

**BILL SELTZER**

214 WEST TEXAS, SUITE 507

MIDLAND, TEXAS 79701

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
OXY	EXHIBIT NO. 4
CASE NO. 9514 + 9515	

, CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

The Estate of Mellie Stanford  
c/o Charles B. Stanford and Harold P. Stanford  
Route 4  
Sulligent, AL 35586

Gentlemen:

According to our information the Estate of Mellie Stanford is the owner of a 6/1728 unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request the Estate of Mellie Stanford to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

\_\_\_\_\_ I desire to sell my mineral interest in Sections 17, 20,  
and 29, T-19-S, R-36-E, Lea County, New Mexico.

\_\_\_\_\_ I desire to lease my interest in Sections 17, 20, and 29,  
T-19-S, R-36-E, Lea County, New Mexico. Please list your  
correct name, address and social security number.

**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

1 CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

Coleman Jackson  
Route 5, Box 71  
Lawrenceberg, TN 38464

Dear Mr. Jackson:

According to our information you are the owner of a 1/1728  
unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold  
interest covering the above lands and, as operator, proposes to  
drill on or before December 15, 1988 two (2) 10,500' test wells  
on the captioned lands.

We request you to join OXY in the drilling of the test wells and  
pay your proportionate share of the cost of drilling, completing  
and operating said well or we will purchase all of your mineral  
interest at the rate of \$150.00 per acre or purchase a 5 year  
Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of  
\$50.00 per acre.

If you desire to join, please execute the attached AFE and return  
in the enclosed envelop and we will prepare an operating  
agreement for your execution. If you do not desire to join  
please indicate in the space provided below your preference to  
sell or lease your interest.

We have this date filed an application with the New Mexico Oil  
Conservation Division in Santa Fe, New Mexico to compulsory pool  
all unleased mineral owners. This hearing will be scheduled for  
October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

\_\_\_\_\_ I desire to sell my mineral interest in Sections 17, 20,  
and 29, T-19-S, R-36-E, Lea County, New Mexico.

\_\_\_\_\_ I desire to lease my interest in Sections 17, 20, and 29,  
T-19-S, R-36-E, Lea County, New Mexico. Please list your  
correct name, address and social security number.

**BILL SELTZER**

214 WEST TEXAS, SUITE 507

MIDLAND, TEXAS 79701

, CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

The Estate of Edna Davis  
c/o Bill Davis  
Route 1, Box 72  
Bina, AL 35593

Dear Mr. Davis:

According to our information the Estate of Edna Davis is the owner of a 12/1728 unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request the Estate of Edna Davis to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

\_\_\_\_\_ I desire to sell my mineral interest in Sections 17, 20,  
and 29, T-19-S, R-36-E, Lea County, New Mexico.

\_\_\_\_\_ I desire to lease my interest in Sections 17, 20, and 29,  
T-19-S, R-36-E, Lea County, New Mexico. Please list your  
correct name, address and social security number.

**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

Mr. Hal Jackson  
Route 11, Box 350  
Jasper, AL 35501

Dear Mr. Jackson:

According to our information you are the owner of a 2/1728  
unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold  
interest covering the above lands and, as operator, proposes to  
drill on or before December 15, 1988 two (2) 10,500' test wells  
on the captioned lands.

We request you to join OXY in the drilling of the test wells and  
pay your proportionate share of the cost of drilling, completing  
and operating said well or we will purchase all of your mineral  
interest at the rate of \$150.00 per acre or purchase a 5 year  
Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of  
\$50.00 per acre.

If you desire to join, please execute the attached AFE and return  
in the enclosed envelop and we will prepare an operating  
agreement for your execution. If you do not desire to join  
please indicate in the space provided below your preference to  
sell or lease your interest.

We have this date filed an application with the New Mexico Oil  
Conservation Division in Santa Fe, New Mexico to compulsory pool  
all unleased mineral owners. This hearing will be scheduled for  
October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

\_\_\_\_\_ I desire to sell my mineral interest in Sections 17, 20,  
and 29, T-16-S, R-36-E, Lea County, New Mexico.

\_\_\_\_\_ I desire to lease my interest in Sections 17, 20, and 29,  
T-19-S, R-36-E, Lea County, New Mexico. Please list your  
correct name, address and social security number.

**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

September 28, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

Mrs. Dorothy L. Jackson  
P.O. Box 764  
Winter Haven, Florida 33823

Dear Mrs. Jackson:

On July 25, 1988, I forwarded to you an Oil and Gas Lease and draft covering the captioned lands and other lands.

On August 12, 1988, you wrote me and requested that I send a check for the bonus consideration instead of a draft.

On August 25, 1988 I forwarded to you my personal check in the amount of \$25.47 to cover the bonus consideration for the Oil and Gas Lease.

I phoned you this date requesting you to execute the Oil and Gas Lease and return same immediately.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request you to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well.

If you desire to join, please execute the attached AFE and return in the enclosed envelope and we will prepare an operating agreement for your execution. If you do not desire to join please execute the Oil and Gas Lease and return same immediately.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

Mr. John C. Jackson  
1180 North Pine  
Marshfield, MO 65706

Dear Mr. Jackson:

According to our information you are the owner of a 1/720  
unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold  
interest covering the above lands and, as operator, proposes to  
drill on or before December 15, 1988 two (2) 10,500' test wells  
on the captioned lands.

We request you to join OXY in the drilling of the test wells and  
pay your proportionate share of the cost of drilling, completing  
and operating said well or we will purchase all of your mineral  
interest at the rate of \$150.00 per acre or purchase a 5 year  
Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of  
\$50.00 per acre.

If you desire to join, please execute the attached AFE and return  
in the enclosed envelop and we will prepare an operating  
agreement for your execution. If you do not desire to join  
please indicate in the space provided below your preference to  
sell or lease your interest.

We have this date filed an application with the New Mexico Oil  
Conservation Division in Santa Fe, New Mexico to compulsory pool  
all unleased mineral owners. This hearing will be scheduled for  
October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

\_\_\_\_\_ I desire to sell my mineral interest in Sections 17, 20,  
and 29, T-19-S, R-36-E, Lea County, New Mexico.

\_\_\_\_\_ I desire to lease my interest in Sections 17, 20, and 29,  
T-19-S, R-36-E, Lea County, New Mexico. Please list your  
correct name, address and social security number.

**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 28, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

The Estate of Orbery Jackson  
c/o Mrs. Orbery Jackson  
Route 2, Box 97  
Prospect, TN 38477

Dear Mrs. Jackson:

According to our information the Estate of Orbery Jackson is the owner of a 1/1728 unleased mineral interest in the captioned lands.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

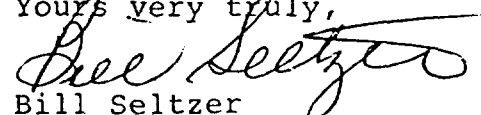
We request the Estate of Orbery Jackson to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

\_\_\_\_\_ I desire to sell my mineral interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico.

\_\_\_\_\_ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

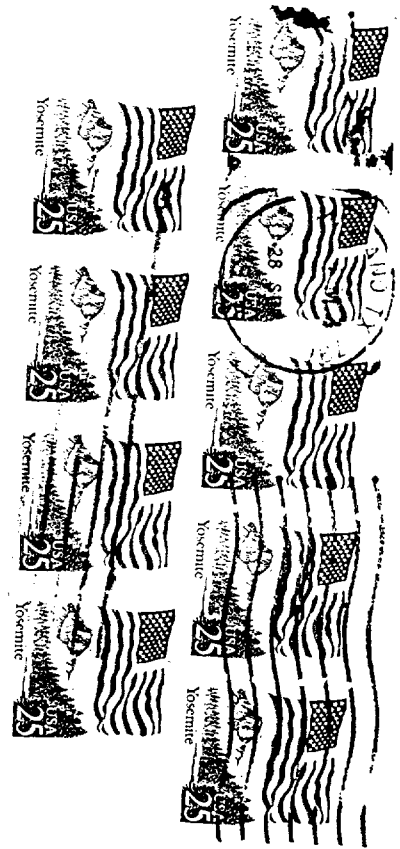
**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

Fold at line over top of envelope to insure  
of the return address

**CERTIFIED**  
P 750 494 255  
**MAIL**

*Permitted*  
RECEIVED  
JUL 28 1971  
U.S. MAIL  
POST OFFICE  
NO SUCH OFFICE IN STATE  
RECEIVED  
JUL 28 1971  
U.S. MAIL  
POST OFFICE  
NO SUCH OFFICE IN STATE

John J. Jackson  
1180 North Pine  
Marshfield, MO 65706



~~Postage and Fees Paid~~

10-21-27

P 750 494 159

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>Dorothy L. Jackson</b>	
Street and Box <b>Box 764</b>	
City, State and ZIP Code <b>Winter Have, FL 33823</b>	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <b>9/28/88</b>	

envelope to the right

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery <sup>†(Extra charge)†</sup>

3. Article Addressed to:  
**Dorothy L. Jackson**  
**P.O. Box 764**  
**Winter Have, FL 33823**  
**Auburn Ave**

4. Article Number  
**P 750 494 159**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*Dorothy L. Jackson*

6. Signature - Agent  
*[Signature]*

7. Date of Delivery  
**10/3/88**

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

**DOMESTIC RETURN RECEIPT**

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery <sup>†(Extra charge)†</sup>

3. Article Addressed to:  
**Mr. Hal Jackson**  
**Route 11, Box 350**  
**Jasper, AL 35501**

4. Article Number  
**P 750 494 152**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*Hal Jackson*

6. Signature - Agent  
*[Signature]*

7. Date of Delivery  
**10/4/88**

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

**DOMESTIC RETURN RECEIPT**

P 750 494 152

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>Mr. Hal Jackson</b>	
Street and Box <b>Route 11, Box 350</b>	
City, State and ZIP Code <b>Jasper, AL 35501</b>	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <b>9/28/88</b>	

envelope to the right

P 750 494 158  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to The Estate of Edna Davis	
c/o Bill Davis	
Route 1, Box 772	
Bina, AL 35593	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/28/88	

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

1. Article Addressed to:  
The Estate of Edna Davis  
c/o Bill Davis  
Route 1, Box 72  
Bina, AL 35593

2. Article Number  
P 750 494 158

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

4. Addressee's Address (ONLY if requested and fee paid)  
 The Estate of Edna Davis  
 c/o Bill Davis  
 Route 1, Box 772  
 Bina, AL 35593

5. Signature - Addressee  
 Edna Davis

6. Signature - Agent  
 Charles B. Stanford

7. Date of Delivery  
 10-4-88

P 750 494 161  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to The Est. of Mellie Stanford	
c/o Charles B. and Harold P. Stanford	
Route 4	
Sulligent, AL 35586	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/28/88	

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

1. Article Addressed to:  
The Estate of Mellie Stanford  
c/o Charles B. and Harold P. Stanford  
Route 4  
Sulligent, AL 35586

2. Article Number  
P 750 494 161

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

4. Addressee's Address (ONLY if requested and fee paid)  
 The Estate of Mellie Stanford  
 c/o Charles B. and Harold P. Stanford  
 Route 4  
 Sulligent, AL 35586

5. Signature - Addressee  
 Mellie Stanford

6. Signature - Agent  
 Charles B. Stanford

7. Date of Delivery  
 10-3-88

Form 3800, June 1985

P 750 494 160

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

The Est. of Orbery Jackson  
c/o Mrs. Orbery Jackson

Route 2, Box 97  
Prospect, TN 38477

P.O., State and ZIP Code

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

Postmark or Date  
9/28/88

P 750 494 153

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. Coleman Jackson  
Route 5, Box 71  
Lawrenceberg, TN 38460

P.O., State and ZIP Code

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

Postmark or Date  
9/28/88

Form 3811, Mar. 1987

U.S.G.P.O. 1987-178-266

DOMESTIC RETURN RECEIPT

3. Article Addressed to:  
Coleman Jackson  
Route 5, Box 71  
Lawrenceberg, TN 38460

4. Article Number  
P 750 494 153

5. Signature - Addressee  
*Mr. Coleman Jackson*

6. Signature - Agent

7. Date of Delivery  
9/28/88

8. Addressee's Address (ONLY if requested and fee paid)  
Always obtain signature of addressee or agent and DATE DELIVERED.

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

10. Address (ONLY if requested and fee paid)  
Always obtain signature of addressee or agent and DATE DELIVERED.

11. Signature - Addressee  
*Mr. Coleman Jackson*

12. Signature - Agent

13. Date of Delivery  
9/28/88

14. Addressee's Address (ONLY if requested and fee paid)  
Always obtain signature of addressee or agent and DATE DELIVERED.

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

16. Address (ONLY if requested and fee paid)  
Always obtain signature of addressee or agent and DATE DELIVERED.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge) 3. Article Addressed to:

The Estate of Orbery Jackson  
c/o Mrs. Orbery Jackson  
Route 2, Box 97  
Prospect, TN 38477

4. Article Number  
P 750 494 160

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee  
*Mrs. Orbery Jackson*

6. Signature - Agent

7. Date of Delivery  
9/28/88

Form 3811, Mar. 1987

U.S.G.P.O. 1987-178-266

DOMESTIC RETURN RECEIPT

P 750 494 156  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to <b>Joseph T. Jackson</b>	
Street and No. <b>12553 Mantilla Road</b>	
City, State and ZIP Code <b>San Diego, CA 92128</b>	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date  9/28/88	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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

☐ Show to whom delivered, date, and addressee's address.

☐ Restricted Delivery <sup>1</sup>(Extra charge)

**Article Addressed to:**  
**Joseph T. Jackson**  
**2553 Mantilla Road**  
**San Diego, CA 92128**

**4. Article Number**  
**750 494 156**

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

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

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

**Signature - Addressee**  
*Joseph T. Jackson*

**Signature - Agent**

**Date of Delivery**  
 SEP 30 1988

**DOMESTIC RETURN RECEIPT**

Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268

P 750 494 157  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to <b>H.T. Stanford</b>	
Street and No. <b>P.O. Box 3392</b>	
City, State and ZIP Code <b>Oxford, AL 36201</b>	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date  9/28/88	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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

☐ Show to whom delivered, date, and addressee's address.

☐ Restricted Delivery <sup>1</sup>(Extra charge)

**Article Addressed to:**  
**H.T. Stanford**  
**P.O. Box 3392**  
**Oxford, AL 36201**

**4. Article Number**  
**750 494 157**

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

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

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

**Signature - Addressee**  
*H.T. Stanford*

**Signature - Agent**

**Date of Delivery**  
 OCT 1 1988

**DOMESTIC RETURN RECEIPT**

Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268

**BILL SELTZER**

214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

TO THE ATTACHED LIST OF OWNERS:

Gentlemen:

According to our information you are the owner of an unleased mineral interest shown opposite your names on the attachment.

I am an independent Land Consultant representing OXY USA Inc.

OXY USA Inc. is the owner of the majority of the leasehold interest covering the above lands and, as operator, proposes to drill on or before December 15, 1988 two (2) 10,500' test wells on the captioned lands.

We request each of you to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

If you desire to join, please execute the attached AFE and return in the enclosed envelop and we will prepare an operating agreement for your execution. If you do not desire to join please indicate in the space provided below your preference to sell or lease your interest.

We have this date filed an application with the New Mexico Oil Conservation Division in Santa Fe, New Mexico to compulsory pool all unleased mineral owners. This hearing will be scheduled for October 26, 1988.

Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

\_\_\_\_\_ I desire to sell my mineral interest in Sections 17, 20,  
and 29, T-16-S, R-36-E, Lea County, New Mexico.  
\_\_\_\_\_ I desire to lease my interest in Sections 17, 20, and 29,  
T-19-S, R-36-E, Lea County, New Mexico. Please list your  
correct name, address and social security number.

Owner	Interest	Acres
Mervin Harrell Route 1, Box 142 Tremont, Miss. 38876	1/2016	.01984
✓ W.M. Harrell 207 Lake Street Trussville, AL 35173	1/2016	.01984
O.U. Harrell Estate c/o Joyce Windham 115 Woodglen Place Brandon, Miss. 39042 Heirs: Joyce Windham Joan Harrell Dr. Rebecca Harrell	1/2016	.01984
Vera L. Chism Route 1, Box 461 Fulton, Miss. 38843	1/2016	.01984
Michele Alverson Route 5, Box 91 Haleyville, AL 35565	1/2016	.01984
Margie H. Pounders Route 2, Box 249 Golden, Miss. 38847	1/2016	.01984
Enola F. Pounders P.O. Box 251 Haleyville, AL 35565	1/2016	.01984

**BILL SELTZER**

214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

TO THE ATTACHED LIST OF OWNERS:

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Bill Seltzer

\_\_\_\_\_ I desire to sell my mineral interest in Sections 17, 20,  
and 29, T-16-S, R-36-E, Lea County, New Mexico.  
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T-19-S, R-36-E, Lea County, New Mexico. Please list your  
correct name, address and social security number.

Owner	Interest	Acres
Mervin Harrell Route 1, Box 142 Tremont, Miss. 38876	1/2016	.01984
W.M. Harrell 207 Lake Street Trussville, AL 35173	1/2016	.01984
✓ O.U. Harrell Estate c/o Joyce Windham 115 Woodglen Place Brandon, Miss. 39042 Heirs: Joyce Windham Joan Harrell Dr. Rebecca Harrell	1/2016	.01984
Vera L. Chism Route 1, Box 461 Fulton, Miss. 38843	1/2016	.01984
Michele Alverson Route 5, Box 91 Haleyville, AL 35565	1/2016	.01984
Margie H. Pounders Route 2, Box 249 Golden, Miss. 38847	1/2016	.01984
Enola F. Pounders P.O. Box 251 Haleyville, AL 35565	1/2016	.01984

Owner	Interest	Acres
Mervin Harrell Route 1, Box 142 Tremont, Miss. 38876	1/2016	.01984
W.M. Harrell 207 Lake Street Trussville, AL 35173	1/2016	.01984
O.U. Harrell Estate c/o Joyce Windham 115 Woodglen Place Brandon, Miss. 39042 Heirs: Joyce Windham Joan Harrell Dr. Rebecca Harrell	1/2016	.01984
Vera L. Chism Route 1, Box 461 Fulton, Miss. 38843	1/2016	.01984
Michele Alverson Route 5, Box 91 Haleyville, AL 35565	1/2016	.01984
Margie H. Pounders Route 2, Box 249 Golden, Miss. 38847	1/2016	.01984
Enola F. Pounders P.O. Box 251 Haleyville, AL 35565	1/2016	.01984

**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

TO THE ATTACHED LIST OF OWNERS:

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We request each of you to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

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Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

☒ I desire to sell my mineral interest in Sections 17, 20, and 29, T-16-S, R-36-E, Lea County, New Mexico.

☐ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

**BILL SELTZER**

214 WEST TEXAS, SUITE 507

MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E  
Section 29: SE/4  
Lea County, New Mexico

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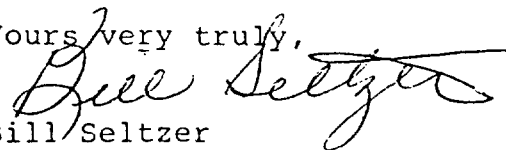
We request each of you to join OXY in the drilling of the test wells and pay your proportionate share of the cost of drilling, completing and operating said well or we will purchase all of your mineral interest at the rate of \$150.00 per acre or purchase a 5 year Paid Up Oil and Gas Lease with 3/16ths royalty at the rate of \$50.00 per acre.

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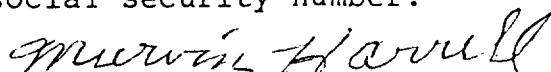
Your immediate attention will be appreciated.

Yours very truly,

  
Bill Seltzer

✓ I desire to sell my mineral interest in Sections 17, 20, and 29, T-16-S, R-36-E, Lea County, New Mexico.

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**BILL SELTZER**214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

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Section 29: SE/4  
Lea County, New Mexico

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Yours very truly,

  
Bill Seltzer

✓ <sup>19</sup> I desire to sell my mineral interest in Sections 17, 20, and 29, T-~~18~~-S, R-36-E, Lea County, New Mexico.

\_\_\_\_\_ I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

Margie H. Pounders  
Route 2, Box 249  
Holden, Ms. 38847

**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

Re: T-19-S, R-36-E  
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Lea County, New Mexico

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Your immediate attention will be appreciated.

*I wish to sell my mineral interest.*  
*Vera L. Phisom*

Yours very truly,  
*Bill Seltzer*  
Bill Seltzer

   I desire to sell my mineral interest in Sections 17, 20, and 29, T-16-S, R-36-E, Lea County, New Mexico.  
   I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

**BILL SELTZER**  
214 WEST TEXAS, SUITE 507  
MIDLAND, TEXAS 79701

CERTIFIED MAIL

September 27, 1988

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Section 29: SE/4  
Lea County, New Mexico

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Your immediate attention will be appreciated.

Yours very truly,

*Bill Seltzer*  
Bill Seltzer

yes

I desire to sell my mineral interest in Sections 17, 20, and 29, T-16-S, R-36-E, Lea County, New Mexico.

I desire to lease my interest in Sections 17, 20, and 29, T-19-S, R-36-E, Lea County, New Mexico. Please list your correct name, address and social security number.

*Michel Alvarson*

*oct 12, 1988*

P 750 494 145

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <b>Mervin Harrell</b>	
<b>Route 1, Box 142</b>	
<b>Tremont, Miss. 38876</b>	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.00
Postmark or Date  9/27/88	

PS Form 3811, Mar. 1987

\* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

3. Article Addressed to: <b>Mervin Harrell</b> <b>Route 1, Box 142</b> <b>Tremont, Miss. 38876</b>		4. Article Number <b>P 750 494 145</b>	
5. Signature - Addressee <i>X Mervin Harrell</i>		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <b>9-29-88</b>		8. Addressee's Address (ONLY if requested and fee paid)	

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

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

1/Extra charge/1

PS Form 3811, Mar. 1987

\* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

3. Article Addressed to: <b>Margie H. Pounders</b> <b>Route 2, Box 249</b> <b>Golden, Miss. 38847</b>		4. Article Number <b>P 750 494 150</b>	
5. Signature - Addressee <i>X Margie H. Pounders</i>		Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <i>J. H. H. H.</i>		8. Addressee's Address (ONLY if requested and fee paid)	

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

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 1/Extra charge/1

1/Extra charge/1

P 750 494 145

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <b>Margie H. Pounders</b>	
<b>Route 2, Box 249</b>	
<b>Golden, Miss. 38847</b>	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.00
Postmark or Date  9/27/88	

P 750 494 146  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to <b>W.M. Harrell</b>	
Address and City, State and ZIP Code <b>207 Lake Street Trussville, AL 35173</b>	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date  9/27/88	

Article Addressed to: **M. Harrell  
07 Lake Street  
Trussville, AL 35173**

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
 (Extra charge)†

4. Article Number  
**P 750 494 146**

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

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

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

Signature - Addressee  
*[Signature]*

Signature - Agent  
*[Signature]*

Date of Delivery  
**9-30-88**

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-266

**DOMESTIC RETURN RECEIPT**

P 750 494 147  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to <b>O.U. Harrell Estate c/o Joyce Windham</b>	
Address and City, State and ZIP Code <b>115 Woodglen Place Brandon, Miss. 39042</b>	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date  9/27/88	

Article Addressed to: **O.U. Harrell Estate  
c/o Joyce Windham  
115 Woodglen Place  
Brandon, Miss. 39042**

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
 (Extra charge)†

4. Article Number  
**P 750 494 147**

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

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

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

5. Signature - Addressee  
*[Signature]*

6. Signature - Agent  
*[Signature]*

7. Date of Delivery  
**X**

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-266

**DOMESTIC RETURN RECEIPT**

P. 750 494 148

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Vera L. Chism	
Route 1, Box 461	
Fulton, Miss. 38843	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
9/27/88	

Top of envelope to the right

Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery <sup>†</sup>(Extra charge)†

**Article Addressed to:**

Vera L. Chism  
Route 1, Box 461  
Fulton, Miss. 38843

4. Article Number  
P 750 494 148

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

Signature — Agent  
Date of Delivery 9/29/88

Signature — Addressee

P 750 494 151

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Enola F. Pounders	
P.O. Box 251	
Haleyville, AL 35565	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
9/27/88	

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery <sup>†</sup>(Extra charge)†

**Article Addressed to:**

Enola F. Pounders  
P.O. Box 251  
Haleyville, AL 35565

4. Article Number  
P 750 494 151

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature — Addressee

6. Signature — Agent  
Date of Delivery 9/30-88

P 750 494 149

RECEIPT FOR CERTIFIED MAIL

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

Michele Alverson	
Route 5, Box 91	
Haleyville, AL 35565	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date 9/27/88	

PS Form 3800, June 1985

<p>● <b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. <input type="checkbox"/> Restricted Delivery <sup>†</sup>(Extra charge)<sup>†</sup></p>		<p>3. Article Addressed to:</p> <p>Michele Alverson Route 5, Box 91 Haleyville, AL 35565</p>	
<p>4. Article Number</p> <p>P 750 494 149</p>		<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p>	
<p>5. Signature — Addressee</p> <p>X <i>Michele Alverson</i></p>		<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>6. Signature — Agent</p> <p>X <i>[Signature]</i></p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>7. Date of Delivery</p> <p>9-28-88</p>			

PS Form 3811, Mar. 1987

\* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT