

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]
- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD
 - Check One Only for [B] or [C]
 - [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM
 - [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR
 - [D] Other: Specify _____

- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply
- [A] Working, Royalty or Overriding Royalty Interest Owners
 - [B] Offset Operators, Leaseholders or Surface Owner
 - [C] Application is One Which Requires Published Legal Notice
 - [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
 - [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
 - [F] Waivers are Attached

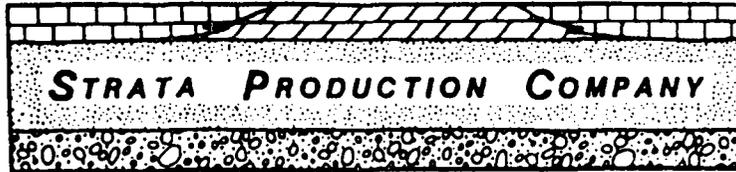
[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Print or Type Name _____ Signature _____ Title _____ Date _____
 e-mail Address _____

POST OFFICE DRAWER 1030
ROSWELL, NM 88202-1030



TELEPHONE (505) 622-1127
FACSIMILE (505) 623-3533

200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 700
ROSWELL, NEW MEXICO 88203

May 18, 2005

RECEIVED

MAY 23 2005

OIL CONSERVATION
DIVISION

N.M. Oil Conservation Division
Attn: Mr. David Catanach, Examiner
Engineering Bureau
1220 South St. Francis Drive
Santa Fe, NM 87505

RE: Application for Surface Commingling
Forty Niner Ridge Unit Well Nos 4 & 6
Section 21: NE/4SE/4 (#4)
Section 22: SW/4SE/4 (#6)
Eddy County, NM

Dear Mr. Catanach,

Strata Production Company (Strata) is the Sub-Operator of the Delaware formation within the Forty Niner Ridge Unit (FNRU). Strata drilled two new wells within the FNRU as referenced above. (See attached correspondence 4/7/05).

To avoid additional surface disturbance and expanded impact from oil transport traffic by constructing separate tank batteries on each well, Strata is applying to the Oil Conservation Division (OCD) to lay low pressure surface flowlines from the Forty Niner Ridge Well #4 (FNR #4) and Forty Niner Ridge Well #6 (FNR #6) to the Forty Niner Ridge Unit Well #2 (FNRU #2).

For your review and approval please find enclosed the following:

- Schematic Diagram of Facility, including legal location
- Application For Surface Commingling (Diverse Ownership)
- Plat with lease boundaries showing all well and facility locations
- Lease names, well numbers & API numbers
- Copy of Affidavit of Publication
- Copy of letter from State of NM - Commissioner of Public Lands
- Copies of Certified mail return receipts from interest owners

Please note, that when the lease commingling request was first discussed with the OCD, Strata advised that there was a diversity in working interest between the FNRU #2 and the FNR #4 wells. The difference in working interest was due to the non-consent position by one of the working interest owners in the FNRU #2 well. Strata is in the process of beginning workover operations under the FNRU #2 well and the party that elected to go non-consent in the first operation, has elected to participate in Strata's proposed workover. Therefore, there is no longer a diversity in interest between the two wells.

If you have any questions or need further information please contact me at Extension 15.

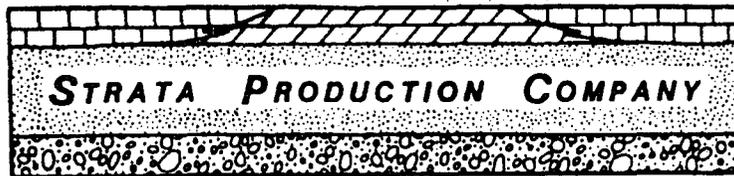
Sincerely,

Kelly M. Britt
Production Records

Enc. Stated

xc: BLM - Les Babyak

POST OFFICE DRAWER 1030
ROSWELL, NM 88202-1030



TELEPHONE (505) 622-1127
FACSIMILE (505) 623-3533

200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 700
ROSWELL, NEW MEXICO 88203

TO: ALL INTERESTED PARTIES

FROM: STRATA PRODUCTION COMPANY

RE: APPLICATION FOR SURFACE COMMINGLING
(DIVERSE OWNERSHIP)
FORTY NINER RIDGE WELLS #4 & #6
T23S, R30E, Section 21: NE/4SE/4 (#4)
Section 22: SW/4SE/4 (#6)

DATE: APRIL 7, 2005

Strata Production Company ("Strata") is the Sub-Operator of the Delaware formation within the Forty Niner Ridge Unit ("FNRU"). Strata drilled two new wells within the FNRU as referenced above and believes they will be determined to be commercial wells capable of producing unitized substances.

To avoid additional surface disturbance and expanded impact from oil transport traffic by constructing separate tank batteries on each well, Strata is applying to the Oil Conservation Division (OCD) to lay low pressure surface flowlines from the Forty Niner Ridge Well #4 (FNR #4) and Forty Niner Ridge Well #6 (FNR #6) to the Forty Niner Ridge Unit Well #2 (FNRU #2).

Since there is a small diversity in ownership in some cases, Strata has requested approval from the OCD to allow Strata to bring the production from the new wells to the FNRU #2. Since the on-site battery on the FNRU #2 is capable of allocating production from each well separately, we have advised the OCD that the correlative rights of all parties will be protected. In addition, if the wells are determined to be commercial by the Bureau of Land Management and the State of New Mexico, Strata will be required to expand the Delaware Participating Area within the FNRU and all revenues for oil and gas production under FNR #4 and #6 will be paid under the Participating Area, so separate tank batteries will not be necessary.

As an interest owner in the well or wells, we are providing you with notice of the proposed commingling of the production from the wells. The Application itself is enclosed for your further information. If you have any questions, please contact the undersigned at Extension 15.

Sincerely

A handwritten signature in cursive script that reads "Kelly Britt".

Kelly Britt
Production Manager

Enc. Stated

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Strata Production Company
OPERATOR ADDRESS: P. O. Box 1030, Roswell, New Mexico 88202-1030
APPLICATION TYPE:

Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
XYes No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No
(4) Measurement type: Metering Other (Specify) _____
(5) Will commingling decrease the value of production? Yes No If "yes", describe why commingling should be approved _____

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code. Forty Niner Ridge Delaware #24750
(2) Is all production from same source of supply? XYes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? XYes No
(4) Measurement type: Metering XOther (Specify) Test

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? Yes No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

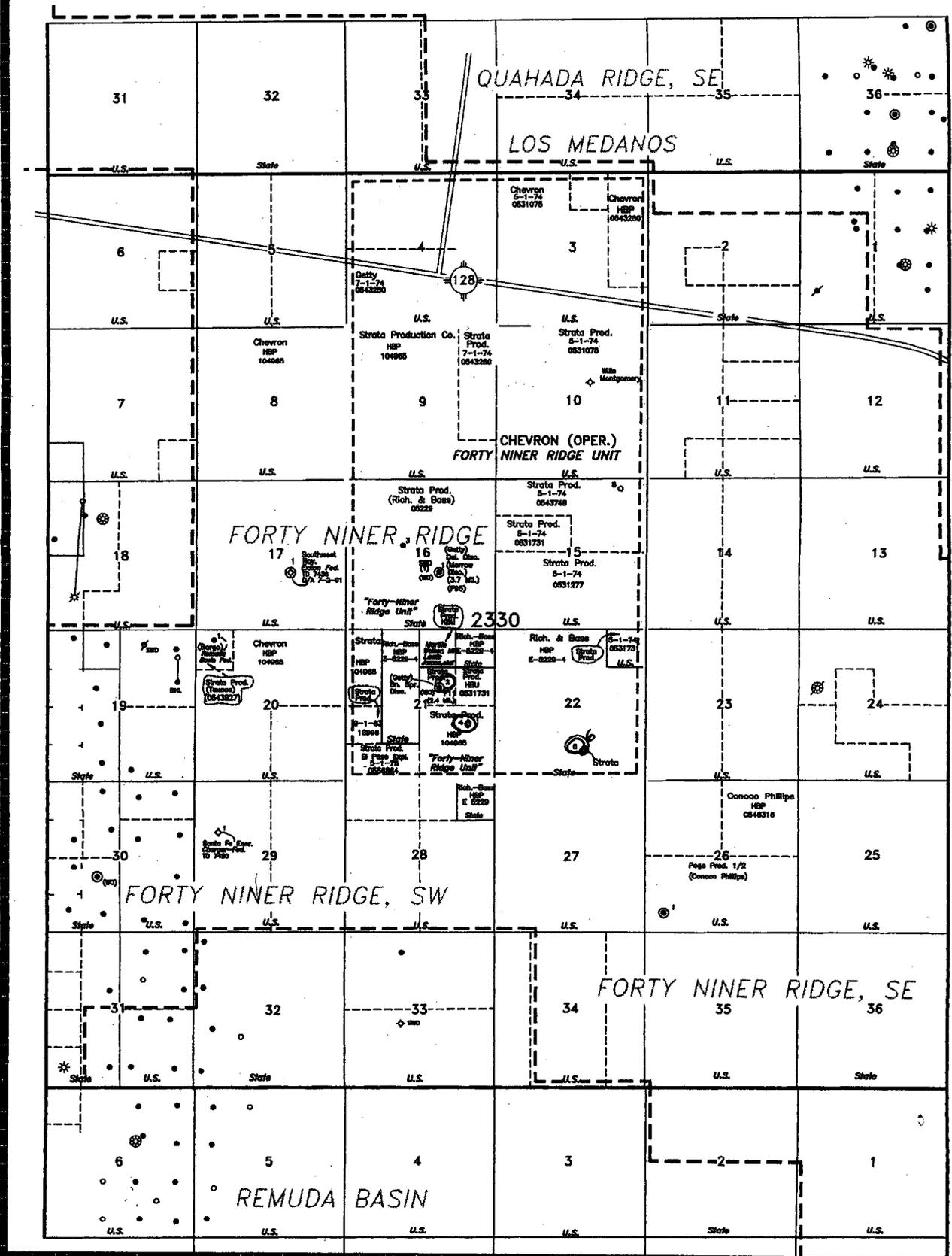
(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Kelly M. Britt TITLE: Production Records DATE: April 1, 2005

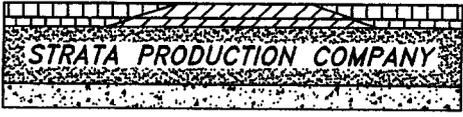
TYPE OR PRINT NAME Kelly M. Britt TELEPHONE NO.: 505-622-1127 ext. 15

E-MAIL ADDRESS: kellymarieb@yahoo.com



= FORTY NINER RIDGE UNIT
 3,800 ACRES x 76.68% AVG. UWI=2,913.84 NET AC.

POST OFFICE DRAWER 1030
 ROSWELL, NM 88202-1030



200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 700
 ROSWELL, NEW MEXICO 88203

TELEPHONE (505) 622-1127
 FACSIMILE (505) 623-3533
 CONTACTS: JOHN WORRALL - (505)-622-5893
 GEOLOGIST
 JO McINERNEY - (505)-622-1127 EXT. 13
 LANDMAN

Affidavit of Publication

State of New Mexico,
County of Eddy, ss.

Dawn Higgins, being first duly sworn, on oath says:

That she is Business Manager of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

<u>April 15</u>	<u>2005</u>
_____	<u>2005</u>
_____	<u>2005</u>
_____	<u>2005</u>

That the cost of publication is \$44.35

and that payment thereof has been made and will be assessed as court costs.

Dawn Higgins

Subscribed and sworn to before me this

18 day of April, 2005

Stephanie Dixon

My commission expires 12-13-05

Notary Public

April 15, 2005

LEGAL NOTICE

APPLICATION FOR
LEASE
COMMINGLING

Strata Production Company, P.O. Box 1030, Roswell, New Mexico 88202-1030, (Contact: Bruce Stubbs, 505-624-2800), has filed Application with the Oil Conservation Division, Energy, Minerals and Natural Resources Department, State of New Mexico, for Administrative Approval and authority to lease commingle the Forty Niner Ridge Unit #4 located 2080' FSL & 840' FEL of Section 21, Township 23S, Range 30 East, NMPM, Eddy County, New Mexico; Forty Niner Ridge Unit #6 located 990' FSL & 2050' FEL of Section 22, Township 23 South, Range 30 East, NMPM, Eddy County, New Mexico; and the Forty Niner Ridge Unit #2 located 1980' FNL & 1980' FEL of Section 21, Township 23 South, Range 30 East, NMPM, Eddy County, New Mexico..

The purpose of the lease commingling is to transport oil produced from the Forty Niner Ridge Unit #4 and the Forty Niner Ridge Unit #6 to the Forty Niner Ridge Unit #2 Battery.

Oil to be transferred will be allocated by utilizing on site testing equipment consistent with customary industry practice.

Any interest party may file an objection to the Application or may request a public hearing. Any objection or request for hearing must be filed with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505 within 15 days from the date of publication.

Strata Production Company

By: Bruce Stubbs
P.O. Box 1030
Roswell, New Mexico
88202-1030
Telephone
505-624-2800.



APR 21 2005

PATRICK H. LYONS
COMMISSIONER

State of New Mexico
Commissioner of Public Lands

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

COMMISSIONER'S OFFICE

Phone (505) 827-5760
Fax (505) 827-5766
www.nmstatelands.org

April 18, 2005

Strata Production Company
P. O. Box 1030
Roswell, New Mexico 88202-1030

Attn: Ms. Kelly Britt

Re: Application for Surface Commingling
Forty Niner Ridge Unit Well Nos. 4 and 6
Sec. 21-23S-30E NE/4SE/4 (#4)
Sec. 22-23S-30E SW/4SE/4 (#6)
Eddy County, New Mexico

Dear Ms. Britt:

Your letter of April 7, 2005 was received on April 11, 2005. Your letter requests our approval to lease commingle the Forty Niner Ridge Unit Well Nos. 4 and 6 at the Forty Niner Ridge Unit Well No. 2 tank battery.

It is our understanding that the Forty Niner Ridge Unit Well No. 2 tank battery is located in the SW/4NE/4 of Section 21-23S-30E. The oil transferred will be accurately allocated by utilizing on site testing equipment consistent with customary industry practice.

Since it appears that all the New Mexico Oil Conservation Division's rules and regulations have been complied with, and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request is hereby approved. Our approval is subject to like approval by the New Mexico Oil Conservation Division and the Bureau of Land Management.

Please submit a \$30.00 dollar filing.

If you have any questions or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

PATRICK H. LYONS
COMMISSIONER OF PUBLIC LANDS

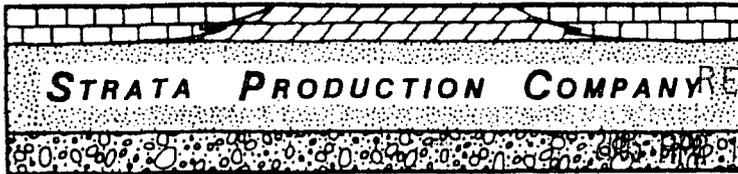
BY:
JAMI BAILEY, Director
Oil, Gas and Minerals Division
(505) 827-5744
PL/JB/pm

pc: Reader File,
OCD-Attention: Mr. Roy Johnson
BLM-Attention: Mr. Armando Lopez

-State Land Office Beneficiaries -

Carrie Tingley Hospital • Charitable Penal & Reform • Common Schools • Eastern NM University • Rio Grande Improvement • Miners' Hospital of NM • NM Boys School • NM Highlands University • NM Institute of Mining & Technology • New Mexico Military Institute • NM School for the Deaf • NM School for the Visually Handicapped • NM State Hospital • New Mexico State University • Northern NM Community College • Penitentiary of New Mexico • Public Buildings at Capital • State Park Commission • University of New Mexico • UNM Saline Lands • Water Reservoirs • Western New Mexico University

POST OFFICE DRAWER 1030
ROSWELL, NM 88202-1030



TELEPHONE (505) 622-1127
FACSIMILE (505) 623-3533

200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 700
ROSWELL, NEW MEXICO 88203

RECEIVED
APR 7 56
STATE LAND OFFICE
SANTE FE, N.M.

TO: ALL INTERESTED PARTIES

FROM: STRATA PRODUCTION COMPANY

RE: APPLICATION FOR SURFACE COMMINGLING
(DIVERSE OWNERSHIP)
FORTY NINER RIDGE WELLS #4 & #6
T23S, R30E, Section 21: NE/4SE/4 (#4)
Section 22: SW/4SE/4 (#6)

DATE: APRIL 7, 2005

Strata Production Company ("Strata") is the Sub-Operator of the Delaware formation within the Forty Niner Ridge Unit ("FNRU"). Strata drilled two new wells within the FNRU as referenced above and believes they will be determined to be commercial wells capable of producing unitized substances.

To avoid additional surface disturbance and expanded impact from oil transport traffic by constructing separate tank batteries on each well, Strata is applying to the Oil Conservation Division (OCD) to lay low pressure surface flowlines from the Forty Niner Ridge Well #4 (FNR #4) and Forty Niner Ridge Well #6 (FNR #6) to the Forty Niner Ridge Unit Well #2 (FNRU #2).

Since there is a small diversity in ownership in some cases, Strata has requested approval from the OCD to allow Strata to bring the production from the new wells to the FNRU #2. Since the on-site battery on the FNRU #2 is capable of allocating production from each well separately, we have advised the OCD that the correlative rights of all parties will be protected. In addition, if the wells are determined to be commercial by the Bureau of Land Management and the State of New Mexico, Strata will be required to expand the Delaware Participating Area within the FNRU and all revenues for oil and gas production under FNR #4 and #6 will be paid under the Participating Area, so separate tank batteries will not be necessary.

As an interest owner in the well or wells, we are providing you with notice of the proposed commingling of the production from the wells. The Application itself is enclosed for your further information. If you have any questions, please contact the undersigned at Extension 15.

Sincerely

Kelly Britt
Production Manager

Enc. Stated

APPROVED ON APR 18 2005
COMMISSIONER of PUBLIC LANDS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARIANNE KESSELL-BARLOW
 27 TENNIS COURT NW
 ALBUQUERQUE, NM 87120

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
Marianne Kessel-Barlow Addressee
- B. Received by (Printed Name) Date of Delivery
MARIANNE KESSELL-BARLOW 05/03/00
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

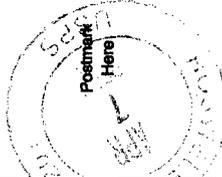
2. Article Number (transfer from service label) 7004 1350 0002 0737 4304 Domestic Return Receipt 102595-02-M
 PS Form 3811, February 2004

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

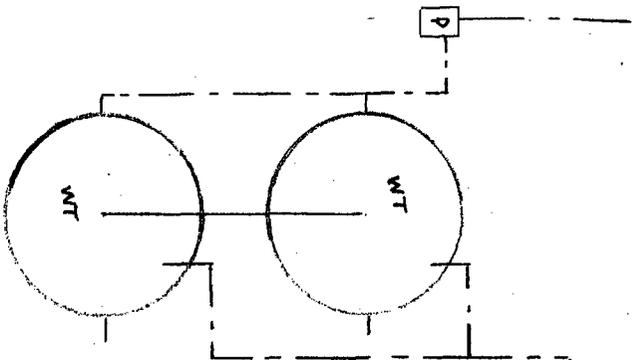
OFFICIAL USE

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



MARIANNE KESSELL-BARLOW
 27 TENNIS COURT NW
 ALBUQUERQUE, NM 87120

7004 1350 0002 0737 4304

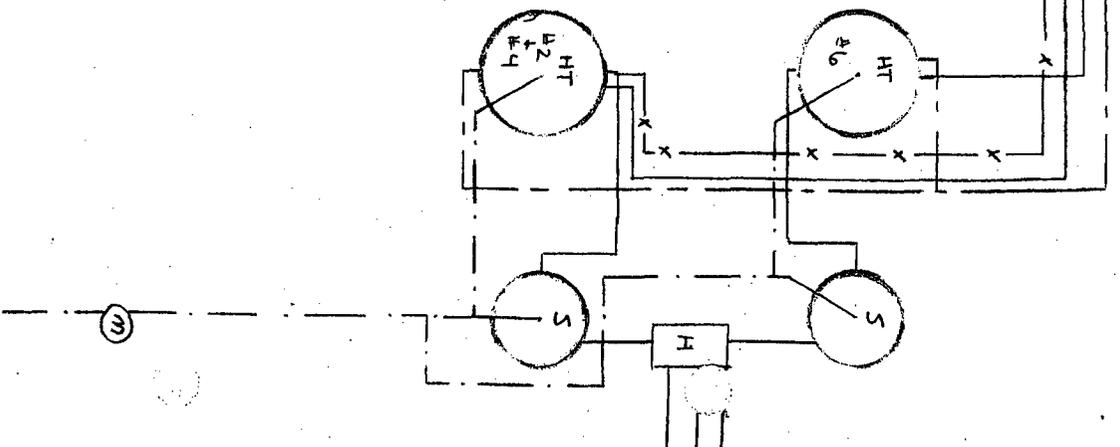


Operation and Allocation of Production:

Production from the FNRU Wells #2, #4, and #6 are connected by separate flow lines to the central header (shown as "H"). The #2 and #4 wells are isolated and directed to a separate heater treater (shown as HT #2 and #4). The #6 well is isolated and directed to a separate heater treater (shown as HT #6). Oil production for the #2 and #4 wells is sent to production tanks #48016 and #48017 (see PT #2 and #4). Oil production for the #6 well is sent to production tank #48015 (see PT #6). Water production is separately metered at each HT and is then directed to the water tanks (WT) for transfer to the FNRU #1-SWD well. Gas production is allocated through a separate gas meter before being sent through the sales meter.

- Oil Line
- Water Line
- Gas Line
- Circulating Line

Forky Niner Ridge Unit #2, 8, 4ft.



Sent To: **Mrs. Rita Martinez**
 Street, Apt. No.: **P.O. Box 1148**
 or PO Box No.:
 City, State, ZIP+4:

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**M.M. State Land Office
 Attn: Rita Martinez
 P.O. Box 1148
 Santa Fe, NM 87504**

2. Article Number (Transfer from service label) **7004 1350 0002 0737 4380**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery
APR 11 2005

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Sent To: **Broughton Petroleum Inc**
 Street, Apt. No.: **P.O. Box 1389**
 or PO Box No.:
 City, State, ZIP+4: **SEALY, TX 77474**

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**BROUGHTON PETROLEUM INC
 P.O. BOX 1389
 SEALY, TX 77474**

2. Article Number (Transfer from service label) **7004 1350 0002 0737 4250**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Kristin Bates

B. Received by (Printed Name) C. Date of Delivery
4/11/05

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Sent To: **SEA BEE LLC**
 Street, Apt. No.: **ATTN: Cliff Blaugrund MGR**
 or PO Box No.:
 City, State, ZIP+4: **7513 LA MADERA NE**

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**SEA BEE LLC
 ATTN: CLIFF BLAUGRUND MGR
 7513 LA MADERA NE
 ALBUQUERQUE, NM 87109**

2. Article Number (Transfer from service label) **7004 1350 0002 0737 4328**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Cliff Blaugrund

B. Received by (Printed Name) C. Date of Delivery
CLIFF BLAUGRUND 4/16/05

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$ 1.60
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) \$ 4.65
 Total Postage & Fees \$ 10.30

Postmark Here APR 13 2005

John Smuty

Bureau of Land Management
 2909 W. 2nd Street
 Roswell, NM 88201

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Bureau of Land Management
 2909 W. 2nd Street
 Roswell, NM 88201

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4366

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery 4/8/05

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$ 1.60
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) \$ 4.65
 Total Postage & Fees \$ 10.30

Postmark Here APR 13 2005

EMG OIL PROPERTIES, INC.
 1000 W. FOURTH STREET
 ROSWELL, NM 88201

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 EMG OIL PROPERTIES, INC.
 1000 W. FOURTH STREET
 ROSWELL, NM 88201

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4335

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x D Hooser

B. Received by (Printed Name) C. Date of Delivery 4-8-05

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$ 1.60
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) \$ 4.65
 Total Postage & Fees \$ 10.30

Postmark Here APR 13 2005

WADE P. CARRIGAN
 P. O. BOX 1908
 GILBERT, AZ 85299

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 WADE P. CARRIGAN
 P. O. BOX 1908
 GILBERT, AZ 85299

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4168

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Wade P Carrigan

B. Received by (Printed Name) C. Date of Delivery APR 13 2005

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery **4-13-04**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DANIEL J. DERKSEN, M.D. AND
 JOSEPH THOMPSON ICHTER IV
 TRUST, AS TENANTS IN COMMON
 727-11 CEDAR HILL CT., NE
 ALBUQUERQUE, NM 87122

2. Article Number **7004 1350 0002 0737 4359**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage \$ **1.60**
 Certified Fee **2.30**
 Return Receipt Fee (Endorsement Required) **1.75**
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

DANIEL J. DERKSEN, M.D. AND
 JOSEPH THOMPSON ICHTER IV
 TRUST, AS TENANTS IN COMMON
 727-11 CEDAR HILL CT. NE

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery **APR 11 2005**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Texas Commerce Bank Note Assoc
 Trusts of Sostamedey Trust
 3 Mary C Jones
 P.O. Box 200270
 Houston, TX 77216

2. Article Number **7004 1350 0002 0737 4410**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage \$ **1.60**
 Certified Fee **2.30**
 Return Receipt Fee (Endorsement Required) **1.75**
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

Sent to: TX Commerce Bank Note Assoc Trusts
 3 Mary C Jones
 P.O. Box 200270
 Houston, TX 77216

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery **4-8-05**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MORRIS E. & HOLLY K. SCHERTZ
 O. DRAWER 2588
 ROSWELL, NM 88202

2. Article Number **7004 1350 0002 0737 4267**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage \$ **1.60**
 Certified Fee **2.30**
 Return Receipt Fee (Endorsement Required) **1.75**
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

MORRIS E. & HOLLY K. SCHERTZ
 O. DRAWER 2588
 ROSWELL, NM 88202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

W. T. PROBANDT
415 W. WALL, SUITE 2206
MIDLAND, TX 79701

Article Number

(Transfer from service label)

7004 1350 0002 0737 4298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

Agent

Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

4-8

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark Here

W. T. PROBANDT
415 W. WALL, SUITE 2206
MIDLAND, TX 79701

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PETROLEUM CORPORATION
LA MANCHA DR. N.W.
ALBUQUERQUE, NM 87104

2. Article Number

(Transfer from service label)

7004 1350 0002 0737 4199

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

Agent

Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark Here

MADE PETROLEUM CORPORATION
3100 LA MANCHA DR. N.W.
ALBUQUERQUE, NM 87104

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DUANE BROWN
1110 EL ALHAMBRA CIRCLE NW
ALBUQUERQUE, NM 87107

2. Article Number

(Transfer from service label)

7004 1350 0002 0737 4144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

Agent

Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark Here

Sent To: DUANE BROWN
Street: 1110 EL ALHAMBRA CIRCLE NW
City, State: ALBUQUERQUE, NM 87107

BROWNING INVESTMENT CO.
ATTN: JAMES BROWNING
333 LOMAS BLVD. NW SUITE 660

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BROWNING INVESTMENT CO.
ATTN: JAMES BROWNING
333 LOMAS BLVD. NW SUITE 660
ALBUQUERQUE, NM 87102

2. Article Number
(Transfer from service label) **7004 1350 0002 0737 4151**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Manuel Montoya

B. Received by (Printed Name)
Manuel Montoya

C. Date of Delivery
4/12/2005

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

EURO-AMERICAN OIL LIMITED
LIABILITY PARTNERSHIP LLC
5620 MODESTO AVENUE NE

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
EURO-AMERICAN OIL LIMITED
LIABILITY PARTNERSHIP LLC
5620 MODESTO AVENUE NE
ALBUQUERQUE, NM 87113

2. Article Number
(Transfer from service label)

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Beth Benham

B. Received by (Printed Name)

C. Date of Delivery
4/12/2005

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Ed. R. Hudson Jr & Wm A Hudson
Trustees of Ed. R. Hudson Trust
6116 Texas Street
Fort Worth, TX 76102

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Edward R Hudson Jr & Wm A Hudson
Trustees of Ed. R. Hudson Trust
6116 Texas Street
Fort Worth, TX 76102

2. Article Number
(Transfer from service label) **7004 1350 0002 0737 4397**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X D. Nobles

B. Received by (Printed Name)
D. Nobles

C. Date of Delivery
4-11-05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Postage \$.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.65
Total Postage & Fees \$ 4.65

Postmark Here

Postage \$.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 4.65
Total Postage & Fees \$ 4.65

Postmark Here

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only - No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 1.60
Certified Fee 0.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

ANCHOR PRODUCTION LLC
10092 COUNTY ROAD 36
YUMA, CO 80759

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANCHOR PRODUCTION LLC
10092 COUNTY ROAD 36
YUMA, CO 80759

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4243

PS Form 3811, February 2004 Domestic Return Receipt 102595-02

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Sabrina L. Brown

B. Received by (Printed Name) Sabrina L. Brown C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only - No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 1.60
Certified Fee 0.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 21.65

Total Postage & Fees \$ 24.65

Postmark Here

FIRST NATIONAL BANK AND TRUST
FIRST NATIONAL BANK & TRUST
COMPANY OF OKMULGEE, OK,
THE PATRICIA BOYLE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST NATIONAL BANK AND TRUST
FIRST NATIONAL BANK & TRUST
COMPANY OF OKMULGEE, OK,
TRUSTEE OF THE PATRICIA BOYLE
MANAGEMENT TRUST DTD
P.O. Box 1037
OKMULGEE, OK 74447

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4403

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Roger Blair

B. Received by (Printed Name) Roger Blair C. Date of Delivery 4-11-05

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only - No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 1.60
Certified Fee 0.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 41.65

Total Postage & Fees \$ 44.65

Postmark Here

Sent To Wells Fargo Bank - Mary C Gomez Trust Just Trust
Street, Apt. No. 5383 Starratt
PO Box No. P.O. Box 5383 Starratt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wells Fargo Bank Re
Mary C Gomez Trust Just Trust
Angela Leigh Simpson Starratt
P.O. Box 5383
Alenex, CO 80217

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4403

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Angela Leigh Simpson Starratt

B. Received by (Printed Name) Angela Leigh Simpson Starratt C. Date of Delivery

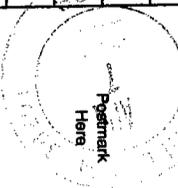
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

EDWARD R. HUDSON, JR.
616 TEXAS STREET
FORT WORTH, TX 76102

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

EDWARD R. HUDSON, JR.
616 TEXAS STREET
FORT WORTH, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
D. Nobles

B. Received by (Printed Name) *D. Nobles* C. Date of Delivery *4-11-05*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

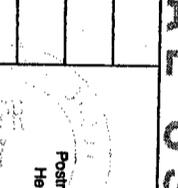
4. Restricted Delivery? (Extra Fee) Yes No

5

102595-02-M-154

WARREN ASSOCIATES, LLC
P.O. BOX 10400
ALBUQUERQUE, NM 87184

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WARREN ASSOCIATES, LLC
BOX 10400
ALBUQUERQUE, NM 87184

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4281

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John M. Warren

B. Received by (Printed Name) *John M. Warren* C. Date of Delivery *4-12-05*

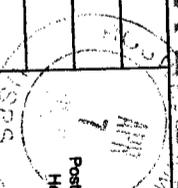
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

DIANE L. HANLEY, SUCCESSOR
TRUSTEE OF THE DELMAR HUDSON
LEWIS LIVING TRUST, U/T/A DATE

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DIANE L. HANLEY, SUCCESSOR
TRUSTEE OF THE DELMAR HUDSON
LEWIS LIVING TRUST, U/T/A DATE
7/9/02
6300 RIDGLEA PL. SUITE 1005 A
Ft. Worth, TX 76116

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4441

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Tanya Stout

B. Received by (Printed Name) *TANYA STOUT* C. Date of Delivery *4/11/05*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE 1005A
 FORT WORTH, TX 76116

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65

Postmark Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®
OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE 1005A
 FORT WORTH, TX 76116

2. Article Number
(Transfer from service label) 7004 1350 0002 0737 4342

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by *(Printed Name)* TRAVIS STOUT 4/16/05
 Addressee

C. Date of Delivery 4/16/05

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 **YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

1350 0002 0737 4229

HAT MESA OIL COMPANY
 P. O. BOX 1216
 ALBUQUERQUE, NM 87103

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65

Postmark Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®
OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HAT MESA OIL COMPANY
 P. O. BOX 1216
 ALBUQUERQUE, NM 87103

2. Article Number
(Transfer from service label) 7004 1350 0002 0737 4229

S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by *(Printed Name)* Pat Garcia
 Addressee

C. Date of Delivery 2/23/05

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

1350 0002 0737 4182

HUTCHINGS OIL COMPANY
 P. O. BOX 1216
 ALBUQUERQUE, NM 87103

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65

Postmark Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®
OFFICIAL USE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HUTCHINGS OIL COMPANY
 P. O. BOX 1216
 ALBUQUERQUE, NM 87103

2. Article Number
(Transfer from service label) 7004 1350 0002 0737 4182

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by *(Printed Name)* Pat Garcia
 Addressee

C. Date of Delivery 2/23/05

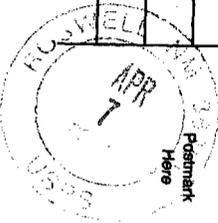
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

JANE N. BRANN
11621 JOAN OF ARC DRIVE
HOUSTON, TX 77024

Postage \$.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.65



OFFICIAL USE

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JANE N. BRANN
11621 JOAN OF ARC DRIVE
HOUSTON, TX 77024

2. Article Number

(Transfer from service label)

7004 1350 0002 0737 4311

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maria P Robles* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

Maria P Robles

3. Service Type

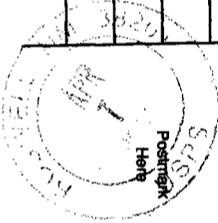
X Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1350 0002 0737 4427

PROVIDENCE MINERALS LLC
14860 MONFORT DRIVE, STE. 209
DALLAS, TX 75240

Postage \$ 1.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.65



OFFICIAL USE

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PROVIDENCE MINERALS LLC
14860 MONFORT DRIVE, STE. 209
DALLAS, TX 75240

2. Article Number

(Transfer from service label)

7004 1350 0002 0737 4427

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Grace Ho* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

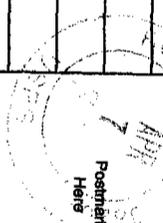
X Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 1350 0002 0737 4458

Sent to Mary Hudson Ark Trustee of Edward Robinson Trust #4
222 W. 4th Street PH-5
Fort Worth, TX 76102

Postage \$ 1.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.65



OFFICIAL USE

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Hudson Ark Trustee
for Edward Robinson Trust #4
222 W. 4th Street PH-5
Fort Worth, TX 76102

2. Article Number

(Transfer from servk)

7004 1350 0002 0737 4458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Wilson* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

X Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WARREN, INC.
 P. O. BOX 10400
 ALBUQUERQUE, NM 87184

2. Article Number

(Transfer from service label)

7004 1350 0002 0737 4205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John M. Warren*
 B. Received by (Printed Name)
 John M. Warren

Agent
 Addressee

C. Date of Delivery

6-2-05

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

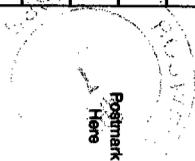
4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL USE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



WARREN, INC.
 P. O. BOX 10400
 ALBUQUERQUE, NM 87184

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRANEX RESOURCES, INC.
 P. O. BOX 2328
 ROSWELL, NM 88202

2. Article Number

(Transfer from service label)

7004 1350 0002 0737 4274

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

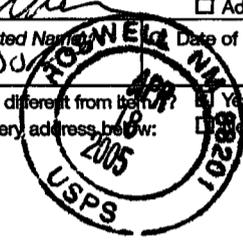
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. C. ...*
 B. Received by (Printed Name)
 J. C. ...

Agent
 Addressee

C. Date of Delivery



D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

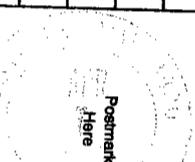
4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL USE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



BRANEX RESOURCES, INC.
 P. O. BOX 2328
 ROSWELL, NM 88202