

OIL CONSERVATION DIVISION
RECEIVED
'93 MAR 31 AM 8 49
BRIGHT & COMPANY
OIL & GAS PRODUCERS
2911 TURTLE CREEK BLVD., SUITE 700
DALLAS, TEXAS 75219-6241
(214) 559-0889
FAX: (214) 559-0021

March 25, 1993

State of New Mexico
Energy, Minerals & Natural Resources Dept.
Oil Conservation Division
P.O. Box 2888
Santa Fe, NM 87504

ATTN: Mr. Michael Stogner

RE: Administrative Application for
Unorthodox Gas Well Location
Atoka Wildcat (New Pool)
1650' FNL and 990; FWL
Section 5, T-9-W, R-34-E
Lea County, New Mexico

Gentlemen:

Bright & Company respectfully requests your approval of our administrative approval for the subject Unorthodox Gas Well Location recently completed as an Atoka Wildcat.

Bright & Company has re-completed its Apache #1 as an Atoka Wildcat and recent tests indicate this well should be a gas well. Therefore, it is necessary to assign a standard 320 acre gas proration unit comprising the N/2 of Section 5, T-9-S, R-34-E to this well. As a result, the location of the Apache #1 is unorthodox in that it is less than 1980' from the West end boundary of the proration unit, the location being set out above.

In order to prevent waste, Bright & Company has requested approval of this administrative application for an unorthodox gas well location under the provisions of Rule 104 (F). Attached is a map showing offset operators and a form C-102. A copy of this letter and attachments are being furnished to the offset operators and unleased mineral owners by Certified Mail, as notice of this application. This application is also being published in the Lovington Daily Leader as public notice.

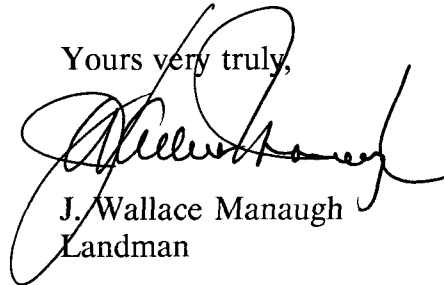
State of New Mexico

Page 2

March 25, 1993

If you have any questions or require any further information concerning this application, please contact the undersigned at the number provided above or Tracy Tenison in our Midland office at (915) 686-0072.

Yours very truly,

A handwritten signature in black ink, appearing to read "J. Wallace Manaugh". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

J. Wallace Manaugh
Landman

cc: NMOCD
Energy & Minerals Department
P.O. Box 1890
Hobbs, New Mexico 88240

OFFSET OPERATORS

S/2SE/4 Section 31, T-8-S, R-34-E, Roosevelt County, New Mexico

Brenda Stewart
1628 Steven Dr.
Hobbs, New Mexico 88240

Roy G. Barton, Jr.
P.O. Box 278
Hobbs, New Mexico 88241

Roy G. Barton, Sr. & Opal Barton
Revocable Trust
P.O. Box 978
Hobbs, New Mexico 88241

S/2 Section 32, T-8-S, R-34-E, Roosevelt County, New Mexico

Union Pacific Resources
P.O. Box 7
Ft. Worth, Texas 76101-0007

SE/4 Section 5, T-9-S, R-34-E, Lea County, New Mexico

Coastal Oil & Gas Corp.
211 N. Robinson #1700
Oklahoma City, OK 73102

SW/4 Section 5, T-9-S, R-34-E, Lea County, New Mexico

Petroleum Production Management, Inc.
P.O. Box 1130
Kansas City, MO 64112

UNLEASED MINERAL OWNERS

W/2 Section 4, T-9-S, R-34-E, Lea County, New Mexico

Fina Oil & Chemical Company
P.O. Box 2159
Dallas, Texas 75221

Lucile Rives, et vir Carmen M. Rives
148 N. Dey St.
Virden, IL 62690

Pete Proctor
2506 Redbud
Odessa, TX 79761

Gay M. Warren
1928 Westchester Dr.
Oklahoma City, OK 73120

Ethel Markham
3105 38th St.
Lubbock, Texas 79413

Manon Markham McMullen
2200 Berkley
Wichita Falls, TX 76308

Roderick Allen Markham
1500 Broadway, Suite 1212
Lubbock, TX 79401

Bessie Markham & Verna Mae Nordan, Co-
Trustees of the C.B. Markham, Jr. Estate
Trust as Tennants-In-Common not as Joint
Tennant
5090 Coors SW
Albuquerque, NM 87105

Bill J. Markham & Rosemarie Markham,
Co-Trustees of the Bill J. Markham,
Estate Trust
6524 E. Julep
Mesa, AZ 85202

Edna Hall Living Trust, by Edna Hall
Trustee
P.O. Box 1355
Roswell, NM 88201

Robert Dale Evans
27 J Marty Circle
Rockwall, TX 75087

Lorene Longwell
1204 Parkland Dr.
Aztec, NM 87410

Dixie Eileen Wilda
RR. 3, Box 18
Perry, OK 73077

Elizabeth McMahan Tolbert, et vir James
R. Tolbert, III
2321 Bellview Terrace
Oklahoma City, OK 73112

S. Robert Lemmon, et ux Norma M.
2436 NW 36 Terrace
Oklahoma City, OK 73112

Sallie Mae Markham White
3418 36th St.
Lubbock, TX 79413

Gae Ratcliff & Bill J. Markham, Co-
Trustees of the Gae Ratcliff Estate Trust
dated 6-04-87 as Tennants-In-Common,
not as Joint Tennant
6524 E. Julep
Mesa, AZ 85202

Ella B Lemmon, Guardian of the Estate
of John W Lemmon & George W Lemmon,
minors
2436 NW 36 Terrace
Oklahoma City, OK 73112

Frank O. Elliott Trust, by Frank O. Elliott
and Clarence Hinkle Co-Trustees
P.O. Box 1355
Roswell, NM 88201

Thomas William Evans
Route 9, Box 35
Lubbock, TX 79423

Larry Dale Whitley
P.O. Box 214
Tatum, NM 88267

Loretta Mildred Wilson
2310 New Hampshire Dr.
Green River, WY 82935

Theresa Arliss Smith
(No Address)

Custer W. Sandlin, et ux Eulah G.
2201 First National Bank Bldg.
Oklahoma City, OK 73112

S/2 Section 33, T-8-S, R-33-E, Roosevelt Co., New Mexico

Alice Myrl Miller Rose
P.O. Box 688
Ruidoso, NM 88345

Bonnie Miller Stoker
P.O. Box 118
Abilene, TX 79604

Linda Miller
P.O. Box 688
Ruidoso, NM 88345

R. Allan Miller
P.O. Box 65
Ropesville, TX 79358

Brad E. Miller
809 Rio Grande
Bryan, TX 77802

J. Chris Miller
Rt. 4, Box 50
Dimmitt, TX 79027

Estate of Kathleen Cone, Dec'd
P.O. Box 1509
Lovington, NM 88260

Marilyn Cone, Trustee for the D.C. Trust
P.O. Box 64244
Lubbock, TX 79464

Tom R. Cone
P.O. Box 778
Jat, OK 74346-0778

Kenneth G. Cone
P.O. Box 11310
Midland, TX 79702

Clifford Cone
P.O. Box 6010
Lubbock, TX 79493

Cathie Cone Auvenshine
P.O. Box 658
Dripping Springs, TX 78620

NE/4 Section 6, T-8-S, R-38-E, Lea County, New Mexico

James Petroleum Trust
P.O. Box 4648
Tulsa, OK 74159

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

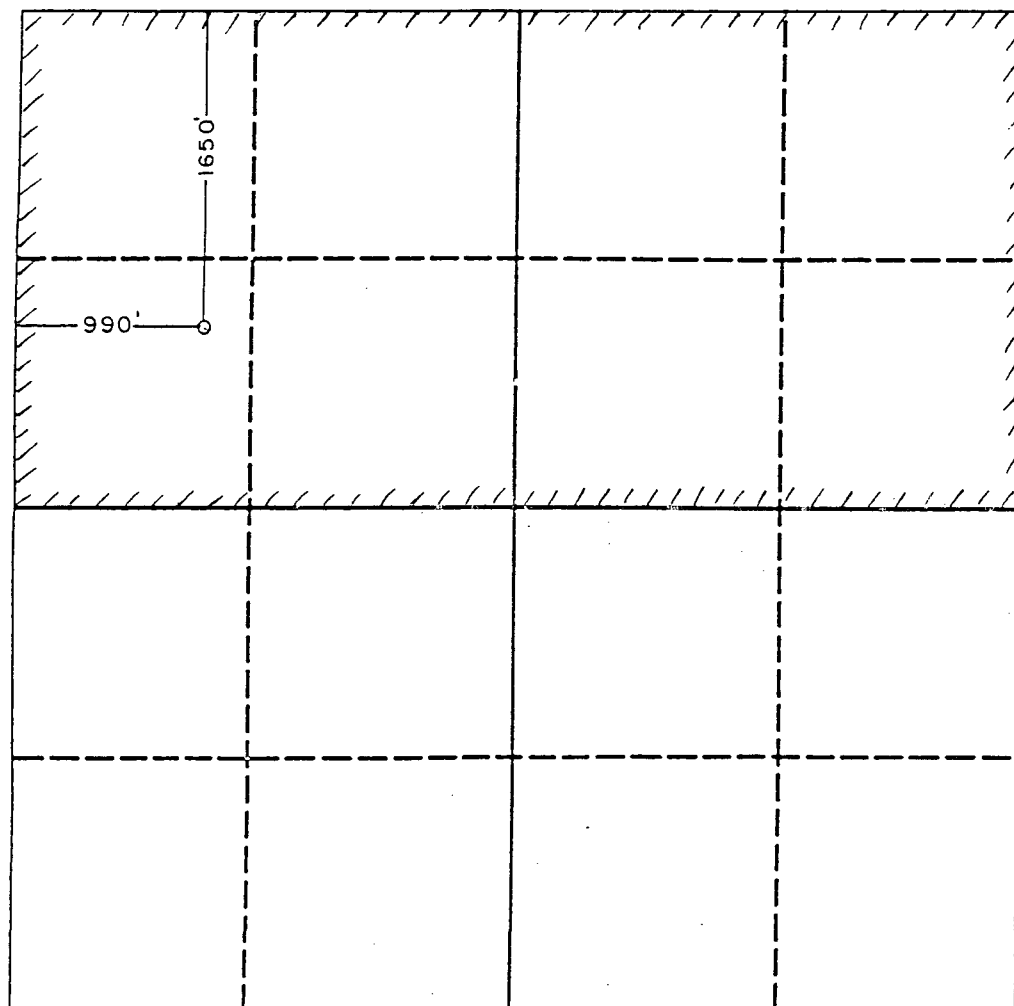
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator BRIGHT AND COMPANY			Lease APACHE		Well No. 1
Unit Letter E	Section 5	Township 9 SOUTH	Range 34 EAST	County LEA	
Actual Footage Location of Well: 1650 feet from the NORTH line and 990 feet from the WEST line					
Ground level Elev. 4307.2	Producing Formation ATOKA		Pool NORTHWEST JENKINS-ATOKA		Dedicated Acreage: 320 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
Judith T. Williams
Printed Name
Judith T. Williams
Position
Geologist
Company
Bright & Company
Date
3/16/93

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
9-25-91

Signature & Seal of
Professional Surveyor
Ronald J. Edson
Certificate No. 676
JOHN W. WEST, 676
RONALD J. EDSON, 3239
REGISTERED LAND SURVEYOR
NEW MEXICO

<p>25</p> <p>Inez Caldwell, M.I. Kawanee Mrs E. Windsor</p>	<p>30</p> <p>Gary Luning 12-1-95 63766 U.S.</p> <p>Yates Pet. 6-29-89</p> <p>1980 Royalty Partnership James Pet. Tr. 1/2 W.V. Hutcherson 1/2</p>	<p>29</p> <p>Coquina Hutcherson TO 4700 DIA 9-20-74</p> <p>Yates Pet. 6-29-89 1980 Royalty Partnership Marshall-Winston James Pet. Tr. W.V. Hutcherson 1/2</p> <p>1980 Royalty Partnership Marshall-Winston W.V. Hutcherson 1/2</p> <p>Yates Pet. et al 9-1-93 77084 700 U.S.</p>	<p>21</p> <p>1980 Royalty Partnership James Pet. Tr. W.V. Hutcherson 1/2</p> <p>W.H. Heller 3-1-93 54309 U.S.</p>
<p>36</p> <p>Union Pac 12-1-94 V-3165 4648</p>	<p>31</p> <p>Sunray 4M-Fed TO 4699</p> <p>Yates Pet. et al 11-1-84 10-970782930 2-22 62230 P/B 4685 U.S.</p> <p>Sunray Watson Yates Pet 6-11-91 7-10-91</p> <p>"Nancy Watson" Blanco Co. Everett Watson, et al</p> <p>Brenda Stewart 9-1-95 62230 U.S.</p>	<p>32</p> <p>And Drig. Ohio-State TO 4685 DIA 8-26-66</p> <p>6-1-95 V-3328 1875</p> <p>UPRC</p> <p>BTA Pruitt 7103 JV-D TO 9642</p> <p>State</p>	<p>33</p> <p>Sun R.L. Wood et al Cone-Fed TO 4750 DIA 2-22-64 U.S.</p> <p>UNRELEASED</p> <p>R.A. Miller Kathleen Bonnie N</p>
<p>Pacific Enterprises</p> <p>O.C. Ro. on R. Ainsworth Samedan Dev. Est. R. 4-12 M.I.</p> <p>W.C. Osborne 4-28-76 4-14-76 Apexco 3-31-76</p> <p>by Brown</p> <p>VA Amer. 0557836 M.I. 61-1-75</p> <p>ert E. Brown</p>	<p>Bright & Company (N) James Petroleum Trust (N)</p> <p>Del-Apache Landsdale TO 9615 Davis, Jr., S</p> <p>James Pet M.I. Paul & Thos.</p> <p>Yates Pet. et al 9-1-95 84899 1500</p> <p>R. Barton Bright & Co. D/R 12818 10202771</p> <p>Del-Apache 2/3 to 9800 U.S. M.I.</p> <p>U.S. M.I. Delbert, Wesley Brown</p>	<p>Del Apache Field 1-16-9700</p> <p>07 Rech. Min. et al. M.I. Mattie E. Price (S) M.I.</p> <p>Pet Prod. Mgmt. Inc. to Bright & Co. 9830 D/R P14 0202771</p> <p>"Sunoco-Fed" Somson Res. Price Fed TO 4720 U.S. M.I. Price E. Price</p> <p>P49 Coastal 06,6 7-1-94 81632 4500</p>	<p>UNRELEASED</p> <p>1200 Find OEC 1/4 M.I. Evans & B.J. Northam</p> <p>UNRELEASED</p> <p>do J Lemmons et al. M.I. Price E.</p>
<p>enterprises</p> <p>Terra Apexco Caldwell Burke-Fed TO 9650</p> <p>idwell M.I.</p> <p>Pacific Ent. 12-3-75 P384</p> <p>2 Del Apache Res. 7-2-73 HBU</p> <p>Jane D. Dickinson M.I.</p> <p>wesley Brown</p>	<p>Del-Apache 2/3 to 9800 Sun 7-1-73 0249972 HBC US MI</p> <p>Amoco West Exon HBP 6-1-89 10-9740 1500 U.S. M.I.</p> <p>(M.L. Brown) (Amoco) Sulpetro 9-15-84 P4</p> <p>Amoco J.H. Moore HBC</p> <p>Apexco S. 1-75 0556873</p> <p>Brown Co. US Young</p> <p>Apexco H. Moore HBC</p> <p>Waldrip M.I. Price E.</p> <p>Delbert E. Wesley Brown</p>	<p>Somson Res. Sun 11-1-89 59389 7-1-73 337 TO 024 US MI RGS 9872 AHP-SELE</p> <p>Coastal States King 109-0</p> <p>5 A. Wentz Est. M. A.H. Price S</p> <p>8</p> <p>Midwest James Pet James Pet M.I. Price E. Price</p>	<p>Amoco (7-24-92)</p> <p>Sun Hutcherson TO 9870 DIA 12-23-80</p> <p>Amoco Hutcherson James Pet. M.I. Price</p>

BRIGHT & COMPANY
OIL & GAS PRODUCERS
2911 TURTLE CREEK BLVD., SUITE 700
DALLAS, TEXAS 75219-6241
(214) 559-0889
FAX: (214) 559-0021

OIL CONSERVATION DIVISION
RECEIVED
1993 APR 27 AM 8 54

April 26, 1993

State of New Mexico
Energy, Minerals & Natural Resources Dept.
Oil Conservation Division
P.O. Box 2888
Santa Fe, NM 87504

ATTN: Mr. Michael Stogner

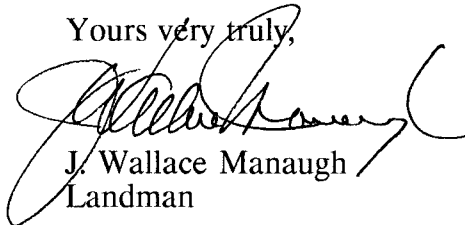
RE: Administrative Application for
Unorthodox Gas Well Location
Atoka Wildcat (New Pool)
1650' FNL and 990' FWL
Section 5, T-9-W, R-34-E
Lea County, New Mexico

Gentlemen:

By letter dated March 25, 1993, Bright & Company requested approval of the referenced unorthodox location, a copy of said letter being sent as notice to offset operators and unleased mineral owners. The notice was also published in the Lovington Daily Leader for three (3) days (Affidavit of Publication attached). To date we have received no protests to this application, therefore it is requested that you approve the application as requested.

Should you have any questions, please let me know.

Yours very truly,



J. Wallace Manaugh
Landman

JWM/ldm

cc: NMOCD
Energy & Minerals Department
P.O. Box 1890
Hobbs, New Mexico 88240

Affidavit of Publication

STATE OF NEW MEXICO)
) ss.
COUNTY OF LEA)

Joyce Clemens being first duly sworn on oath deposes and says that he is Adv. Director of THE LOVINGTON DAILY LEADER, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Notice

~~and XXXXXXXX~~ ~~XXXXX~~
~~County of Lea~~
~~County, New Mexico~~ was published in a regular and entire issue of THE LOVINGTON DAILY LEADER and not in any supplement thereof, ~~on XXXXX week XXXX~~ the same day ~~XXXXX week~~, for three (3) days consecutive ~~XXXXX weeks~~, beginning with the issue of March 31, 19 93 and ending with the issue of April 2, 19 93

And that the cost of publishing said notice is the sum of \$ 43.84 which sum has been (Paid) ~~(Assessed)~~ as Court Costs

Joyce Clemens
Subscribed and sworn to before me this 20th

day of April, 19 93

Mrs. Jean Senior
Notary Public, Lea County, New Mexico

My Commission Expires Sept. 28, 19 94

LEGAL NOTICE

RE: Administrative Application for Unorthodox Gas Well Location

Atoka Wildcat (New Pool), 1650' FNL and 990' FWL Section 5, T-9-S, R-34-E, Lea County, New Mexico

Application has been made to the State of New Mexico, Oil Conservation Division wherein Bright & Company has requested approval of an administrative application for the subject Unorthodox Gas Well Location recently completed as an Atoka Wildcat.

Bright & Company has re-completed its Apache #1 as an Atoka Wildcat and recent tests indicate this well should be a gas well. Therefore, it is necessary to assign a standard 320 acre gas proration unit comprising the N/2 of Section 5, T-9-S, R-34-E to this well. As a result, the location of the Apache #1 is unorthodox in that it is less than 1980' from the West end boundary of the proration unit, the location being set out above.

In order to prevent waste, Bright & Company has requested approval of this administrative application for an unorthodox gas well location under the provisions of Rule 104 (F).

Interested parties contesting this application should contact the State of New Mexico, Energy, Materials & Natural Resources Dept. OCD, P.O. Box 2888, Santa Fe, NM 87504

ATTN: Michael Stogner.
Published in the Lovington Daily Leader March 31, April 1 & 2, 1993.

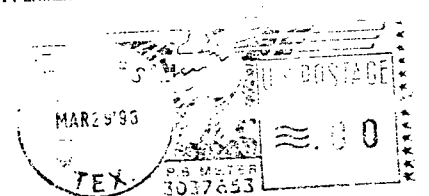
P 399 211 239



Receipt for Certified Mail

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

Sent to NMOCD (ENERGY & MINERALS DEPT)	
Street and No. P O BOX 1890	
P.O., State and ZIP Code HOBBS NM 82240	
Postage	\$



PS Form 3800	
& Fees	\$
Postmark or Date	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

3. Article Addressed to:
NMOCD (ENERGY & MINERALS DEPT)
P O BOX 1890
HOBBS NM 82240

4a. Article Number
P 399 211 239

- 4b. Service Type
- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

P 399 556 329



Receipt for Certified Mail

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

Sent to STATE OF NEW MEXICO	
Street and No. P O BOX 2888	
P.O., State and ZIP Code SANTA FE NM 87504	
Postage	\$



S Form 3800	
TOTAL Postage & Fees	\$
Postmark or Date	

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

6. Signature (Agent)	
5. Signature (Addressee)	
8. Addressee's Address (Only if requested and fee is paid)	
7. Date of Delivery	
4b. Service Type	
4a. Article Number	
3. Article Addressed to:	

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

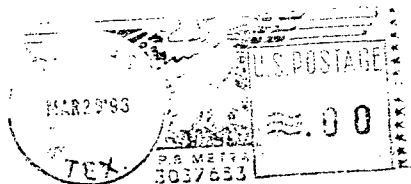
P 873 505 304



Certified Mail Receipt

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

Sent to	
BESSIE MARKHAM, ET AL CO-TR	
Street & No.	
5090 COORS SW	
P.O., State & ZIP Code	
ALBUQUERQUE NM 87105	
Postage	\$
Certified Fee	



PS Form 3800, & Fees

Postmark or Date

Sec. 4: W/2; Lea Co., NM

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

BESSIE MARKHAM & VERA MAE NORDAN
CO-TRUSTEES OF THE C.B. MARKHAM
JR ESTATE TRUST AS TENANT-IN-
COMMON NOT AS JOINT TENANTS
5090 COORS SW
ALBUQUERQUE NM 87105

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 873 505 304

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

4/5/93

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

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

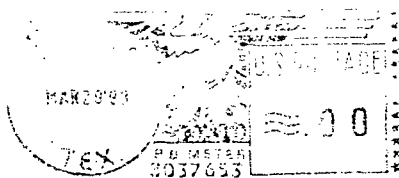
P 873 505 281



Certified Mail Receipt

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

Sent to	
CLIFFORD CONE	
Street & No.	
P O BOX 6010	
P.O., State & ZIP Code	
LUBBOCK TX 79493	
Postage	\$
Certified Fee	



PS Form 3800, & Fees

Postmark or Date

Sec. 33: S/2; Lea Co., NM

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

CLIFFORD CONE
P O BOX 6010
LUBBOCK TX 79493

Sec. 33: S/2; Lea Co., NM

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 873 505 281

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

4-16-93

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

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

P 873 505 284



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

Sent to	
ROY G BARTON, JR	
Street & No.	
P O BOX 278	
P.O., State & ZIP Code	
HOBBS NM 88241	
Postage	\$



PS Form 3800, J

TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 31; Lea Co., NM	

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

3. Article Addressed to:

ROY G BARTON, JR
P O BOX 278
HOBBS NM 88241

4a. Article Number

P 873 505 284

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

Sec. 31; Lea Co., NM

5. Signature (Addressee)

6. Signature (Agent)

Vicki Burdette

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

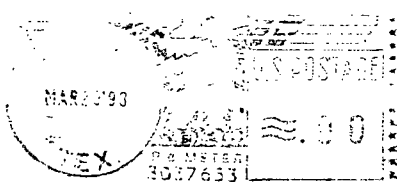
DOMESTIC RETURN RECEIPT

P 873 505 317



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

Sent to	
LORETTA MILDRED WILSON	
Street & No.	
2310 NEW HAMPSHIRE DR	
P.O., State & ZIP Code	
GREEN RIVER WY 82935	
Postage	\$
Certified Fee	



PS Form 3800, J

& Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

3. Article Addressed to:

LORETTA MILDRED WILSON
2310 NEW HAMPSHIRE DR
GREEN RIVER WY 82935

4a. Article Number

P 873 505 317

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

Loretta Wilson

6. Signature (Agent)

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

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

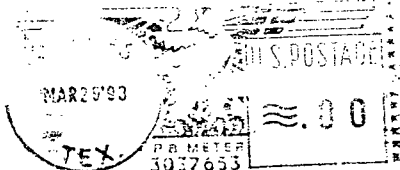
DOMESTIC RETURN RECEIPT

P 873 505 279



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

Sent to	
TOM R CONE	
Street & No.	
P O BOX 778	
PO., State & ZIP Code	
JAT	OK 74346-0778
Postage	\$
Certified Fee	



PS Form 3800

Postmark or Date
Sec. 33: S/2; Lea Co., NM

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TOM R CONE
P O BOX 778
JAT OK 74346-0778

4a. Article Number

P 873 505 279

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

3-31-93

Sec. 33: S/2; Lea Co., NM

5. Signature (Addressee)

Martha Cone

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

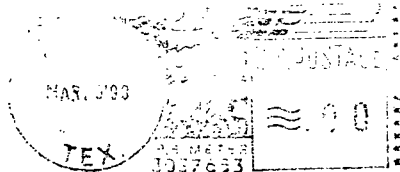
DOMESTIC RETURN RECEIPT

P 873 505 320



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

Sent to	
LUCILE RIVES, ET VIR CARMEN	
Street & No.	
148 N DEY ST	
PO., State & ZIP Code	



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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LUCILE RIVES, ET VIR CARMEN M RIVES
148 N DEY ST
VIRDEN IL

4a. Article Number

P 873 505 320

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

3-31-93

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

Cynde Miller

6. Signature (Agent)

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

PS Form 3800, June 1990

Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

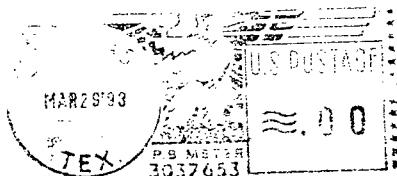
P 873 505 311



Certified Mail Receipt

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

Sent to	
GAE RATCLIFF, ET AL CO-TT	
Street & No.	
6524 E JULEP	
P.O., State & ZIP Code	
MESA AZ 85202	
Postage	\$
Certified Fee	



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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GAE RATCLIFF & BILL J MARKHAM,
CO-TRUSTEES OF THE GAE RATCLIFF
ESTATE TRUST DATED 6-04-87 as
TENNANTS-IN-COMMON NOT AS JOINT
TENANTS
6524 E JULEP
MESA AZ 85202

4a. Article Number

P 873 505 311

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

3-31-93

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

Bm Markham

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

PS Form 3800

& Fees

Postmark or Date

Sec. 4: W/2; Lea Co., NM

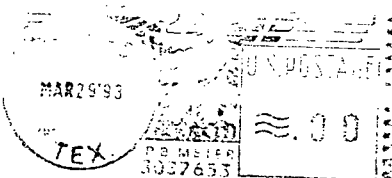
P 873 505 274



Certified Mail Receipt

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

Sent to	
R ALLAN MILLER	
Street & No.	
P O BOX 65	
P.O., State & ZIP Code	
RUIDOSO NM 88345	
Postage	\$



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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

R ALLAN MILLER
P O BOX 65
RUIDOSO NM 88345

4a. Article Number

P 873 505 274

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

Sec. 33: S/2; Lea Co., NM

5. Signature (Addressee)

R Miller

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

PS Form 3800

TOTAL Postage & Fees

Postmark or Date

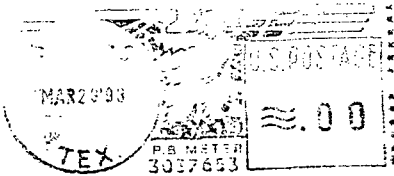
Sec. 33: S/2; Lea Co., NM

P 873 505 305

**Certified Mail Receipt**

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

Sent to BILL J & ROSEMARIE MARKHAM	
Street & No. 6524 E JULEP	
P.O., State & ZIP Code MESA AZ 85202	
Postage	\$
Certified Fee	



PS Form 3800

& Fees	\$
Postmark or Date Sec. 4: W/2	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**BILL J MARKHAM & ROSEMARIE
MARKHAM, CO-TRUSTEES OF THE
BILL J MARKHAM ESTATE TRUST
6524 E JULEP
MESA AZ 85202**

4a. Article Number

P 873 505 305

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5-3-93

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

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

Bm Markham

6. Signature (Agent)

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

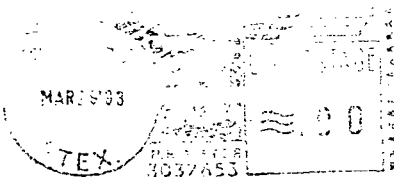
DOMESTIC RETURN RECEIPT

P 873 505 286

**Certified Mail Receipt**

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

Sent to UNION PACIFIC RESOURCES	
Street & No. P O BOX 7	
P.O., State & ZIP Code FT WORTH TX 76101-0007	
Postage	\$



PS Form 3800, Ju

TOTAL Postage & Fees	\$
Postmark or Date Sec. 32; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**UNION PACIFIC RESOURCES
P O BOX 7
FT WORTH TX 76101-0007**

4a. Article Number

P 873 505 286

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

MAR 3 0 1993

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

Sec. 32: Lea Co., NM

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

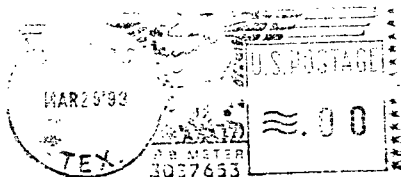
DOMESTIC RETURN RECEIPT

P 873 505 278



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

Sent to	
MARILYN CONE, TT FOR D.C. TRST	
Street & No.	
P O BOX 64244	
P.O., State & ZIP Code	
LUBBOCK TX 79464	
Postage	\$
Certified Fee	



PS Form 3800

& Fees	\$
Postmark or Date	
Sec. 33: S/2; Lea, NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

L8
MARILYN CONE, TRUSTEE FOR D.C.
TRUST
P O BOX 64244
LUBBOCK TX 79464

4a. Article Number

P 873 505 278

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

Sec. 33: S/2; Lea Co., NM

5. Signature (Addressee)

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

6. Signature (Agent)

Devin [Signature]

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

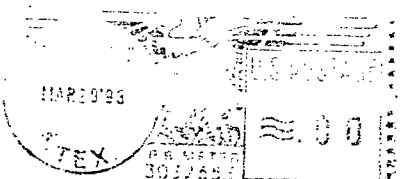
DOMESTIC RETURN RECEIPT

P 873 505 313



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

Sent to	
THOMAS WILLIAM EVANS	
Street & No.	
ROUTE 9 BOX 35	
P.O., State & ZIP Code	
LUBBOCK TX 79423	
Postage	\$
Certified Fee	



PS Form 3800

Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THOMAS WILLIAM EVANS
ROUTE 9, BOX 35
LUBBOCK TX 79423

4a. Article Number

P 873 505 313

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

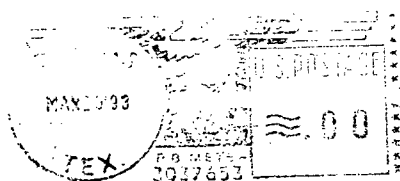
P 873 505 287



Certified Mail Receipt

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

Sent to	
COASTAL OIL & GAS CORP	
Street & No.	
211 N ROBINSON #1700	
P.O., State & ZIP Code	
OKLAHOMA CITY OK 73102	
Postage	\$



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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

COASTAL OIL & GAS CORP
211 N ROBINSON #1700
OKLAHOMA CITY OK 73102

4a. Article Number

P 873 505 287

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

MAR 31 1993

Sec. 5: Lea Co., NM

5. Signature (Addressee)

6. Signature (Agent)

B. McGinn

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-068

DOMESTIC RETURN RECEIPT

PS Form 3800, J1

TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 5; Lea Co., NM	

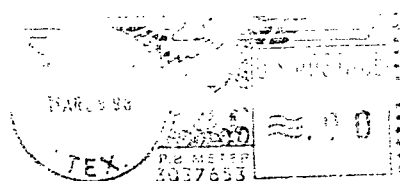
P 873 505 308



Certified Mail Receipt

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

Sent to	
MANON MARKHAM MCMULLEN	
Street & No.	
2200 BERKLEY	
P.O., State & ZIP Code	
WICHITA FALLS TX 76308	
Postage	\$
Certified Fee	



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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MANON MARKHAM MCMULLEN
2200 BERKLEY
WICHITA FALLS TX 76308

4a. Article Number

P 873 505 308

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

APR 1 1993

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

Manon Markham Mcullen

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-068

DOMESTIC RETURN RECEIPT

PS Form 3800, J1

& Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

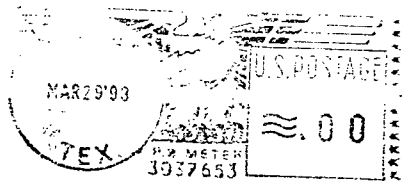
P 873 505 289



Certified Mail Receipt

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

Sent to	
JAMES PETROLEUM TRUST	
Street & No.	
P O BOX 4648	
P.O., State & ZIP Code	
TULSA OK 74159	
Postage	\$



PS Form 3800	TOTAL Postage & Fees	
	Postmark or Date	
	Sec. 6; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JAMES PETROLEUM TRUST
P O BOX 4648
TULSA OK 74159

4a. Article Number

P 873 505 289

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

4-29-93

Sec. 6; Lea Co., NM

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

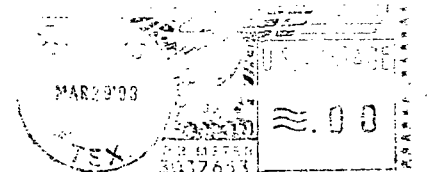
P 873 505 280



Certified Mail Receipt

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

Sent to	
KENNETH G CONE	
Street & No.	
P O BOX 11310	
P.O., State & ZIP Code	
MIDLAND TX 79702	
Postage	\$



PS Form 3800, Jr.	TOTAL Postage & Fees	\$
	Postmark or Date	
	Sec. 33: S/2; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KENNETH G CONE
P O BOX 11310
MIDLAND TX 79702

4a. Article Number

P 873 505 280

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

Sec. 33: S/2; Lea Co., NM

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

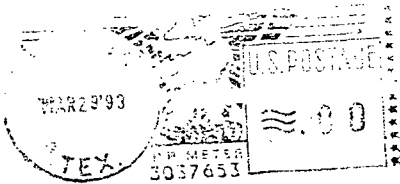
P 873 505 310



Certified Mail Receipt

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

Sent to	
SALLIE MAE MARKHAM WHITE	
Street & No.	
3418 36TH ST	
P.O., State & ZIP Code	
LUBBOCK TX 79413	
Postage	\$



TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SALLIE MAE MARKHAM WHITE
3418 36TH ST
LUBBOCK TX 79413

4a. Article Number
P 873 505 310

4b. Service Type

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

7. Date of Delivery

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

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

Sallie Mae Markham White

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

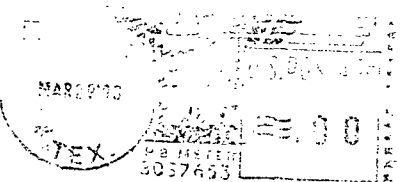
P 873 505 277



Certified Mail Receipt

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

Sent to	
estate of kathleen cone, dec'd	
Street & No.	
P O BOX 1509	
P.O., State & ZIP Code	
LOVINGTON NM 88260	
Postage	\$



TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 33: S/2; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ESTATE OF KATHLEEN CONE, DEC'D
P O BOX 1509
LOVINGTON NM 88260

4a. Article Number

P 873 505 277

4b. Service Type

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

7. Date of Delivery

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

Sec. 33: S/2; Lea Co., NM

5. Signature (Addressee)

6. Signature (Agent)

[Signature]

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

P 873 505 314



Certified Mail Receipt

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

Sent to	
LORENE LONGWELL	
Street & No.	
1204 PARKLAND DR	
P.O., State & ZIP Code	
AZTEC NM 87410	
Postage	\$
Certified Fee	



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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LORENE LONGWELL
1204 PARKLAND DR
AZTEC NM 87410

4a. Article Number

P 873 505 314

4b. Service Type

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

7. Date of Delivery

4-1-93

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

Lorene Longwell

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

PS Form 3800

& fees

Postmark or Date

Sec. 4: W/2; Lea Co., NM

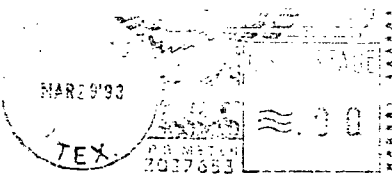
P 873 505 285



Certified Mail Receipt

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

Sent to	
ROY G BARTON, SR & OPAL	
Street & No.	
P O BOX 978	
P.O., State & ZIP Code	
HOBBS NM 88241	
Postage	\$



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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROY G BARTON, SR & OPAL BARTON
REVOCABLE TRUST
P O BOX 978
HOBBS NM 88241

4a. Article Number

P 873 505 285

4b. Service Type

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

7. Date of Delivery

Sec. 31; Lea Co., NM

5. Signature (Addressee)

Ray G Barton

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

PS Form 3800, JL

TOTAL Postage & Fees

\$

Postmark or Date

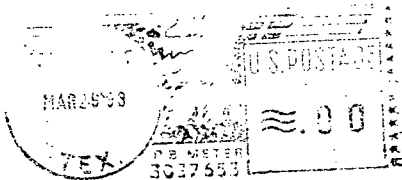
BARTON REVOCABLE TRUST
Sec. 31; Lea Co., NM

P 873 505 321



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

Sent to	
GAY M WARREN	
Street & No.	
1928 WESTCHESTER DR	
P.O., State & ZIP Code	
OKLAHOMA CITY OK	
Postage	\$



PS Form 3800

TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
GAY M WARREN
1928 WESTCHESTER DR
OKLAHOMA CITY OK

4a. Article Number
P 873 505 321

- 4b. Service Type
- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

4-2-93

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

GAY WARREN

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

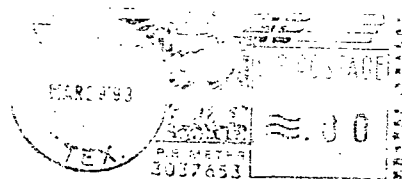
DOMESTIC RETURN RECEIPT

P 873 505 315



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

Sent to	
LARRY DALE WHITLEY	
Street & No.	
P O BOX 214	
P.O., State & ZIP Code	
TATUM NM 88267	
Postage	\$



PS Form 3800

TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
LARRY DALE WHITLEY
P O BOX 214
TATUM NM 88267

4a. Article Number
P 873 505 315

- 4b. Service Type
- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

4-1-93

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

LARRY DALE WHITLEY

6. Signature (Agent)

[Signature]

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

P 873 505 302



Certified Mail Receipt

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

Sent to	
FRANK O ELLIOTT TRUST	
Street & No.	
P O BOX 1355	
P.O., State & ZIP Code	
ROSWELL NM 88201	
Postage	\$



TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

PS Form 3800

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

FRANK O ELLIOTT TRUST, BY FRANK
O ELLIOTT AND CLARENCE HINKLE
CO-TRUSTEES
P O BOX 1355
ROSWELL NM 88201

4a. Article Number

P 873 505 302

4b. Service Type

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

7. Date of Delivery

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)**6. Signature (Agent)**

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

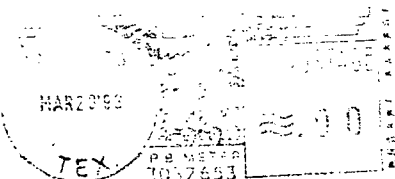
P 873 505 325



Certified Mail Receipt

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

Sent to	
ELIZABETH MCMAHAN TOLBERT	
Street & No.	
2321 BELLVIEW TERRACE	
P.O., State & ZIP Code	
OKLAHOMA CITY OK 73112	
Postage	\$



TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

S Form 3800, Jul

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

ELIZABETH MCMAHAN TOLBERT, ET VIR
JAMES R TOLBERT, III
2321 BELLVIEW TERRACE
OKLAHOMA CITY OK 73112

4a. Article Number

P 873 505 325

4b. Service Type

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

7. Date of Delivery

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)**6. Signature (Agent)**

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

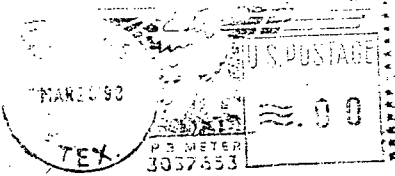
DOMESTIC RETURN RECEIPT

P 873 505 307



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

Sent to	
ETHEL MARKHAM	
Street & No.	
3105 38TH ST	
P.O., State & ZIP Code	
LUBBOCK TX 79413	
Postage	\$
Certified Fee	



PS Form 3801

Postmark or Date

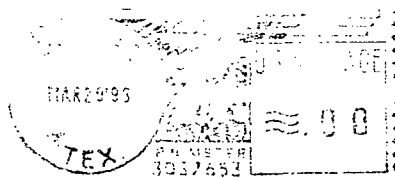
Sec. 4: W/2; Lea Co., NM

P 873 505 301



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

Sent to	
FINA OIL & CHEMICAL CO	
Street & No.	
P O BOX 2159	
P.O., State & ZIP Code	
DALLAS TX 75221	
Postage	\$



PS Form 3800, J

TOTAL Postage & Fees

\$

Postmark or Date

Sec. 4: W/2; Lea Co., NM

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

3. Article Addressed to:

ETHEL MARKHAM
3105 38TH ST
LUBBOCK TX 79413

4a. Article Number
P 873 505 307

4b. Service Type

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

7. Date of Delivery

3-31-92

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

Ethel Markham

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

3. Article Addressed to:

FINA OIL & CHEMICAL CO
P O BOX 2159
DALLAS TX 75221

4a. Article Number
P 873 505 301

4b. Service Type

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

7. Date of Delivery

MAR 31 1993

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

6. Signature (Agent)

Ethel Markham

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

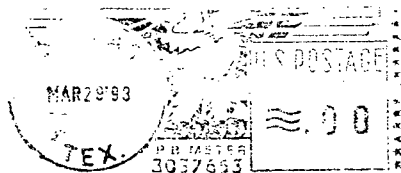
DOMESTIC RETURN RECEIPT

P 873 505 309



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

Sent to	
RODERICK ALLEN MARKHAM	
Street & No.	
1500 BROADWAY STE 1212	
P.O., State & ZIP Code	
LUBBOCK TX 79401	
Postage	\$
Certified Fee	



PS Form 380

Postmark or Date

Sec. 4: W/2; Lea Co., NM

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RODERICK ALLEN MARKHAM
1500 BROADWAY STE 1212
LUBBOCK TX 79401

4a. Article Number

P 873 505 309

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

3-31-93

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

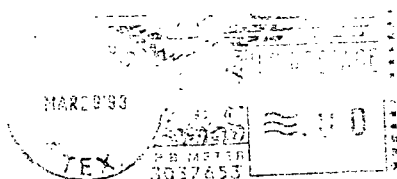
DOMESTIC RETURN RECEIPT

P 873 505 303



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

Sent to	
EDNA HALL LIVING TRUST	
Street & No.	
P O BOX 1355	
P.O., State & ZIP Code	
ROSWELL NM 88201	
Postage	\$
Certified Fee	



PS Form 3801

Postmark or Date

Section 4: W/2; Lea Co., NM

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EDNA HALL LIVING TRUST, BY EDNA
HALL TRUSTEE
P O BOX 1355
ROSWELL NM 88201

4a. Article Number

P 873 505 303

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

Sec. 4: W/2; Lea Co., NM

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

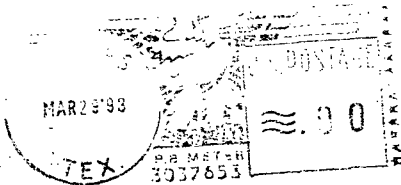
DOMESTIC RETURN RECEIPT

P 873 505 282



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

Sent to	
CATHIE CONE AUVENSHINE	
Street & No.	
P O BOX 658	
P.O., State & ZIP Code	
DRIPPING SPRINGS TX 78620	
Postage	\$
Certified Fee	



PS Form 3800

Postmark or Date
Sec. 33: S/2; Lea Co., NM

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CATHIE CONE AUVENSHINE
P O BOX 658
DRIPPING SPRINGS TX 78620

4a. Article Number

P 873 505 282

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

3-31-93

Sec. 33: S/2; Lea Co., NM

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

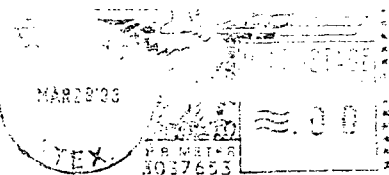
DOMESTIC RETURN RECEIPT

P 873 505 312



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

Sent to	
ROBERT DALE EVANS	
Street & No.	
27 J MARTY CIRCLE	
P.O., State & ZIP Code	
ROCKWALL TX 75087	
Postage	\$



PS Form 3800, Jun

TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT DALE EVANS
27 J MARTY CIRCLE
ROCKWALL TX 75087

4a. Article Number

P 873 505 312

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

3-4-93

P 873 505 312

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

P 873 505 271

Certified Mail Receipt

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

Sent to	
ALICE MYRL MILLER ROSE	
Street & No.	
P O BOX 688	
PO, State & ZIP Code	
UT RUDOSO M, 88345	
Postage	\$

PS Form 3800, Jun

TOTAL Postage & Fees	\$
Postmark or Date	SEC. 33: S/2; Lea Co., NM

NY

ALICE MYRL MILLER ROSE
P O BOX 688
RUDOSO NM 88345

88345-6888



3-31
4/5

PS Form 3800	
TOTAL Postage & Fees	\$
Postmark or Date	Sec. 33: S/2; Lea Co., NM

Return
1st Notice
2nd Notice
NAME

BONNIE MILLER STOKER
P O BOX 118
ABILENE TX 79604

ATTEMPTED, NOT KNOWN
RETURNED TO SENDER

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

Sent to	
BONNIE MILLER STOKER	
Street & No.	
P O BOX 118	
PO, State & ZIP Code	
ABILENE TX 79604	
Postage	\$

P 525 505 275

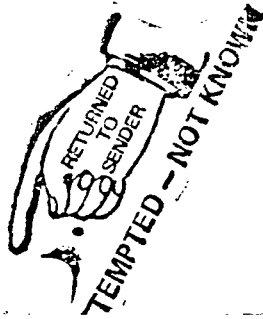
Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
BRAD E MILLER	
Street & No.	
809 RIO GRANDE	
P.O., State & ZIP Code	
BRYAN TX	77802
Postage	
\$	

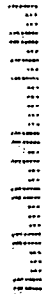


PS Form 3800

TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 33: S/2; Lea Co., NM	

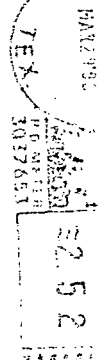


BRAD E MILLER
809 RIO GRANDE
BRYAN TX 77802



88345
NM
RUIDOSO
MAR 2 4/15

LINDA MILLER
P O BOX 688
RUIDOSO NM



NY 10

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

Sent to	
LINDA MILLER	
Street & No.	
P O BOX 688	
P.O., State & ZIP Code	
RUIDOSO NM	88345
Postage	
\$	



PS Form 3800

TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 33: S/2; Lea Co., NM	

P 525 505 273

P 873 505 276



Certified Mail Receipt

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

Sent to	
J CHRIS MILLER	
Street & P.O.	
RT 4, BOX 50	
P.O., State & ZIP Code	
DIMMITT TX	79027
Postage	\$

PS Form 3800, Ju

TOTAL Postage & Fees	\$
Postmark or Date	
Sec. 33: S/2; Lea Co., NM	

NY

J CHRIS MILLER
RT 4 BOX 50
DIMMITT TX 79027

Order expired

3-31
4-15

DIXIE EILEEN WILDA
RR 3, BOX 18
PERRY OK 73077



NY

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

Sent to	
DIXIE EILEEN WILDA	
Street & No.	
RR 3, BOX 18	
P.O., State & ZIP Code	
PERRY OK	73077
Postage	\$

PS Form 3800	
Postmark or Date	
Sec. 4: W/2; Lea Co., NM	

P 473 505 263

NY

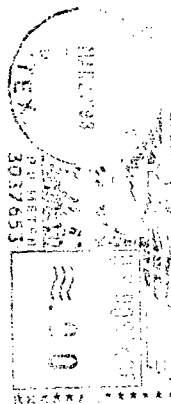


Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
BRENDA STEWART	
Street & No.	
1628 STEVEN DR	
PO, State & ZIP Code	
HOBBS NM 88240	
Postage	\$

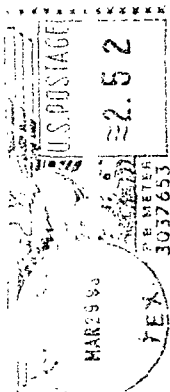
PS Form 3800

Postmark or Date	Sec. 31; Lea Co., NM
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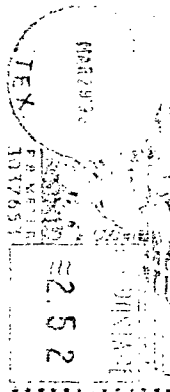
Ella B Lemmon, Guardian of the Est o
John W Lemmon & George W
Lemmon, 2436 NW 36 TERRACE
OKLAHOMA CITY OK 73112

ANK 2006



BRENDA STEWART
1628 STEVEN DR
HOBBS NM 88240

STEWART 882402005 1392 04/03/93
FORWARDING TIME EXPIRED
STEWART ZUNI ST
HOBBS NM 88240-0928
RETURN TO SENDER



MOVED

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

Sent to	
ELLA B LEMMON, GUARDIAN	
Street & No.	
2436 NW 36 TERRACE	
PO, State & ZIP Code	
OKLAHOMA CITY OK	
Postage	\$



Postmark or Date	Sec. 31; Lea Co. NM
------------------	---------------------

PS Form 3800

P 473 505 263

NY

P 873 505 324



Certified Mail Receipt

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

Sent to	CUSTER W & EULAH G SANDLIN
Street & No.	2201 FIRST NATIONAL BANK BLDG
P.O. State & ZIP Code	

PS Form 3800, June 1990

To Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	Sec. 4: W/2; Lea Co., NM



PETROLEUM PRODUCTION
MANAGEMENT INC
P O BOX 11130
KANSAS CITY
MO

CUSTER W SANDLIN, ET UX
EULAH G
2201 FIRST NATIONAL BK BLDG
OKLAHOMA CITY OK 73112



NY

Certified Mail Receipt

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

Sent to	PETROLEUM PRODUCTION MGMT
Street & No.	P O BOX 11130
P.O., State & ZIP Code	KANSAS CITY MO 64112
Postage	\$



TOTAL Postage & Fees	\$
Postmark or Date	Sec. 5; Lea Co., NM

PS Form 3800

P 873 505 306



Certified Mail Receipt

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

Sent to

PETE PROCTOR

Street & No.

2506 REDBUD

P.O., State & ZIP Code

ODESSA TX 79761

Postage

\$

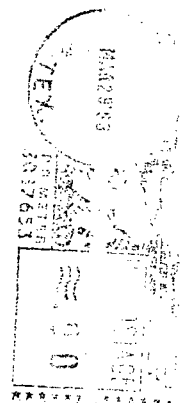
PS Form 3800, Jun

TOTAL Postage
& Fees

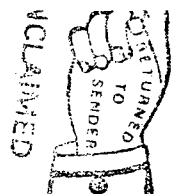
\$

Postmark or Date

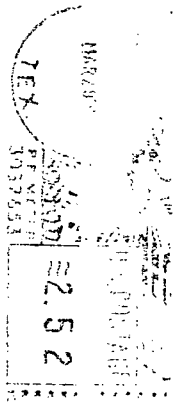
Sec. 4: W/2; Lea Co., NM



NY



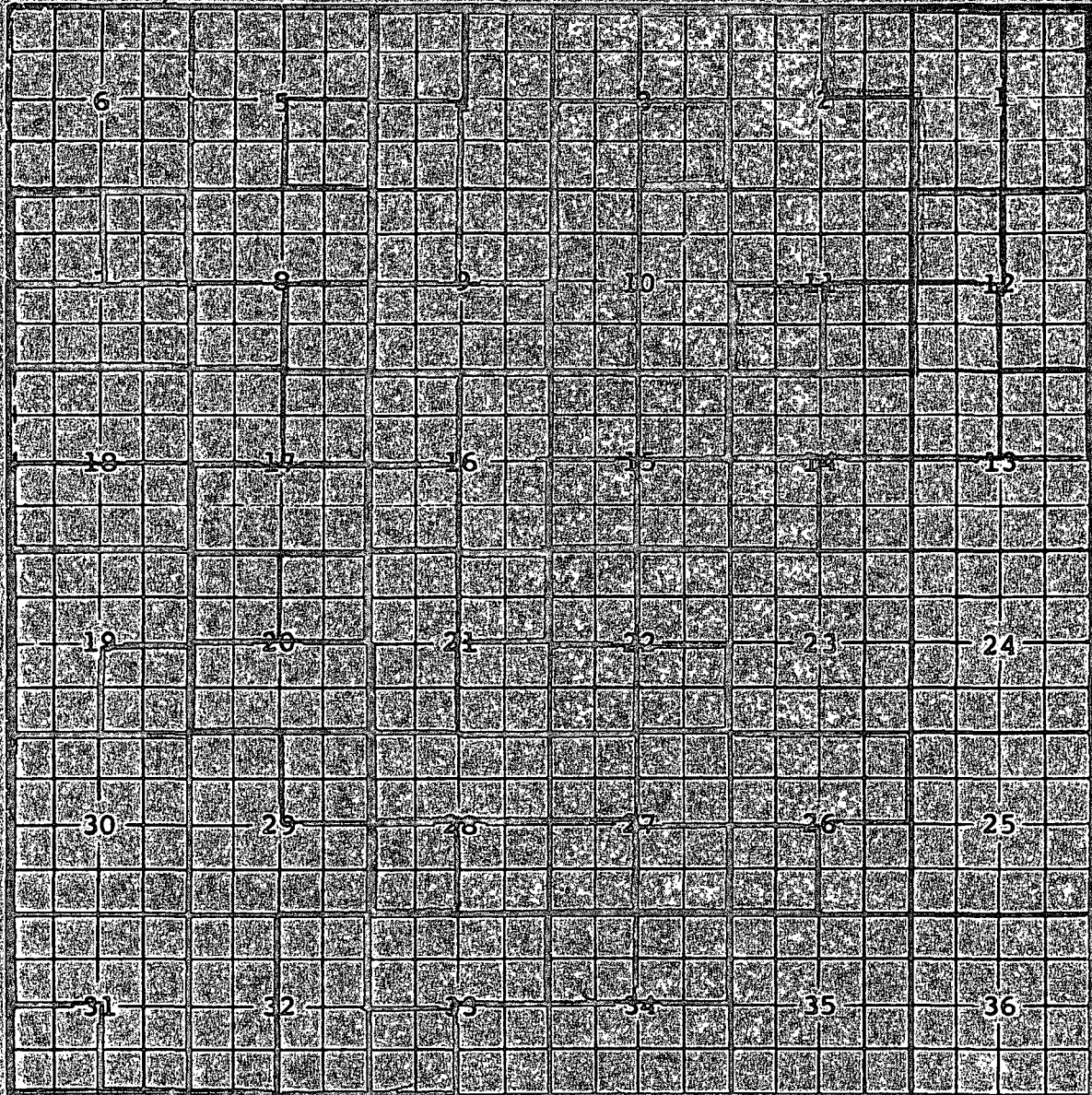
PETE PROCTOR
2506 REDBUD
ODESSA TX 79761



3.31
4.15

COUNTY *Lea*FOOT *North**Pennsylvanian*TOWNSHIP *9 South*RANGE *34 East*

NMPM



Description *NW 1/4 Sec. 20 (R-3166, 1-1-67)* Extensions *NE 1/4 Sec. 20 (R-3205, 4-1-67)* *S 1/4 Sec. 17 (R-3162, 7-1-67)*
SW 1/4 Sec. 16, NE 1/4 Sec. 17 (R-3319, 10-1-67) *NW 1/4 Sec. 16, W 1/4 Sec. 21 (R-3342, 12-1-67)* *S 1/4 Sec. 20, NE 1/4 Sec. 21, NW 1/4 Sec. 27;*
1/2 Sec. 28 (R-3367, 1-1-78) *NW 1/4 Sec. 15, E 1/4 Sec. 16, SW 1/4 Sec. 28, NE 1/4 Sec. 29 (R-3389, 4-1-68)* *1/2 Sec. 9, NE 1/4 Sec. 5;*
NW 1/4 Sec. 29, All Sec. 30, N 1/4 SE 1/4 Sec. 31, W 1/4 Sec. 32 (R-3411, 6-1-68) *SW 1/4 Sec. 12, NW 1/4 Sec. 13, N 1/4 Sec. 14, SE 1/4 Sec. 21;*
SW 1/4 Sec. 22, E 1/4 Sec. 32, SW 1/4 Sec. 33 (R-3455, 8-1-68) *SE 1/4 Sec. 8 (R-3472, 9-1-68)* *SW 1/4 Sec. 8, SW 1/4 Sec. 15, SW 1/4 Sec. 27,*
SE 1/4 Sec. 28 (R-3505, 10-1-68) *SE 1/4 Sec. 19, N 1/4 Sec. 33 (R-3562, 12-1-68)* *E 1/4 Sec. 12, NW 1/4 Sec. 27 (R-3662, 2-1-69)*
SE 1/4 Sec. 11, SW 1/4 Sec. 31, NW 1/4 Sec. 34 (R-3731, 5-1-69) *SW 1/4 Sec. 14, SE 1/4 Sec. 15 (R-3780, 1-1-69)* *SE 1/4 Sec. 27 (R-3889, 4-1-69)*
SW 1/4 Sec. 4, NW 1/4 Sec. 9, SW 1/4 Sec. 11 (R-3853, 11-1-69) *SW 1/4 Sec. 26 (R-3895, 1-1-70)* *E 1/4 Sec. 1, SE 1/4 Sec. 22 (R-3911, 2-1-70)*
NE 1/4 Sec. 34 (R-3932, 4-1-70) *S 1/4 Sec. 18 (R-3948, 5-1-70)* *NE 1/4 Sec. 13 (R-3979, 7-1-70)* *N 1/4 SW 1/4 Sec. 19 (R-4032, 10-1-70)*
NW 1/4 Sec. 12 (R-4086, 2-1-71) *SW 1/4 Sec. 3, SE 1/4 Sec. 5, W 1/4 Sec. 10 (R-4119, 4-1-71)* *W 1/4 Sec. 1, NE 1/4 Sec. 2, NW 1/4 Sec. 3, E 1/4 Sec. 4;*
NE 1/4 Sec. 9 (R-4146, 6-1-71) *SE 1/4 Sec. 3, NW 1/4 Sec. 4 (R-4167, 1-1-71)* *S 1/4 NW 1/4 Sec. 2, NE 1/4 Sec. 3, S 1/4 Sec. 7;*
E 1/4 Sec. 10, N 1/4 Sec. 11 (R-4194, 10-1-71) *NW 1/4 Sec. 17, N 1/4 Sec. 18 (R-4243, 2-1-72)* *NE 1/4 Sec. 7 (R-4279, 4-1-72)*
NW 1/4 Sec. 7 (R-4403, 11-1-72) Ext. N 1/2 Sec. 26, NE 1/4 Sec. 27 (R-5215, 6-1-76)



STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

CONSERVATION DIVISION
RECEIVED

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

'93 APR 5 AM 9 45

4-2-93

BRUCE KING
GOVERNOR

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC _____
DHC _____
NSL X _____
NSP _____
SWD _____
WFX _____
PMX _____

Gentlemen:

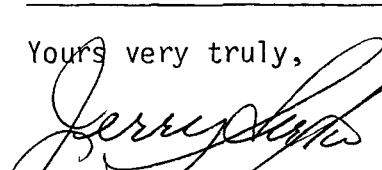
I have examined the application for the:

<u>Bright & Co.</u>	<u>Apache</u>	<u>#1-E</u>	<u>5-9-34</u>
Operator	Lease & Well No.	Unit	S-T-R

and my recommendations are as follows:

OK

Yours very truly,


Jerry Sexton
Supervisor, District 1

/ed