



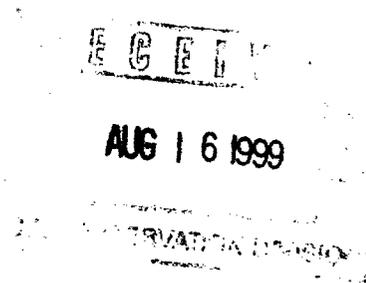
Home-Stake Oil & Gas Company

15 East 5th Street, Suite 2800
Tulsa, Oklahoma 74103-4311

(918) 583-0178
(800) 677-0178
FAX - (918) 583-0237
Internet - www.home-stake.com

August 10, 1999

Mr. Mark Ashley
New Mexico Oil Conservation Division
2040 S. Pacheco Street
Santa Fe, NM 87505



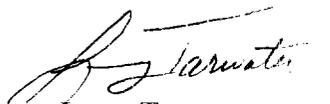
RE: Application for Permission to Commingle
Sarah Johnston #1 and #2
UL "O" and "J" Sec 22-22S-37E
Lea County, New Mexico
L1711020W

Dear Mr. Ashley:

As discussed yesterday, Home-Stake notified all royalty owners in the Sarah Johnston #1 and #2 wells of our intention to surface commingle the production. Enclosed are copies of the return receipt cards signifying their receipt of the enclosed letter. (Fax verifications are inclosed for the 2 parties who did not pick up their registered mail.)

Please notify us as soon as approval of our application is granted. I can be reached at (918) 583-0178 ext. 17 or by fax at (918) 583-0237. Thank you.

Sincerely,


Larry Tarwater
Production Engineer

encl



Home-Stake Oil & Gas Company

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Tulsa, Oklahoma 74103-4311

(918) 583-0178
(800) 677-0178
FAX - (918) 583-0237
Internet - www.home-stake.com

July 13, 1999

CERTIFIED LETTER
RETURN RECEIPT REQUESTED

TO ALL ROYALTY OWNERS

RE: Sarah Johnston #2
UL "J" Section 22-22S-37E
Lea County, New Mexico
L1711020W

Ladies and Gentlemen:

Please be advised that Home-Stake Oil & Gas Company, operator of the Sarah Johnston #1 and #2, has applied to the New Mexico Oil Conservation Division for permission to surface commingle the production from both wells into a common production facility. Monthly production will be allocated according to regular well tests.

Any comments should be directed to:

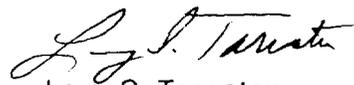
Mr. Ben Stone
New Mexico Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
Telephone No.: 505/827-7131

If we have not heard from you within seven (7) days of your receipt of this letter we will assume that you have no objections to our application.

Should you have any questions, please contact the undersigned at 918/583-0178, extension 17.

Thank you for your time.

Very truly yours,


Larry S. Tarwater
Petroleum Engineer

LST:elm

Pacific Enterprises ABC Corp
Post Office Box 513929
Los Angeles, CA 90051-3929

Cathie Cone McCowen
Post Office Box 658
Dripping Spring, TX 78620-0658

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702-8310

S. E. Cone, Jr.
Post Office Box 10321
Lubbock, TX 79408-3321

Clifford Cone
Post Office Box 1629
Lovington, NM 88260

John Allen III
4053 Bayshire Road
Sarasota, FL 34234

Zula Moore
Post Office Box 658 ZM
Milledgeville, GA 31061

Jane A. Burnett
810 Country Club Drive
Greensboro, NC 27406

Natalie Neihuss Kaplan
49 Case Mountain Road
Manchester, CT 06040

Carol Ellison Hartman
Box 93
608 Gunnison Avenue
Lake City, CO 81235

Fern Trevino Niehuss
2041 N. Dayton
Chicago, IL 60614

David Leon Cox
GTE-Romania
65 High Ridge Road, Box 66
Stamford, CT 06905-3606

John E. Cox
1110 South Delphia Avenue
Park Ridge, IL 60060

William A. Cox III
1241 Independence Avenue SE
Washington, DC 20003

Betty J. Cox
203 E. Blithedale, Suite D
Mill Valley, CA 97941

Lelia Lynch
205 Fairway Drive
Pass Christian MS 39571

John Wayne Ellison, Jr.
211 Woods Road
Greer, SC 29650

Connie Ellison Polsinelli
3205 Heather Road
Ann Arbor, MI 48108

Marjorie Cone Kastman
Post Office Box 5930
Lubbock, TX 79408-5930

Katherine Cone Keck
1801 Avenue of the Stars
Suite 446
Los Angeles, CA 90067-5906

Ann E. Kinney
5 Pristine Drive
Greer, SC 29650

Paul Stevenson Oles
Post Office Box 840738
Dallas, TX 75284-0736

Thomas R. Cone
Post Office Box 778
Jay, OK 74346

Exxon Corporation
Accounts Receivable - Oil
Post Office Box 951027
Dallas, TX 75395-1027

Paul Lewis
3501 Gulf
Midland, TX 79707

Celeste Fasken & NW Bank Texas
Successor Trustees
40 N.E. Loop, Suite 410
San Antonio, TX 78216-5861

NW Bank Texas Trustee
Celeste Fasken Mgmt. Trust
40 N.E. Loop, Suite 410
San Antonio, TX 78216-5861

Union Planters Bank of Northwest
Mississippi
Trustee for James Ellison Cox
P. O. Box 1059
Clarksdale, Mississippi 38614

Paul Stevenson Oles
Trust Agency 4030
Bank of America Agent
P. O. Box 830308
Dallas, TX 75284-0308



Home-Strike Oil & Gas Company
15 East 5th Street, Suite 2800
Tulsa, Oklahoma 74103-4311

P 417 611 721

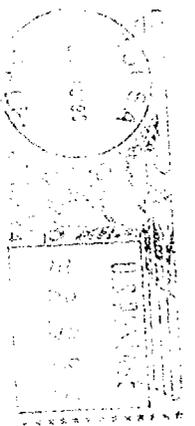
CERTIFIED

MAIL

LN
7-23-99
1st Notice 7234
2nd Notice 7234
Return 7234



~~Celeste Fasken, Trustee
Successor Trustee
40 N.E. Loop, Suite 410
San Antonio, TX 78216-5861~~



Home-Strike Oil & Gas Company
15 East 5th Street, Suite 2800
Tulsa, Oklahoma 74103-4311

P 417 611 722

CERTIFIED

MAIL

LN
7-23-99
1st Notice 7234
2nd Notice 7234
Return 7-31-99



~~NW Bank Texas Trustee
Celeste Fasken, Trustee
40 N.E. Loop, Suite 410
San Antonio, TX 78216-5861~~



*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4253
CONNECTION TEL 12108565147
SUBADDRESS
CONNECTION ID NORWEST BANK
ST. TIME 08/06 11:02
USAGE T 00'41
PGS. 1
RESULT OK



Home-Stake Oil & Gas Company
15 East 5th Street, Suite 2800
Tulsa, Oklahoma 74103-4311

(918) 583-0178
(800) 677-0178
FAX - (918) 583-0237
Internet - www.home-stake.com

July 13, 1999

CERTIFIED LETTER
RETURN RECEIPT REQUESTED

TO ALL ROYALTY OWNERS

RE: Sarah Johnston #2
UL "J" Section 22-22S-37E
Lea County, New Mexico
L1711020W

Norwest Bank Texas San Antonio

Post-it® Fax Note	7671	Date	8-6-99	# of pages	1
To	Karin Hoch	From	LYONE Mills		
City/Dept	90 Margaret Christal	Co.	Home-Stake O&G		
Phone #	210-856-5065	Phone #	918-583-0178 x29		
Fax #	210-856-5147	Fax #	918-583-0237		

Ladies and Gentlemen:

Please be advised that Home-Stake Oil & Gas Company, operator of the Sarah Johnston #1 and #2, has applied to the New Mexico Oil Conservation Division for permission to surface commingle the production from both wells into a common production facility. Monthly production will be allocated according to regular well tests.

Any comments should be directed to:

Mr. Ben Stone
New Mexico Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
Telephone No.: 505/827-7131

If we have not heard from you within seven (7) days of your receipt of this letter we will assume that you have no objections to our application.

Should you have any questions, please contact the undersigned at 918/583-0178, extension 17

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services. **L1711020W**
 ■ Complete items 3, 4a, and 4b.
 ■ 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:
 Pacific Enterprises ABC Corp
 Post Office Box 513929
 Los Angeles, CA 90051-3929

4a. Article Number
P-417-611-720
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
7-16-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services. **L1711020W**
 ■ Complete items 3, 4a, and 4b.
 ■ 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:
 Cathie Cone McCowen
 Post Office Box 658
 Dripping Spring, TX 78620-0658

4a. Article Number
P-417-611-711
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
7/16/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *Cathie McCowen*

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services. **L1711020W**
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, TX 79702-8310

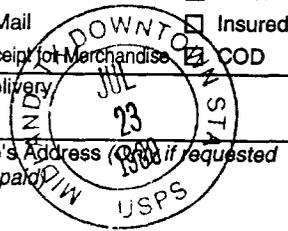
4a. Article Number
P-417-611-703
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
7/23/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

3. Article Addressed to:
 S. E. Cone, Jr.
 Post Office Box 10321
 Lubbock, TX 79408-3321

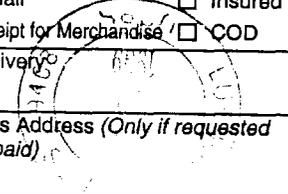
4a. Article Number
P-417-611-719
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
7/23/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt



Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

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

3. Article Addressed to:
 Clifford Cone
 Post Office Box 1629
 Lovington, NM 88260

4a. Article Number
P-417-611-710

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

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

3. Article Addressed to:
 John Allen III
 4053 Bayshire Road
 Sarasota, FL 34234

4a. Article Number
P-417-611-702

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

7. Date of Delivery
7-15-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

3. Article Addressed to:
 Zula Moore
 Post Office Box 658 ZM
 Milledgeville, GA 31061

4a. Article Number
P-417-611-718

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

7. Date of Delivery
7-10-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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

3. Article Addressed to:
 Jane A. Burnett
 810 Country Club Drive
 Greensboro, NC 27406

4a. Article Number
P-417-611-709

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

7. Date of Delivery
7-21-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Natalie Neihuss Kaplan
49 Case Mountain Road
Manchester, CT 06040

4a. Article Number
P-417-611-701

4b. Service Type

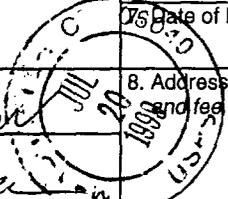
Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)
NATALIE KAPLAN

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

6. Signature: (Addressee or Agent)
X Natalie Kaplan



PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Carol Ellison Hartman
Box 93
608 Gunnison Avenue
Lake City, CO 81235

4a. Article Number
P-417-611-717

4b. Service Type

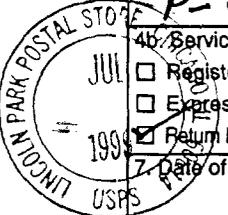
Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
7/19/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Carol E Hartman



PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- Complete items 1 and/or 2 for additional services. **L1711020W**
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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:

Fern Trevino Niehuss
2041 N. Dayton
Chicago, IL 60614

4a. Article Number
P-417-611-708

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
7-16-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Fern Trevino Niehuss

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

David Leon Cox
GTE-Romania
65 High Ridge Road, Box 66.
Stamford, CT 06905-3606

4a. Article Number
P-417-611-700

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
7-19-99

5. Received By: (Print Name)
Nat Booker

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

6. Signature: (Addressee or Agent)
X Nat Booker

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John E. Cox
1110 South Delphia Avenue
Park Ridge, IL 60060

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number
P-417-611-716

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
JUL 19 1999

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services. **L1711020W**
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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 A. Cox III
1241 Independence Avenue SE
Washington, DC 20003

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number
P-417-611-707

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
7/21/99

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services. **L1711020W**
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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:

Betty J. Cox
203 E. Blithedale, Suite D
Mill Valley, CA 97941

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number
P-417-611-699

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
7-20-99

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services. **L1711020W**
- Complete items 3, 4a, and 4b.
- 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:

Lelia Lynch
205 Fairway Drive
Pass Christian MS 39571

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number
P-417-611-715

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
7/19/99

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. **L1711020W**
- Complete items 3, 4a, and 4b.
- 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:

John Wayne Ellison, Jr.
211 Woods Road
Greer, SC 29650

4a. Article Number

P-417-611-706

4b. Service Type

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

7. Date of Delivery

7-17

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *John Wayne Ellison*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. **L1711020W**
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- 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:

Connie Ellison Polsinelli
3205 Heather Road
Ann Arbor, MI 48108

4a. Article Number

P-417-611-698

4b. Service Type

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

7. Date of Delivery

7-14

5. Received By: (Print Name)

Debra M. Kienka

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

6. Signature (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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- 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:

Marjorie Cone Kastman
Post Office Box 5930
Lubbock, TX 79408-5930

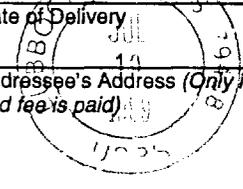
4a. Article Number

P-417-611-714

4b. Service Type

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

7. Date of Delivery



5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *Melinda B. Bates*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:

Katherine Cone Keck
1801 Avenue of the Stars
Suite 446
Los Angeles, CA 90067-5906

4a. Article Number

P-417-611-705

4b. Service Type

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

7. Date of Delivery

7-16

5. Received By: (Print Name)

Thomas 6736

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

6. Signature (Addressee or Agent)

X *Phillip W. Keck*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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- 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:

Ann E. Kinney
5 Pristine Drive
Greer, SC 29650

4a. Article Number
P-417-611-697

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
19 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt



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- 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:

Union Planters Bank of Northwest
Mississippi
Trustee for James Ellison Cox
P. O. Box 1059
Clarksdale, Mississippi 38614

4a. Article Number
P-417-611-723

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
19 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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- 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:

Paul Stevenson Oles
Post Office Box 840738
Dallas, TX 75284-0736

4a. Article Number
P-417-611-713

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
19 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, 4a, and 4b.
- 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:

Paul Stevenson Oles
Trust Agency 4030
Bank of America Agent
P. O. Box 830308
Dallas, TX 75284-0308
Attn: Paul Barnes

4a. Article Number
P-417-611-724

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUL 19 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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.

L1711020W

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Thomas R. Cone
Post Office Box 778
Jay, OK 74346

4a. Article Number

P-417-611-704

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

JUL 2 1999

5. Received By: (Print Name)

Tom Cone

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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.

L1711020W

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:

Exxon Corporation
Accounts Receivable - Oil
Post Office Box 951027
Dallas, TX 75395-1027

4a. Article Number

P-417-611-696

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

JUL 15 1999

5. Received By: (Print Name)

BRUCE

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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.

L1711020W

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:

Paul Lewis
3501 Gulf
Midland, TX 79707

4a. Article Number

P-417-611-712

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

7-16-99

5. Received By: (Print Name)

PAUL LEWIS

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.