

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

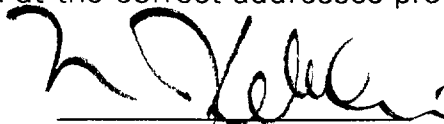
In the matter of the hearing called
by the Oil Conservation Division
for the purpose of considering:

CASE NO. 11261

Application of Marathon Oil
Company for an Additional High/Angle
wellbore and to Amend R-10082-A
J.M. Denton Well No.5
Lea County, New Mexico.

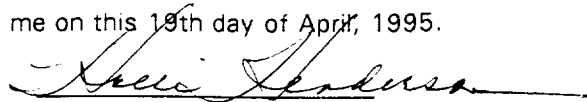
CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Marathon Oil Company states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 23rd day of March, 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for April 20, 1995, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 19th day of April, 1995.


Notary Public

My Commission Expires: June 15th, 1998

your RETURN ADDRESS completed on the reverse side

Thank you for using Return Receipt Service.

00, March 1993

P 135 851 340

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail
(See Reverse)

June D Speight
 O Drawer 1687
 Lovington, New Mexico 88260

1. Name of Addressee	
2. Street Address	
3. City, State, and Zip	
4. Return Address (if different from above)	
5. Description of Contents (e.g., "Certified Mail")	
6. Amount of Insurance (if insured)	\$
Postmark Date	

Marathon/Denton(04/20/95)
 March 23, 1995

P 135 851 347



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to _____

Street and No.

Beverly Tucker
12511 Ladbroke Lane
Houston, TX 77039

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

3800, June 1991
PS

Marathon/Denton(04/20/95)
March 23, 1995

P 135 851 336



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to _____

Phillips Petroleum Company
4001 Penbrook
Odessa, TX 79762
Attn: Reece Copeland, Esq.

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$

3800, June 1991
PS

Marathon/Denton(04/20/95)
March 23, 1995

P 135 851 346



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to _____

Sharon Tais Stubblefield
POB 391
Evergreen, CO 80439

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

3800, June 1991
PS

Marathon/Denton(04/20/95)
March 23, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach this card to the article.
• Write "F" if the Return Receipt is to be delivered.
• The Return Receipt is delivered.

Marathon/Denton(04/20/95)
March 23, 1995

Article Addressed to:
RJ St Germain Jr
c/o Raymond B Keating III
806 Main Street, Ste 960
Houston, TX 77002

4a. Article Number
135 851 345

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 345
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

RJ St Germain Jr
c/o Raymond B Keating III
806 Main Street, Ste 960
Houston, TX 77002

June 1991

Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach this card to the article.
• Write "F" if the Return Receipt is to be delivered.
• The Return Receipt is delivered.

Marathon/Denton(04/20/95)
March 23, 1995

Article Addressed to:
Virginia Howe Smith
c/o Raymond B Keating III
806 Main Street, Ste 960
Houston, TX 77002

4a. Article Number
135 851 350

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 350
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Virginia Howe Smith
c/o Raymond B Keating III
806 Main Street, Ste 960
Houston, TX 77002

June 1991

Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach this card to the article.
• Write "F" if the Return Receipt is to be delivered.
• The Return Receipt is delivered.

Marathon/Denton(04/20/95)
March 23, 1995

Article Addressed to:
First National Bank: Abilene Texas
Independent Executor & Trustee U/W/O
William W. Davis
POB 701
Abilene, TX 79604

4a. Article Number
135 851 353

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

7. Date of Delivery
MAR 27 1995

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 353
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

First National Bank: Abilene Texas
Independent Executor & Trustee U/W/O
William W. Davis
POB 701
Abilene, TX 79604

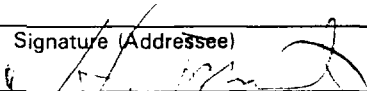
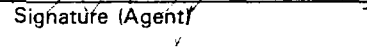
00, June 1991

Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	

Total postage \$

Marathon/Denton(04/20/95)
March 23, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return it to you. • At the time of delivery, please indicate the service you wish to receive. • Write clearly in ink. • The service will be provided only if the fee is paid.		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.	
2. Article Addressed to: Hugh H Sprunt Trustee: Barbara H Sprunt Trust U/A, 11-8-90 3508 Watercrest Court Farmers Branch, TX 75234		4a. Article Number 135 851 352	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery JUN 1995	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



P 135 851 352

Receipt for
Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
See Reverse

Hugh H Sprunt
Trustee:Barbara H Sprunt Trust
U/A, 11-8-90
3508 Watercrest Court
Farmers Branch, TX 75234

2000-2001	
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2109-2110	
2110-2111	
2111-2112	
2112-2113	
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2150-2151	
2151-215	

3800 June 1991

Marathon/Denton(04/20/95)
March 23, 1995



P 135 851 351

Receipt for
Certified Mail

No Insurance Coverage Provided.
Do not use for international travel.
See Reverse:

William Noble Smith, Jr
1984 Trust:Raymond B KeatingIII
Successor Trustee
806 Main Street, Ste 960
Houston, TX 77002

Balance	
Receipts from sales	
Receipts from bank	
Receipts from customers	
Receipts from other sources	
Receipts from other sources	
TOTAL	\$

00, June 1991

Marathon/Denton(04/20/95)
March 23, 1995

 \dot{a}

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• 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 package.
• If space
Article number, 1 and the date delivered.

Marathon/Denton(04/20/95)
March 23, 1995

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:
Julia F Hutchison Estate:
Raymond B Keating III
AIF: Sandra Buell
c/o RB Keating III
806 Main Street, Ste 960
Houston, TX 77002

4a. Article Number
091 495 904

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

2 091 495 904



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Julia F Hutchison Estate:
Raymond B Keating III
AIF: Sandra Buell
c/o RB Keating III
806 Main Street, Ste 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• 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 package.
• If space
Article number, 1 and the date delivered.

Marathon/Denton(04/20/95)
March 23, 1995

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 Jane Hand
c/o Trust Department
POB 1241
Lubbock, TX 79408-1241

4a. Article Number
091 495 906

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

2 091 495 906



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Mary Jane Hand
c/o Trust Department
POB 1241
Lubbock, TX 79408-1241

Special Delivery Fee	
Restricted Delivery Fee	

P 135 851 333



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Pennzoil Exploration & Production Company
POB 2967
Houston, TX 77252-2967

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom (Date, and Address) (If Applicable)	
Postage & Fees	\$
Postmark or Date	

Marathon/Denton(04/20/95)
March 23, 1995

800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• 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 package.
• If space
Article number, 1 and the date delivered.

Marathon/Denton(04/20/95)
March 23, 1995

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:
Pennzoil Exploration & Production Company
POB 2967
Houston, TX 77252-2967

4a. Article Number
P 135 851 333

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

7. Date of Delivery
MAR 21 1995

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **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, and 4a & b.
- 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 back of the envelope.
- Write the return address on the back of the envelope.
- The return address must be legible.

Marathon/Denton(04/20/95)
March 23, 1995

3. Article Addressed to:
Cody Energy, Inc.
16825 Northchase Dr.
Ste. 1200
Houston, TX 77060-6030

4a. Article Number
135 851 334

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

7. Date of Delivery
MAR 27 1995

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 334
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Cody Energy, Inc.
16825 Northchase Dr.
Ste. 1200
Houston, TX 77060-6030

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt for Signature Required	
Return Receipt for Signature Required (When Date of Delivery is Requested)	

June 1991

P 135 851 335

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Polaris Production Corporation
POB 1749
Midland, TX 79702-1749

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt for Signature Required	
Return Receipt for Signature Required (When Date of Delivery is Requested)	
Postage and Fees	\$
Postmark or Date	

June 1991

Marathon/Denton(04/20/95)
March 23, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 back of the envelope.
- Write the return address on the back of the envelope.
- The return address must be legible.

Marathon/Denton(04/20/95)
March 23, 1995

3. Article Addressed to:
Polaris Production Corporation
POB 1749
Midland, TX 79702-1749

4a. Article Number
135 851 335

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

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

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, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach it to the front of the mailpiece, or on the back if space does not permit.
• Write "R" above 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:
Dinero Operating Company
POB 10505
Midland, TX 79702

4a. Article Number
135 851 337

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)
Harry Porter

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 337
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Dinero Operating Company
POB 10505
Midland, TX 79702

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Addressee's Address	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach it to the front of the mailpiece, or on the back if space does not permit.
• Write "R" above 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:
Fasken Oil
303 W. Wall St
Midland, TX 79701

4a. Article Number
135 851 338

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

7. Date of Delivery

5. Signature (Addressee)
Cecilia Hightower

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 338
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Fasken Oil
303 W. Wall St
Midland, TX 79701

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach it to the front of the mailpiece, or on the back if space does not permit.
• Write "R" above 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:
Dickinson Mineral Trust
POB 247
Roswell, New Mexico 88202

4a. Article Number
135 851 339

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

7. Date of Delivery
JUN 30 1991

5. Signature (Addressee)
Dickinson Dickinson

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)
88202

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 339
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Dickinson Mineral Trust
POB 247
Roswell, New Mexico 88202

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Addressee's Address	
POSTAGE & Fees	\$
Postmark or Date	

Marathon/Denton(04/20/95)
March 23, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form.

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Marathon/Denton(04/20/95)
March 23, 1995

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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:
Carsbad National Bank
Trustee: Jean S. Sullivan Trust
U/A, 9-1-77
POB 1359
Carlsbad, TX 88220

4a. Article Number
135 851 342

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

7. Date of Delivery

5. Signature (Addressee)
Magda Hernandez

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 342
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Carsbad National Bank
Trustee: Jean S. Sullivan Trust
U/A, 9-1-77
POB 1359
Carlsbad, TX 88220

800, June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Marathon/Denton(04/20/95)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form.

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Marathon/Denton(04/20/95)
March 23, 1995

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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:
First National Bank/West Texas
Successor Trustee/JESimmons:
A-JSS,B-MJH,Beulah Simmons Trust:
A-J55,B-MJH
POB 1241
Lubbock, TX 79408

4a. Article Number
135 851 341

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 341
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

First National Bank/West Texas
Successor Trustee/JESimmons:
A-JSS,B-MJH,Beulah Simmons Trust:
A-J55,B-MJH
POB 1241
Lubbock, TX 79408

3400, June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Marathon/Denton(04/20/95)
March 23, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return it to you.
• Attach this receipt to the back of the article.
• Write the date.
• The receipt is not valid unless it is signed by the sender.

Marathon/Denton(04/20/95)
March 23, 1995

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:
Roger H Davis Family Trust
c/o RB Keating III
806 Main Street, Ste. 960
Houston, TX 77002

4a. Article Number
135 851 349

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

7. Date of Delivery

5. Signature (Addressee)
RB Keating III

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 349
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Sent to:
Roger H Davis Family Trust
c/o RB Keating III
806 Main Street, Ste. 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	

1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return it to you.
• Attach this receipt to the back of the article.
• Write the date.
• The receipt is not valid unless it is signed by the sender.

Marathon/Denton(04/20/95)
March 23, 1995

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:
Producing Royalties, Inc
POB 1071
Lubbock, TX 79408

4a. Article Number
135 851 348

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

7. Date of Delivery

5. Signature (Addressee)
F. H. Payne, Jr.

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 348
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Sent to:
Producing Royalties, Inc
POB 1071
Lubbock, TX 79408

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	

1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return it to you.
• Attach this receipt to the back of the article.
• Write the date.
• The receipt is not valid unless it is signed by the sender.

Marathon/Denton(04/20/95)
March 23, 1995

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:
Raymond B Keating III
Trustee: Robert K Smith Trust
c/o RB Keating III
806 Main Street, Ste. 960
Houston, TX 77002

4a. Article Number
091 495 907

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

7. Date of Delivery

5. Signature (Addressee)
Raymond B Keating III

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 343
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Sent to:
Raymond B Keating III
Trustee: Campbell Smith Trust
c/o RB Keating III
806 Main Street, Ste. 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

3800, June 1991

Marathon/Denton(04/20/95)
March 23, 1995

PS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print return
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Marathon/Denton(04/20/95)
March 23, 1995

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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:
Beverly JeAnne St Germain Fadrique
Lloyd P Fadrique, Robert M Kurtzs
Trustee: Fadrique Trust 10-24-87
c/o Raymond B Keating III
806 Main Street, Ste. 960
Houston, TX 77002

4a. Article Number
135 851 344

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

7. Date of Delivery

5. Signature (Addressee)
Raymond B Keating III

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 135 851 344
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Beverly JeAnne St Germain Fadrique
Lloyd P Fadrique, Robert M Kurtzs
Trustee: Fadrique Trust 10-24-87
c/o Raymond B Keating III
806 Main Street, Ste. 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	

2 091 495 907

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print return
• Address does not
• Write
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Marathon/Denton(04/20/95)
March 23, 1995

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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:
Raymond B Keating III
Trustee: Campbell Smith Trust
c/o RB Keating III
806 Main Street, Ste. 960
Houston, TX 77002

4a. Article Number
135 851 343

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

7. Date of Delivery

5. Signature (Addressee)
Raymond B Keating III

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Raymond B Keating III
Trustee: Robert K Smith Trust
c/o RB Keating III
806 Main Street, Ste. 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
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Return Receipt Showing to Whom & Date Delivered	

Marathon/Denton(04/20/95)
March 23, 1995