is paid):
W. COV. 210098-B-0229 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 LAND DEPARTMENT
 REBEL OIL COMPANY
 P. O. BOX 309
 HOBBS, NM 88241

4a. Article Number
 2327 525 319

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
 1/10

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

5. Received By: (Print Name)
 Terry J. Lentz

6. Signature: (Addressee or Agent)
 X *Terry J. Lentz*

PS Form 3811, December 1994 W. COV. 2000

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 WILBUR W. & JAMAEAH S. IRVIN
 4208 BECKLAND DR.
 FARMINGTON, NM 87402

4a. Article Number
 2327 525 321

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
 5-14-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *W. Cov. 2000*

PS Form 3811, December 1994 W. COV. 2000

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ROBERT H. HANNIFIN
 P. O. BOX 218
 MIDLAND, TX 79702

4a. Article Number
 2327 525 320

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
 11

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Robert H. Hannifin*

PS Form 3811, December 1994 W. COV. 2000

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 RUBY GIBSON CORLEY
 2511 WILLOWICK, APT. 335
 HOUSTON, TX 77027

4a. Article Number
 2327 525 322

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
 6-10-99

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

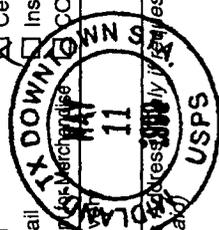
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Ruby Gibson Corley*

PS Form 3811, December 1994 W. COV. 2000

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.



HAS T NE 01
10 MAY 1994

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
C. R. & ARLENE ALDERSON
P. O. BOX 1408
GRAND ISLAND, NE 68802

4a. Article Number
2327 525 323

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
Richard Alderson

6. Signature: (Addressee or Agent)
X Richard Alderson

7. Date of Delivery
5-11-94

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

PS Form 3811, December 1994 W. LOO. 102585-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number
2327 525 323

4b. Service Type
 Registered
 Certified
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
Richard Alderson

6. Signature: (Addressee or Agent)
X Richard Alderson

7. Date of Delivery
5-11-94

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

PS Form 3811, December 1994 W. LOO. 102585-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
WILLIAM CROW & LISA CROW
5007 CANTERBURY DRIVE
MIDLAND, TX 79705

4a. Article Number
2327 525 324

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
Lisa Crow

6. Signature: (Addressee or Agent)
X Lisa Crow

7. Date of Delivery
MAY 12 1994

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

PS Form 3811, December 1994 W. LOO. 102585-98-B-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
ROGER T. ELLIOTT & HOLLY L. ELLIOTT
3907 CRESTGATE
MIDLAND, TX 79707

4a. Article Number
2327 525 325

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
Holly Elliott

6. Signature: (Addressee or Agent)
X Holly Elliott

7. Date of Delivery
5-11-94

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

PS Form 3811, December 1994 W. LOO. 102585-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
LAND DEPARTMENT
HANLEY OAD, LTD., II
HANLEY PETROLEUM, INC.
415 W. WALL
MIDLAND, TX 79701

4a. Article Number
2327 525 326

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Addressee

7. Date of Delivery
5-11-94

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

PS Form 3811, December 1994 W. LOO. 102585-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 STANLEY H. FOX
 2514 LOCKHEED
 MIDLAND, TX 75039

4a. Article Number
 2327 525 327

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Chad Miller,
 Chad Miller

6. Signature (Addressee or Agent)
 X *Chad Miller*

7. Date of Delivery
 MAY 17 1999

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

PS Form 3811, December 1994 W. CO. 20229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 STANLEY H. FOX
 2514 LOCKHEED
 MIDLAND, TX 75039

4a. Article Number
 2327 525 327

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 W. CO. 20229

6. Signature (Addressee or Agent)
 X *W. CO. 20229*

7. Date of Delivery
 5-17-99

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

PS Form 3811, December 1994 W. CO. 20229 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 PIONEER NATURAL RESOURCES
 USA, INC.
 1400 WILLIAMS SQUARE WEST
 5205 NORTH O'CONNOR BLVD.
 IRVING, TX 75039

4a. Article Number
 2327 525 328

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Sharon Semmens

6. Signature (Addressee or Agent)
 X *Sharon Semmens*

7. Date of Delivery
 5-12-99

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

PS Form 3811, December 1994 W. CO. 20229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 WYLIE G. BASHAM
 3317 HAYNES
 MIDLAND, TX 79707

4a. Article Number
 2327 525 330

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 W. CO. 20229

6. Signature (Addressee or Agent)
 X *W. CO. 20229*

7. Date of Delivery
 5-11-99

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

PS Form 3811, December 1994 W. CO. 20229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

MARVIN E. KRAFT
367 FAIRWAY
WICHITA, KS 67212

4a. Article Number

2327525331

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

5-11-99

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

Received By: (Print Name)
MARVIN KRAFT

Signature: (Addressee or Agent)
X Marvin E. Kraft

PS Form 3811, December 1994

W. CO. 21029 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

LAWRENCE J. SERIGHT
P. O. BOX 5361
MIDLAND, TX 79704

4a. Article Number

2327525333

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

5-12-99

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

Received By: (Print Name)
L.J. Seright

Signature: (Addressee or Agent)
X L.J. Seright

PS Form 3811, December 1994

W. CO. 21029 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

CHARLES T. SLACK
1131 MAUS LANE
WICHITA, KS 67212

4a. Article Number

2327525332

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

5-10-99

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

Received By: (Print Name)

Signature: (Addressee or Agent)
X Charles T. Slack

PS Form 3811, December 1994

W. CO. 21029 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

JAMES W. ROGERS
3922 EDGEBROOK CT.
MIDLAND, TX 79707

4a. Article Number

2327525331

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

MAY 14 1999

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

Received By: (Print Name)

Signature: (Addressee or Agent)
X James W. Rogers

PS Form 3811, December 1994

W. CO. 21029 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 J. HIRAM MOORE, LTD.
 310 W. WALL, SUITE 404
 MIDLAND, TX 79701

4a. Article Number: 2327525-336
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery: 5-11-99

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

5. Received By: (Print Name)
[Signature]

6. Signature: (Addressee or Agent)
 X *[Signature]*

PS Form 3811, December 1994 W. COO. ~~2nd~~ Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 LAND DEPARTMENT
 PARALLEL PETROLEUM CORP.
 P. O. BOX 10587
 MIDLAND, TX 79702

4a. Article Number: 2327525-338
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

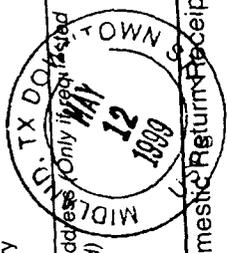
7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *[Signature]*

PS Form 3811, December 1994 W. COO. ~~2nd~~ Domestic Return Receipt



SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 ACORN RESOURCES, INC.
 P.O. BOX 9665
 TULSA, OK 74157

4a. Article Number: 2327525-337
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

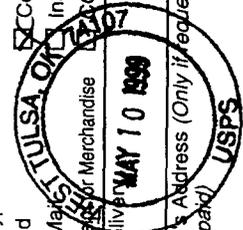
7. Date of Delivery: MAY 10 1999

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

5. Received By: (Print Name)
 ALICE M. REED

6. Signature: (Addressee or Agent)
 X *[Signature]*

PS Form 3811, December 1994 W. COO. ~~2nd~~ Domestic Return Receipt



Thank you for using Return Receipt Service.

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 DONALD S. MULLINS,
 c/o SMITH BARNEY, INC.
 IRA CUSTODIAN
 #216-62697-1-8-791
 P.O. BOX 3937
 WESTLAKE VILLAGE, CA 91359-9976

4a. Article Number: 2327525-339
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery: 5-11-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *[Signature]*

PS Form 3811, December 1994 W. COO. ~~2nd~~ Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 CHARLES B. GILLESPIE, JR. (O)
 P.O. BOX #8
 MIDLAND, TX 79702

4a. Article Number: 2327525340
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Charles B. Gillespie, Jr.

6. Signature: (Addressee or Agent)
 Charles B. Gillespie, Jr.

7. Date of Delivery: 5-12-94

8. Addressee's Address (Only if req. and fee is paid)
 PS Form 3811, December 1994 W. CO. 20258-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?
 Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 DAVID ARRINGTON OIL AND GAS, IN
 P.O. BOX 2071
 MIDLAND, TX 79702

4a. Article Number: 2327525343
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured
 COD

5. Received By: (Print Name)
 David Arrington

6. Signature: (Addressee or Agent)
 David Arrington

7. Date of Delivery: 5-12-94

8. Addressee's Address (Only if req. and fee is paid)
 PS Form 3811, December 1994 W. CO. 20258-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?
 Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 CHARLES B. GILLESPIE, JR. (O)
 P.O. BOX #8
 MIDLAND, TX 79702

4a. Article Number: 2327525340
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Charles B. Gillespie, Jr.

6. Signature: (Addressee or Agent)
 Charles B. Gillespie, Jr.

7. Date of Delivery: 5-12-94

8. Addressee's Address (Only if requested and fee is paid)
 PS Form 3811, December 1994 W. CO. 20258-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?
 Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Taurus Exploration U.S.A., Inc.,
 dba ENERGEN RESOURCES CORPORATION
 2101 SIXTH AVENUE NORTH
 BIRMINGHAM, AL 35203

4a. Article Number: 2327525341
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Taurus Exploration

6. Signature: (Addressee or Agent)
 Taurus Exploration

7. Date of Delivery: 5-12-94

8. Addressee's Address (Only if requested and fee is paid)
 PS Form 3811, December 1994 W. CO. 20258-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?
 Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

ATTN: LAND DEPARTMENT
 CHESAPEAKE OPERATING, INC.
 P.O. BOX 54525
 OKLAHOMA CITY, OK 73154-1525

4a. Article Number

2327525344

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5-11-94

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

OKLAHOMA CITY, OK 73109

5. Received By: (Print Name)

Shan Jones

Shan Jones

PS Form 3811, December 1994 W. COO. 29008-8-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back, if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

ATTN: NEW EXPRESS
 STEPS
 OK CITY OK
 73116

4a. Article Number

2327525345

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5/11/94

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

OKLAHOMA CITY, OK 73109

5. Received By: (Print Name)

Shan Jones

Shan Jones

PS Form 3811, December 1994 W. COO. 29008-8-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

ATTN: CHUCK MORAN
 YATES PETROLEUM CORPORATION
 MYCO INDUSTRIES, INC.
 JOHN A. YATES
 YATES DRILLING COMPANY
 S.P. YATES
 LOS CHICOS
 ABO PETROLEUM CORPORATION
 PEYTON YATES
 RICHARD YATES
 WEED OIL AND GAS
 105 SOUTH 4TH STREET
 ARTESIA, NM 88210

Aurora Remive
Aurora Remive
 PS Form 3811, December 1994

4a. Article Number

2327525346

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5-11-94

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

OKLAHOMA CITY, OK 73109

PS Form 3811, December 1994 W. COO. 29008-8-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

can return this does not number. the date

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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4a. Article Number

2327525347

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5-11-94

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

OKLAHOMA CITY, OK 73109

5. Received By: (Print Name)

Shan Jones

Shan Jones

PS Form 3811, December 1994 W. COO. 29008-8-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 RAMCO OPERATING COMPANY
 SUITE 650
 5100 E. SKELLY DRIVE
 TULSA, OK 74135

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327 525 348
 4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 7. Date of Delivery
 MAY 11 1999
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Number
 2327 525 350
 4. Service Type
 Registered
 Certified
 Express Mail
 Insured
 Return Receipt for Merchandise
 COD
 7. Date of Delivery
 MAY 11 1999
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327 525 349
 4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 7. Date of Delivery
 MAY 11 1999
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 RB OPERATING COMPANY
 SUITE 650
 5100 E. SKELLY DRIVE
 TULSA, OK 74135

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327 525 351
 4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 7. Date of Delivery
 MAY 11 1999
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 PHILWELL, INC.
 SUITE 1910
 320 SOUTH BOSTON AVENUE
 TULSA, OK 74103-4708

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327 525 351
 4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 7. Date of Delivery
 MAY 11 1999
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 PHILWELL, INC.
 SUITE 1910
 320 SOUTH BOSTON AVENUE
 TULSA, OK 74103-4708

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327 525 351
 4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 7. Date of Delivery
 MAY 11 1999
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 PHILWELL, INC.
 SUITE 1910
 320 SOUTH BOSTON AVENUE
 TULSA, OK 74103-4708

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327 525 351
 4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 7. Date of Delivery
 MAY 11 1999
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 PHILWELL, INC.
 SUITE 1910
 320 SOUTH BOSTON AVENUE
 TULSA, OK 74103-4708

5. Received By: (Print Name)
 X *[Signature]*
 Signature: (Addressee or Agent)
 W. COO. *[Signature]*

PS Form 3811, December 1994
 10255-98-B-0229 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 LARIO OIL & GAS COMPANY
 SUITE 1420
 500 WEST TEXAS
 MIDLAND, TX 79701

4a. Article Number: 2327 525 352
 b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 5-11-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Arlene Keller*

PS Form 3811, December 1994 W. COV. 102595-98-B-0229 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 LARIO OIL & GAS COMPANY
 301 SOUTH MAIN STREET
 WICHITA, KS 67202

4a. Article Number: 2327 525 353
 b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

Date of Delivery: 5-10-99

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

5. Received By: (Print Name)
 Arlene Keller

6. Signature: (Addressee or Agent)
 X *Arlene Keller*

PS Form 3811, December 1994 W. COV. 102595-98-B-0229 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 VISA INDUSTRIES OF ARIZONA
 9215 NORTH 14TH STREET
 PHOENIX, AZ 85020

4a. Article Number: 2327 525 354
 b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 5-10-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *C. Waldman*

PS Form 3811, December 1994 W. COV. 102595-98-B-0229 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 MARKS AND GARNER PRODUCTION
 LIMITED COMPANY
 P.O. BOX 70
 LOVINGTON, NM 88260

4a. Article Number: 2327 525 355
 b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

Date of Delivery: 5-11-99

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

5. Received By: (Print Name)
 Link Marks

6. Signature: (Addressee or Agent)
 X *Link Marks*

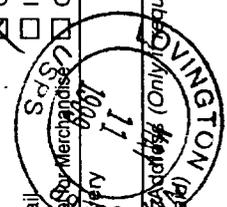
PS Form 3811, December 1994 W. COV. 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.



SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 DAVID PETROLEUM CORPORATION
 116 WEST FIRST STREET
 ROSWELL, NM 88201

4a. Article Number
 2327525389

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 5-13-99

8. Addressee's Address (Only if requested and fee is paid)
 Received By: (Print Name)
 David Bellini

9. Signature: (Address or Agent)
 X David Bellini

PS Form 3811, December 1994
 Domestic Return Receipt

Thank you for using Return Receipt Service.
 Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 PHILLIPS PETROLEUM COMPANY
 4001 PEMBRUCK
 ODESSA, TX 79762

4a. Article Number
 2327525386

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 5-11-99

8. Addressee's Address (Only if requested and fee is paid)
 Received By: (Print Name)
 W. COO

9. Signature: (Address or Agent)
 X W. COO

PS Form 3811, December 1994
 Domestic Return Receipt

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SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 GEORGE W. ESTLACK & RUBY DELL
 ESTLACK
 P.O. BOX 640
 CLARENDON, TX 79226

4a. Article Number
 2327525389

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 5-13-99

8. Addressee's Address (Only if requested and fee is paid)
 Received By: (Print Name)
 W. COO

9. Signature: (Address or Agent)
 X W. COO

PS Form 3811, December 1994
 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 PERRY & PERRY INC.
 P.O. BOX 371
 MIDLAND, TX 79702

4a. Article Number
 2327525387

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 5-11-99

8. Addressee's Address (Only if requested and fee is paid)
 Received By: (Print Name)
 W. COO

9. Signature: (Address or Agent)
 X W. COO

PS Form 3811, December 1994
 Domestic Return Receipt

Thank you for using Return Receipt Service.



SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 JAMES A. GIBBS, dba JEB ROYALTIES
 4925 GREENVILLE AVE.
 ONE ENERGY SQUARE
 DALLAS, TX 75206

4a. Article Number: 2327525362
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

7. Date of Delivery: 5/10

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

5. Received By: (Print Name)
 James Gibb

6. Signature: (Addressee or Agent)
 James Gibb

PS Form 3811, December 1994 W. CO. 02555710229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 SUSAN HUGHES
 P.O. BOX 1491
 TRINITY, TX 75862

4a. Article Number: 2327525365
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

7. Date of Delivery: 5/11

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

5. Received By: (Print Name)
 Susan Hughes

6. Signature: (Addressee or Agent)
 Susan Hughes

PS Form 3811, December 1994 W. CO. 02555710229 Domestic Return Receipt



SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 EDWARD G. BOONE
 1513 TINSDALE
 NASHVILLE, AR 71852

4a. Article Number: 2327525363
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

7. Date of Delivery: 5-13-99

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

5. Received By: (Print Name)
 Edward G. Boone

6. Signature: (Addressee or Agent)
 Edward G. Boone

PS Form 3811, December 1994 W. CO. 02555710229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 VIERSON OIL & GAS COMPANY
 P.O. BOX 280
 OKMULGEE, OK 74447

4a. Article Number: 2327525366
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

7. Date of Delivery: 5-14-99

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

5. Received By: (Print Name)
 Vierson Oil & Gas Company

6. Signature: (Addressee or Agent)
 Vierson Oil & Gas Company

PS Form 3811, December 1994 W. CO. 02555710229 Domestic Return Receipt

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 MICHAEL MARK ESTLACK
 c/o LAYTON J. ESTLACK
 1205 CAMINA VEGA
 FARMINGTON, NM 87401

4a. Article Number
 2327525368

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Michael Mark Estlack

6. Signature: (Addressee or Agent)
 X *Michael Mark Estlack*

7. Date of Delivery
 5-10-99

8. Addressee's Address (Only if requested and fee is paid)
 W. COO. 2nd

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 VERA DICKSON & R.S. DICKSON
 902 NORTH MAIN, #26
 SAN ANGELO, TX 76903

4a. Article Number
 2327525369

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Verma P. Carter

6. Signature: (Addressee or Agent)
 X *Verma P. Carter*

7. Date of Delivery
 5-12

8. Addressee's Address (Only if requested and fee is paid)
 W. COO. 2nd

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 LILA HUGHES
 206 RADIO BLVD.
 CARLSBAD, NM 88220

4a. Article Number
 2327525370

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 W. COO. 2nd

6. Signature: (Addressee or Agent)
 X *W. COO. 2nd*

7. Date of Delivery
 5-11-99

8. Addressee's Address (Only if requested and fee is paid)
 W. COO. 2nd

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 L. RUTH PRITCHARD & JAMES
 R. PRITCHARD, SR.
 5000 ALAMOGORDO STREET
 DEMING, NM 88030

4a. Article Number
 2327525371

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 W. COO. 2nd

6. Signature: (Addressee or Agent)
 X *W. COO. 2nd*

7. Date of Delivery
 5-10-99

8. Addressee's Address (Only if requested and fee is paid)
 W. COO. 2nd

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit. "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 PAUL E. POWELL, AIF
 FOR E.E. POWELL
 4159 STECK AVE. #125
 AUSTIN, TX 78759

4a. Article Number: 2327525372
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 W. COV. 2/11/94

6. Signature: (Addressee or Agent)
 W. COV. 2/11/94

PS Form 3811, December 1994 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit. "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 LEE BRIXEY EASTLAKE, AKA
 LEE BRIXEY ESTLACK
 1701 GRANT STREET
 WICHITA FALLS, TX 76309

4a. Article Number: 2327525374
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 W. COV. 12-29-94

6. Signature: (Addressee or Agent)
 W. COV. 12-29-94

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit. "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 DAVID L. ESTLACK, AIF FOR EUGENE
 H. ESTLACK
 2002 SURREY DRIVE
 ROUND ROCK, TX 78664

4a. Article Number: 2327525373
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 David L. Estlack

6. Signature: (Addressee or Agent)
 David L. Estlack

PS Form 3811, December 1994 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit. "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 DONNA ESTLACK HICKS, HEIR OF
 MARY ATHLYA ESTLACK
 P.O. BOX 596
 CLARENDON, TX 79226

4a. Article Number: 2327525372
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 W. COV. 12-29-94

6. Signature: (Addressee or Agent)
 W. COV. 12-29-94

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ALLEN H. ESTLACK, HEIR OF MARY
 ATHLYA
 P.O. BOX 596
 CLARENDON, TX 79226

4a. Article Number
 2327 525 376

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
 5-10-99

5. Received By: (Print Name)
 W. Co. & Agent

6. Signature: (Addressee or Agent)
 W. Co. & Agent

PS Form 3811, December 1994
 1995PSN-0229
 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 OPAL N. STOUT HEIR OF ROSE
 BOYD
 1904 AVE. M
 SNYDER, TX 79549

4a. Article Number
 2327 525 379

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
 5-12-99

5. Received By: (Print Name)
 W. Co. & Agent

6. Signature: (Addressee or Agent)
 W. Co. & Agent

PS Form 3811, December 1994
 1995PSN-0229
 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 CHARLES W. BOYD HEIR OF ROSE
 BOYD
 6968 S. MADISON WAY
 LITTLETON, CO 80122

4a. Article Number
 2327 525 378

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery

5. Received By: (Print Name)
 W. Co. & Agent

6. Signature: (Addressee or Agent)
 W. Co. & Agent

PS Form 3811, December 1994
 1995PSN-0229
 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 DOROTHY TEAGUE HEIR OF ROSE
 BOYD
 4712 40TH STREET
 LUBBOCK, TX 79423

4a. Article Number
 2327 525 381

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery

5. Received By: (Print Name)
 W. Co. & Agent

6. Signature: (Addressee or Agent)
 W. Co. & Agent

PS Form 3811, December 1994
 1995PSN-0229
 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
**JERRY D. BOYD HEIR OF ROSE
 BOYD
 2734 MEADOW TREE LANE
 SPRING, TX 77388**

4a. Article Number
2327 525 380

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994
 W. COV. 2029 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
**IRKA JEAN ESTLACK CHUNN HEIK
 OF ALFRED D. ESTLACK
 5114 CROCKETT
 AMARILLO, TX 79110**

4a. Article Number
2327 525 385

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
5-13-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994
 W. COV. 2029 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
**JANET EVERS
 3209 BRIDLEPATH
 AUSTIN, TX 78703**

4a. Article Number
2327 525 384

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)
JANET EVERS

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994
 W. COV. 2029 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
**PATRICIA ESTLACK SAMMONS
 HEIR OF ALFRED D. ESTLACK
 P.O. BOX 524
 PETERSBURG, TX 79520**

4a. Article Number
2327 525 386

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
5-13-99

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

5. Received By: (Print Name)
PATRICIA SAMMONS

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994
 W. COV. 2029 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ALLEN H. ESTLACK HEIR OF
 ALFRED D. ESTLACK
 P.O. BOX 596
 CLARENDON, TX 79226

4a. Article Number: 2327525387
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Allen H. Estlack*

PS Form 3811, December 1994 W. CO. 200-200-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 BARBARA ESTLACK BROCK HEIR OF
 ALFRED D. ESTLACK
 P.O. BOX 951
 CHESTER, CA 96020

4a. Article Number: 2327525389
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Barbara Brock*

PS Form 3811, December 1994 W. CO. 200-200-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 DANA ESTLACK SHEA HEIR OF
 ALFRED D. ESTLACK
 1062 NORTH LINDEN
 WAHOO, HE 68066

4a. Article Number: 2327525388
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
 Brad Heir

6. Signature: (Addressee or Agent)
 X *Brad Heir*

PS Form 3811, December 1994 W. CO. 200-200-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 DONNA J. ADAMS & PHILIP
 GLENN ADAMS, SR.
 14 A. CARLSON ROAD
 SANTA FE, NM 87505

4a. Article Number: 2327525391
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *[Signature]*

PS Form 3811, December 1994 W. CO. 200-200-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
JAY NEIL JOINER
 5908 GARY DRIVE
 AUSTIN, TX 78757

4a. Article Number
2327525393

- 4b. Service Type
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD
 - Certified
 - Insured

7. Date of Delivery
5-15-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

W. COO. 2110295-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
GEORGE ALLEN THOMAS
 3601 FM 608
 ROSCOE, TX 79545-3219

4a. Article Number
2327525397

- 4b. Service Type
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD
 - Certified
 - Insured

7. Date of Delivery
MAY 11 1999

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

W. COO. 10295-98-B-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
JACKIE IRENE THOMAS WALTERS
 2401 CREEKSIDE CIR. SOUTH
 IRVING, TX 75063-3356

4a. Article Number
2327525398

- 4b. Service Type
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD
 - Certified
 - Insured

7. Date of Delivery
11/18/99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

W. COO. 10295-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
J.E. SIMMONS TRUSTS A&B
BEULAH H. SIMMONS TRUSTS A&B,
NORWEST BANK OF TEXAS, N.A.
TRUSTEES
 c/o TRUST DIVISION
 P.O. BOX 1241
 LUBBOCK, TX 79408-1241

4a. Article Number
2327525396

- 4b. Service Type
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD
 - Certified
 - Insured

7. Date of Delivery

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

W. COO. 10295-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
JACKIE IRENE THOMAS WALTERS
 2401 CREEKSIDE CIR. SOUTH
 IRVING, TX 75063-3356

4a. Article Number
2327525398

- 4b. Service Type
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD
 - Certified
 - Insured

7. Date of Delivery
11/18/99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

W. COO. 10295-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

CLIFFORD G. BURNETT
P.O. BOX 508
ROSCOE, TX 79545

4a. Article Number

2327 525 394

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

Certified

Insured

7. Date of Delivery

5-11-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

W. COO. [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

12585-99-0229

W. COO. [Signature]

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

ROBERT J. BAER
21422 WILLOW DRIVE
KATY, TX 77450-4817

4a. Article Number

2327 525 401

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

Certified

Insured

7. Date of Delivery

5-12-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Rob Baer [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

12585-99-0229

W. COO. [Signature]

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

ATTN: LAND DEPARTMENT
SNYDER RANCHES, INC.
P.O. BOX 2158
HOBBS, NM 88241

4a. Article Number

2327 525 400

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

Certified

Insured

7. Date of Delivery

5/14

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

W. COO. [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

12585-99-0229

W. COO. [Signature]

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

KARL E. BAER REVOCABLE TRUST
8-11-88
3109 EAST 48TH STREET
TULSA, OK 74105-5312

4a. Article Number

2327 525 402

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

Certified

Insured

7. Date of Delivery

5-10-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Karl E. Baer [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

12585-99-0229

W. COO. [Signature]

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Certified
 Insured
 COD

4a. Article Addressed to:
JULIA CULP
 P.O. BOX 363
 LOVINGTON, NM 88260

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Jerry E. Wood

PS Form 3811, December 1994. *w. (002 2nd 95-98-B-0223)* Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Certified
 Insured
 COD

4a. Article Addressed to:
**J. EDWARD WOOD AKA
 JERRY E. WOOD
 P.O. BOX 760
 ROSWELL, N.M. 88201**

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery

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

5. Received By: (Print Name)
Jerry E. Wood

6. Signature: (Addressee or Agent)
Wally Gayle Wood

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Certified
 Insured
 COD

4a. Article Addressed to:
J. EDWARD WOOD, AKA JERRY E. WOOD
 P.O. BOX 760
 ROSWELL, NM 88201

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Jerry E. Wood

PS Form 3811, December 1994. *w. (002 2nd 95-98-B-0223)* Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Certified
 Insured
 COD

4a. Article Addressed to:
LEORA CULP LEE
 P.O. BOX 363
 LOVINGTON, NM 88620

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Leora Culp Lee

PS Form 3811, December 1994. *w. (002 2nd 95-98-B-0223)* Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 BRADFORD A. CHRISTMAS
 BOX 173
 WAGON MOUND, NM 88752

4a. Article Number
 2327525407

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Bradford Christmas

7. Date of Delivery
 5/12/99

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

PS Form 3811, December 1994 W.C.O. 2nd Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 JOHN NICKSON BEEKS
 20579 MISSIONARY RIDGE
 WALNUT, CA 91789

4a. Article Number
 2327525412

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
John Nickson Beeks

7. Date of Delivery
 5/11/99

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

PS Form 3811, December 1994 W.C.O. 2nd Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 WILLIAM G. PONDER
 1209 BERKELEY
 RICHARDSON, TX 75080

4a. Article Number
 2327525411

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
William Ponder

7. Date of Delivery
 5-10-99

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

PS Form 3811, December 1994 W.C.O. 2nd Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 JOSEPH RICHARD NICKSON
 205 WEST 19TH STREET
 NEW YORK, NY 10011

4a. Article Number
 2327525413

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Joseph Nickson

7. Date of Delivery
 MAY 11 1999

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

PS Form 3811, December 1994 W.C.O. 2nd Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 MARTHA NICKSON
 P.O. BOX 10352
 MIDLAND, TX 79702

4a. Article Number
 2327 525 414

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
 MAY 12 1999

8. Addressee's Address (Only if requested and fee is paid)
 X DOWN

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Martha Nickson

PS Form 3811, December 1994 W. COO. 2029 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: PHIL FLEETWOOD
 TCMAP 1995-C
 P.O. BOX 407
 MARLOW, OK 73055

4a. Article Number
 2327 525 417

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
 5-11-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Phil Fleetwood

PS Form 3811, December 1994 W. COO. 2029 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 DONALD B. HEARD
 P.O. BOX 2009
 PITTSBURG, PA 15230

4a. Article Number
 2327 525 415

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 MAY 12 1999

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Donald B. Heard

PS Form 3811, December 1994 W. COO. 2029 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 THE PROTESTANT EPISCOPAL
 CHURCH FOUNDATION
 OF THE DIOCESE OF OKLAHOMA
 924 NORTH ROBINSON
 OKLAHOMA CITY, OK 73102

4a. Article Number
 2327 525 418

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 5-9-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Mary Jane Mann

PS Form 3811, December 1994 W. COO. 2029 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

ATTN: LAND DEPARTMENT
 BAYOU BLACK ROYALTY COMPANY,
 INC.
 1107 HUDSON LANE, SUITE B
 MONROE, LA 71201

4a. Article Number

2327 525 420

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured
- COD

7. Date of Delivery

5-11-99

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Andra Dene*

PS Form 3811, December 1994

Domestic Return Receipt

102595-98-B-0229

W. COO. 2nd

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

W.K. GRIFFIN, JR., TRUSTEE OF THE
 W.K. GRIFFIN, JR. CHILDREN'S
 IRREVOCABLE TRUST
 P.O. BOX 12274
 JACKSON, MS 39236

4a. Article Number

2327 525 422

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured
- COD

7. Date of Delivery

5-11-99

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *W.K. Griffin, Jr.*

PS Form 3811, December 1994

Domestic Return Receipt

102595-98-B-0229

W. COO. 2nd

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

ATTN: LAND DEPARTMENT
 MID CONTINENTAL ENERGY, INC.
 SUITE 450
 100 WEST 5TH STREET
 TULSA, OK 74103-4287

4a. Article Number

2327 525 621

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured
- COD

7. Date of Delivery

MAY 11 1999

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Sharon D. Jais*

PS Form 3811, December 1994

Domestic Return Receipt

102595-98-B-0229

W. COO. 2nd

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

BARRON J. O'NEAL
 SUITE 204
 2210 LINE AVE
 SHREVEPORT, LA 71104

4a. Article Number

2327 525 423

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured
- COD

7. Date of Delivery

5-12-99

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Barron J. O'Neal*

PS Form 3811, December 1994

Domestic Return Receipt

102595-98-B-0229

W. COO. 2nd

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:
DONALD F. DUNCAN
 c/o PHIL FLEETWOOD
 P.O. BOX 407
 MARLOW, OK 73055

4a. Article Number
2327 525 424

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 **W. CO. 2nd** Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:
LEE FAMILY TRUST DATED 4/13/93
 P.O. BOX 363
 LOVINGTON, NM 88260

4a. Article Number
2327 525 426

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 **W. CO. 2nd** Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:
ROBERT M. KEY
 P.O. DRAWER 22
 SHREVEPORT, LA 71161

4a. Article Number
2327 525 425

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)
Robert M Key

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 **W. CO. 2nd** Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:
BILL L. LEE
 HC 60 BOX 465
 LOVINGTON, NM 88260

4a. Article Number
2327 525 427

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 **W. CO. 2nd** Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
MARY THERESA CHRISTMAS
 P.O. BOX 20204
 ARLINGTON, TX 76006-1204

4a. Article Number
2327 525428

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
Mary Theresa Christmas

6. Signature: (Addressee or Agent)
Mary Theresa Christmas



7. Date of Delivery
5-17-99

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

PS Form 3811, December 1994 ^{10965-98-B-0229} **W. CO. 2** Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
MIKE FIELD
 2112 INDIANA
 LUBBOCK, TX 79408

4a. Article Number
2327 525431

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
S. Moraw

6. Signature: (Addressee or Agent)
S. Moraw

7. Date of Delivery
5-10-99

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

PS Form 3811, December 1994 ^{10965-98-B-0229} **W. CO. 2** Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
**HELEN JANE CHRISTMAS, TRUSTEE
 OF THE HELEN JANE CHRISTMAS
 BARBY TRUST UNDER AGREEMENT
 DATED 2-14-92
 P.O. BOX 425
 OKARCHE, OK 74262**

4a. Article Number
2327 525430

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

7. Date of Delivery
5-17-99

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

PS Form 3811, December 1994 ^{10965-98-B-0229} **W. CO. 2** Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

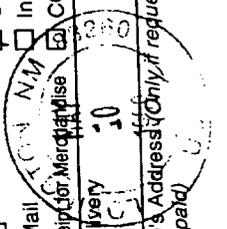
3. Article Addressed to:
DAN FIELD
 P.O. BOX 1105
 LOVINGTON, NM 88260

4a. Article Number
2327 525432

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]



7. Date of Delivery
5-10-99

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

PS Form 3811, December 1994 ^{10965-98-B-0229} **W. CO. 2** Domestic Return Receipt

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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1. Addressee's Address

2. Restricted Delivery

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2. Restricted Delivery

Consult postmaster for fee.

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1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

PJC LIMITED PARTNERSHIP
1409 SOUTH SUNSET
ROSWell, NM 88201

4a. Article Number

7 327 525 433

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

Date of Delivery

5-11-99

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

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

W. LOU. 2nd

95-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

RITA D. SCHENCK, KLEIN BANK,
SPRING TEXAS, AND WILLIAM CARL
SCHENCK, CO-TRUSTEES UNDER
KIRBY D. SCHENCK AND RITA D.
SCHENCK REVOCABLE TRUST
AGREEMENT DATED 10/2/91

P.O. BOX 1627

LOVINGTON, NM 88260

4a. Article Number

2327 525 435

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

10

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

[Signature]

Domestic Return Receipt

95-98-B-0229

W. LOU. 2nd

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.

3. Article Addressed to:

S.P. JOHNSON III AND BARBARA JO
JOHNSON, TRUSTEES OF THE S.P.
JOHNSON, II AND BARBARA JO
JOHNSON REVOCABLE TRUST UNDE
TRUST AGREEMENT DATED 1/24/85

P.O. BOX 1641

ROSWell, NM 88202

4a. Article Number

2327 525 434

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

5-8-99

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

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

95-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

PATILLOU PUCKETT DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109

4a. Article Number

2327 525 436

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

5-17-99

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

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

95-98-B-0229

Domestic Return Receipt

W. LOU. 2nd

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327525 441

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

Date of Delivery
 MAY 14 1999

5. Received By: (Print Name)
 KYLIE RENNESSE H BEKKY

6. Signature: (Addressee or Agent)
 X *[Signature]*

7. Addressee's Address (Only if requested and fee is paid)
 #8 EDGEWATER COVE
 MAUMELLE, AR 72113

PS Form 3811, December 1994 W.100.2 98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327525 443

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

Date of Delivery
 MAY 10 1999

5. Received By: (Print Name)
 Marshall T. Dawkins

6. Signature: (Addressee or Agent)
 X *[Signature]*

7. Addressee's Address (Only if requested and fee is paid)
 MARSHALL T. DAWKINS
 P.O. BOX 1394
 AMARILLO, TX 79105

PS Form 3811, December 1994 W.100.2 98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327 525 442

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

Date of Delivery
 5-17-99

5. Received By: (Print Name)
 NANCY DAWKINS

6. Signature: (Addressee or Agent)
 X *[Signature]*

7. Addressee's Address (Only if requested and fee is paid)
 P.O. BOX 7
 STORY BROOK, NY 11790

PS Form 3811, December 1994 W.100.2 98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327525 444

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

Date of Delivery
 MAY 11 1999

5. Received By: (Print Name)
 LELA DAWKINS

6. Signature: (Addressee or Agent)
 X *[Signature]*

7. Addressee's Address (Only if requested and fee is paid)
 3401 SOUTH AUSTIN
 AMARILLO, TX 79109

PS Form 3811, December 1994 W.100.2 98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

JOHN E. DAWKINS
#24 CALLE DEL NORTE
PLACITAS, NM 87043

4a. Article Number

2327 525 445

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5-12-99

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

5. Received By: (Print Name)

Signature: (Addressee or Agent)

J. E. Dawkins

PS Form 3811, December 1994

W. COU. 10259-99-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

an return this does not number, the date

4a. Article Number

2327 525 447

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5-10-99

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

5. Received By: (Print Name)

Signature: (Addressee or Agent)

X Bonnie Bennett

PS Form 3811, December 1994

W. COU. 10259-99-0229 Domestic Return Receipt

THE TRUSTEES OF THE CHARLES
AND BEVERLY OVERTON REVOCABLE
TRUST UNDER TRUST AGREEMENT
12/15/93
P.O. BOX 32
YESO, NM 88136

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

BEVERLY T. CARTER, TRUSTEE OF
THE POWHATTAN AND BEVERLY
T. CARTER REVOCABLE TRUST
UNDER TRUST AGREEMENT DATED
9/25/81
P.O. BOX 328
FORT SUMMER, NM 88119

4a. Article Number

2327 525 446

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

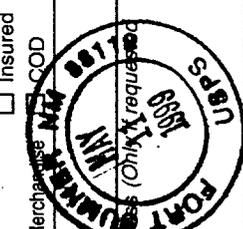
8. Addressee's Address (Only if requested and fee is paid)

Signature: (Addressee or Agent)

X Beverly T. Carter, Trustee

PS Form 3811, December 1994

W. COU. 10259-99-0229 Domestic Return Receipt



SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

RODNEY CARTER
5977 WILLOWROSS WAY
PLANO, TX 75093

4a. Article Number

2327 525 448

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5/11

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

5. Received By: (Print Name)

Signature: (Addressee or Agent)

X Rodney Carter

PS Form 3811, December 1994

W. COU. 10259-99-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

102595-98-0229

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

can return this card to you on the date

3. Registered
 4. Express Mail
 5. Return Receipt for Merchandise
 6. Certified
 7. Insured
 8. COD

4a. Article Number 2327 525449

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery 5/10/99

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

5. Received By: (Print Name)
ANDERSON CARTER
 P.O. BOX 998
 LAS CRUCES, NM 88004

6. Signature: (Addressee or Agent)
 X Judy Carter

PS Form 3811, December 1994

102595-98-0229 Domestic Return Receipt

PS Form 3811, December 1994

W. LOU CARTER

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

can return this card to you on the date

3. Registered
 4. Express Mail
 5. Return Receipt for Merchandise
 6. Certified
 7. Insured
 8. COD

4a. Article Number 2327 525450

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery 5/10/99

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

5. Received By: (Print Name)
ANDERSON CARTER, FOR LIFE,
 REMAINDER TO HIS ISSUE
 P.O. BOX 998
 LAS CRUCES, NM 88004

6. Signature: (Addressee or Agent)
 X Judy Carter

PS Form 3811, December 1994

102595-98-0229 Domestic Return Receipt

PS Form 3811, December 1994

W. LOU CARTER

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

can return this card to you on the date

3. Registered
 4. Express Mail
 5. Return Receipt for Merchandise
 6. Certified
 7. Insured
 8. COD

4a. Article Number 2327 525453

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery 8/28/99

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

5. Received By: (Print Name)
HARRY J. SCHAFER, JR. TRUSTEE OF
 THE MARY E. GRISSO TRUST NO 1
 UNDER TRUST AGREEMENT DATED
 8/28/79
 P.O. BOX 14700
 OKLAHOMA CITY, OK 73113

6. Signature: (Addressee or Agent)
 X HARRY J. SCHAFER

PS Form 3811, December 1994

102595-98-0229 Domestic Return Receipt

PS Form 3811, December 1994

W. LOU CARTER

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

can return this card to you on the date

3. Registered
 4. Express Mail
 5. Return Receipt for Merchandise
 6. Certified
 7. Insured
 8. COD

4a. Article Number 2327 525454

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery 5-10

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

5. Received By: (Print Name)
DEVON ENERGY CORPORATION
 (NEVADA)
 SUITE 1500
 20 NORTH BROADWAY
 OKLAHOMA CITY, OK 73102

6. Signature: (Addressee or Agent)
 X Devon Energy

PS Form 3811, December 1994

102595-98-0229 Domestic Return Receipt

PS Form 3811, December 1994

W. LOU CARTER

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

MARILYN CONE, TRUSTEE FOR THE
C.D. TRUST

*****NOTE ADDRESS CORRECTION*****

Marilyn J. Cone, Trustee
Post Office Box 64244
Lubbock, Texas 79464

Signature: *Tamara Wilde*
(Addressee or Agent)

X *Tamara Wilde*
PS Form 3811, December 1994

PS Form 3811, December 1994 W. COV. 2121 Domestic Return Receipt

4a. Article Number
2327 525 455

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Delivery
- Certified
- Insured
- COD



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

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Thank you for using Return Receipt Service.

SENDER:

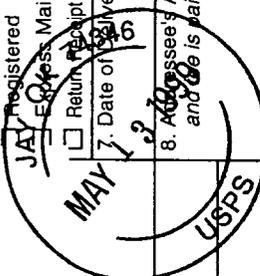
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

TOM R. CONE
P.O. BOX 778
JAY, OK 74346

4a. Article Number
2327 525 457

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Delivery
- Certified
- Insured
- COD



5. Received By: (Print Name)
Signature: *Tom Cone*
(Addressee or Agent)

X *Tom Cone*
PS Form 3811, December 1994 W. COV. 2121 Domestic Return Receipt

PS Form 3811, December 1994 W. COV. 2121 Domestic Return Receipt

SENDER:

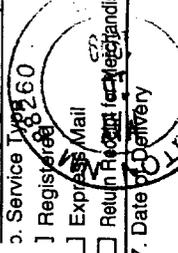
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

CLIFFORD CONE
P.O. BOX 1629
LOVINGTON, NM 88260-1629

a. Article Number
2327 525 456

3. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Delivery
- Certified
- Insured
- COD



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

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Thank you for using Return Receipt Service.

SENDER:

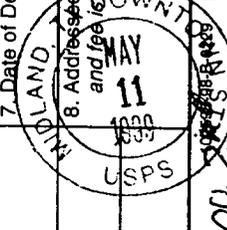
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

KENNETH G. CONE
P.O. BOX 11310
MIDLAND, TX 79702

4a. Article Number
2327 525 458

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Delivery
- Certified
- Insured
- COD



5. Received By: (Print Name)
Signature: *K. Cone*
(Addressee or Agent)

X *K. Cone*
PS Form 3811, December 1994 W. COV. 2121 Domestic Return Receipt

PS Form 3811, December 1994 W. COV. 2121 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
CATHIE CONE McCOWN
 P.O. BOX 658
 DRIPPING SPRINGS, TX 78620

4a. Article Number
2327 525 459

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
5-12-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Bull McC

PS Form 3811, December 1994 ^{1029578-B-0229} Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
ATTN: LAND DEPARTMENT
McMILLIAM PRODUCTION CO., INC.
 118 WEST 1ST STREET
 ROSWELL, NM 88201

4a. Article Number
2327 525 463

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
5-10-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X James Powell

PS Form 3811, December 1994 ^{1029578-B-0229} Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
LEECO ENERGY & INVESTMENTS, INC.
 SUITE 1420
 400 WEST ILLINOIS
 MIDLAND, TX 79701

4a. Article Number
2327 525 461

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994 ^{1029578-B-0229} Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
ERNESTINE W. GILLESPIE
 P.O. BOX 13387
 SCOTTSDALE, AZ 85267

4a. Article Number
2327 525 464

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
5-10

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994 ^{1029578-B-0229} Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed In:
 ATTN: ZIMMERMAN & PATRICIA
 C. ZIMMERMAN
 808 STANOLIND
 MIDLAND, TX 79707

4a. Article Number
 2327525 465

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured
 COD

7. Date of Delivery
 MAY 13 1999

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

5. Received By: (Print Name)
 George D Zimmerman

6. Signature: (Addressee or Agent)
 [Signature]

PS Form 3811, December 1994 W. LOU and
 PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed In:
 ATTN: LAND DEPARTMENT
 BTA OIL PRODUCERS
 104 SOUTH PECOS
 MIDLAND, TX 79701

4a. Article Number
 2327525 467

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured
 COD

7. Date of Delivery
 MAY 11 1999

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

5. Received By: (Print Name)
 K. Harrell

6. Signature: (Addressee or Agent)
 X [Signature]

PS Form 3811, December 1994 W. LOU and
 PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ERNEST L. MARKS
 P.O. BOX 1234
 LOVINGTON, NM 88260-1234

4a. Article Number
 2327525 466

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured
 COD

7. Date of Delivery
 MAY 11 1999

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

5. Received By: (Print Name)
 Lyle K. Marks

6. Signature: (Addressee or Agent)
 X [Signature]

PS Form 3811, December 1994 W. LOU and
 PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 ATTN: LAND DEPARTMENT
 RIO PECOS CORPORATION
 4501 GREEN TREE BLVD.
 MIDLAND, TX 79707-1607

4a. Article Number
 2327525 468

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured
 COD

7. Date of Delivery
 MAY 11 1999

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

5. Received By: (Print Name)
 M. Wilson

6. Signature: (Addressee or Agent)
 X [Signature]

PS Form 3811, December 1994 W. LOU and
 PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ATTN: LAND DEPARTMENT
CANNON EXPLORATION COMPANY
3608 SCR 1184
MIDLAND, TX 79701

4a. Article Number

2327 525470

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

05/11/99

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

5. Received By: (Print Name)

Todd M. Wilson

6. Signature: (Addressee or Agent)

Todd M. Wilson

PS Form 3811, December 1994

192595-98-9-0229 Domestic Return Receipt

w. and COO

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ATTN: LAND DEPARTMENT
HOLLYHOCK CORPORATION
3907 CRESTGATE
MIDLAND, TX 79707

4a. Article Number

2327 525472

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5-11-99

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

5. Received By: (Print Name)

Holly Elliott

6. Signature: (Addressee or Agent)

X Holly Elliott

PS Form 3811, December 1994

192595-98-9-0229 Domestic Return Receipt

w. COO

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back, if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JAMES H. GARNER
P.O. BOX 841
LOVINGTON, NM 88260-0841

4a. Article Number

2327 525471

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

MAY 11 1999

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

5. Received By: (Print Name)

Lyle Barnes

6. Signature: (Addressee or Agent)

X Lyle Barnes

PS Form 3811, December 1994

192595-98-9-0229 Domestic Return Receipt

w. COO

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327 525472

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5-11-99

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

5. Received By: (Print Name)

Holly Elliott

6. Signature: (Addressee or Agent)

X Holly Elliott

PS Form 3811, December 1994

192595-98-9-0229 Domestic Return Receipt

w. COO

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327 525473

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5-11-99

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

5. Received By: (Print Name)

Guadalupe Pena

6. Signature: (Addressee or Agent)

X Guadalupe Pena

PS Form 3811, December 1994

192595-98-9-0229 Domestic Return Receipt

w. COO

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

EDWEL B. NEFF, JR.
403 TIERRA BERRENDA
ROSWELL, NM 88201

4a. Article Number
2327525474

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form **3811**, December 1994 102598-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W VICKERY
1018 W Spring
WAPAK ON
45891

4a. Article Number
2329525415

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
5/15/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 327 525 335

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.
Additional Mail (See reverse)

PS Form 3800, April 1995

BRETT K. BRACKEN
5107 BELAIRE
MIDLAND, TX 79703

Code

\$

to

from

\$

Postmark or Date

W. COV. 2nd
5-7-99

Z 327 525 299

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.
Additional Mail (See reverse)

PS Form 3800, April 1995

BILLIE GARRETT LYTTLE
24466 COUNTY ROAD EAST
CORTEZ, CO 81321

Code

\$

to

from

\$

W. COV. 2nd
5-7-99

Z 327 525 361

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.
Additional Mail (See reverse)

PS Form 3800, April 1995

BOBBIE ANN DOW LOGAN
P.O. BOX 128
CARLSBAD, NM 88220

Code

\$

to

from

\$

Postmark or Date

W. COV. 2nd
5-7-99

Z 327 525 360

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.
Additional Mail (See reverse)

PS Form 3800, April 1995

JAMES L. DOW
P.O. BOX 128
CARLSBAD, NM 88220

Code

\$

to

from

\$

W. COV. 2nd
5-7-99

Z 327 525 382

US Postal Service

Receipt for Certified Mail

Postage Provided. International Mail (See reverse)

PS Form 3800, April 1995

TO: NORMA BOYD HEIR OF ROSE BOYD 2121 73RD STREET LUBBOCK, TX 79423

Postmark or Date

W. COO. 2nd 5-7-99

Z 327 525 364

US Postal Service

Receipt for Certified Mail

Postage Provided. International Mail (See reverse)

PS Form 3800, April 1995

TO: ELLEN B. SCHWETHELM P.O. BOX 6716 SAN ANTONIO, TX 78209-6716

Postmark or Date

W. COO. 2nd 5-7-99

Z 327 525 408

US Postal Service

Receipt for Certified Mail

Postage Provided. International Mail (See reverse)

PS Form 3800, April 1995

TO: BILL MATHIS & BETTY LOU MATHIS 1407 COMMUNITY LANE MIDLAND, TX 79701

TOTAL Postage & Fees

Postmark or Date

W. COO. 2nd 5-7-99

Z 327 525 375

US Postal Service

Receipt for Certified Mail

Postage Provided. International Mail (See reverse)

PS Form 3800, April 1995

TO: BARBARA GAIL YOUNG 6719 AVENUE B BELLAIRE, TX 77401

Postmark or Date

W. COO. 2nd 5-7-99

Z 224 509 570

US Postal Service

Receipt for Certified Mail

Insurance Provided.
Additional Mail (See reverse)

PENELOPE LOUISE HOLCOMB
1122 READING DRIVE
ACWORTH, GA 30101

Code

\$

Whom

\$

PS Form 38

Postmark or Date

W. LOV. 2ND 5-7-94

Z 327 525 476

US Postal Service

Receipt for Certified Mail

Insurance Provided.
Additional Mail (See reverse)

MR. EARL CUNNINGHAM
DISTRICT MANAGER
BUREAU OF LAND MANAGEMENT
P.O. BOX 1397
ROSWELL, NM 88201

Code

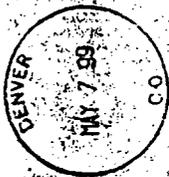
\$

\$

PS Form 3800, April 1995

Postmark or Date

W. LOV. 2ND 5-7-94



First Class Mail

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 224 509 572

MAIL

101 Source Incorporated
1184 Hiron Street, Suite 110
Denver, Colorado 80234

Thank you for using Return Receipt Service.

PS Form 3811, December 1994
102595-97-B-000
88-100-211D
Domestic Return Receipt

4a. Article Number
Z. 224. 509. 572

4b. Service Type
 Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

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

6. Signature: (Addressee or Agent)
X

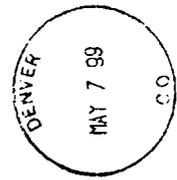
4. Complete items 3, 4a, and 4b
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

ATTEMPTED, NOT KNOWN

RICKIE DON THOMPSON
1600 W. PERSIMMON ST., #17
ROGERS, AR 72756-334

ATTEMPTED, NOT KNOWN
ATTEMPTED, NOT KNOWN
RETURN

Is your RETURN ADDRESS completed on the reverse side



Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 286

MAIL

First Class Mail

NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD

David Graham

DAVID GRAHAM MCDONALD
5513 AURORA AVENUE, #12
DES MOINES, IA 50310-231

nitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 (Rev. 2/95) PSN 7595-98-B-0229 Domestic Return Receipt

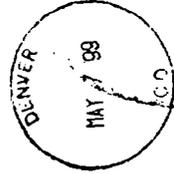
3. Article Addressed to: DAVID GRAHAM MCDONALD 5513 AURORA AVENUE, #12 DES MOINES, IA 50310-231		6. Signature: (Addressee or Agent) X
4a. Article Number 2327525 286		5. Received By: (Print Name)
4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		8. Addressee's Address (Only if requested and fee is paid)
7. Date of Delivery 		9. Received By: (Print Name)
1. <input type="checkbox"/> Addressee's Address extra fee) 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		10. Complete items 3, 4a, and 4b Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 318

MAIL



First Class Mail

FOR ESSE MP
REASON CHECKED
 Moved, Left No Address
 Unable To Forward
 Assumed - Not Known
 No Such Street
 Incorrect Address
KEVIN L. & PATRICIA WIDNER
210 CULPEPPER
MIDLAND, TX 79705

nitSource Incorporated
184 Huron Street, Suite 16
Denver, Colorado 80234

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
KEVIN L. & PATRICIA WIDNER
2510 CULPEPPER
MIDLAND, TX 79705

4a. Article Number
2327 525 318
4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

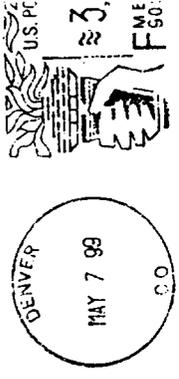
Thank you for using Return Receipt Service.

Fold at line over top of envelope to the right of the return address

CERTIFIED

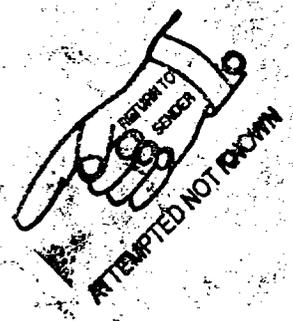
Z 327 525 416

MAIL



First Class Mail

ARLINE P. SCHREIBER
5622 SHERATON OAKS
HOUSTON, TX 77091



Handwritten initials/signature

UnitSource Incorporated
111184 Huron Street, Suite 16
Denver, Colorado 80234

PS Form 3811, December 1994 *W-100.2 AM*

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
ARLINE P. SCHREIBER
5622 SHERATON OAKS
HOUSTON, TX 77091

6. Signature: (Addressee or Agent) **X**

5. Received By: (Print Name)

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

7. Date of Delivery

4b. Service Type

Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

4a. Article Number *7327525416*

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

Thank you for using Return Receipt Service.

Domestic Return Receipt *W-100.2 AM*

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
 the right of the return address

CERTIFIED

Z 327 525 452

MAIL

First Class Mc



Name _____
 1st Notice MAY 11
 2nd Notice _____
 Return _____

PS Form 3811, December 1994
 PSN 7538-80-229
W. CO. 3/29

4a. Article Number 232752542
4b. Service Type Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery _____

8. Addressee's Address (Only if requested and fee is paid) _____

6. Signature: (Addressee or Agent) _____

5. Received By: (Print Name) _____

MARY KATHRYN GRISSO
P.O. BOX 10716
MIDWEST CITY, OK 73110

4. Insufficient Address MARY KATHRYN GRISSO
 Moved, Left No Address
 Unclaimed
 No Such Street
 Vacant
 No Mail Receipt
 Box Closed - No Order
 Returned For Better Address
 Postage Due

3. Article Addressed to: _____

2. Article Addressed to: _____

1. Article Addressed to: _____

1. Article Addressed to: _____

2. Article Addressed to: _____

3. Article Addressed to: _____

4. Article Addressed to: _____

5. Article Addressed to: _____

6. Article Addressed to: _____

7. Article Addressed to: _____

8. Article Addressed to: _____

9. Article Addressed to: _____

10. Article Addressed to: _____

11. Article Addressed to: _____

12. Article Addressed to: _____

13. Article Addressed to: _____

14. Article Addressed to: _____

15. Article Addressed to: _____

16. Article Addressed to: _____

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24. Article Addressed to: _____

25. Article Addressed to: _____

26. Article Addressed to: _____

27. Article Addressed to: _____

28. Article Addressed to: _____

29. Article Addressed to: _____

30. Article Addressed to: _____

31. Article Addressed to: _____

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64. Article Addressed to: _____

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72. Article Addressed to: _____

73. Article Addressed to: _____

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77. Article Addressed to: _____

78. Article Addressed to: _____

79. Article Addressed to: _____

80. Article Addressed to: _____

81. Article Addressed to: _____

82. Article Addressed to: _____

83. Article Addressed to: _____

84. Article Addressed to: _____

85. Article Addressed to: _____

86. Article Addressed to: _____

87. Article Addressed to: _____

88. Article Addressed to: _____

89. Article Addressed to: _____

90. Article Addressed to: _____

91. Article Addressed to: _____

92. Article Addressed to: _____

93. Article Addressed to: _____

94. Article Addressed to: _____

95. Article Addressed to: _____

96. Article Addressed to: _____

97. Article Addressed to: _____

98. Article Addressed to: _____

99. Article Addressed to: _____

100. Article Addressed to: _____

Amber

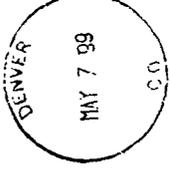
Thank you for using Return Receipt Service.

1. Addressee's Address following services (for an extra fee):
 2. Restricted Delivery
 Consult postmaster for fee.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 PSN 7538-80-229 Domestic Return Receipt



First Class Mail

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 126

MAIL



PATRICK J. CESARANO
REVOCABLE TRUST
STATION 701
2100 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

FOE

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 (Rev. 1998) B-0229 *W. Lou. 2111*

1. Article Addressed to: PATRICK J. CESARANO
REVOCABLE TRUST
STATION 701
2100 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

2. Received By: (Print Name) _____

3. Signature: (Addressee or Agent) **X**

4a. Article Number: *2-327525-126*

4b. Service Type: Certified Registered Express Mail Return Receipt for Merchandise COD

7. Date of Delivery _____

8. Addressee's Address (Only if requested and fee is paid) _____

9. Article Addressed to: _____

10. PS Form 3811, December 1994 (Rev. 1998) B-0229

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number delivered.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
- I also wish to receive the following services (for an extra fee):
- 1. Addressee's Address
 - 2. Restricted Delivery
 - Consult postmaster for fee

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 462

MAIL

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234



Fi



- MOVED, LEFT NO ADDRESS
- NOT DELIVERABLE, AS ADDRESSED
- UNABLE TO FORWARD
- ATTEMPTED - NOT KNOWN
- RETURNED TO SENDER
- REFUSED

THEORA CALVERLY, AKA ZELLA
 THEORA CALVERLY, DEC., NORMA
 JEAN HESTER, IND. EXEC. NORMA
 JEAN HESTER, IN FEE
 P.O. BOX 38
 GARDEN CITY, TX 79739

PS Form 3811, December 1994
 W. Calverly
 1184 Huron Street, Suite 16
 Denver, Colorado 80234

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

THEORA CALVERLY, AKA ZELLA
 THEORA CALVERLY, DEC., NORMA
 JEAN HESTER, IND. EXEC. NORMA
 JEAN HESTER, IN FEE
 P.O. BOX 38
 GARDEN CITY, TX 79739

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

7. Date of Delivery

4b. Service Type

4a. Article Number

7327525462

1. Addressee's Address (for an extra fee);

2. Restricted Delivery

3. Return Receipt for Merchandise

4. Express Mail

5. Registered

6. Certified

7. Insured

8. COD

9. Consult postmaster for fee.

Thank you for using Return Receipt Service.

UnitSource Incorporated
1184 Huron Street, Suite 10
Denver, Colorado 80234

Thank you for using Return Receipt Service.

3. Article Addressed to:
MARY RUTH McCRORY & WILLIAM THOMAS REED, IND. EXECUTORS OF THE ESTATE OF J.L. REED, DEC. P.O. BOX 444 LOVINGTON, NM 88260

5. Received By: (Print Name)
 X
 6. Signature: (Addressee or Agent)

4a. Article Number: **2327525405**

4b. Service Type:
 Certified
 Registered
 Express Mail
 Insured
 COD

7. Date of Delivery

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

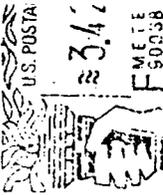
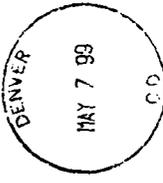
PS Form 3811, December 1994 (95-98-B-0229) *W. Co. 2/94* Domestic Return Receipt

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 405

MAIL



First Class Mail

MCCR444 882602005 IN 02 05/11/99
 RETURN TO SENDER

NO FORWARD ORDER ON FILE
 UNABLE TO FORWARD
 RETURN TO SENDER



MARY RUTH McCRORY & WILLIAM THOMAS REED, IND. EXECUTORS OF THE ESTATE OF J.L. REED, DEC. P.O. BOX 444 LOVINGTON, NM 88260



- Not Deliverable As Addressed
- Unable To Forward
- Incorrect Address
- Restricted Mail No Return Receipt
- Restricted Mail No Return Receipt - Not Allowed
- Restricted Mail No Return Receipt - Not Allowed - Signature Required
- Restricted Mail No Return Receipt - Signature Required
- No Return Receipt
- No Return Receipt - No Order
- Return Receipt Requested - No Order

57e
 5/15
 5/15

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

SENDER:

- Complete items 1 and/or 2 for additional services
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number delivered.

on the reverse side?

Is your RETURN AD

3. Article Addressed to:
 SUZANNE M. CHAMBERS
 MARGOT S. M. CHAMBERS
 2332 S. 34TH STREET
 ABILENE, TX 79602

5. Received By: (Print Name)
 X
 6. Signature: (Addressee or Agent)

7. Date of Delivery
 Return Receipt for Merchandise
 Express Mail
 Certified
 Insured
 COD

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

9. PS Form 3811, December 1994
 PSN 7519-0229
 W. (w. 2nd)

Domestic Return Receipt

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2327525130

4b. Service Type
 Certified
 Registered
 Express Mail
 Insured
 Return Receipt for Merchandise

SUZANNE M. CHAMBERS
 MARGOT S. M. CHAMBERS
 2332 S. 34TH STREET
 ABILENE, TX 79602

RETURNED TO SENDER
 FORWARDING ORDER EXPIRES

NAME _____
 1st Notice _____
 2nd Notice _____
 Return _____

RECEIVED
 MAY 11 1999

First Class Mail

MAIL

Z 327 525 130

CERTIFIED

Fold at line over top of envelope to the right of the return address



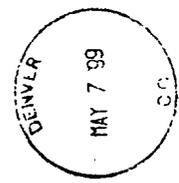
Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 302

MAIL

First Class Mail



NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD



ELAINE G. & MILTON KRASNE
~~9821 SEWARD STREET~~
~~OMAHA, NE 68114~~

Page 2 of 10
1200 Humboldt St. #9C
Denver Co. 80218

JnitSource Incorporated
1184 Huron Street, Suite 10
Denver, Colorado 80234

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to
ELAINE G. & MILTON KRASNE
9821 SEWARD STREET
OMAHA, NE 68114

5. Received By: (Print Name)
X
6. Signature: (Addressee or Agent)

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

7. Date of Delivery

4b. Service Type
2327525 302

4a. Article Number

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee

3. Certified
4. Registered
5. Express Mail
6. Insured
7. Return Receipt for Merchandise
8. COD

9. PS Form 3811, December 1994 1025 (Rev. 8-0229) U. (CO. 2) Domestic Return Receipt

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 419

MAIL



MAY 10 1999

First Class Mail

REASON CHECKED
Unclaimed
Refused
Attempted
Insufficient Postage
No Such Street
No Such City
Do not return to this envelope

UN
510-99

PHILLIP E. CARR
P.O. BOX 13387
SCOTTSDALE, AZ 85267

Unit Source Incorporated

11840 Hiron Street, Suite 101

Denver, Colorado 80234

1999

PH(1) NI)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

10294-000-0229

W. CO. 2000

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete items 3, 4a, and 4b
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 PHILLIP E. CARR
 P.O. BOX 13387
 SCOTTSDALE, AZ 85267

5. Received By: (Print Name)
 X
 6. Signature: (Addressee or Agent)

4a. Article Number
 2327525419

4b. Service Type
 Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
 5

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

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee

Domestic Return Receipt



Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 429

MAIL



First Class Mail



CANDY CHRISTMAS ALEWINER
P.O. BOX 64278
LUBBOCK, TX 79464

Unit Source Incorporated
1184 Huron Street, Suite 10
Denver, Colorado 80234

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

10957-98-B-0229 *W. CO. 5/24*

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

CANDY CHRISTMAS ALEWINER
P.O. BOX 64278
LUBBOCK, TX 79464

5. Received By: (Print Name)

6. Signature: (Address or Agent) **X**

4a. Article Number *2327 SA 5429*

4b. Service Type

- Certified
- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

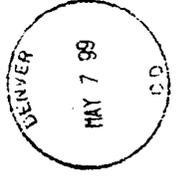
8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):



First Class Mail

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 394

MAIL

nitSource Incorporated
184 Huron Street, Suite 10
Denver, Colorado 80234

Thank you for using Return Receipt Service.

following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number: **2327525394**

4b. Service Type: **Registered**

Certified
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) **X**

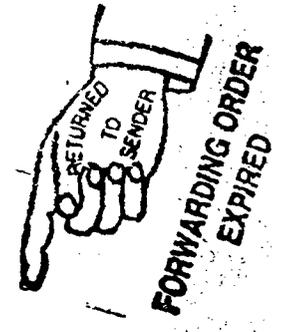
GARY NELSON JOINER
2020 CEDARWOOD
BRYAN, TX 77807

PS Form 3811, December 1994
102394-98-0229 W. (OV) 2/94 Domestic Return Receipt

- Fill in your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

GARY NELSON JOINER
2020 CEDARWOOD
BRYAN, TX 77807

COE
RAII
WA



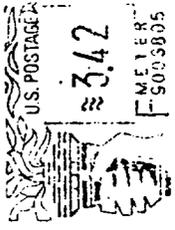
Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 390

MAIL

iiiSource Incorporated
184 Huron Street, Suite 16
Denver, Colorado 80234



First Class Mail



- Not Deliverable, No Address
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unrecognized
- Addressed to Not Known
- No Such Street
- No Mail Receipts
- Bar Closed - No Order
- Forwarding Order Expired

Handwritten initials: N, A, B, C

CHESTER A. BEADLE & MARGARET
BEADLE
1104 NORTH 8TH STREET
CARLSBAD, NM 88220

10259-104 (Rev. 2/92) Domestic Return Receipt

PS Form 3811, December 1994

6. Signature: (Addressee or Agent) **X**

5. Received By: (Print Name)

4a. Article Number: **2327525390**

4b. Service Type: Certified Registered Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

9. Return Receipt for Merchandise COD Insured

1. Addressee's Address Restricted Delivery Consult postmaster for fee.

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse card to you

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

CHESTER A. BEADLE & MARGARET
BEADLE
1104 NORTH 8TH STREET
CARLSBAD, NM 88220

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 377

MAIL



First Class Mc

RETURNED TO SENDER
ATTEMPTED, NOT KNOWN

THOMAS W. BOYD HEIR OF ROSE
BOYD
P.O. BOX 270
LUBBOCK, TX 79414

B-0
FILED
5/10
(1ST NOTICE)

(2ND NOTICE)

(RETURN)



UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services
- Print your name and address on the reverse of this form so that we can return this card to you
- Attach this form to the front of the mailpiece, or on the back if space does not permit
- Write "Return Receipt Requested" on the mailpiece below the article number
- The Return Receipt will show to whom the article was delivered and the date delivered

3. Article Addressed to:

THOMAS W. BOYD HEIR OF ROSE
BOYD
P.O. BOX 270
LUBBOCK, TX 79414

6. Signature: (Addressee or Agent) **X**

8. Received By: (Print Name)

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

4a. Article Number: 2387525377

4b. Service Type

Certified
 Registered
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

1. Addressee's Address following services (for an extra fee):

2. Restricted Delivery

Consult postmaster for fee.

PS Form 3811, December 1994
02559 94 4229
W.100.214

Domestic Return Receipt

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 469

MAIL

InitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete items 3, 4a, and 4b
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number
- The Return Receipt will show to whom the article was delivered and the date delivered.

2 Article Addressed

ATTN: LAND DEPARTMENT
PATHFINDER EXPLORATION
COMPANY
4306 CRESTGATE
MIDLAND, TX 79707

3 Article Number
4a. Article Number
2327525464

4b. Service Type
 Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Address or Agent)

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

PS Form 3811, December 1994

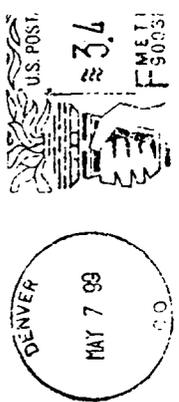
W. Louane
10259 0175 0229 Domestic Return Receipt



ATTN: LAND DEPARTMENT
PATHFINDER EXPLORATION
COMPANY
4306 CRESTGATE
MIDLAND, TX 79707

W. Louane

First Class Mail



UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Thank you for using Return Receipt Service.

- I also wish to receive the following services (for an extra fee):
- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

4a. Article Number **2327 525109**

4b. Service Type
 Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994
 W. CO. 2327 525109
 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number delivered.

Is your RETURN ADDRESS completed on the reverse side?

JOYCE ANN BROWN SANDERS, JOYCE
CHRISTMAS BROWN
909 NORTH ALAMEDA
LAS CRUCES, NM 88001

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 409

MAIL

First Class Mail



C-20

- ATTEMPTED NOT KNOWN
- RETURNED FOR BETTER ADD.
- ILLEGIBLE
- NO SUCH #
- PWD. ORDER EXPIRED
- INSUFFICIENT ADDRESS
- NO SUCH STREET
- REFUSED
- OUTSIDE DELIVERY LIMITS
- NO MAIL RECEIPT/CL
- IN DISPUTE
- UNCLAIMED
- NO SUCH OFFICE

JOYCE ANN BROWN SANDERS, JOYCE
 CHRISTMAS BROWN
 909 NORTH ALAMEDA
 LAS CRUCES, NM 88001

1ST NOTICE _____
 2ND NOTICE _____
 RETURN _____



UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

CERTIFIED

Z 327 525 460

MAIL

Firm

not at this address

**DELIVERY ATTEMPTED
 NOT KNOWN**

BILLY W. ROBINSON
 1123 NORTH GILA
 HOBBS, NM 88240

9/17

REGISTERED MAIL
 REGISTERED MAIL - ADDITIONAL SERVICES
 REGISTERED MAIL - RETURN RECEIPT
 REGISTERED MAIL - RETURN RECEIPT - ADDITIONAL SERVICES
 REGISTERED MAIL - RETURN RECEIPT - ADDITIONAL SERVICES - ADDITIONAL SERVICES
 REGISTERED MAIL - RETURN RECEIPT - ADDITIONAL SERVICES - ADDITIONAL SERVICES - ADDITIONAL SERVICES

PS Form 3811, December 1994 1025278-B-0229

SENDER:
 ■ Complete items 1 and/or 2 for additional services
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number delivered.

3. Article Addressed to:
 BILLY W. ROBINSON
 1123 NORTH GILA
 HOBBS, NM 88240

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery
 5-11-99

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

4a. Article Number
 2327525460

4b. Service Type
 Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

1. Addressee's Address following services (for an extra fee):
 Restricted Delivery
 Consult postmaster for fee.

2. Restricted Delivery

Thank you for using Return Receipt Service.

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 383

MAIL

First Class Mail



UnitSource Incorporated
11184 Huron Street, Suite 10
Denver, Colorado 80234

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Attach this form to the front of the mailpiece, or on the back if space does not card to you.
- Print your name and address on the reverse of this form so that we can return this
- Complete items 3, 4a, and 4b.
- Complete items 1 and/or 2 for additional services.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number 2327525 383

4b. Service Type

Certified

Registered

Express Mail

Insured

COD

Return Receipt for Merchandise

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) **X**

PS Form 3811, December 1994

10259785 50229 Domestic Return Receipt

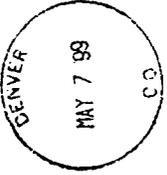
W. LOU BARK

W. LOU BARK

JOE BOYD HEIR OF ROSE BOYD
P.O. BOX 270
LUBBOCK, TX 79414



NO SUCH ADDRESS



First Class M

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 327 525 392

MAIL

CRN808 799272012 1398 05 05/11/99
FORWARD TIME EXP RTN TO SEND
GORNEY, THELMA
38 STONE CREEK DR
DARNE TX 78006-1844

RETURN TO SENDER



THELMA EVA GORNEY
3808 ALDERWOOD
EL PASO, TX 79927

UnitSource Incorporated
11184 Huron Street, Suite 10
Denver, Colorado 80234

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 PS Form 3811, December 1994 W. (002) Domestic Return Receipt	
3. Article Addressed to: THELMA EVA GORNEY 3808 ALDERWOOD EL PASO, TX 79927	
4a. Article Number 2327525392	
4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) X	
6. Signature: (Addressee or Agent) X	
Is your RETURN ADDRESS completed on the reverse side? <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.	
SENDER: I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Consult postmaster for fee.	

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

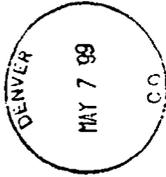
Fold at line over top of envelope to
 the right of the return address

CERTIFIED

Z 327 525 451

MAIL

First Class A



INITIAL MAY 1
 1ST NOTICE
 2ND NOTICE

FIRST NATIONAL BANK AND TRUST
 COMPANY OF OKLAHOMA CITY,
 TRUSTEE UNDER TRUST AGREEMENT
 DATED 12/8/66 FOR THE GRISSO
 FAMILY TRUST
 P.O. BOX 25189
 LAS CRUCES, NM 88004

RETURNING TO SENDER

ATTEMPTED NOT KNOWN REFUSED
 ILLEGIBLE OUTSIDE ADDRESS RANGE
 NO SUCH # NO MAIL DELIVERY AT THIS ADDRESS
 ORDER EXPIRED INCOMPLETE ADDRESS
 NO SUCH OFFICE

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 10259598-702229 *w. CO. Ave*

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Complete items 1 and/or 2 for additional services.

1 Addressee's Address does not follow services (for an extra fee):
 2 Restricted Delivery number:
 Consult postmaster for fee.

4a. Article Number 2327525451
 4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)
 5. Received By: (Print Name)
 6. Signature: (Addressee or Agent) **X**

FIRST NATIONAL BANK AND TRUST
 COMPANY OF OKLAHOMA CITY,
 TRUSTEE UNDER TRUST AGREEMENT
 DATED 12/8/66 FOR THE GRISSO
 FAMILY TRUST
 P.O. BOX 25189
 LAS CRUCES, NM 88004