

dugan production corp.

RECEIVED  
2007 NOV 5 PM 12:50

November 2, 2007

Mr. Mark Fesmire, Director  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505

Re: Dugan Production's application dated 9-24-07  
Add 22 wells to Dugan's Goodtimes Gas Gathering System

Dear Mr. Fesmire,

Attached for your consideration of the captioned application are copies of the certified mail return receipts received for all working, royalty and overriding royalty interest owners in the 22 wells proposed to be added to Dugan's Goodtimes Gas Gathering System.

In addition to the interest owners being added, we also sent notice to all interest owners (11 working, 3 royalty and 144 overriding) in the 221 wells currently authorized for the Goodtimes Gathering System plus published a notice of our application to add 22 wells in the Legal Notice Section of the 9-12-07 publication of the Farmington Daily Times.

To date, we have not had any comment or objection from any of the interest owners.

Should you have questions or need additional information, please let me know.

Sincerely,

John D. Roe  
Engineering Manager

JDR/tmf

enclosures

**Goodtimes Gas Gathering System Interest Owners Address List**

*(wells with ownership interest in parentheses)*

A=Arviso #1; B=Big Yazzie #1; C=Bitsili #1; D=Bitsili Com #90 & 90S; E=Chaco #5; F=Honeybee #1; G=Hop Sing #1;  
H=Hoss #91, #91S & #92; I=Largo Federal B #2; J=Pierre Com #90, #90S, #91 & #91S; K=Queen Nefertiti Com #90; L=Werito #1;  
M=Location U; N=Location V; O=Yates-Ristra AGW State #1; P=Yates-Squash Blossom AFU State #1

**Working Interest Owners**

Dugan Production Corp. (A thru N)  
P. O. Box 420  
Farmington, NM 87499-0420

Key Production Co., Inc. (J)  
Attn: Manager-Outside Operated  
15 E. 5<sup>th</sup> Street, Suite 1000  
Tulsa, OK 74103-4346

Yates Petroleum Corp. (O, P)  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

Yates Drilling Co. (O, P)  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

ABO Petroleum Corp. (O, P)  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

MYCO Industries, Inc. (O, P)  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

**Royalty Interest Owners**

Navajo Allotted (B, C, D, K, L)  
Farmington Indian Minerals Office  
c/o Bureau of Land Management  
1235 La Plata Highway  
Farmington, NM 87401

USA (A,D,E,G thru K, M, N)  
c/o Bureau of Land Management  
1235 La Plata Highway  
Farmington, NM 87401

NM State Land Office (F, O, P)  
P. O. Box 1148  
Santa Fe, NM 87504-1148

**Overriding Royalty Interest Owners**

V. M. Breecher (J)  
23430 Cattail Lane  
Barrington, IL 60010

Wanda Burness (D)  
75535 Fern Hill Road  
Ranier, OR 97048

ConocoPhillips (D)  
P. O. Box 4289  
Farmington, NM 87499-4289

Cramer Oil Company (J)  
410 17<sup>th</sup> Street, Suite 1340  
Denver, CO 80202

DHB Partnership (I)  
8144 Walnut Hill Lane  
Suite 982 LB51  
Dallas, TX 75231

DK Investments (D)  
828 East Edgehill Road  
Salt Lake City, UT 84103

Dugan Production Corp. (M)  
P. O. Box 420  
Farmington, NM 87499-0420

Robert Eckels Family Trust (G)  
P. O. Box 30  
Cedaredge, CO 81413

Green Ribbon, Inc. (D)  
46-5 E. St. Lilliendahl & Marienhoj  
St. Thomas  
US Virgin Islands, 00802

Nuevo Seis Limited Partnership (G)  
P. O. Box 2588  
Roswell, NM 88202-2588

Francis A. Hannifin (G)  
730 17<sup>th</sup> Street, Suite 325  
Denver, CO 80202

Hardin Simmons University (I)  
c/o Baptist Foundation of Texas  
1601 Elm, Suite 1700  
Dallas, TX 75201-7241

Virginia M. Huck (J)  
c/o V. M. Breecher  
23430 Cattail Lane  
Barrington, IL 60010

Jim & Mary Lou Jacobs Living Trust (M)  
3505 Crescent Avenue  
Farmington, NM 87401

Ben M. Patterson (I)  
613 NW Loop 410, Suite 680  
San Antonio, TX 78216

Preston Hollow United Methodist Church (I)  
6315 Walnut Hill Lane  
Dallas, TX 75230

R. F. Partnership LLLC (N)  
2732 S. Fillmore Street  
Denver, CO 80210

Billie Robinson (N)  
P. O. Box 1281  
Santa Fe, NM 87501-1281

Yellow Ribbon, Inc. (D)  
P. O. Box 6901  
Denver, CO 80206

**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: *Steve Hecker*  
*Bureau of Land Management*  
*1235 La Plata Highway*  
*Farmington, NM 87401*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*X H. Pearson*

B. Received by (Printed Name) *H. Pearson* 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

2. Article Number (Transfer from service label) **7005 2570 0001 3772 0293**

**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:  
*Mr. Patrick Lyons*  
*NM State Land Office*  
*P.O. Box 1148*  
*Santa Fe, NM 87504-1148*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*X [Signature]*

B. Received by (Printed Name) 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

2. Article Number (Transfer from service label) **7005 2570 0001 3772 0316**

**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:  
*Mr. James Stockbridge*  
*Farmington Indian Minerals Ofc.*  
*1235 La Plata Hwy, Suite B*  
*Farmington, NM 87401*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*X H. Pearson*

B. Received by (Printed Name) *H. Pearson* 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

2. Article Number (Transfer from service label) **7005 2570 0001 3772 0309**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  
 X *Kathy Donaghe*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 KATHY DONAGHE

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

1. Article Addressed to:  
 ABO Petroleum Corp.  
 105 South 4th St.  
 Artesia, NM 88210

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7005 2570 0001 3772 0279

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  
 X *C. Martinez*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 C. MARTINEZ 10/1/07

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

1. Article Addressed to:  
 Key Production Co., Inc.  
 1700 Lincoln St., Suite 1800  
 Denver, CO 80203-4518

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7005 2570 0001 3772 0248

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  
 X *Kathy Donaghe*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 KATHY DONAGHE

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

1. Article Addressed to:  
 Myco Industries, Inc.  
 105 South 4th Street  
 Artesia, NM 88210

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7005 2570 0001 3772 0286

**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:

Lotes Drilling Co.  
105 South 4th Street  
Artesia, NM 88210

## 2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

*Kathy Donaghe*  
 Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

KATHY DONAGHE

D. Is delivery address different from item 1?  YesIf 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**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:

Lotes Petroleum Corp.  
105 South 4th St.  
Artesia, NM 88210

## 2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0255

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

*Kathy Donaghe*  
 Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

KATHY DONAGHE

D. Is delivery address different from item 1?  YesIf 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

Sortimer 402 907

**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:

**V M BREECHER**  
**23430 CATTAIL LANE**  
**BARRINGTON IL 60010**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X V.M. Breecher*  Agent  Addressee

B. Received by (Printed Name) *V.M. BREECHER* C. Date of Delivery *10/01/07*

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

2. Article Number (Transfer from service label) **7005 2570 0001 3772 0064**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

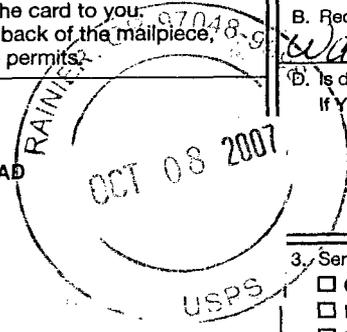
Sortimer 402 000

**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:

**WANDA BURNES**  
**75535 FERN HILL ROAD**  
**RANIER OR 97048**



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Wanda Burnes*  Agent  Addressee

B. Received by (Printed Name) *Wanda Burnes* C. Date of Delivery *10-9-07*

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

2. Article Number (Transfer from service label) **7005 2570 0001 3772 0125**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Sortimer 401 000

**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:

**NO COPHILLIPS**  
**0 BOX 4289**  
**ARMINGTON NM 87499-4289**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X [Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *9-26-07*

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

2. Article Number (Transfer from service label) **7005 2570 0001 3772 0187**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

*Goodman 9/07 Asp*

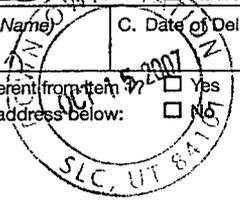
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>K. Borrusch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
CRAMER OIL COMPANY 410 17TH STREET SUITE 1340 DENVER CO 80202		<i>K Borrusch</i>	<i>10/11/07</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 2570 0001 3772 0071	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

*Goodman 9/02 Asp*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>John Coble</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
DHB PARTNERSHIP 8144 WALNUT HILL LANE SUITE 982 LB51 DALLAS TX 75231		<i>JOHN COBLE</i>	<i>9-28-07</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 2570 0001 3772 0132	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

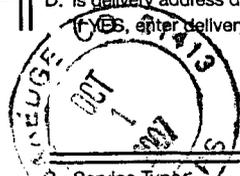
*Goodman 9/07 Asp*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Susan Daws</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
DK INVESTMENTS 828 EAST EDGEHILL ROAD SALT LAKE CITY UT 84103		<i>Susan Daws</i>	<i>9/20/07</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 2570 0001 3772 0194	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



Goodtimes 9/27/02

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Eckels</i>	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7005 2570 0001 3772 0149	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Marietta</i>	
	B. Received by (Printed Name)	C. Date of Delivery 10-15-02
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7005 2570 0001 3772 0200	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

Goodtimes 9/27/02

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Marietta</i>	
	B. Received by (Printed Name)	C. Date of Delivery 9-27-02
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7005 2570 0001 3772 0088	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540



**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:

Francis A. Hannifan  
730 17th St., Ste 325  
Denver, CO 80202

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0330

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Carmela Hannifan

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-15-07

D. Is delivery address different from item 1?  YesIf 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**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:

HARDIN SIMMONS UNIVERSITY  
C/O BAPTIST FOUNDATION OF TEXAS  
1601 ELM SUITE 1700  
DALLAS TX 75201-7241

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

GREG HARDIN

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

GREG HARDIN

9-28-07

D. Is delivery address different from item 1?  YesIf 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**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:

VIRGINIA M HUCK  
C/O V M BREECHER  
23430 CATTAIL LANE  
BARRINGTON IL 60010

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0095

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Virginia M. Brecher

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

VIRGINIA M. BREECHER

10/01/07

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

3. Service Type

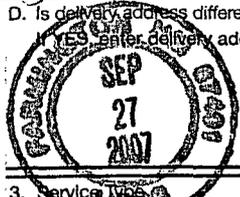
 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

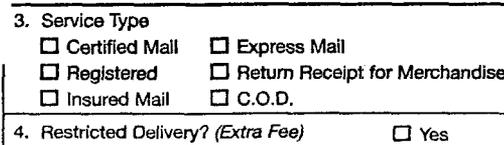
Cardinals 907 1100

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery _____
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7005 2570 0001 3772 0163</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		



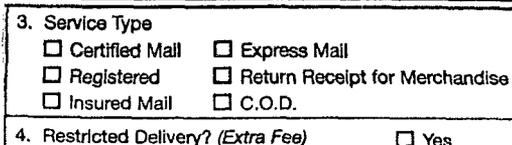
Cardinals 907 600

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery _____
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7005 2570 0001 3772 0224</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		



Cardinals 907 600

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <b>10-1-07</b>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7005 2570 0001 3772 0101</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		



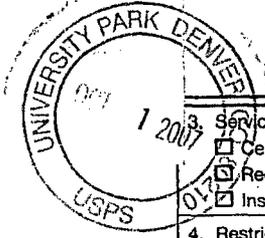
*Sortime 902 Ass*

**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:

R F PARTNERSHIP LLLC  
2732 S FILLMORE STREET  
DENVER CO 80210



**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Janet Roark*  Agent  Addressee
- B. Received by (Printed Name)  C. Date of Delivery  
 Janet Roark
- 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

2. Article Number (Transfer from service label) 7005 2570 0001 3772 0170

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

*Sortime 902 Ass*

**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:

BILLIE ROBINSON  
P O BOX 1281  
SANTA FE NM 87501-1281

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Robert Chavez*  Agent  Addressee
- B. Received by (Printed Name)  C. Date of Delivery  
 Robert Chavez 10/10/07
- 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

2. Article Number (Transfer from service label) 7005 2570 0001 3772 0231

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

*Sortime 902 Ass*

**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:

YELLOW RIBBON INC  
P O BOX 6901  
DENVER CO 80206

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Deann T. Galt*  Agent  Addressee
- B. Received by (Printed Name)  C. Date of Delivery  
 DEANN T. GALT 9/30
- 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

2. Article Number (Transfer from service label) 18

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