

State of New Mexico  
**ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT**  
Santa Fe, New Mexico 87505

**OIL CONSERVATION DIVISION**



**ADMINISTRATIVE ORDER OLS-174**

Mewbourne Oil Company  
P.O. Box 7698  
Tyler, Texas 75711

Attention: Mr. Kevin M. Mayes

As an exception to the requirements of Rule 309-A of the Division Rules and Regulations, and pursuant to the provisions of Rule 309-C, the above named company is hereby authorized off-lease storage for Quercho Plains Queen (Associated) Pool production from the following lease:

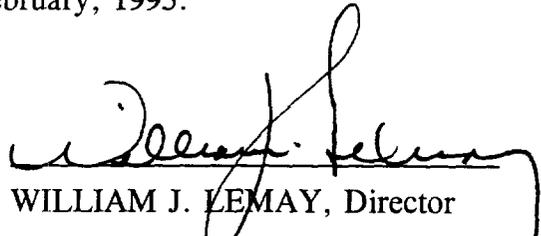
Lease Name: Quercho Plains Queen Associated Sand Unit Well No.10  
Description: SW/4 SE/4, Section 21, Township 18 South, Range 32 East

The aforementioned production is to be transported prior to measurement to its own tank battery to be located in Unit H of Section 21, Township 18 South, Range 32 East, on the Cavalcade 21 Federal Lease.

NOTE: This installation shall be operated in accordance with the provisions of Rules 309-A and 309-B of the Division Rules and Regulations and there shall be no intercommunication of the handling, separating, treating, or storage facilities designated to each of the above leases.

REMARKS: Subject tank battery shall be known as the QPQasu Consolidated Battery No.3. The operator shall notify the Hobbs district office upon implementation of subject operations.

DONE at Santa Fe, New Mexico, on this 14th day of February, 1995.

  
WILLIAM J. LEMAY, Director

WJL/BES

cc: Oil Conservation Division - Hobbs  
Bureau of Land Management - Carlsbad

**VILLAGRA BUILDING - 408 Galisteo**

Forestry and Resources Conservation Division  
P.O. Box 1948 87504-1948  
827-5830  
Park and Recreation Division  
P.O. Box 1147 87504-1147  
827-7465

**2040 South Pacheco**

Office of the Secretary  
827-5950  
Administrative Services  
827-5925  
Energy Conservation & Management  
827-5900  
Mining and Minerals  
827-5970  
Oil Conservation

2-6-95

OLS 174

**MEWBOURNE OIL COMPANY**

P.O. BOX 7698  
TYLER, TEXAS 75711  
903 - 561-2900  
FAX 903 - 561-1870  
January 9, 1995

THE CONSERVATION DIVISION  
RECEIVED

1995 JAN 17 PM 8 52

New Mexico Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87504

Att: Bill LeMay, Division Director

Re: Application for Off-Lease Storage  
Querecho Plains Queen  
Associated Sand Unit  
Lea County, New Mexico

Dear Mr. LeMay:

Mewbourne Oil Company seeks approval of off-lease storage for the QPQASU Consolidated Battery No. 3 (see attached map for location). This application became necessary upon recent approval of the referenced unit. The only production transported to said battery is from the QPQASU No. 10 well; as a result, no commingling will result. There is no intercommunication between the subject battery and any other facilities. Attached are copies of certified mailings made to all interest owners of the referenced unit. Further, attached is approval by the United States Bureau of Land Management.

If this application meets all your requirements, we would appreciate approval for off-lease storage for our QPQASU Consolidated Battery No. 3 at your earliest convenience. If you have any questions, please contact me at (903) 561-2900.

Yours truly,

  
K. M. Mayes  
Secretary, Operating Committee  
Querecho Plains Queen  
Associated Sand Unit

KM/sh

- Attachments: Unit Agreement Exhibit "B"  
Plat with Lease and Unit Boundaries  
Approved Sundry Notice from BLM  
Original Certified Mailing Receipts to All Ownership

UNIT AGREEMENT  
 QUERRECHO PLAINS QUEEN ASSOCIATED SAND UNIT  
 EXHIBIT "B"

Date 6-9-94  
 Revision # 2

Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
1. Bennett Federal #1, #5 #2, #3, #4, #5	SW/4 SE/4 and SW/4 of Section 22 T18S-R32E, Lea County, New Mexico	200.00	NM 04371-A HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Gary L. Bennett, et ux Margaret J. McCurdy Genevieve E. Dupont Richard D. Borggaard NationsBank Texas, N.A., Trustee under the Will of David B. Trammell NationsBank Texas, N.A., Trustee under the Will of Margaret R. Trammell Carol David Trammell L. E. Bearden, Jr. Gladys Shannon .05%	* Anadarko Petroleum Corp. 100.00%
2. Federal "J" #1	NW/4 SE/4 of Section 22 T18S-R32E, Lea County, New Mexico	40.00	NM 04868 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Gary L. Bennett, et ux Margaret J. McCurdy Genevieve E. Dupont Elizabeth Borggaard NationsBank Texas, N.A., Trustee under the Will of David B. Trammell NationsBank Texas, N.A., Trustee under the Will of Margaret R. Trammell Carol David Trammell L. E. Bearden, Jr. Gladys Shannon .05%	* Anadarko Petroleum Corp. 100.00%
3A. Federal "L" (No Well)	S/2 SE/4 & NE/4 SE/4 of Section 23 T18S-R32E, Lea County, New Mexico	120.00	NM 0554244 HBP	12.50% USA	O. H. Berry 33.33333% Jack Huff 33.33333% Steve K. Burleson 16.66667% Nancy E. Hayes 16.66667%	Mewbourne Oil Company 4.00% O. H. Berry 1.33333% Jack Huff 1.33333% William Green 1.00% James Makins 1.00% James Makins, Jr. 1.00% Michael Makins 1.00% Patrick Makins 1.00% Steve Burleson 1.00% Nancy Hayes .6667%	Mewbourne Oil Company 46.50% Curtis W. Mewbourne 28.50% JOYRAN Corp. 12.50% Associated Partners Ltd 1986 11.25% Hillside Syndicate 1.25%

Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
B. Edith Federal #2	NW/4 SE/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 0554244 HBP	12.50% USA	O. H. Berry 33.33333% Jack Huff 33.33333% Steve K. Burleson 16.66667% Nancy E. Hayes 16.66667%	James Makins Michael Makins, Jr. Patrick Makins Scott Makins William Green O. H. Berry Virginia Berry	* Mewbourne Oil Company 100.00%
I. Government "K" #1	NE/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 0554967 HBP	12.50% USA	Mobil Producing Texas & New Mexico, Inc. 100.00%	Mobil Producing Texas & New Mexico, Inc. Joan R. Duncan	* Mewbourne Oil Company 100.00%
J. Cedar Lake Federal #1	SE/4 NW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 0555297 HBP	12.50% USA	Mewbourne Oil Company 100.00%	Mewbourne Oil Company William Green The Ross Family Trust Vee K. Ross, Trustee Adrian Clouthier Lucy James Rafaelita Pittman John Borg Pamela Brooks Patricia Howard Ann Mills Diana Ochlerbeck Jasannett Hubbard Olivia Wood Eleanor Ferris Adele Simpson Robert Clouthier Charles & Gwen Clouthier Peter Simpson Sammy Simpson Lita Sabonis Roland Simpson	* Mewbourne Oil Company 46.50% Curtis W. Mewbourne 28.50% Joyran Corp. 12.50% Associated Partners Ltd 1986 11.25% Hillside Syndicate 1.25%
3A. Federal "E" #7	NE/4 NE/4 of Section 27 T18S-R32E, Lea County, New Mexico	40.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None	Anadarko Petroleum 36.36364% OXY USA INC. 33.33333% * Curtis W. Mewbourne 30.30303% After Payout: Curtis W. Mewbourne 33.33334% Anadarko Petroleum 33.33333% OXY USA INC. 33.33333%

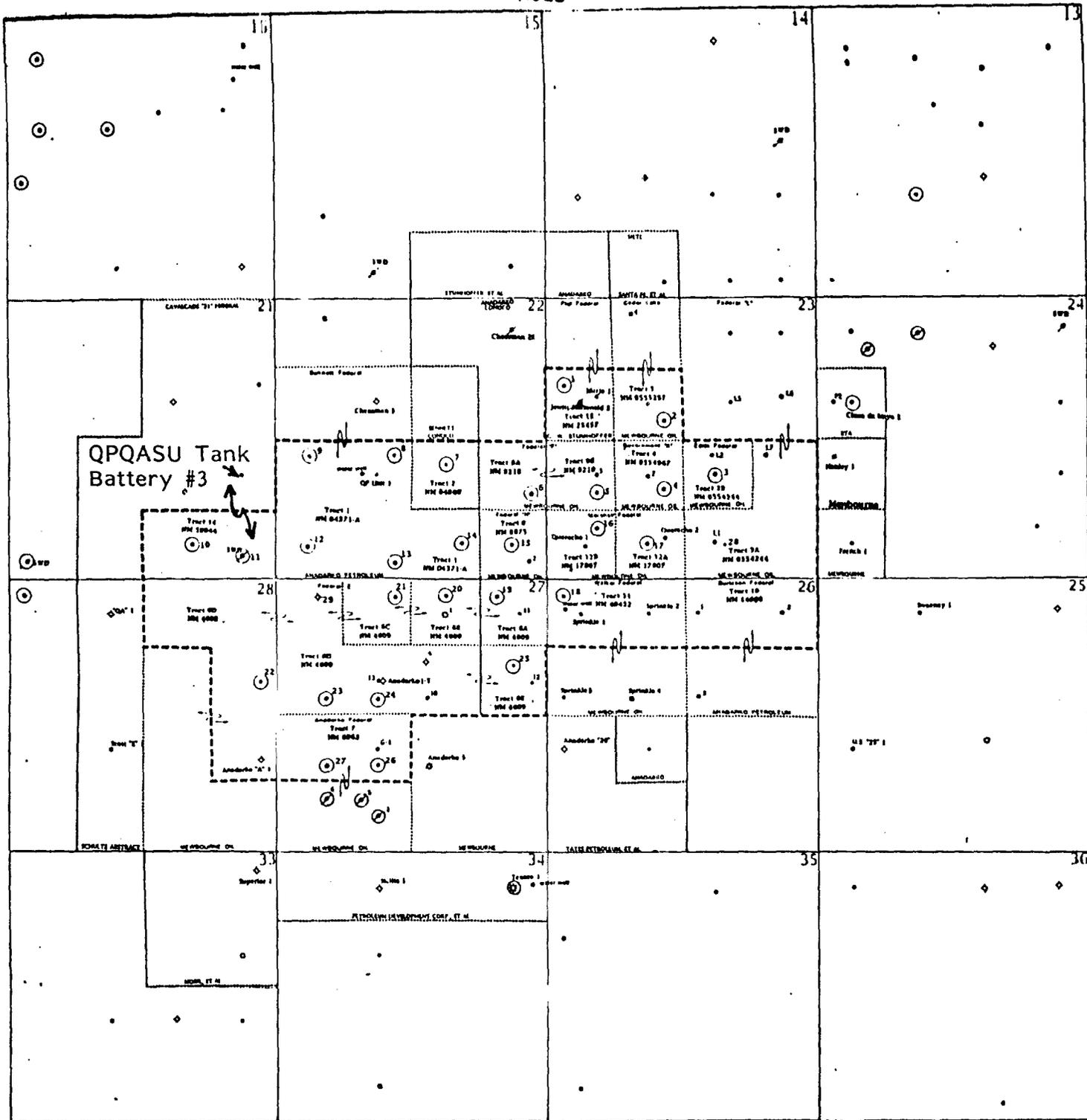
Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
6B. Federal "E" #6	NW/4 NE/4 of Section 27 T18S-R32E, Lea County, New Mexico	40.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None	0.00% Anadarko Petroleum O.H. Berry James J. Cole James J. Cole, Personal Representative of estate of Jimmie J. Cole, deceased Katherine Crews Sue Crews Piaget Courtenay Crews Johnson 6.25% 1.388889% .694445% .694445% .462963% .462963% .462963%
6C. Federal "E" #5	NE/4 NW/4 of Section 27 T18S-R32E, Lea County, New Mexico	40.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None	0.00% Anadarko Petroleum Curtis W. Newbourn Curtis W. Newbourn Anadarko OXY USA INC. 36.36364% 33.33333% 30.30303% * Curtis W. Newbourn After PAYOUT: Curtis W. Newbourn Anadarko OXY USA INC. 33.33334% 33.33333% 33.33333%
6D. Federal "E" #2, #3, and #9	S/2 NW/4, NW/4 NE/4, & SW/4 NE/4 of Section 27, and N/2 NE/4, SE/4 NE/4, & NE/4 SE/4 of Section 28 T18S-R32E, Lea County, New Mexico	320.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None	0.00% Anadarko Petroleum Curtis W. Newbourn Anadarko Petroleum OXY USA INC. 33.33334% 33.33333% 33.33333%
6E. Federal "E" #8	SE/4 NE/4 of Section 27 T18S-R32E, Lea County, New Mexico	40.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None	0.00% Anadarko Petroleum Curtis W. Newbourn OXY USA INC. 50.00% 50.00%
7. Anadarko Federal #2 and #3	N/2 SW/4 of Section 27 T18S-R32E, Lea County, New Mexico	80.00	NM 6863 HBP	Schedule B USA	Anadarko Petroleum Corp. 100.00%	None	* Newbourn Oil Company 100.00%

Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
8. Federal "H" #1	SE/4 SE/4 of Section 22 T18S-R32E, Lea County, New Mexico	40.00	NM 8675 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Club O&G Joan Duncan Estate of J. Walter Duncan, Raymond T. Duncan, Personal Representative J. Walter Duncan, Jr. JWD III, Inc. 1.25% 1.25% 1.125% .125%	* Curtis W. Newbourn OXY USA, INC. 33.333333% After Payout: Curtis W. Newbourn OXY USA INC. 66.66667% 33.333333%
9A. Federal "F" #2	NE/4 SE/4 of Section 22 T18S-R32E, Lea County, New Mexico	40.00	NM 9218 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Anne Little Sylvia F. Little, Personal Representative of the Estate of Curtis J. Little Rae Little, deceased, No Probate Marjorie A. Little 2.5% 2.0% .25% .25%	* Curtis W. Newbourn OXY USA INC. 33.333333% After Payout: Curtis W. Newbourn OXY USA INC. 66.66667% 33.333333%
9B. Federal "F" #1	NW/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 9218 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Anne Little Sylvia F. Little, Personal Representative of the Estate of Curtis J. Little Rae Little, deceased, No Probate Marjorie A. Little 2.5% 2.0% .25% .25%	* Curtis W. Newbourn Anadarko Petroleum OXY USA INC. 33.333333% 33.333333%
10. Federal Burlison (No Well)	N/2 NE/4 of Section 26 T18S-R32E, Lea County, New Mexico	80.00	NM 14000 HBP	12.50% USA	O.H. Berry 22.222% Lewis B. Burlison 16.6665% Jack Huff 16.6665% James L. Cole 11.112% Jimmie Cole 11.112% Katherine D. Crews 7.407% Susie Crews 7.407% Courtney C. Johnson 7.407%	Panos Investment Co. 3.34% O.H. & Virginia Berry 1.66665% James J. Cole .8334% James J. Cole, personal representative of estate of Jimmie J. Cole, deceased .8334% Patrick T. Panos .83% Gregory P. Panos .83% Katherine D. Crews .55525% Susie Crews Piaget .55525% Courtenay C. Johnson .55525%	Anadarko Petroleum Newbourn Oil Company 91.666676% 8.33324%
11. Walker Federal #1	N/2 NW/4 of Section 26 T18S-R32E, Lea County, New Mexico	80.00	NM 40452 HBP	12.50% USA	Lewis B. Burlison 1.30209% O.H. Berry 1.30208% Jack Huff 1.30208% Petro Atlas Corp. 18.75% Horsehoe Operating, Inc. 3.90625% Santa Fe Energy 31.25% F.L. Shogrin 31.25% Daniel C. Walker 10.9375%	Joseph Sprinkle 3.75% Frank Shogrin 2.36875% Petro Atlas 2.25% Margaret Beuch 1.33% Keyne Oil & Gas .72656% Thomas Curran .5% Horsehoe Operating .47% O.H. Berry .16% Lewis Burlison .16% Jack Huff .16% Charles Keyne .05469%	* Newbourn Oil Company Daniel Walker 59.375% Phillip Bishop 21.875% Clarence Stumboffer 6.25% Freida Stumboffer 4.6875% Peggy Taylor for Bernard Taylor 4.6875% 3.125%

Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
12A. Marshall Federal #1	SE/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 17807 HBP	12.50% USA	Marshall & Winston 100.00%	Marshall & Winston, et al 12.50%	* Newbourn Oil Company 100.00%
12B. Marshall Federal #2	SW/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 17807 HBP	12.50% USA	Marshall & Winston 100.00%	Marshall & Winston Newbourn Oil Company 12.50% 5.00%	* Newbourn Oil Company 100.00%
13. Fltp Federal #1	SW/4 NW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 25457 HBP	Schedule B USA	Murjo Oil & Royalty Co. 100.00%	None <i>Non-Consent Unit</i> <i>Non-Consent Unit</i> <i>Non-Consent Unit</i>	* Clarence Stumhoffer 35.00% Harold Lobley 10.00% Mansur Trust 10.00% Toombs Trust 10.00% Murjo Oil & Royalty 9.08438% Gene Fulmer 5.00% Ray Fulmer 5.00% Daniel Walker 3.20625% Debra Johnson Head 3.02812% Demar Johnson Hopson 3.02812% Carroll Bellah 2.225% F. Kirk Johnson III 1.6547% Larry Arnold 1.375% Ann H. McReynolds 1.36266%
14. Cavalcade Federal #1 & #4	S/2 SE/4 of Section 21 T18S-R32E, Lea County, New Mexico	80.00	NM 59044 HBP	Schedule B USA	Anadarko Petroleum Corp. 100.00%	Gary L. Bennett, et ux 5.15% William R. Crow 1.5% Cavalcade Oil Corp. .725% Michael Levenson .5% Kathleen A. Capps, Trustee of Heather & Nichol Capps .25% Joe K. Smith .25% Michael R. Hyden .125%	* Anadarko Petroleum Corp. 100.00%

Recapitulation: Total Federal Acres 1520.00 acres or 100.00%  
Total Unit Acres 1520.00 acres or 100.00%

T  
1  
8  
S



MOC Mewbourne Oil Company  
Tyler, Texas

**EXHIBIT "A"**

○ Wells With Queen Production  
 QUERECHO PLAINS QUEEN  
 ASSOCIATED SAND UNIT  
 Unit Boundary and Tracts

Revised 11/20/94  
 Revised 4/21/93  
 Revised 9/11/91  
 Revised 7/26/91  
 Revised 11/11/91

Form 3160-5  
June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

### SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

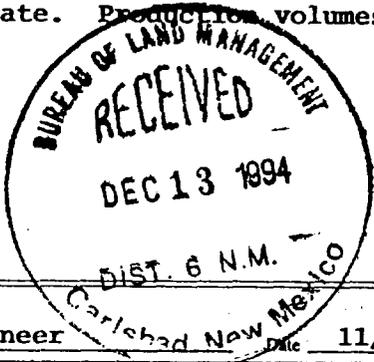
<p>1. Type of Well  <input type="checkbox"/> Oil Well    <input type="checkbox"/> Gas Well    <input checked="" type="checkbox"/> Other <b>QPQASU Consolidated Battery No. 3</b></p> <p>2. Name of Operator  <b>Mewbourne Oil Company</b></p> <p>3. Address and Telephone No.  <b>P. O. Box 7698, Tyler, Texas 75711      (903) 561-2900</b></p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  <b>Point of Disposition:          1980' FSL &amp; 330' FEL of Section 21, T18S-R32E</b></p>	<p>5. Lease Designation and Serial No.  <b>NM-59044</b></p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation  <b>NMNM91005X</b></p> <p>8. Well Name and No.</p> <p>9. API Well No.</p> <p>10. Field and Pool, or Exploratory Area  <b>Querecho Plains Queen</b></p> <p>11. County or Parish, State  <b>Lea Co., New Mexico</b></p>
---	--

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent  <input type="checkbox"/> Subsequent Report  <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <b>Off Lease Storage</b>
	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)</small>

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Operator requests approval for Off Lease Storage of production from Tract 14 of the subject unit. The subject tank battery was used for the Cavalcade Federal "21" Lease and had a maximum of three wells producing from the Queen Formation at one time. Upon unitization of the Querecho Plains Queen Associated pool the operator finds the subject tank setting is located outside the unit boundary. There is currently and it is projected that only one well produce into the tank setting. This well being the QPQASU No. 10 (Cavalcade Federal #1). The remaining unitized Cavalcade well was converted to injection. Attached is a map showing all leases connected to the off-lease facility and the subject unit boundary. Further, attached is an inventory of equipment located at the facility. All production will be stored at the facility and/or trucked off when appropriate. Production volumes are estimated at 20/20/10 (O/W/G).



4. I hereby certify that the foregoing is true and correct

Signed *Kevin Meyer* Title Project Engineer Date 11/29/94  
(This space for Federal or State office use)

Approved by *Adam Salameh* Title Petroleum Engineer Date 12/30/94  
 Conditions of approval, if any:  
- SEE ATTACHED -

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(rev. 2/25/93)

BUREAU OF LAND MANAGEMENT  
CARLSBAD RESOURCE AREA

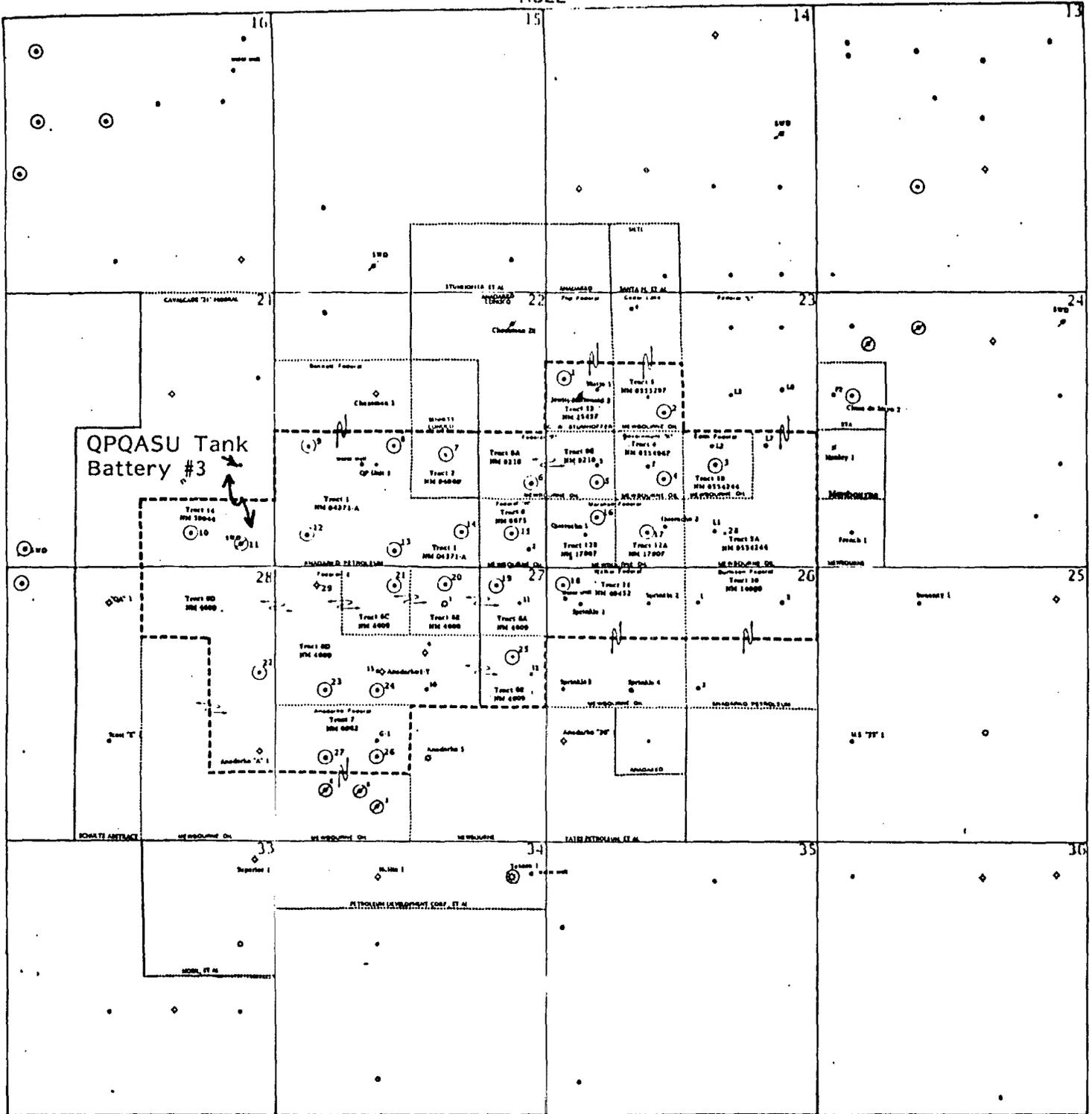
Off Lease Storage/Measurement

Conditions of Approval

Approval of off lease storage/measurement and sales is subject to the following conditions of approval:

1. This agency be notified of any change in your sales method or location of the sales meter.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval does not constitute right-of-way approval for any off lease activities. You need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.

T  
1  
8  
S



MOC Mewbourne Oil Company  
 Tyler, Texas  
**EXHIBIT "A"**  
 ○ Wells With Queen Production  
 QUERECHO PLAINS QUEEN  
 ASSOCIATED SAND UNIT  
 Unit Boundary and Tracts

Revised 11/26/90  
 Revised 4/21/94  
 Revised 9/15/95  
 Revised 7/18/97  
 Revised 11/15/97

QUERECHO PLAINS QUEENS FLOOD

EQUIPMENT INVENTORIES & VALUES

WELL NAME: CAVALCADE "21" #1 PRODUCER

ITEM	SUGGESTED VALUE	QUANTITY	TOTAL
<u>WELLBORE BELOW GROUND</u>			
2 3/8" TUBING	\$0.60	4200	\$2,520.00
TUBING ANCHOR	\$500.00	1	\$500.00
DOWNHOLE PUMP	\$500.00	1	\$500.00
7/8" STEEL SUCKER RODS	\$0.30	1200	\$360.00
3/4" STEEL SUCKER RODS	\$0.20	3000	\$600.00
<u>WELLHEAD ASSEMBLIES</u>			
8 5/8" DRILLING HEAD	\$800.00	1	\$800.00
2 3/8" TUBING HEAD	\$600.00	1	\$600.00
<u>PUMPING UNITS</u>			
LUFKIN C-114-143-64	\$4,500.00		
NATIONAL/EMSCO C-114-143-64	\$4,000.00		
LUFKIN M-114-143-86	\$4,700.00	1	\$4,700.00
LUFKIN C-160-143-74	\$6,000.00		
LUFKIN C-228-213-86	\$8,000.00		
MORGAN C-320-305-100	\$9,000.00		
<u>PRIME MOVERS</u>			
SARGENTS ECONO PAC SIZE 2	\$1,000.00		
SARGENTS ECONO PAC SIZE 3	\$1,500.00		
TOSHIBA/BALDOR 10-15 HP	\$300.00		
TOSHIBA/BALDOR 20-30 HP	\$400.00	1	\$400.00
<u>PRODUCTION EQUIPMENT</u>			
4X20/6X20 HEATER TREATER	\$3,500.00	1	\$3,500.00
2" CIRC. PUMP	\$500.00	1	\$500.00
2" METER RUN W/ METER	\$500.00		
<u>STORAGE TANKS</u>			
436 BBL (13X15) STOCK TANK	\$2,000.00		
300 BBL (12X15) STOCK TANK	\$2,000.00		
210 BBL (10X15) STOCK TANK	\$1,000.00	2	\$2,000.00
<u>FLOWLINES</u>			
2" & 2 1/2" STEEL LINES	\$0.30		
2" POLY LINES	\$0.25	2000	\$500.00
3" POLY LINES	\$0.40	3500	\$1,400.00
<u>INJECTION PUMP</u>			
323 J-60TRIPLEX W/ 30HP MTR	\$5,000.00		
		TOTAL	\$18,880.00

0LS-174

N.M. DE CONS. COMMISSION  
P.O. # 1980  
NEW MEXICO 88240

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
 Oil Well  Gas Well  Other **QPQASU Consolidated Battery No. 3**

5. Lease Designation and Serial No.

**NM-59044**

6. If Indian, Allottee or Tribe Name

2. Name of Operator  
**Mewbourne Oil Company**

7. If Unit or CA, Agreement Designation

**NMNM91005X**

3. Address and Telephone No.  
**P. O. Box 7698, Tyler, Texas 75711 (903) 561-2900**

8. Well Name and No.

9. API Well No.

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**Point of Disposition:**

**1980' FSL & 330' FEL of Section 21, T18S-R32E**

10. Field and Pool, or Exploratory Area

**Querecho Plains Queen**

11. County or Parish, State

**Lea Co., New Mexico**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

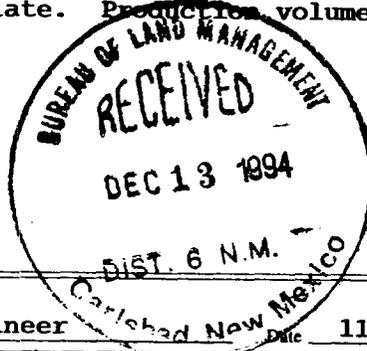
- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other **Off Lease Storage**

- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Operator requests approval for Off Lease Storage of production from Tract 14 of the subject unit. The subject tank battery was used for the Cavalcade Federal "21" Lease and had a maximum of three wells producing from the Queen Formation at one time. Upon unitization of the Querecho Plains Queen Associated pool the operator finds the subject tank setting is located outside the unit boundary. There is currently and it is projected that only one well produce into the tank setting. This well being the QPQASU No. 10 (Cavalcade Federal #1). The remaining unitized Cavalcade well was converted to injection. Attached is a map showing all leases connected to the off-lease facility and the subject unit boundary. Further, attached is an inventory of equipment located at the facility. All production will be stored at the facility and/or trucked off when appropriate. Production volumes are estimated at 20/20/10 (O/W/G).



14. I hereby certify that the foregoing is true and correct

Signed *Kevin Meyer* Title Project Engineer

Title Project Engineer

Date 11/29/94

(This space for Federal or State office use)

Approved by Orig. Signed by Adam Salameh

Title Project Engineer

Date 12/30/94

Conditions of approval, if any:

**- SEE ATTACHED -**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

(rev. 2/25/93)

BUREAU OF LAND MANAGEMENT  
CARLSBAD RESOURCE AREA

Off Lease Storage/Measurement

Conditions of Approval

Approval of off lease storage/measurement and sales is subject to the following conditions of approval:

1. This agency be notified of any change in your sales method or location of the sales meter.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval does not constitute right-of-way approval for any off lease activities. You need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.

**RECEIVED**

JUN 30 1985

W. HOBBS  
OFFICE



QUERECHO PLAINS QUEENS FLOOD  
EQUIPMENT INVENTORIES & VALUES

WELL NAME: CAVALCADE "21" #1 PRODUCER

ITEM	SUGGESTED VALUE	QUANTITY	TOTAL
<u>WELLBORE BELOW GROUND</u>			
2 3/8" TUBING	\$0.60	4200	\$2,520.00
TUBING ANCHOR	\$500.00	1	\$500.00
DOWNHOLE PUMP	\$500.00	1	\$500.00
7/8" STEEL SUCKER RODS	\$0.30	1200	\$360.00
3/4" STEEL SUCKER RODS	\$0.20	3000	\$600.00
<u>WELLHEAD ASSEMBLIES</u>			
8 5/8" DRILLING HEAD	\$800.00	1	\$800.00
2 3/8" TUBING HEAD	\$600.00	1	\$600.00
<u>PUMPING UNITS</u>			
LUFKIN C-114-143-64	\$4,500.00		
NATIONAL/EMSCO C-114-143-64	\$4,000.00		
LUFKIN M-114-143-86	\$4,700.00	1	\$4,700.00
LUFKIN C-160-143-74	\$6,000.00		
LUFKIN C-228-213-86	\$8,000.00		
MORGAN C-320-305-100	\$9,000.00		
<u>PRIME MOVERS</u>			
SARGENTS ECONO PAC SIZE 2	\$1,000.00		
SARGENTS ECONO PAC SIZE 3	\$1,500.00		
TOSHIBA/BALDOR 10-15 HP	\$300.00		
TOSHIBA/BALDOR 20-30 HP	\$400.00	1	\$400.00
<u>PRODUCTION EQUIPMENT</u>			
4X20/6X20 HEATER TREATER	\$3,500.00	1	\$3,500.00
2" CIRC. PUMP	\$500.00	1	\$500.00
2" METER RUN W/ METER	\$500.00		
<u>STORAGE TANKS</u>			
436 BBL (13X15) STOCK TANK	\$2,000.00		
300 BBL (12X15) STOCK TANK	\$2,000.00		
210 BBL (10X15) STOCK TANK	\$1,000.00	2	\$2,000.00
<u>FLOWLINES</u>			
2" & 2 1/2" STEEL LINES	\$0.30		
2" POLY LINES	\$0.25	2000	\$500.00
3" POLY LINES	\$0.40	3500	\$1,400.00
<u>INJECTION PUMP</u>			
323 J-60TRIPLEX W/ 30HP MTR	\$5,000.00		
		TOTAL	\$18,880.00

**RECEIVED**

JAN 09 1995

OCD HOBBS  
OFFICE

MS  
Owners

P 669 427 807



**Certified Mail Receipt**

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

**ANADARKO PETROLEUM**  
**ATT: RICHARD ROWE**  
**P. O. BOX 1330**  
**HOUSTON, TX 77251-1330**

QPQ

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark for Date	

PS Form 3800, June 1990

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

**ANADARKO PETROLEUM**  
**ATT: RICHARD ROWE**  
**P. O. BOX 1330**  
**HOUSTON, TX 77251-1330**

QPQ

4a. Article Number  
**P 669 427 807**

4b. Service Type

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

7. Date of Delivery  
**SEP 22 1994**

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.



LARRY ARNOLD  
 P. O. BOX 2253  
 HOBBS, NM 88241-2253

QPQ

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
Postage	\$
Postmark or Date	

PS Form 3800, June 1990



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LARRY ARNOLD  
 P. O. BOX 2253  
 HOBBS, NM 88241-2253

4a. Article Number

P 669 427 808

4b. Service Type

- Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery

9/30

5. Signature (Addressee)

*QPQ Larry Arnold*

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 669 427 809



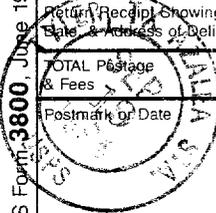
### Certified Mail Receipt

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

**ASSOCIATED PARTNERS 1986  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005**

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990



Is your RETURN ADDRESS indicated on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**ASSOCIATED PARTNERS 1986  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005**

4a. Article Number  
**P 669 427 809**

4b. Service Type

Registered       Insured

Certified       COD

Express Mail       Return Receipt for Merchandise

5. Signature (Addressee)  
**PPQ**

7. Date of Delivery  
**SEP 22 1990**

6. Signature (Agent)  
**JP**

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

Thank you for using Return Receipt Service.

P 028 722 401



**Receipt for Certified Mail**

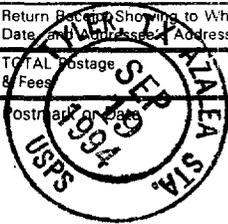
No Insurance Coverage Provided

CARROLL BELLAH, ET UX  
C/O PAT BELLAH  
P. O. BOX 100  
ARTESIA, NM 88210

QPQ

PS Form 3800, June 1991

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CARROLL BELLAH, ET UX  
C/O PAT BELLAH  
P. O. BOX 100  
ARTESIA, NM 88210

4a. Article Number  
P 028 722 401

4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
9-23-94

5. Signature (Addressee)  
QPQ

6. Signature (Agent)  
[Signature]

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

Thank you for using Return Receipt Service.

P 028 722 402



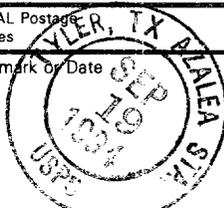
**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

PHILIP R. BISHOP  
500 WEST 7TH STREET  
SUITE 1800  
FT. WORTH, TX 76102-4700

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

PS Form 3800, June 1991



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 PHILIP R. BISHOP  
 500 WEST 7TH STREET  
 SUITE 1800  
 FT. WORTH, TX 76102-4700

4a. Article Number  
 P028 722 402

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

7. Date of Delivery  
 SEP 21 1994

5. Signature (Addressee)  
 QPQ

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

6. Signature (Agent)

Thank you for using Return Receipt Service

P 669 427 824



**Certified Mail Receipt**

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

**GENE FULMER  
212 LEE STREET  
WICHITA FALLS, TX 76801**

QPQ

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS indicated on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**GENE FULMER  
212 LEE STREET  
WICHITA FALLS, TX 76801**

4a. Article Number

P 669 427 824

4b. Service Type

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

7. Date of Delivery

SEP 23 1994

5. Signature (Addressee)

QPQ

6. Signature (Agent)

*Gene Fulmer*

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

Thank you for using Return Receipt Service.

Z 157 460 473



Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for international Mail

RAY FULMER  
212 LEE STREET  
WICHITA FALLS, TX 76801

PS Form 381

PPQ

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RAY FULMER  
212 LEE STREET  
WICHITA FALLS, TX 76801

4a. Article Number

PPQ  
Z 157 460 473

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

SEP 21 1994

5. Signature (Addressee)

6. Signature (Agent)

PPQ  
*Ray Fulmer*

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

Thank you for using Return Receipt Service.

Z 157 460 474



Receipt for Certified Mail

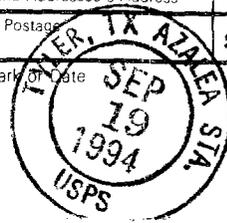
No Insurance Coverage Provided  
Do not use for International Mail

PS Form 3811, March 1993

DEBRA JOHNSON HEAD  
1400 RANKIN HIGHWAY  
SUITE 28  
MIDLAND, TX 79701

QPQ

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



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEBRA JOHNSON HEAD  
1400 RANKIN HIGHWAY  
SUITE 28  
MIDLAND, TX 79701

QPQ

4a. Article Number

Z 157 460 474

4b. Service Type

- Registered  Insured.
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

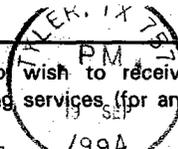
9/21

5. Signature (Addressee)

*Debra Johnson*

6. Signature (Agent)

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



Thank you for using Return Receipt Service.

Z 157 460 475



**Receipt for Certified Mail**

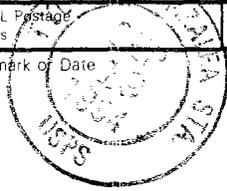
No Insurance Coverage Provided

HILLSIDE SYNDICATE  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005

PS Form 3801

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

QPQ



Is your RETURN ADDRESS guaranteed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HILLSIDE SYNDICATE  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005

4a. Article Number

Z 157 460 475

4b. Service Type

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

7. Date of Delivery

SEP 22 1991

5. Signature (Addressee)

QPQ

6. Signature (Agent)

A.H.

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

Thank you for using Return Receipt Service.

Z 157 460 476



Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

PS Form 3800, March 1993

DEMAR JOHNSON HOPSON 1400 RANKIN HIGHWAY SUITE 28 MIDLAND, TX 79701 OPO	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark (Date)	



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEMAR JOHNSON HOPSON  
 1400 RANKIN HIGHWAY  
 SUITE 28  
 MIDLAND, TX 79701

4a. Article Number

Z 157 460 476

4b. Service Type

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

7. Date of Delivery

9/21

5. Signature (Addressee)

OPO  
D. Wallace

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Z 157 460 477



Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

F. KIRK JOHNSON III  
P. O. BOX 2742  
ABILENE, TX 79604-2742

QPQ

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
F. KIRK JOHNSON III  
P. O. BOX 2742  
ABILENE, TX 79604-2742

4a. Article Number  
Z 157 460 477

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

7. Date of Delivery  
SEP 21 1994

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

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

Thank you for using Return Receipt Service

Z 157 460 478



Receipt for Certified Mail

No Insurance Coverage Provided  
Postage for International Mail

JOYRAN CORPORATION  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005

QPQ

PS Form 3800

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
JOYRAN CORPORATION  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005

4a. Article Number  
Z 157 460 478

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

7. Date of Delivery  
SEP 22 1994

5. Signature (Addressee)  
QPQ

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

6. Signature (Agent)  
[Signature]

Thank you for using Return Receipt Service.

Z 157 460 479



Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

HAROLD LOBLEY  
5698 KUVARIK ROAD  
WICHITA FALLS, TX  
76310-1226

PS Form 3811

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

Q P Q

WICHITA FALLS, TX AZALEA STA  
SEP 19 1994  
USPS

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 HAROLD LOBLEY  
 5698 KUVARIK ROAD  
 WICHITA FALLS, TX 76310-  
 Q P Q -1226

4a. Article Number  
 Z 157 460 479

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

7. Date of Delivery  
 09-21-94

5. Signature (Addressee)  
*Harold Loble*

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

6. Signature (Agent)

Thank you for using Return Receipt Service

Z 157 460 480



Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

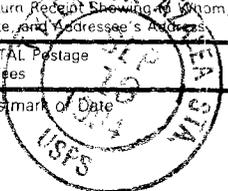
THE MANSOR LIVING TRUST  
U/T/D 8-26-91  
1400 8TH STREET  
WICHITA FALLS, TX 76301

MANSUR  
P.O. BOX 8106  
76307-8106

QPQ

PS Form 3811

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



22 Sept 94

HARL D MANSUR JR  
EVELYN L MANSUR TRS  
THE HARL D JR AND EVELYN L OWENS  
MANSUR LIVING TRUST U/A 08-26-91  
P.O. BOX 8106  
WICHITA FALLS TX 76307-8106

TAX ID NO. 446-09-9575

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THE MANSOR LIVING TRUST  
U/T/D 8-26-91  
1400 8TH STREET  
WICHITA FALLS, TX 76301

4a. Article Number  
Z 157 460 480

4b. Service Type

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

7. Date of Delivery  
SEP 22 1994

5. Signature (Addressee)  
QPQ

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

6. Signature (Agent)  
X Dale Scheller

Thank you for using Return Receipt Service.

Z 157 460 481



Receipt for Certified Mail QPQ

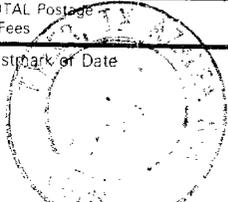
No Insurance Coverage Provided Mail

ANN MCREYNOLDS (CONS)  
C/O JOHN MCREYNOLDS  
THIRTY-TWO HUNDRED  
2001 BRYAN TOWER

DALLAS, TX 75201

PS Form 3801

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



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
ANN MCREYNOLDS (CONS)  
C/O JOHN MCREYNOLDS  
THIRTY-TWO HUNDRED  
2001 BRYAN TOWER  
DALLAS, TX 75201

4a. Article Number  
Z 157 460 481

4b. Service Type

Registered       Insured

Certified       COD

Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
9-21-94

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

Z 157 460 482



Receipt for Certified Mail

No Insurance Coverage Provided

MURJO OIL & ROYALTY CO.  
ATT: BETTYE DAVIS  
BOX 121818  
FT. WORTH, TX 76121-1818

QPQ

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark	SEP 19 1994 TYLER TX AZALEA STA

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
MURJO OIL & ROYALTY CO.  
ATT: BETTYE DAVIS  
BOX 121818  
FT. WORTH, TX 76121-1818

4a. Article Number  
Z 157 460 482

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

7. Date of Delivery

QPQ

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

Z 157 460 483



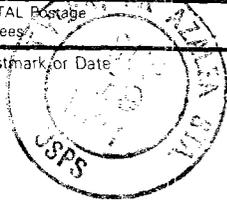
**Receipt for Certified Mail**

No Insurance Coverage Provided  
For International Mail

OXY USA INC.  
ATT: TERRY LINDQUIST  
P. O. BOX 50250  
MIDLAND, TX 79710

PS Form 3800  
QPQ

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



Is your RETURN ADDRESS on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
OXY USA INC.  
ATT: TERRY LINDQUIST  
P. O. BOX 50250  
MIDLAND, TX 79710

4a. Article Number  
Z 157 460 483

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

7. Date of Delivery  
9-21-94

5. Signature (Addressee)  
QPQ  
7667

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

6. Signature (Agent)  
*Terry Lindquist*

Thank you for using Return Receipt Service.

Z 157 460 484



Receipt for Certified Mail

No Insurance Coverage Provided

CLARENCE STUMHOFFER  
P. O. BOX 100416  
FT. WORTH, TX 76185-0416

PPQ

PS Form 3800	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, Address for Address	
	Total Postage & Fees	\$
	Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 CLARENCE STUMHOFFER  
 P. O. BOX 100416  
 FT. WORTH, TX 76185-0416

4a. Article Number  
 Z 157 460 484

4b. Service Type

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

7. Date of Delivery  
 9-22-94

5. Signature (Addressee)  
 C.W. Stumhoffer

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

Z 157 460 485



Receipt for Certified Mail

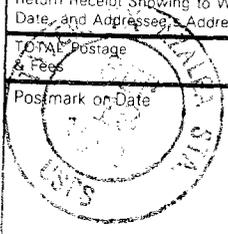
No insurance Coverage Provided  
Do not use for International Mail

FRIEDA TIPTON STUMHOFFER  
P. O. BOX 100416  
FT. WORTH, TX 76185-0416

PPQ

PS Form 3800

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FRIEDA TIPTON STUMHOFFER  
P. O. BOX 100416  
FT. WORTH, TX 76185-0416

4a. Article Number

Z 157 460 485

4b. Service Type

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

7. Date of Delivery

9-22-94

5. Signature (Addressee)

6. Signature (Agent)

*Frieda Tipton Stumhoffer*

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

Thank you for using Return Receipt Service.

Z 157 460 487

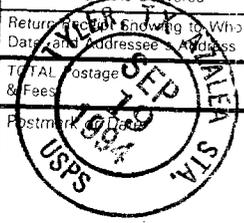


Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to <b>Toombs Trust</b>	
Street and No. <b>11216 Pinehurst Drive</b>	
P.O., State and ZIP Code <b>Austin, TX 78747</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee Address	
TOTAL Postage & Fees	\$
Postmark (Date)	



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**Toombs Trust**  
**11216 Pinehurst Drive**  
**Austin, TX 78747**

5. Signature (Addressee)  
*QPQ Toombs*

6. Signature (Agent)

4a. Article Number  
**Z157 460 487**

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

7. Date of Delivery  
*9/21/93*

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

Thank you for using Return Receipt Service.

Z 157 460 486



Receipt for Certified Mail

No insurance Coverage Provided

PEGGY S. TAYLOR (BERNARD)  
P. O. BOX 25005  
HOUSTON, TX 77265-5005

QPQ

PS Form 3811	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, and Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
  - Complete items 3, and 4a & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
PEGGY S. TAYLOR (BERNARD)  
P. O. BOX 25005  
HOUSTON, TX 77265-5005

4a. Article Number  
Z 157 460 486

- 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 |

5. Signature (Addressee)  
*Peggy S Taylor*

7. Date of Delivery  
SEP 23 1994

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Z 157 460 488



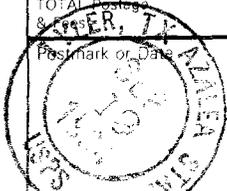
### Receipt for Certified Mail

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

**C. DANIEL WALKER**  
**6729 BRANTS LANE**  
**FT. WORTH, TX 76116-7201**

PS Form 3800

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



Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**C. DANIEL WALKER**  
**6729 BRANTS LANE**  
**FT. WORTH, TX 76116-7201**

4a. Article Number  
**Z 157 460 488**

- 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

5. Signature (Addressee)  
**QPQ**

6. Signature (Agent)

*[Handwritten Signature]*



Thank you for using Return Receipt Service.

RG Owners

Sue Hearson

QPA Z 157 460 458  
RI WI



Receipt for Certified Mail

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

PS Form 3806, March 1993

Sent to	
Anadarko Petroleum	
Attn: Richard Pratt	
P.O. Box 1330	
Houston, TX 77251-1330	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	\$
Postmark of Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Anadarko Petroleum Attn: Richard Pratt P.O. Box 1330 Houston, TX 77251-1330	4a. Article Number Z 157 460 458
5. Signature (Addressee) QPA RI	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent) C. [Signature]	7. Date of Delivery SEP 22 1994
8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Sue Aaron  
 Z 157 460 456



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

PS Form 3800, March 1993

Sent to	
Bureau of Land Management	
1717 W. Second	
Roswell, NM 88201	
Attn: Mr. Tony Ferguson	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	TYLER TX 17 SEP 1993

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> • 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 will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: Bureau of Land Management 1717 W. Second Roswell, NM 88201 Attn: Mr. Tony Ferguson	4a. Article Number Z 157 460 456	
	5. Signature (Addressee) <i>QPA RI</i> <i>Randy Jones</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
	6. Signature (Agent)	7. Date of Delivery 9-27-94	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Z 157 460 489



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

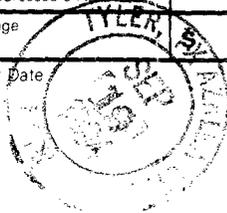
**L. E. BEARDEN, JR.  
2525 RIGEMAR  
FORT WORTH, TX 76116**

QPQ

RI

PS Form 3800

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



Z 157 460 490



Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

PS Form 3800, March 1993

GARY L. BENNETT, ET UX  
CANDACE JO BENNETT  
P. O. BOX 16844  
LUBBOCK, TX 79490

QPQ RI

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional service.
- 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 will show to whom the article was delivered and the date delivered.



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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GARY L. BENNETT, ET UX  
CANDACE JO BENNETT  
P. O. BOX 16844  
LUBBOCK, TX 79490

QPQ RI

5. Signature (Addressee)

6. Signature (Agent)

*Billy M Scarborough*

4a. Article Number

Z 157 460 490

4b. Service Type

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

7. Date of Delivery

9-21-94

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

Thank you for using Return Receipt Service.

Z 157 460 491



Receipt for Certified Mail

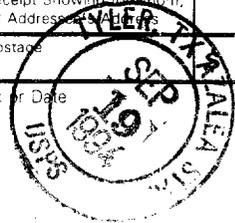
No Insurance Coverage Provided  
Do not use for International Mail

PS Form 3800 March 1992

O. H. BERRY  
ONE MARIENFIELD PLACE  
SUITE 188  
MIDLAND, TX 79702

QPQ RI

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

O. H. BERRY  
ONE MARIENFIELD PLACE  
SUITE 188  
MIDLAND, TX 79702

QPQ RI

4a. Article Number  
Z 157 460 491

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
9/21

5. Signature (Addressee)  
*B. Roberts*

6. Signature (Agent)

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

Thank you for using Return Receipt Serv

Z 157 460 492



Receipt for Certified Mail

No Insurance Coverage Provided

PS Form 3800, March 1993

VIRGINIA BERRY  
ONE MARIENFIELD PLACE  
SUITE 188  
MIDLAND, TX 79702

QPQ

RI

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

VIRGINIA BERRY  
ONE MARIENFIELD PLACE  
SUITE 188  
MIDLAND, TX 79702

QPQ

RI

4a. Article Number

Z 157 460 492

4b. Service Type

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

7. Date of Delivery

9/21

5. Signature (Addressee)

*B. Roberts*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Z 157 460 493



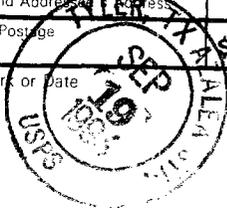
Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

MARGARET L. BEUCK  
1107 ROARING SPRINGS ROAD  
FORT WORTH, TX 76114-4417

QPQ RI

PS Form 380	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, and Address of Addressee	
	TOTAL Postage & Fees	
	Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**MARGARET L. BEUCK**  
**1107 ROARING SPRINGS ROAD**  
**FORT WORTH, TX 76114-4417**

4a. Article Number  
**Z 157 460 493**

4b. Service Type

Registered     Insured

Certified         COD

Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
**9-22-94**

5. Signature (Addressee)  
*Margaret L. Beuck*

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

Z 157 460 494



Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

JOHN O. BORG III  
324 HENKEL LANE  
MESA, AZ 85201-6201

PS Form 3800 March 1993

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 JOHN O. BORG III  
 324 HENKEL LANE  
 MESA, AZ 85201-6201

4a. Article Number  
 Z 157 460 494

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

7. Date of Delivery  
 9-21-94

5. Signature (Addressee)  
 QPG RI

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

6. Signature (Agent)  
 CES LI

Thank you for using Return Receipt Service.

Z 157 460 495



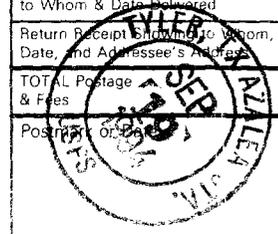
Receipt for Certified Mail

No Insurance Coverage Provided  
Postage for International Mail

ELIZABETH SUE BORGAARD ESTA  
RICHARD D. BORGAARD, EXECUTOR  
P. O. BOX 9220  
BEND, OR 97708

PS Form 3800

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



on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELIZABETH SUE BORGAARD ESTATE  
RICHARD D. BORGAARD, EXECUTOR  
P. O. BOX 9220  
BEND, OR 97708

4a. Article Number  
Z 157 460 495

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery  
9/26/91

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

Is your RETURN AD

Thank you for using Return Receipt Service.

Z 157 460 496



Receipt for Certified Mail

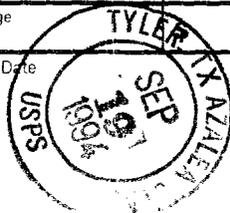
No Insurance Coverage Provided  
Postmaster: For International Mail

PS Form 3800, March 1993

RICHARD D. BORGAARD  
P. O. BOX 9220  
BEND, OR 97708

OPQ RI

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RICHARD D. BORGAARD  
P. O. BOX 9220  
BEND, OR 97708

OPQ RI

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
Z 157 460 496

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
9/26/94

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

Thank you for using Return Receipt Service.

Z 157 460 497



Receipt for Certified Mail

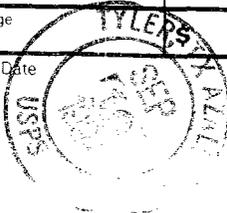
No Insurance Coverage Provided  
Do not use for International Mail

PAMELA BROOKS  
2545 TYLER ST.  
EUGENE, OR 97405-2266

QPQ RI

PS Form 3800

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PAMELA BROOKS  
2545 TYLER ST.  
EUGENE, OR 97405-2266

4a. Article Number  
Z 157 460 497

4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
9-22-94

5. Signature (Addressee)  
QPQ RI

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

6. Signature (Agent)  
P. Brooks

Thank you for using Return Receipt Service.

Z 157 460 498



Receipt for Certified Mail

No Insurance Coverage Provided

BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT OFFICE
1717 WEST SECOND STREET
ROSWELL, NM 88201-2019

QPQ RI

PS Form 3800

Table with 2 columns: Description (Postage, Certified Fee, Special Delivery Fee, Restricted Delivery Fee, Return Receipt Showing to Whom & Date Delivered, Return Receipt Showing Return Date, Date of Addressee's Address, Total Postage & Fees, Postmark or Date) and Amount (\$). Includes a circular postmark from Roswell, NM, dated SEP 19 1994.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach this form to the front of the mailpiece, or on the back if space does not permit.
• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. [ ] Addressee's Address
2. [ ] Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT OFFICE
1717 WEST SECOND STREET
ROSWELL, NM 88201-2019
5. Signature (Addressee)
6. Signature (Agent)

4a. Article Number
Z 157 460 498
4b. Service Type
[ ] Registered [ ] Insured
[X] Certified [ ] COD
[ ] Express Mail [ ] Return Receipt for Merchandise
7. Date of Delivery
9-22-94
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Z 157 460 499



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**LEWIS BURLESON  
P. O. BOX 2479  
MIDLAND, TX 79701-2479**

PS Form 3801

QPQ RI

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**LEWIS BURLESON  
P. O. BOX 2479  
MIDLAND, TX 79701-2479**

QPQ RI

4a. Article Number  
**Z 157 460 499**

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**9-22-91**

5. Signature (Addressee)

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

6. Signature (Agent)  
**Bonnie Oteater**

Thank you for using Return Receipt Service.

Z 157 460 500



Receipt for Certified Mail

No Insurance Coverage Provided

STEVE BURLESON  
P. O. BOX 2479  
MIDLAND, TX 79701-2479

PS Form 3800

QPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address of Recipient	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

STEVE BURLESON  
P. O. BOX 2479  
MIDLAND, TX 79701-2479

QPQ RI

4a. Article Number  
Z 157 460 500

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)

7. Date of Delivery  
9-22-94

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

6. Signature (Agent)  
Bonnie Oteator

Thank you for using Return Receipt Service.

Z 157 460 501



Receipt for Certified Mail **QPQ RI**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Back)

KATHLEEN CAPPS, TRUSTEE OF  
P. O. BOX 51311  
MIDLAND, TX 79710-1311

PS Form 3800, Mar 91

P. O., State and ZIP Code

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee	
TOTAL Postage & Fees	
Postmark or Date	SEP 22 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 KATHLEEN CAPPS, TRUSTEE OF THE  
 HEATHER E. CAPPS &  
 NICHOLETE M. CAPPS TR  
 P. O. BOX 51311  
 MIDLAND, TX 79710-1311  
**QPQ RI**

5. Signature (Addressee)

6. Signature (Agent)  
*Heather E. Capps*

4a. Article Number  
**Z 157 460 501**

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

7. Date of Delivery  
**SEP. 22 1994**

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

Thank you for using Return Receipt Service.

Z 157 460 502



Receipt for Certified Mail

No Insurance Coverage Provided

PS Form 3800, March 1993

CAVALCADE HOLDINGS  
ATT: JOE CONNER  
6901 QUAKER AVENUE  
LUBBOCK, TX 79413

QPQ RI

Postage	\$
Certified Fee	
Specia. Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	SEP 19 1994 LUBBOCK, TX USPS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CAVALCADE HOLDINGS  
ATT: JOE CONNER  
6901 QUAKER AVENUE  
LUBBOCK, TX 79413

QPQ RI

5. Signature (Addressee)

*[Handwritten Signature]*

6. Signature (Agent)

4a. Article Number

Z 157 460 502

4b. Service Type

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

7. Date of Delivery

9/21/94 *[Handwritten Signature]*

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

Thank you for using Return Receipt Service.

Z 157 460 503



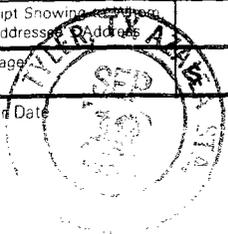
Receipt for Certified Mail

ADRIAN E. CLOUTHIER  
P. O. BOX 295  
WAGON MOUND, NM 87752-0295

PS Form 3800, May 1991

QPQ RI

P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date, and Address	
TOTAL Postage & Fees	
Postmark of 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 will show to whom the article was delivered and the date delivered.

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:  
ADRIAN E. CLOUTHIER  
P. O. BOX 295  
WAGON MOUND, NM 87752-0295

4a. Article Number  
Z 157 460 503

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

7. Date of Delivery  
9/22/94

5. Signature (Addressee)  
*Adrian Clouthier*

6. Signature (Agent)

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

Is your RETURN ADDRESS on the reverse side?

Thank you for using Return Receipt Service.

Z 157 460 504



Receipt for Certified Mail

No Insurance Coverage Provided

CHARLES & GWEN CLOUTHIER  
1901 CAMINO RIO  
FARMINGTON, NM 87401-8049

QPQ RI

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



Read on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**CHARLES & GWEN CLOUTHIER**  
**1901 CAMINO RIO**  
**FARMINGTON, NM 87401-8049**

4a. Article Number  
**Z 157 460 504**

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

7. Date of Delivery  
**9/22/94**

Is your RETURN AL

5. Signature (Addressee)  
*Charles Clouthier*

6. Signature (Agent)  
*Gwen Clouthier*

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

Thank you for using Return Receipt Service.

P 542 186 545

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

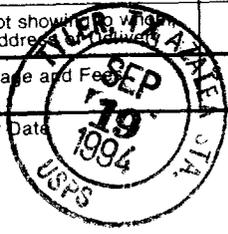
(See Reverse)

ROBERT L. CLOUTHIER  
1832 W. BRIARWOOD  
LITTLETON, CO 80120-3637

PS Form 3800, Feb. 1982

★ U.S.G.	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom Date, and Address	
	TOTAL Postage and Fees	
	Postmark or Date	

QPQ RI



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
ROBERT L. CLOUTHIER  
1832 W. BRIARWOOD  
LITTLETON, CO 80120-3637

4a. Article Number  
P 542 186 545

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

7. Date of Delivery  
22 SEP 1994

5. Signature (Addressee)  
*Robert L. Clouthier*

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 542 186 546

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982  
\* U.S.G.P.O. 1983-403-517

CLUB OIL & GAS 2300 S. TOWER 600 17TH STREET DENVER, CO 80202 QPQ RI	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CLUB OIL & GAS  
2300 S. TOWER  
600 17TH STREET  
DENVER, CO 80202  
QPQ RI

4a. Article Number

P 542 186 546

4b. Service Type

- Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery

9-22-94

5. Signature (Addressee)

*[Handwritten Signature]*

6. Signature (Agent)

*[Handwritten Signature]*

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

Thank you for using Return Receipt Service.

P 542 186 547

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

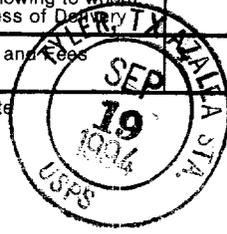
JAMES J. COLE  
P. O. DRAWER K  
MESILLA, NM 88046

★ U.S.G.P.O. 1983-403-517

QPQ RI

PS Form 3800, Feb. 1982

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JAMES J. COLE  
P. O. DRAWER K  
MESILLA, NM 88046

QPQ RI

4a. Article Number  
P 542 186 547

4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
9/22/94

5. Signature (Addressee)  
James J. Cole

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 542 186 548

RECEIPT FOR CERTIFIED MAIL

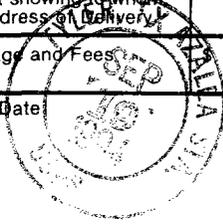
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

JAMES J. COLE, PERSONAL REP  
FOR JIMMIE COLE  
P. O. DRAWER K  
MESILLA, NM 88046

QPQ RI

U.S.G.I	Postage	\$
★	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
PS Form 3800, Feb. 1982	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	
	Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
JAMES J. COLE, PERSONAL REPR  
FOR JIMMIE COLE  
P. O. DRAWER K  
MESILLA, NM 88046

4a. Article Number  
P 542 186 548

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

7. Date of Delivery  
9/22/94

5. Signature (Addressee)  
J. Cole  
6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 549

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

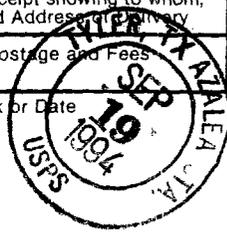
KATHERINE CREWS  
P. O. BOX 352  
PECOS, TX 79772

★ U.S.G.P.O. FORM 3800, FEB. 1982

PS Form 3800, Feb. 1982

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

QPQ RI



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KATHERINE CREWS  
P. O. BOX 352  
PECOS, TX 79772

QPQ RI

4a. Article Number  
P 542 186 549

4b. Service Type

Registered       Insured

Certified       COD

Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
9-22-94

5. Signature (Addressee)

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

6. Signature (Agent)  
Gloria Hanson

Thank you for using Return Receipt Service.

P 542 186 550

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

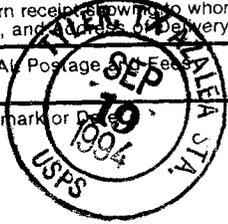
★ U.S.G.P.O. 1082-402-517

SUSIE CREWS  
6604 SHADOW VALLEY DR.  
AUSTIN, TX 78731

DPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, Feb. 1982



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUSIE CREWS  
6604 SHADOW VALLEY DR.  
AUSTIN, TX 78731

DPQ RI

4a. Article Number  
P 542 186 550

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)  
Susan Crews

6. Signature (Agent)

7. Date of Delivery  
9-21-94

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

Thank you for using Return Receipt Service.

P 542 186 523

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

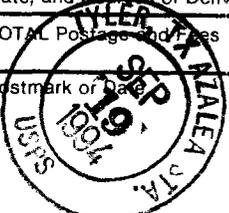
(See Reverse)

WILLIAM R. CROW  
5007 CANTERBURY DRIVE  
MIDLAND, TX 79705

PS Form 3800, Feb. 1982  
\* U.S.G.P.O. 1989-400-517

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark of Date	

QPQ RI



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILLIAM R. CROW  
5007 CANTERBURY DRIVE  
MIDLAND, TX 79705

QPQ RI

5. Signature (Addressee)  
*Shelly Barron*

6. Signature (Agent)

4a. Article Number  
P 542 186 523

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

7. Date of Delivery  
9-21-91

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

Thank you for using Return Receipt Service.

P 542 186 524

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

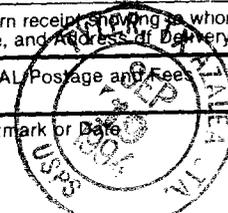
THOMAS CURRAN  
1582 SINGLETON  
WICHITA FALLS, TX 76302

PS Form 3800, Feb. 1982

★ U.S.G.P

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

QPO RI



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THOMAS CURRAN  
1582 SINGLETON  
WICHITA FALLS, TX 76302

5. Signature (Addressee)  
QPO RI  
*Thomas E. Curran*

6. Signature (Agent)

4a. Article Number  
P 542 186 524

4b. Service Type

Registered     Insured

Certified     COD

Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
9/21/94

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

Thank you for using Return Receipt Service

P 542 186 525

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

ESTATE OF J. WALTER DUNCAN,  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

PS Form 3800, Feb. 1982

U.S.G.F

OPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

ESTATE OF J. WALTER DUNCAN, SR.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

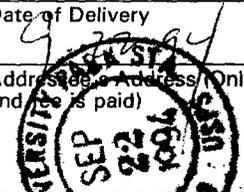
4a. Article Number

P 542 186 525

4b. Service Type

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

7. Date of Delivery



Is your RETURN ADD?

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 529

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

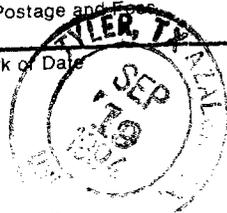
JOAN R. DUNCAN  
P. O. BOX 24267  
DENVER, CO 80224-0267

PS Form 3800, Feb. 1982

★ U.S.G.P

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark of Date	

QPP RI



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOAN R. DUNCAN  
P. O. BOX 24267  
DENVER, CO 80224-0267

QPP RI

5. Signature (Addressee)  
*Joan R. Duncan*

6. Signature (Agent)

4a. Article Number  
P 542 186 529

4b. Service Type

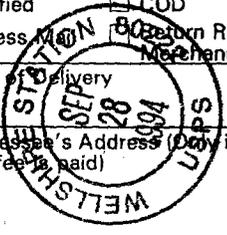
Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
SEP 28 1994

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



Thank you for using Return Receipt Service.

P 542 186 531

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

J. WALTER DUNCAN, JR.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

★ U.S.G.P. PS Form 3800, Feb. 1982

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

QPO RI



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J. WALTER DUNCAN, JR.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

QPO RI  
5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P 542 186 531

4b. Service Type

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

Date of Delivery  
SEP 10 1991

Address of Addressee (Only if requested)

Thank you for using Return Receipt Service.

P 542 186 532

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

HEIRS TO NICHOLS R. DUPONT,  
C/O WHITECROSS MYERS TRUST OF  
255 S. COUNTY RD.  
PALM BEACH, FL 33480

* U.S.G.	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
HEIRS TO NICHOLS R. DUPONT,  
C/O WHITECROSS MYERS TRUST  
255 S. COUNTY RD.  
PALM BEACH, FL 33480

4a. Article Number  
P 542 186 532

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

7. Date of Delivery  
9-21-94

5. Signature (Addressee)  
QPO RI

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 542 186 533

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

WILLIAM GREEN  
P. O. BOX 1465  
MIDLAND, TX 79702-1465

OPQ RI

★ U.S.G.P.	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	
PS Form 3800, Feb. 1982	Postmark or Date	SEP 19 1994

Is your RETURN ADDRESS completed on the reverse side? <b>SENDER:</b> • 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 will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: WILLIAM GREEN P. O. BOX 1465 MIDLAND, TX 79702-1465
5. Signature (Addressee) <i>William Green</i>	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
6. Signature (Agent)	7. Date of Delivery SEP 22 1994
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

P 542 186 556

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

NANCY HAYES  
P. O. BOX 2479  
MIDLAND, TX 79702-2479

PS Form 3800, Feb. 1982

U.S.G.P

QPO RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3 and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NANCY HAYES  
P. O. BOX 2479  
MIDLAND, TX 79702-2479

4a. Article Number  
P 542 186 556

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)  
QPO RI

7. Date of Delivery  
9-22-94

6. Signature (Agent)  
Bonnie Ottwater

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

Thank you for using Return Receipt Service.

P 542 186 559

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

CHARLES HEYNE  
3820 WEST ALABAMA STREET  
SUITE 100  
HOUSTON, TX 77027-5291

* U.S.G.P	Postage	\$
	Certified Fee	
	Special Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 CHARLES HEYNE  
 3820 WEST ALABAMA STREET  
 SUITE 100  
 HOUSTON, TX 77027-5291

4a. Article Number  
P 542 186-559

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

7. Date of Delivery  
9-21-94

QPO RI

5. Signature (Addressee)

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

6. Signature (Agent)

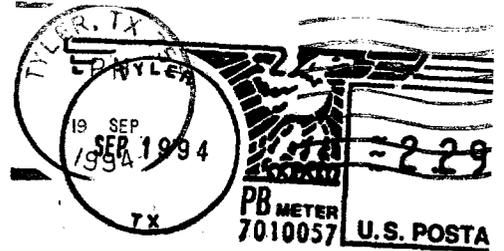
PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

WBOURNE OIL COMPANY

P. O. BOX 7698

TYLER, TEXAS 75711



Not at this address 2/20/62

CHARLES HEYNE  
 3820 WEST ALABAMA STREET  
 SUITE 100  
 HOUSTON, TX 77027-5291

**INSUFFICIENT ADDRESS**

RETURNED TO SENDER  
 ATTEMPTED, NOT KNOWN

P 542 186 560

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

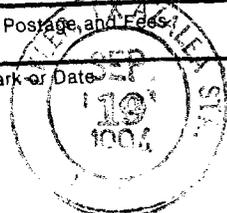
(See Reverse)

F. HEYNE (HEYNE OIL & GAS)  
3820 WEST ALABAMA STREET  
SUITE 100  
HOUSTON, TX 77027-5291

PS Form 3800, Feb. 1982

★ U.S.G.	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees		\$
Postmark or Date		

QPO RI



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
F. HEYNE (HEYNE OIL & GAS)  
3820 WEST ALABAMA STREET  
SUITE 100  
HOUSTON, TX 77027-5291

4a. Article Number  
P 542 186 560

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

7. Date of Delivery  
9-21-91

5. Signature (Addressee)  
QPO RI  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

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

Thank you for using Return Receipt Service.

P 542 186 561

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PATRICIA HOWARD  
4162 QUEBEC ST.  
DENVER, CO 80237-2129

PS Form 3800, Feb. 1982

U.S.G.I. \* Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

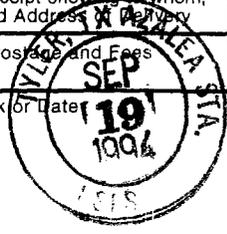
Return Receipt Showing to whom and Date Delivered

Return receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

QPO RI



Is your RETURN ADDRESS completed on the reverse side?

**SENDER**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
PATRICIA HOWARD  
4162 QUEBEC ST.  
DENVER, CO 80237-2129

4a. Article Number  
P 542 186 561

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

Date of Delivery

5. Signature (Addressee)  
Patricia Howard

6. Signature (Agent)

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



Thank you for using Return Receipt Service.

P 542 186 562

RECEIPT FOR CERTIFIED MAIL

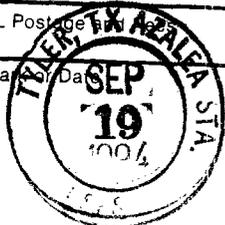
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

JEANETTE HUBBARD  
403 LA CIMA ROAD  
GALLUP, NM 87301-5736

QPO RI

★ U.S.G.P	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	\$
	Postmaster's Date	



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**JEANETTE HUBBARD**  
**403 LA CIMA ROAD**  
**GALLUP, NM 87301-5736**

4a. Article Number  
P 542 186 562

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

7. Date of Delivery  
9/22/91

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

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

Thank you for using Return Receipt Service.

P 542 186 563

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

JACK HUFF  
P. O. BOX 50190  
MIDLAND, TX 79710-0190

PS Form 3800, Feb. 1982

QPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	SEP 19 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JACK HUFF  
P. O. BOX 50190  
MIDLAND, TX 79710-0190

4a. Article Number  
P 542 186 563

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

7. Date of Delivery  
SEP 21 1991

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 565

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MICHAEL R. HYDEN  
D/B/A NAPA RESOURCES CO.  
1104 NORTH SHORE DRIVE  
CARLSBAD, NM 88220

PS Form 3800, Feb. 1982

* U.S.G.F.	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees		\$
Postmark or Date		

SEP 19 1994  
LSPS

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
MICHAEL R. HYDEN  
D/B/A NAPA RESOURCES CO.  
1104 NORTH SHORE DRIVE  
CARLSBAD, NM 88220

4a. Article Number  
P 542 186 565

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

5. Signature (Addressee)  
Michael R. Hyden

6. Signature (Agent)  
Michael R. Hyden

7. Date of Delivery  
9-23-94

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

Thank you for using Return Receipt Service.

P 542 186 566

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

LUCY SIMPSON JAMES  
1219 ELM STREET  
PUEBLO , CO 81004-2955

* U.S.G.I. PS Form 3800, Feb. 1982	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		

Handwritten: QPQ RI

Postmark: PUEBLO, CO, SEP 19 1982, USPS

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** SEP 23 1982

Complete items 1 and/or 2 for additional services. I also wish to receive the following services (for an extra fee):

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 will show to whom the article was delivered and the date delivered.

Addressee's Address

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
LUCY SIMPSON JAMES  
1219 ELM STREET  
PUEBLO , CO 81004-2955

4a. Article Number  
P 542 186 566

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

5. Signature (Addressee)  
QPQ RI  
Lucy Simpson James

6. Signature (Agent)

7. Date of Delivery  
Reed 9/23/94

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 542 186 568

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

COURTENAY C. JOHNSON  
ROUTE 3, BOX 1340  
GEORGETOWN, TX 78626

QPO RI

★ U.S.G.I	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of delivery	
	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	Postmark for Date	19 SEP 1994 USPS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 COURTENAY C. JOHNSON  
 ROUTE 3, BOX 1340  
 GEORGETOWN, TX 78626

4a. Article Number  
 P 542 186 568

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

7. Date of Delivery  
 9/21/94

5. Signature (Addressee)  
 Courtney C. Johnson

6. Signature (Agent)  
 [Signature]

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

Thank you for using Return Receipt Service.

P 542 186 569

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

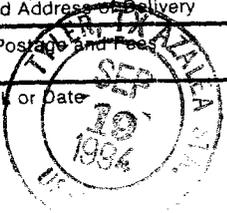
JWD III, INC.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

QPO RI

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JWD III, INC.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

QPO RI

5. Signature (Addressee)

MAS

6. Signature (Agent)

4a. Article Number

P 542 186 569

4b. Service Type

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

7. Date of Delivery

22

8. Addressee's Address Only if requested



Thank you for using Return Receipt Service.

P 542 186 607

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MICHAEL J. LEVENSON  
86 NORTH ROAD  
NEW MILFORD, CT 06776

★ U.S.G.P. O. 1983-403-517  
PS Form 3800, Feb. 1982

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

QPO RI

SEP 19 1994  
USPS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL J. LEVENSON  
86 NORTH ROAD  
NEW MILFORD, CT 06776

QPO RI

4a. Article Number

P 542 186 607

4b. Service Type

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

7. Date of Delivery

9/21/94

5. Signature (Addressee)

*[Handwritten Signature]*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 609

RECEIPT FOR CERTIFIED MAIL

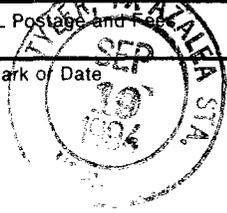
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

ANNE B. LITTLE  
P. O. BOX 82277  
ALBUQUERQUE, NM 87198-2277

QPO RI

* U.S.G.P. PS Form 3800, Feb. 1982	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
	Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:  
**ANNE B. LITTLE**  
**P. O. BOX 82277**  
**ALBUQUERQUE, NM 87198-2277**

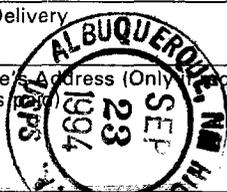
4a. Article Number  
**P 542 186 609**

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

5. Signature (Addressee)  
*Anne B. Little*

7. Date of Delivery  
 8. Addressee's Address (Only) Requested and fee is \$

6. Signature (Agent)



Thank you for using Return Receipt Service.

P 542 186 610

RECEIPT FOR CERTIFIED MAIL

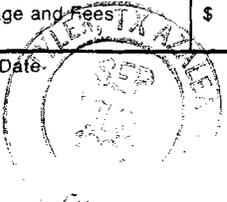
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MARJORIE A. LITTLE  
P. O. BOX 152  
SINTON, TX 78387-0152

QPQ RI

* U.S.G.I	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1962	Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 MARJORIE A. LITTLE  
 P. O. BOX 152  
 SINTON, TX 78387-0152

4a. Article Number  
 P 542 186 610

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

7. Date of Delivery  
 9-21-54

5. Signature (Addressee)  
*Marjorie A. Little*  
 6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 611

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

RAE I. LITTLE (DECEASED)  
C/O JOYE RIX  
916 NINTH STREET  
KENEDY, TX 78119

U.S.G.I.  
★

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, Feb. 1982



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
RAE I. LITTLE (DECEASED)  
C/O JOYE RIX  
916 NINTH STREET  
KENEDY, TX 78119

4a. Article Number  
P 542 186 611

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

7. Date of Delivery  
9-21-84

5. Signature (Addressee)  
6. Signature (Agent)  
OPQ RI  
R. J. Rix

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

Thank you for using Return Receipt Service.

P 542 186 612

RECEIPT FOR CERTIFIED MAIL

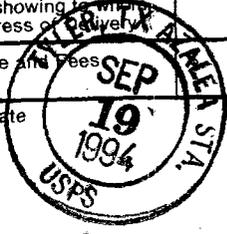
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SYLVIA F. LITTLE  
P. O. BOX 1258  
FARMINGTON, NM 87401-1258

QPQ RI

★ U.S.G.	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form 3800, Feb. 1982	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	
	Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3 and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SYLVIA F. LITTLE  
P. O. BOX 1258  
FARMINGTON, NM 87401-1258

4a. Article Number

P 542 186 612

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

SEP 19 1994

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

5. Signature (Addressee)

Char Anderson

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 542 186 613

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

JAMES E. MAKINS, JR.  
7107 HUNTERS RIDGE DRIVE  
DALLAS, TX 75248-5205

QPQ RI

★ U.S.G.P.	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$	
Postmark or Date		

PS Form 3800, Feb. 1982

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**JAMES E. MAKINS, JR.**  
**7107 HUNTERS RIDGE DRIVE**  
**DALLAS, TX 75248-5205**

4a. Article Number  
P 542 186 613

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

7. Date of Delivery

9-21

5. Signature (Addressee)  
*James E. Makins*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 615

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

JAMES E. & JANE E. MAKINS  
P. O. BOX 820665  
DALLAS, TX 75382-0665

QPO RI

* U.S.G.P	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
	Postmark & Date	

PS Form 3800, Feb. 1982

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**JAMES E. & JANE E. MAKINS**  
**P. O. BOX 820665**  
**DALLAS, TX 75382-0665**

4a. Article Number

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)

QPO RI

5. Signature (Addressee)  
*James E. Makins*

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 542 186 616

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MICHAEL W. MAKINS  
P. O. BOX 820665  
DALLAS, TX 75382-0665

QPP RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmaster Date	

PS Form 3800, Feb. 1982



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**MICHAEL W. MAKINS**  
**P. O. BOX 820665**  
**DALLAS, TX 75382-0665**

4a. Article Number  
**P 542 186 616**

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

7. Date of Delivery  
**9-22-94**

5. Signature (Addressee)  
**Michael Makins**

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 617

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PATRICK MAKINS  
2283 RIVER VALLEY LANE  
SAN ANGELO, TX 76904-8904

QPQ RI

* U.S.G.I. PS Form 3800, Feb. 1982	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**PATRICK MAKINS**  
**2283 RIVER VALLEY LANE**  
**SAN ANGELO, TX 76904-8904**

4a. Article Number  
**P 542 186 617**

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

5. Signature (Addressee)  
*Patrick Makins*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 634

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

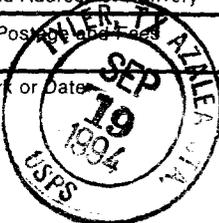
(See Reverse)

SCOTT MAKINS  
2703 WINGATE  
COLLEGE STATION, TX 77840-3

QPO RI

* U.S.G.P	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
	Postmark or Date	

PS Form 3800, Feb. 1982



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SCOTT MAKINS  
2703 WINGATE  
COLLEGE STATION, TX  
77840-3837

4a. Article Number  
P 542 186 634

4b. Service Type

Registered       Insured

Certified       COD

Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
9/21/94

QPO RI

5. Signature (Addressee)  
*Scott Makins*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 618

RECEIPT FOR CERTIFIED MAIL

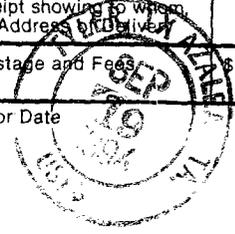
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MARSHALL & WINSTON  
P. O. BOX 50880  
MIDLAND, TX 79710-0880

QPQ RI

★ U.S.G.P	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
PS Form 3800, Feb. 1982	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	
	Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARSHALL & WINSTON  
P. O. BOX 50880  
MIDLAND, TX 79710-0880

4a. Article Number  
P 542 186 618

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)  
Sam N Suttles

6. Signature (Agent)

7. Date of Delivery  
9-22-91

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

Thank you for using Return Receipt Service.

P 542 186 619

RECEIPT FOR CERTIFIED MAIL

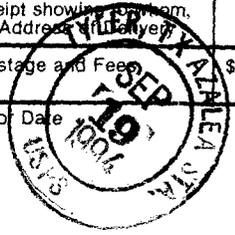
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MARGARET JOHNSON MCCURDY, TF  
2525 RIDGEWAY BLVD.  
ROOM 300  
FORT WORTH, TX 76116

QPQ RI

★ U.S.G.F	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address (if different)	
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	\$
	Postmark or Date	



Is your RETURN ADDRESS indicated on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
MARGARET JOHNSON MCCURDY,  
2525 RIDGEWAY BLVD.  
ROOM 300  
FORT WORTH, TX 76116

4a. Article Number  
P 542 186 619

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

7. Date of Delivery  
M.S. 9/21/99

5. Signature (Addressee)  
QPQ RI

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

6. Signature (Agent)  
Milla Ellis

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 542 186 620

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

ANN SPIESS MILLS  
2276 CALLE CUESTA  
SANTA FE, NM 87501-5238

QPQ RI

* U.S.G.I. PS Form 3800, Feb. 1982	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		



Is your RETURN ADDRESS listed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3 and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ANN SPIESS MILLS  
2276 CALLE CUESTA  
SANTA FE, NM 87501-5238

4a. Article Number

P 542 186 620

4b. Service Type

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

7. Date of Delivery

9-20

5. Signature (Addressee)

QPQ RI  
*Wynn Mills*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 621

RECEIPT FOR CERTIFIED MAIL

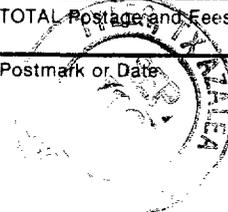
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

MOBIL PRODUCING  
TEXAS & NEW MEXICO  
P. O. BOX 101383  
ATLANTA, GA 30392-1383

★ U.S.G.P.C.  
PS Form 3800, Feb. 1982

QPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

3. Article Addressed to:

MOBIL PRODUCING  
TEXAS & NEW MEXICO  
P. O. BOX 101383  
ATLANTA, GA 30392-1383

4. Article Number: 542 186 621

5. Service Type:
- Registered
  - Certified
  - Express Mail
  - Insured
  - COD
  - Return Receipt for Merchandise

5. Signature (Addressee)  
QPQ RI

Date of Delivery

6. Signature (Agent)

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

P 542 186 622

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

NATIONS BANK, N.A. TRUSTEES I  
DAVID B. TRAMMELL  
P. O. DRAWER 848703  
DALLAS, TX 75284

OPQ RI

★ U.S.G.P	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt Showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
	Postmark or Date	

Form 3800, Feb. 1982

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:

NATIONS BANK, N.A. TRUST  
DAVID B. TRAMMELL  
P. O. DRAWER 848703  
DALLAS, TX 75284

4a. Article Number

P 542 186 622

4b. Service Type

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

7. Date of Delivery

SEP 21 1994

5. Signature (Addressee)

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

6. Signature (Agent)

P 542 186 623

RECEIPT FOR CERTIFIED MAIL

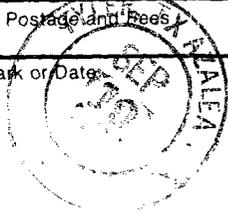
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

NATIONS BANK, N.A. TRUSTEES  
MILDRED M. TRAMMELL  
P. O. DRAWER 848703  
DALLAS, TX 75284

QPQ RI

* U.S.G.I	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
PS Form 3800, Feb. 1982	TOTAL Postage and 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NATIONS BANK, N.A. TRUST  
MILDRED M. TRAMMELL  
P. O. DRAWER 848703  
DALLAS, TX 75284

4a. Article Number

P 542 186 623

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

QPQ RI  
*[Handwritten signatures]*

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

P 542 186 624

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

DIANA OCHTERBECK  
724 LEE DRIVE  
LAS VEGAS, NM 87701-4912

QPO RI

★ U.S.G.F	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
	Postmark or Date	

PS Form 3800, Feb. 1982



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:

DIANA OCHTERBECK  
724 LEE DRIVE  
LAS VEGAS, NM 87701-4912

4a. Article Number  
P542 186 624

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

Date of Delivery  
SEP 23 1994

5. Signature (Addressee)  
*Diana Ochterbeck*

6. Signature (Agent)

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

P 542 186 625

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

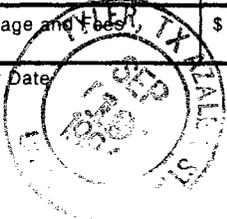
(See Reverse)

GREGORY P. PANOS  
P. O. BOX 520311  
SALT LAKE CITY, UT 84152

\* U.S.G.P. PS Form 3800, Feb. 1982

QPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GREGORY P. PANOS  
P. O. BOX 520311  
SALT LAKE CITY, UT 84152

4a. Article Number

P 542 186 625

4b. Service Type

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

7. Date of Delivery

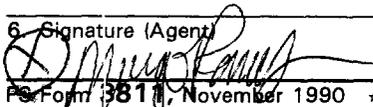
SEP 26 1994

5. Signature (Addressee)

QPQ RI

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

6. Signature (Agent)



P 542 186 626

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

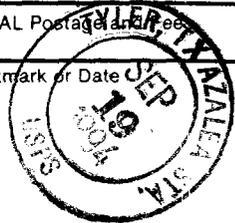
**PATRICK PANOS**  
**11820 S. MAPLE RIDGE COURT**  
**SANDY, UT 84094**

QPQ RI

★ U.S.G.F.

PS Form 3800, Feb. 1982

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	











P 542 186 631

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

ROSS FAMILY TRUST  
VEE K. ROSS, TRUSTEE  
P. O. BOX 86  
MIDLAND, TX 79702-0086

QPQ RI

* U.S.G.P	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	\$
	Postmark of 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROSS FAMILY TRUST  
VEE K. ROSS, TRUSTEE  
P. O. BOX 86  
MIDLAND, TX 79702-0086

4a. Article Number

P 542 186 631

4b. Service Type

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

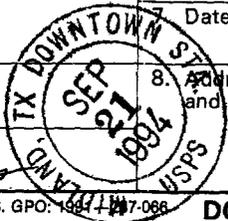
7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

VEE K. ROSS

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



P 486 162 840

RECEIPT FOR CERTIFIED MAIL

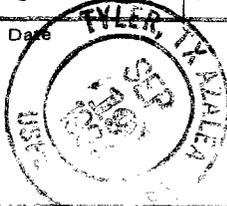
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

LITA SIMPSON SABONIS  
RETURNED TO SENDER 7/7/94  
3032 N. ELBRIDGE  
CHICAGO, IL 60618-6722

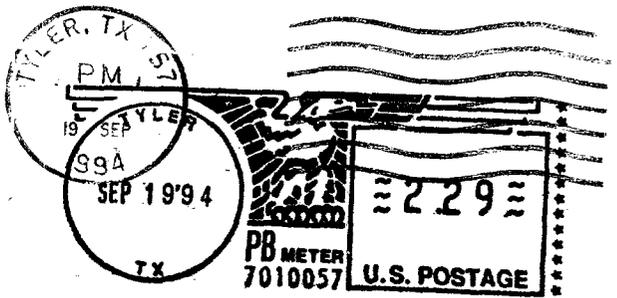
QPO RI

PS Form 3800, Feb. 1982

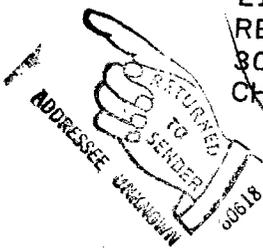
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



OIL COMPANY  
OX 7698  
EXAS 75711



LITA SIMPSON SABONIS  
RETURNED TO SENDER 7/7/94  
3032 N. ELBRIDGE  
CHICAGO, IL 60618-6722



ANK  
1856  
9-26  
1st Notice 10.3  
2nd Notice  
Return

P 486 162 831

RECEIPT FOR CERTIFIED MAIL

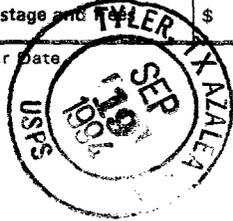
NO INSURANCE COVERAGE PROVIDED--  
NOT FOR INTERNATIONAL MAIL

GLADYS SHANNON  
1101 CLARA STREET  
FORT WORTH, TX 76102

OPQ RT

PS Form 3800, Feb. 1982

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and 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:  
  
GLADYS SHANNON  
1101 CLARA STREET  
FORT WORTH, TX 76102

4a. Article Number  
P 486 162 831

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

7. Date of Delivery  
9/23/94

5. Signature (Addressee)  
*Gladys Shannon*

6. Signature (Agent)

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

P 542 186 632

RECEIPT FOR CERTIFIED MAIL

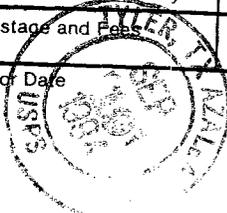
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

FRANK L. SHOGRIN  
P. O. BOX 229  
HYGIENE, CO 80533-0229

QPO RI

★ U.S.G.P. PS Form 3800, Feb. 1982	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark of 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FRANK L. SHOGRIN  
P. O. BOX 229  
HYGIENE, CO 80533-0229

4a. Article Number  
P542 186 632

4b. Service Type

Registered     Insured

Certified     COD

Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
9-22-94 ds

5. Signature (Addressee)  
*Frank L. Shogrin*

6. Signature (Agent)  
*Frank L. Shogrin*

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

P 373 246 546



Receipt for Certified Mail

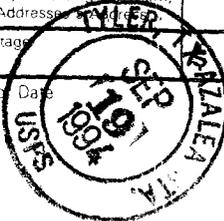
No Insurance Coverage Provided  
Do not use for International Mail

ADELE SIMPSON  
2345 ALA WAI BLVD., #1817  
HONOLULU, HI 96815-2905

QPO RI

PS Form 3800, June 1991

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address	
TOTAL Postage & 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:

ADELE SIMPSON  
2345 ALA WAI BLVD., #1817  
HONOLULU, HI 96815-2905

4a. Article Number

P 373 246 546

4b. Service Type

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

7. Date of Delivery

9/27/94

5. Signature (Addressee)

6. Signature (Agent)

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

P 373 246 547



Receipt for Certified Mail

No Insurance Coverage Provided

PETER F. SIMPSON, JR.  
1816 N. MEADOWLARK DRIVE  
FLAGSTAFF, AZ 86001-1329

QPQ RE

PS Form 3800, June 1991

Postage	\$
Certification	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Place of Delivery	
TOTAL Postage & 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PETER F. SIMPSON, JR.  
1816 N. MEADOWLARK DRIVE  
FLAGSTAFF, AZ 86001-1329

4a. Article Number

P 373 246 547

4b. Service Type

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

7. Date of Delivery

9-22-94

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

5. Signature (Addressee)

6. Signature (Agent)

P 373 246 548



Receipt for Certified Mail

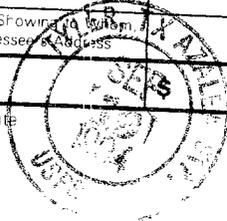
No Insurance Coverage Provided  
Do not use for International Mail

ROLAND G. SIMPSON  
536 GERONA AVENUE  
SAN GABRIEL, CA 91775-2221

OPD RE

PS Form 3800, June 1991

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



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:  
ROLAND G. SIMPSON  
536 GERONA AVENUE  
SAN GABRIEL, CA 91775-2228

4a. Article Number  
P 373 246 548

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

5. Signature (Addressee)  
OPD RE

6. Signature (Agent)  
K. Felder

7. Date of Delivery  
9/22/91

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

P 373 246 549



Receipt for Certified Mail

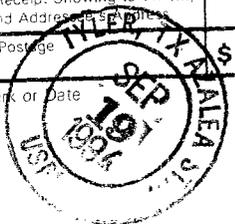
No Insurance Coverage Provided  
Do not use for International Mail

SAMMY LU SIMPSON  
12646 N. 81ST ST.  
SCOTTSDALE, AZ 85260-5232

QPQ RI

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

PS Form 3800, June 1991



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**SAMMY LU SIMPSON**  
**12646 N. 81ST ST.**  
**SCOTTSDALE, AZ 85260-5232**

4a. Article Number  
**P 373 246 549**

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

7. Date of Delivery  
**SEP 19 1991**

5. Signature (Addressee)  
*[Handwritten Signature]*

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

6. Signature (Agent)  
*[Handwritten Signature]*

Thank you for using Return Receipt Service.

P 373 246 550



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for international mail

**JOE K. SMITH  
STAR ROUTE  
CARBON, TX 78435**

PS Form 3800, June 1991

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

OPO RI

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**JOE K. SMITH  
STAR ROUTE  
CARBON, TX 78435**

4a. Article Number

**P 373 246 550**

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

**9-29-94**

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

5. Signature (Addressee)

*Joe K. Smith*

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 373 246 551



### Receipt for Certified Mail

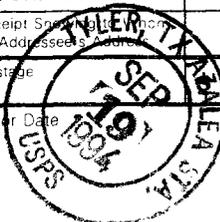
No Insurance Coverage Provided  
Do not use for International Mail

**ELEANOR FERRIS-SPIESS**  
1531 W. BIRCHWOOD  
CHICAGO, IL 60626

OPQ RI

PS Form 3800, June 1991

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



Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**ELEANOR FERRIS-SPIESS**  
**1531 W. BIRCHWOOD**  
**CHICAGO, IL 60626**

4a. Article Number  
**P 373 246 551**

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

7. Date of Delivery  
**9/27/94**

5. Signature (Addressee)  
*Eleanor Ferris-Spiess*

6. Signature (Agent)  
*[Signature]*

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

Thank you for using Return Receipt Service.

P 373 246 552



**Receipt for Certified Mail**

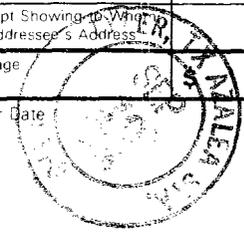
No Insurance Coverage Provided  
Do not use for International Mail

**JOSEPH S. SPRINKLE**  
**P. O. BOX 6483**  
**DENVER, CO 80206-0483**

QPO RI

PS Form 3800, June 1991

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**JOSEPH S. SPRINKLE**  
**P. O. BOX 6483**  
**DENVER, CO 80206-0483**

5. Signature (Addressee)  
*Joseph S. Sprinkle*

6. Signature (Agent)

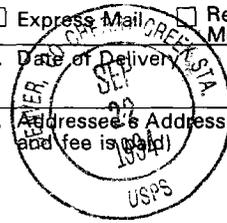
4a. Article Number  
**P 373 246 552**

4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**SEP 22 1991**

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



Thank you for using Return Receipt Service.

P 373 246 553



Receipt for Certified Mail

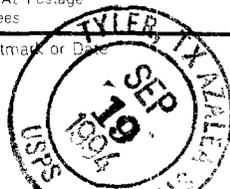
No Insurance Coverage Provided  
Do not use for International Mail

CAROL DAVID TRAMMELL  
P. O. BOX 5081  
WALNUT CREEK, CA 94596

OPQ RI

PS Form 3800, June 1991

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



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CAROL DAVID TRAMMELL  
P. O. BOX 5081  
WALNUT CREEK, CA 94596

4a. Article Number

P 373 246 553

4b. Service Type

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

7. Date of Delivery

SEP 19 1994

5. Signature (Addressee)

CD Trammell

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

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 151 907 782



**Receipt for Certified Mail**

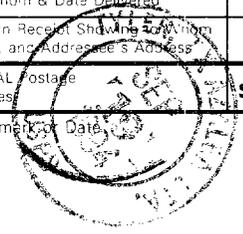
No Insurance Coverage Provided  
Do not use for International Mail

**OLIVIA S. WOOD**  
**2345 ALA WAI BLVD., #1817**  
**HONOLULU, HI 96815-2905**

QPO RI

PS Form 3800, June 1991

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:  
**OLIVIA S. WOOD**  
**2345 ALA WAI BLVD., #1817**  
**HONOLULU, HI 96815-2905**

4a. Article Number  
P 151 907 782

4b. Service Type

Registered       Insured

Certified       COD

Express Mail       Return Receipt for Merchandise

5. Signature (Addressee)  
QPO RI

7. Date of Delivery  
9/27/91

6. Signature (Agent)  
*[Handwritten Signature]*

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

Thank you for using Return Receipt Service.