

CHECKLIST for ADMINISTRATIVE INJECTION APPLICATIONS

Operator: Yates Petro. Corp. Well: KINCAID Well No. 1
Contact: Rex Gates Title: ENG. Phone: (505) 748-4187
DATE IN 4-1-96 RELEASE DATE 4-15-96 DATE OUT 4-26-96

Proposed Injection Application is for: WATERFLOOD Expansion Initial

Original Order: R- Secondary Recovery Pressure Maintenance

~~SENSITIVE AREAS~~ SALT WATER DISPOSAL Commercial Well
 WIPP Capitan Reef

Data is complete for proposed well(s)? yes Additional Data Req'd _____

AREA of REVIEW WELLS

Total # of AOR # of Plugged Wells
 Tabulation Complete Schematics of P & A's
 Cement Tops Adequate AOR Repair Required

INJECTION FORMATION

Injection Formation(s) DEVONIAN & FLENNBURGER Compatible Analysis yes
Source of Water or Injectate AREA PRODUCTION

PROOF of NOTICE

Copy of Legal Notice Information Printed Correctly
 Correct Operators Copies of Certified Mail Receipts
NO Objection Received N/A Set to Hearing _____ Date

NOTES: * PENDING (SHOULD BE FAXED 4-26-96)

APPLICATION QUALIFIES FOR ADMINISTRATIVE APPROVAL? yes

COMMUNICATION WITH CONTACT PERSON:

1st Contact: Telephoned Letter 4-25 Date Nature of Discussion COPIES of CERT + LEGAL
2nd Contact: Telephoned Letter _____ Date Nature of Discussion _____
3rd Contact: Telephoned Letter _____ Date Nature of Discussion _____

MARTIN YATES, III
1912 - 1985
FRANK W. YATES
1936 - 1986



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210
TELEPHONE (505) 748-1471

SWD 4.15.96

S. P. YATES
CHAIRMAN OF THE BOARD
JOHN A. YATES
PRESIDENT
PEYTON YATES
EXECUTIVE VICE PRESIDENT
RANDY G. PATTERSON
SECRETARY
DENNIS G. KINSEY
TREASURER

625

March 27, 1996

David Catanach
State of New Mexico
OIL CONSERVATION DIVISION
2040 S. Pacheco Street
Santa Fe, NM 87505-5472

Dear Mr. Catanach,

Enclosed please find a copy of form C-108 (Application for Authority to Inject) for the proposed Kincaid #1 located in Unit O of Section 36-18S-25E, Eddy County, New Mexico.

Should you have any questions, please feel free to contact me at (505) 748-4187.

Sincerely,

Rex Gates
Engineer

RG/th

Enclosure

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? yes no
- II. Operator: Yates Petroleum Corporation
Address: 105 S. 4th Street, Artesia, NM 88210
Contact party: Rex Gates Phone: (505) 748-4187
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? yes no
If yes, give the Division order number authorizing the project _____.
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- * VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
- Proposed average and maximum daily rate and volume of fluids to be injected;
 - Whether the system is open or closed;
 - Proposed average and maximum injection pressure;
 - Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 - If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- * XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification
- I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- Name: Rex Gates Title Engineer
Signature: Rex Gates Date: 3-27-96
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

C-108
Application For Authorization To Inject
Yates Petroleum Corporation
Kincaid #1
O 36-18S-25E
Eddy County, New Mexico

- I. The purpose of completing this well is to make a disposal well for produced Canyon water and acid gas consisting of H₂S and CO₂ into the Devonian and Ellenburger.
- II. Operator: Yates Petroleum Corporation
South Fourth Street
Artesia, NM 88210
Rex Gates (505) 748-1471
- III. Well Data: See Attachment A
- IV. This is not an expansion of an existing project.
- V. See attached map, Attachment B
- VI. No wells within the area of review penetrate the proposed injection zone.
- VII.
 1. Proposed average daily injection volume approximately 20,000 BWPD.
Maximum daily injection volume approximately 30,000 BWPD.
 2. This will be a closed system.
 3. Proposed average injection pressure--unknown.
Proposed maximum injection pressure--1995 psi.
 4. Sources of injected water would be produced water from the Canyon.
(Attachment C)
 5. See Attachment C, also for gas analysis.
- VIII. The proposed injection interval is open hole from 9970' to TD.
- IX. The proposed disposal interval may be acidized with 7-1/2% HCL acid, or 12-3 HF acid.
- X. Logs were filed at your office when the well was drilled.
- XI. 2 windmills exist within a one mile radius of the subject location.

Application for Authorization to Inject

Kincaid #1

-2-

XII. Yates Petroleum Corporation has examined geologic and engineering data and has found that there is no evidence of faulting in the proposed interval.

XIII. Proof of Notice

A. Certified letters sent to the surface owner and offset operators-attached.
(Attachment D)

B. Copy of legal advertisement attached. (Attachment E)

XIV. Certification is signed.

Yates Petroleum Corporation
Kincaid #1
O 36-18S-25E

Attachment A
Page 1

III. Well Data

A. 1. Lease Name/Location:

Kincaid #1
O 36-18S-25E
990'FSL & 1980'FEL

2. Casing Strings:

a. Present Well Condition:

9 5/8" 36# @ 1300'. Cement w/525 sx (circ).
7 7/8" Open hole to 9330'. Well D&A'd.

Present Status: Plugged

3. Proposed well condition:

See Attachment A - Proposed Status.

6 5/8" 24#, L-80 casing set @ 9970'±
4 1/2" 11.6#, J-55 plastic-coated tubing at 9800'.

4. Propose to use Guiberson or Baker plastic-coated or nickel-plated packer set at 9800'.

B. 1. Injection Formation: Devonian, Ellenburger.

2. Injection Interval will be open hole from 9970' to TD.

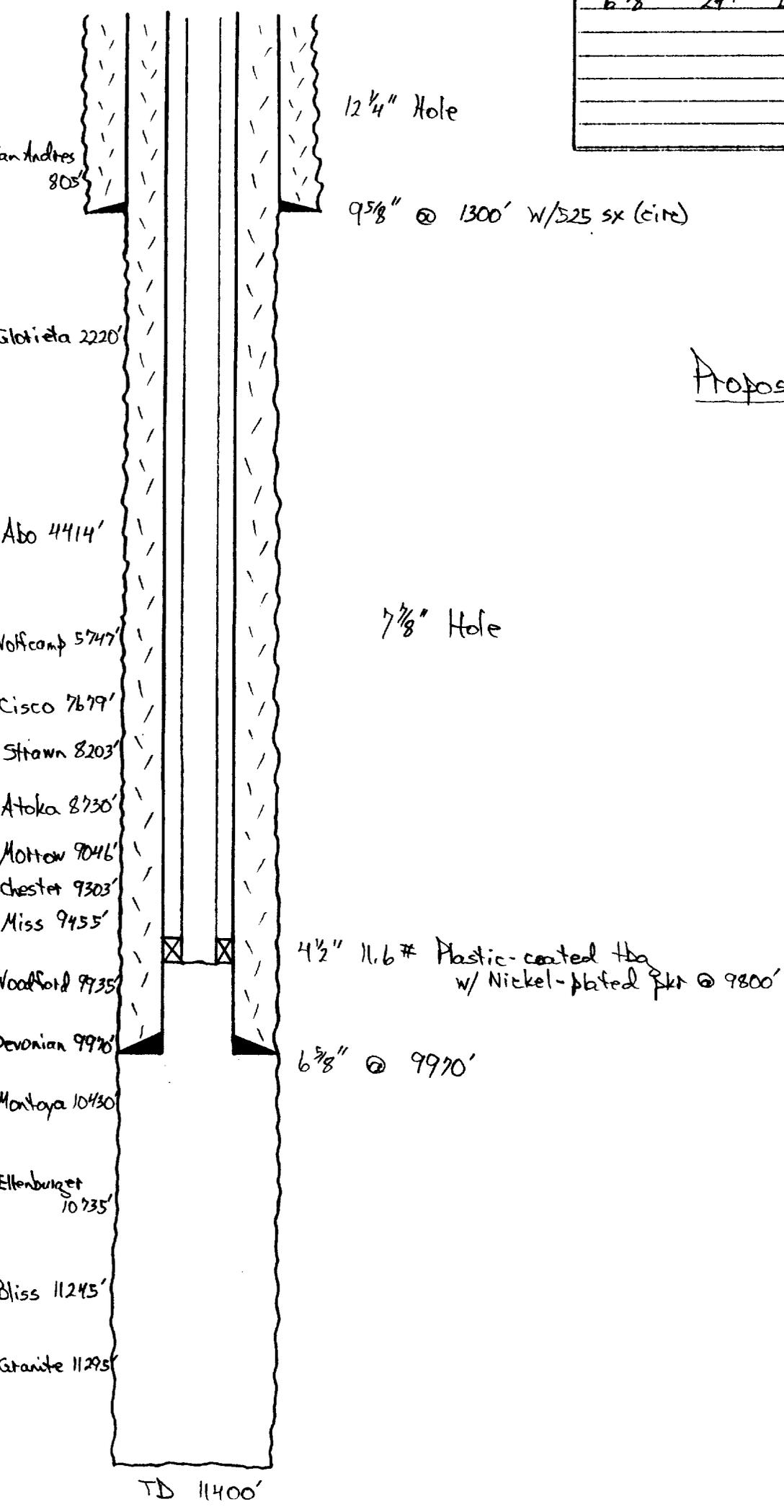
3. Well was originally drilled as an exploratory Morrow well. Well will be a Devonian and Ellenburger water and acid gas disposal well (9970'-11,400') when work is completed.

4. Next higher (shallower) oil or gas zone within 2 miles--Morrow.
Next lower (deeper) oil or gas zone within 2 miles--None.

WELL NAME: Kincaid #1 FIELD AREA: _____
 LOCATION: O 36-185-25E 990' FSL + 1980' FEL Eddy Co.
 L: _____ ' ZERO: _____ ' AGL: _____ '
 D: _____ ' ORIG. DRILG./COMPL. DATE: _____
 COMMENTS: D&A 6-10-65

CASING PROGRAM:

SIZE/WT./GR./CONN.	DEPTH SET
9 5/8" 36# J-55	1300'
6 5/8" 24# L-80	9970'



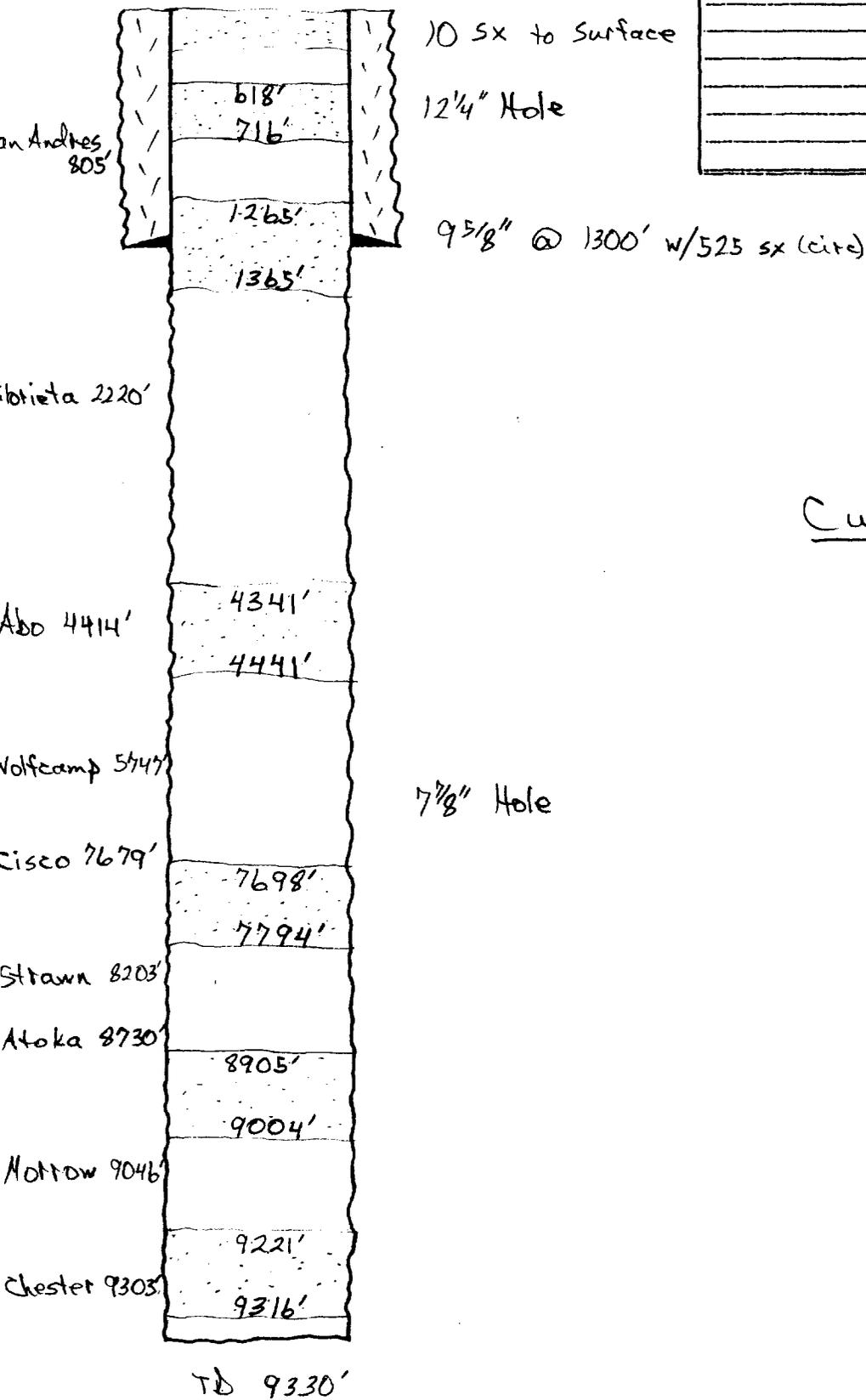
Proposed Status

14538

WELL NAME: Kincaid #1 FIELD AREA: _____
 LOCATION: O 36-185-25E 990' FSL + 1980' FEL Eddy Co.
 GL: _____' ZERO: _____' AGL: _____'
 KB: _____' ORIG. DRIG./COMPL. DATE: _____
 COMMENTS: DTA 6-10-65

CASING PROGRAM:

SIZE/WT./GR./CONN.	DEPTH SET
9 5/8" 36* J-55	1300'



Current Status

9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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YATES PETROLEUM CORPORATION
KINCAID #1
PROPOSED SALT WATER DISPOSAL WELL
SEC. 36-T18S-R26E
990'FSL & 1900'FEL
EDDY COUNTY, NEW MEXICO



TRETOLITE DIVISION

(505) 746-3588
Fax (505) 746-3580

Reply to:
P.O. Box 1140
Artesia, NM
88211-7531

WATER ANALYSIS REPORT

Company : YATES PETROLEUM Date : 02/23/96
Address : ARTESIA, NM Date Sampled : 02/22/96
Lease : QUEEN Analysis No. : 0226
Well : WATER WELL
Sample Pt. : UNKNOWN

ANALYSIS		mg/L		* meq/L
1. pH	7.3			
2. H2S	0 PPM			
3. Specific Gravity	1.005			
4. Total Dissolved Solids		1039.3		
5. Suspended Solids		NR		
6. Dissolved Oxygen		NR		
7. Dissolved CO2		NR		
8. Oil In Water		NR		
9. Phenolphthalein Alkalinity (CaCO3)				
10. Methyl Orange Alkalinity (CaCO3)				
11. Bicarbonate	HCO3	195.0	HCO3	3.2
12. Chloride	Cl	149.0	Cl	4.2
13. Sulfate	SO4	400.0	SO4	8.3
14. Calcium	Ca	146.0	Ca	7.3
15. Magnesium	Mg	51.1	Mg	4.2
16. Sodium (calculated)	Na	97.5	Na	4.2
17. Iron	Fe	0.8		
18. Barium	Ba	0.0		
19. Strontium	Sr	0.0		
20. Total Hardness (CaCO3)		575.0		

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt	X meq/L	= mg/L
7 *Ca <----- *HCO3	Ca(HCO3)2	81.0	3.2	259
/----->	CaSO4	68.1	4.1	278
4 *Mg -----> *SO4	CaCl2	55.5		
<-----/	Mg(HCO3)2	73.2		
4 *Na -----> *Cl	MgSO4	60.2	4.2	253
	MgCl2	47.6		
Saturation Values Dist. Water 20 C	NaHCO3	84.0		
CaCO3 13 mg/L	Na2SO4	71.0	0.0	3
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	4.2	246
BaSO4 2.4 mg/L				

REMARKS:
----- ANDY MILLER



SCALE TENDENCY REPORT

Company	: YATES PETROLEUM	Date	: 02/23/96
Address	: ARTESIA, NM	Date Sampled	: 02/22/96
Lease	: QUEEN	Analysis No.	: 0226
Well	: WATER WELL	Analyst	: SHAWNA MATTHEWS
Sample Pt.	: UNKNOWN		

STABILITY INDEX CALCULATIONS
(Stiff-Davis Method)
CaCO3 Scaling Tendency

S.I. =	0.1	at	60 deg. F	or	16 deg. C
S.I. =	0.2	at	80 deg. F	or	27 deg. C
S.I. =	0.2	at	100 deg. F	or	38 deg. C
S.I. =	0.3	at	120 deg. F	or	49 deg. C
S.I. =	0.4	at	140 deg. F	or	60 deg. C

CALCIUM SULFATE SCALING TENDENCY CALCULATIONS
(Skillman-McDonald-Stiff Method)
Calcium Sulfate

S =	1212	at	60 deg. F	or	16 deg C
S =	1227	at	80 deg. F	or	27 deg C
S =	1216	at	100 deg. F	or	38 deg C
S =	1207	at	120 deg. F	or	49 deg C
S =	1198	at	140 deg. F	or	60 deg C

Petrolite Oilfield Chemicals Group

Respectfully submitted,
SHAWNA MATTHEWS

TRETOLITE DIVISION

(505) 746-3588
Fax (505) 746-3580

Reply to:
P.O. Box 1140
Artesia, NM
88211-7531

WATER ANALYSIS REPORT

Company : YATES PETROLEUM Date : 02/15/96
Address : ARTESIA, NMN Date Sampled : 02/14/96
Lease : NORTH WINDMILL Analysis No. : 0223
Well :
Sample Pt. :

ANALYSIS		mg/L		* meq/L
1. pH	7.5			
2. H2S	0 PPM			
3. Specific Gravity	1.000			
4. Total Dissolved Solids		1065.3		
5. Suspended Solids		NR		
6. Dissolved Oxygen		NR		
7. Dissolved CO2		NR		
8. Oil In Water		NR		
9. Phenolphthalein Alkalinity (CaCO3)				
10. Methyl Orange Alkalinity (CaCO3)				
11. Bicarbonate	HCO3	134.0	HCO3	2.2
12. Chloride	Cl	85.0	Cl	2.4
13. Sulfate	SO4	550.0	SO4	11.5
14. Calcium	Ca	134.0	Ca	6.7
15. Magnesium	Mg	59.6	Mg	4.9
16. Sodium (calculated)	Na	102.5	Na	4.5
17. Iron	Fe	0.3		
18. Barium	Ba	0.0		
19. Strontium	Sr	0.0		
20. Total Hardness (CaCO3)		580.0		

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt	X meq/L	= mg/L
7 *Ca <----- *HCO3	Ca(HCO3)2	81.0	2.2	178
/----->	CaSO4	68.1	4.5	306
5 *Mg -----> *SO4	CaCl2	55.5		
<-----/	Mg(HCO3)2	73.2		
4 *Na -----> *Cl	MgSO4	60.2	4.9	295
	MgCl2	47.6		
Saturation Values Dist. Water 20 C	NaHCO3	84.0		
CaCO3 13 mg/L	Na2SO4	71.0	2.1	146
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	2.4	140
BaSO4 2.4 mg/L				

REMARKS:
----- ANDY MILLER



SCALE TENDENCY REPORT

Company	: YATES PETROLEUM	Date	: 02/15/96
Address	: ARTESIA, NMN	Date Sampled	: 02/14/96
Lease	: NORTH WINDMILL	Analysis No.	: 0223
Well	:	Analyst	: SHAWNA MATTHEWS
Sample Pt.	:		

STABILITY INDEX CALCULATIONS
 (Stiff-Davis Method)
 CaCO3 Scaling Tendency

S.I. = 0.1 at 60 deg. F or 16 deg. C
 S.I. = 0.2 at 80 deg. F or 27 deg. C
 S.I. = 0.2 at 100 deg. F or 38 deg. C
 S.I. = 0.3 at 120 deg. F or 49 deg. C
 S.I. = 0.4 at 140 deg. F or 60 deg. C

CALCIUM SULFATE SCALING TENDENCY CALCULATIONS
 (Skillman-McDonald-Stiff Method)
 Calcium Sulfate

S = 1121 at 60 deg. F or 16 deg C
 S = 1137 at 80 deg. F or 27 deg C
 S = 1128 at 100 deg. F or 38 deg C
 S = 1119 at 120 deg. F or 49 deg C
 S = 1110 at 140 deg. F or 60 deg C

TRETOLITE DIVISION

(505) 746-3588
Fax (505) 746-3580

Reply to:
P.O. Box FF
Artesia, NM
88211-7531

WATER ANALYSIS REPORT

Company	: YATES PETROLEUM	Date	: 01/12/94
Address	: ARTESIA, NEW MEXICO	Date Sampled	: 01/12/94
Lease	: CLIFFORD	Analysis No.	: 546
Well	: BATTERY		
Sample Pt.	: TANK		

ANALYSIS		mg/L		* meq/L
-----		----		-----
1. pH		7.0		
2. H2S		140 PPM		
3. Specific Gravity		1.005		
4. Total Dissolved Solids		6842.7		
5. Suspended Solids		NR		
6. Dissolved Oxygen		NR		
7. Dissolved CO2		NR		
8. Oil In Water		NR		
9. Phenolphthalein Alkalinity (CaCO3)				
10. Methyl Orange Alkalinity (CaCO3)				
11. Bicarbonate	HCO3	817.0	HCO3	13.4
12. Chloride	Cl	2449.0	Cl	69.1
13. Sulfate	SO4	1375.0	SO4	28.6
14. Calcium	Ca	700.0	Ca	34.9
15. Magnesium	Mg	280.0	Mg	23.0
16. Sodium (calculated)	Na	1221.7	Na	53.1
17. Iron	Fe	NR		
18. Barium	Ba	NR		
19. Strontium	Sr	NR		
20. Total Hardness (CaCO3)		2901.0		

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter		Compound	Equiv wt	X meq/L	= mg/L
-----		-----			-----
35	*Ca <-----	Ca(HCO3)2	81.0	13.4	1085
	/----->	CaSO4	68.1	21.5	1466
23	*Mg ----->	CaCl2	55.5		
	<-----/	Mg(HCO3)2	73.2		
53	*Na ----->	MgSO4	60.2	7.1	427
	*Cl	MgCl2	47.6	15.9	759
		NaHCO3	84.0		
		Na2SO4	71.0		
		NaCl	58.4	53.1	3106

Saturation Values Dist. Water 20 C

CaCO3	13 mg/L
CaSO4 * 2H2O	2090 mg/L
BaSO4	2.4 mg/L

REMARKS:

----- A. MILLER / FILE

SCALE TENDENCY REPORT

Company : YATES PETROLEUM Date : 01/12/94
Address : ARTESIA, NEW MEXICO Date Sampled : 01/12/94
Lease : CLIFFORD Analysis No. : 546
Well : BATTERY Analyst : STEVE TIGERT
Sample Pt. : TANK

STABILITY INDEX CALCULATIONS
(Stiff-Davis Method)
CaCO₃ Scaling Tendency

S.I. = 0.8 at 60 deg. F or 16 deg. C
S.I. = 0.8 at 80 deg. F or 27 deg. C
S.I. = 0.9 at 100 deg. F or 38 deg. C
S.I. = 0.9 at 120 deg. F or 49 deg. C
S.I. = 0.9 at 140 deg. F or 60 deg. C

CALCIUM SULFATE SCALING TENDENCY CALCULATIONS
(Skillman-McDonald-Stiff Method)
Calcium Sulfate

S = 2241 at 60 deg. F or 16 deg C
S = 2331 at 80 deg. F or 27 deg C
S = 2364 at 100 deg. F or 38 deg C
S = 2360 at 120 deg. F or 49 deg C
S = 2346 at 140 deg. F or 60 deg C

Petrolite Oilfield Chemicals Group

Respectfully submitted,
STEVE TIGERT

ATTACHMENT D

MARTIN YATES, III
1912 - 1985
FRANK W. YATES
1936 - 1986



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210
TELEPHONE (505) 748-1471

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DENNIS G. KINSEY
TREASURER

March 27, 1996

Tim Gum
State of New Mexico
OIL CONSERVATION DIVISION
811 South First Street
Artesia, NM 88210

Dear Mr. Gum,

Enclosed please find a copy of form C-108 (Application for Authority to Inject) for the proposed Kincaid #1 located in Unit O of Section 36-18S-25E, Eddy County, New Mexico.

Should you have any questions, please feel free to contact me at (505) 748-4187.

Sincerely,

Rex Gates
Engineer

RG/th

Enclosure

MARTIN YATES, III
1912 - 1985
FRANK W. YATES
1936 - 1986



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210
TELEPHONE (505) 748-1471

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DENNIS G. KINSEY
TREASURER

March 27, 1996

Mark D. Wilson
4501 Green Tree Blvd.
Midland, TX 79707

Ladies and Gentlemen,

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates' Kincaid #1 located in Unit O of Section 36-18S-25E, Eddy County, New Mexico.

Should you have any questions, please feel free to contact me at (505) 748-4187.

Sincerely,

A handwritten signature in cursive script that reads 'Rex Gates'.

Rex Gates
Engineer

RG/th

Enclosure

MARTIN YATES, III
1912 - 1985
FRANK W. YATES
1936 - 1986



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210
TELEPHONE (505) 748-1471

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March 27, 1996

Rio Pecos Corporation
4501 Green Tree Blvd.
Midland, TX 79707

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Sincerely,

Rex Gates
Engineer

RG/th

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1912 - 1985
FRANK W. YATES
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ARTESIA, NEW MEXICO 88210
TELEPHONE (505) 748-1471

S. P. YATES
CHAIRMAN OF THE BOARD
JOHN A. YATES
PRESIDENT
PEYTON YATES
EXECUTIVE VICE PRESIDENT
RANDY G. PATTERSON
SECRETARY
DENNIS G. KINSEY
TREASURER

March 27, 1996

Eugene E. Nearburg
1608 Lakeway Blvd.
Austin, TX 78734

Ladies and Gentlemen,

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates' Kincaid #1 located in Unit O of Section 36-18S-25E, Eddy County, New Mexico.

Should you have any questions, please feel free to contact me at (505) 748-4187.

Sincerely,

Rex Gates
Engineer

RG/th

Enclosure

MARTIN YATES, III
1912 - 1985
FRANK W. YATES
1936 - 1986



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210
TELEPHONE (505) 748-1471

S. P. YATES
CHAIRMAN OF THE BOARD
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PEYTON YATES
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SECRETARY
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TREASURER

March 27, 1996

Tom L. Ingram
P. O. Box 1757
Roswell, NM 88202

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TREASURER

March 27, 1996

Ballard E. Spencer Trust, Inc.
Richardson Oil & Gas Company
P. O. Box 2423
Roswell, NM 88201

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March 27, 1996

Margaret Jane Carter
2032 Medusa Way
Sacramento, CA 95825

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Engineer

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DENNIS G. KINSEY
TREASURER

March 27, 1996

Wyatt A. Hartman Estate
Parrish Family Trust
P. O. Box 67
Great Bend, KS 67530

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March 27, 1996

Francis Robinson
William Harold Robinson
2032 Medusa Way
Sacramento, CA 95825

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DENNIS G. KINSEY
TREASURER

March 27, 1996

The Est. of Glea Shepard, deceased
c/o M. Ilene Deemy
720 - 3rd Avenue
Iowa City, IA 52240

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DENNIS G. KINSEY
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March 27, 1996

Robert R. Newton Trust
Donald Newton, Managing General Partner
Don Phillips & Associates
1416 Meeting House Lane
Knoxville, TN 37931

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TREASURER

March 27, 1996

L. Raymond Scherer
Margaret S. Scherer
Trustees of the L. Raymond Scherer Living Trust
1930 Irving Avenue South
Minneapolis, MN 55403

Ladies and Gentlemen,

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March 27, 1996

Kenna Carter Scott
Route 3
Box 329
Big Spring, TX 79720

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TREASURER

March 27, 1996

Hugh M. Kincaid
Felix V. Cauhape
Trustees for the Ella La Voda Swope Trust
Queen Route
Carlsbad, NM 88220

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March 27, 1996

Roger Westman
2400 Interlachen Road (317)
Spring Park, MN 55384

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March 27, 1996

Elizabeth Melone Winston
Frederick Winston
2706 W. Lake of the Isles Blvd.
Minneapolis, MN 55416

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March 27, 1996

Sterling Mark Carter
Box 97
Winston, NM 87943

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March 27, 1996

The Minneapolis Foundation
500 Foshay Tower
821 Marquette Avenue
Minneapolis, MN 55402

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TREASURER

March 27, 1996

Barbara B. Hendrickson
1715 Douglas Lane South
Minneapolis, MN 55403

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Engineer

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DENNIS G. KINSEY
TREASURER

March 27, 1996

S. S. Badger
c/o Shawn Taylor, Conservator
5500 N. Vicksburg
Plymouth, MN 55446

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I. J. Marshall
Box 1712
Roswell, NM 88201

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March 27, 1996

Ralph & Patty Schafer
80 West Kincaid Ranch Road
Artesia, NM 88210

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Claribell Y. Marshall
P. O. Box 1712
Roswell, NM 88201

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March 27, 1996

Charles A. Kelly
c/o Chapman & Cutler
111 W. Monroe Street
Chicago, IL 60603-4080

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March 27, 1996

Hugh M. Kincaid
Queen Route
Carlsbad, NM 88220

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March 27, 1996

Kathryn Knops
3044 - 12th Avenue South
Minneapolis, MN 55407

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March 27, 1996

Josephine E. Hilditch
Trustee of the Joseph E. Hilditch Trust
1811 La Cuesta Drive
Santa Ana, CA 92705

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TREASURER

March 27, 1996

James L. Hinkle & John T. Hinkle
Co-Personal Representatives of the Estate of Lillian T. Hinkle
P. O. Box 2002
Roswell, NM 88202

Ladies and Gentlemen,

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March 27, 1996

Charles E. Hinkle
Spur Ranch
Box 4 Lonoak Route
King City, CA 93930

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March 27, 1996

R. R. Hinkle Company, Inc.
1213 West Third Street
Roswell, NM 88201

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F. B. Hubachek
111 W. Monroe Street
Chicago, IL 60603-4080

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PEYTON YATES
EXECUTIVE VICE PRESIDENT
RANDY G. PATTERSON
SECRETARY
DENNIS G. KINSEY
TREASURER

March 27, 1996

Mary A. Phillips Baida Estate
c/o Senior Support Service
150 El Camino Real #200
Tustin, CA 92680-3615

Ladies and Gentlemen,

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates' Kincaid #1 located in Unit O of Section 36-18S-25E, Eddy County, New Mexico.

Should you have any questions, please feel free to contact me at (505) 748-4187.

Sincerely,

Rex Gates
Engineer

RG/th

Enclosure

MARTIN YATES, III
1912 - 1985
FRANK W. YATES
1936 - 1986



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210
TELEPHONE (505) 748-1471

S. P. YATES
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JOHN A. YATES
PRESIDENT
PEYTON YATES
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SECRETARY
DENNIS G. KINSEY
TREASURER

March 27, 1996

James G. Bennett, Jr.
Russell M. Bennett
James E. Brew
400 Baker Bldg.
706 Second Avenue south
Minneapolis, MN 55402

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TREASURER

March 27, 1996

Eloise W. Carleton
The First National Bank of Minneapolis
Minnesota u/w/o Frank Carleton
P. O. Box A-700
Minneapolis, MN 55408

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March 27, 1996

Michael T. Carter
1021 Plaza Drive
Grandbury, TX 76048

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March 27, 1996

James W. Childress
P. O. Box 209
Roswell, NM 88201

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TREASURER

March 27, 1996

Estate of Madlyn Cauhape Daboll
Cauhape Properties Partnership
1705 W. Clayton
P. O. Box 1304
Artesia, NM 88210

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March 27, 1996

Lynn E. Desper
50 Coronada Road
Corrales, NM 87048-9520

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March 27, 1996

Erle L. Dickerson
5660 Etiwanda Avenue, #4
Tarzana, CA 91356

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March 27, 1996

Joyce A. Holliday Fahlman
P. O. Box 2399
Santa Barbara, CA 93120

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March 27, 1996

R. E. Glass
517 S. Adams
San Angelo, TX 76901

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March 27, 1996

Richard H. Landscheff, Jr.
2313 Jim Dent
El Paso, TX 79936

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March 27, 1996

William Bryan Landsheft
Route 6
15880 S. Peoria
Bixby, OK 94008

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March 27, 1996

J. Laird Marshall
2309 Rowley Avenue
Madison, WI 53705

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Owen Marshall
4330 South Lowes Creek Road
Eau Claire, WI 54701

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March 27, 1996

Richard H. Marshall, Jr.
28 Austin Crescent
Toronto, ON M5R-3E3

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DENNIS G. KINSEY
TREASURER

March 27, 1996

Marshall & Winston, Inc.
P. O. Box 50880
Midland, TX 79710

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SECRETARY
DENNIS G. KINSEY
TREASURER

March 27, 1996

McQuiddy Communications & Energy, Inc.
P. O. Box 2072
Roswell, NM 88201

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March 27, 1996

Margaret M. Norton
c/o Carol Henderson
485 Santa Anita Court
Sierra Madre, CA 91024

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March 27, 1996

Quetico Superior Foundation
2300 First National Bank Building
Minneapolis, MN 55402

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March 27, 1996

Thelma Schafer
906 Hermosa
Artesia, NM 88210

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March 27, 1996

Artesia Daily Press
503 W. Main
Artesia, NM 88210

Gentlemen,

Yates Petroleum Corporation desires to place a public notice in your newspaper for one day. The notice is enclosed.

Please place this notice in your paper on Friday, March 29, 1996, and forward a copy of it along with your billing as soon as possible to:

Yates Petroleum Corporation
105 S. 4th Street
Artesia, NM 88210
Attn: Rex Gates

If you have any questions, please contact me at 748-4187. Thank you for your cooperation in this matter.

Sincerely,

Rex Gates
Engineer

RG/th

Enclosure

Attachment E

Legal Notice

Yates Petroleum Corporation, 105 South Fourth Street, Artesia, NM 88210, has filed form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for an injection well. The proposed well, the "Kincaid #1" located 990'FSL & 1980'FEL of Section 36, Township 18 South, Range 25 East of Eddy County, New Mexico, will be used for salt water disposal. Disposal waters and acid gas from the Canyon will be re-injected into the Devonian and Ellenburger at a depth of 9970'-11,400' with a maximum pressure of 1995 psi and a maximum rate of 30,000 BWPD.

All interested parties opposing the aforementioned must file objections or requests for a hearing with the Oil Conservation Division, 2040 S. Pacheco Street, Santa Fe, NM 87501, within 15 days. Additional information can be obtained by contacting Rex Gates at (505) 748-4187.

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To: Ben Stone
From: Bryan G. Arrant
Re: Est. Geological Tops Yates Kincaid Well (36-18-25)
Date: April 26, 1996

Est Geol. Tops

Yates Petroleum
#1 Kincaid
(O) 36-18-25

Morrow	9046
Chester	9303
Mississippian	9435
Woodford	9935
Siluro-Devonian	9970
Montoya	10430
Ellenburger	10735
Bliss S.S.	11245
Granite	11295
T.D.	11400

Geol. Tops

Yates Petroleum
#3 Roy "AET" #3
(O) 7-19-25

Morrow	8810
Chester	9145
Mississippian	9300
Woodford	9748
Siluro-Devonian	9758
Montoya	10285
Ellenburger	10600
Bliss S.S.	11055
T.D.	11181

Ben,

The #3 Roy is the nearest well I found with these depths @ 4 miles to the west.
The geol. tops on the #1 Kincaid are what Yates predict will be when the well is deepened.

Give me a call if you need anything else.

Thanks, Bryan

Affidavit of Publication

Copy of Publication

No. 15408

STATE OF NEW MEXICO,

County of Eddy:

Gary D. Scott being duly sworn, says: That he is the Publisher of The Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and state, and that the hereto attached Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for 1 consecutive weeks on the same day as follows:

First Publication March 29, 1996

Second Publication _____

Third Publication _____

Fourth Publication _____

Subscribed and sworn to before me this 29th day of March 19 96

Barbara Ann Beans
Notary Public, Eddy County, New Mexico

My Commission expires September 23, 1999

LEGAL NOTICE

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Published in the Artesia Daily Press, Artesia, N.M. March 29, 1996.

Legal 15408

Post-It™ brand fax transmittal memo 7671 # of pages 4

To <u>Ben Stone</u>	From <u>Cina Huerta</u>
Co <u>NMOCO</u>	Co <u>YPC</u>
Dept. _____	Phone # <u>505-748-1471</u>
Fax # <u>505-827-8177</u>	Fax # <u>505-748-4585</u>

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.
- 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 R. Newton Trust
 Donald Newton, Managing
 Don Phillips & Associates
 1414 Meeting House Lane
 Knoxville, TN 37931

4a. Article Number
 P 106 965 070

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

7. Date of Delivery
 3-30-96

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 Domestic Return Receipt

Thank you for using Return Receipt Service.

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Consult postmaster for fee.

3. Article Addressed to:
 Ballard E. Spencer Trust
 Richardson Oil & Gas
 P.O. Box 2423
 Roswell, NM 88201

4a. Article Number
 P 106 965 065

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

7. Date of Delivery
 3-29-96

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X

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- 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:
 Wyatt A. Hartman Estate
 Parrish Family Trust
 P.O. Box 67
 Great Bend, KS 67530

4a. Article Number
 P 106 965 067

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

7. Date of Delivery
 3-30-96

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 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.
- 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:
 Elaine W. Carleton
 1st National Bank
 Minnesota w/o Frank
 Carleton
 P.O. Box A-700
 Minneapolis, MN 55408

4a. Article Number
 P 466 328 973

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

7. Date of Delivery
 4-3-96

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 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.
 • 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:
 R. R. Hinkle Company, Inc.
 1213 West Third Street
 Roswell, MN 55201

4a. Article Number
 P 466 328 969

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

7. Date of Delivery
 3-29-98

5. Received By: (Print Name)
 [Signature]

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

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

PS Form 3811, December 1994

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.
 • 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:
 R. E. Glass
 517 S. Adams
 San Angelo, TX 76901

4a. Article Number
 P 466 328 980

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

7. Date of Delivery
 4-2

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

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.
 • 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 M. Norton
 40 Canal Henderson
 485 Santa Anita Court
 Sierra Madre, CA 91024

4a. Article Number
 P 384 290 671

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

7. Date of Delivery
 APR - 1 1998

5. Received By: (Print Name)
 CAROL HENDERSON

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

6. Signature: (Addressee or Agent)
 X Carol Henderson

PS Form 3811, December 1994

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.
 • 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. B. Hubachek
 111 W. Monroe Street
 Chicago, IL 60603-4080

4a. Article Number
 P 466 328 970

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

7. Date of Delivery
 APR 31 1998

5. Received By: (Print Name)

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

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

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.
 ■ 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. Laird Marshall
 2309 Rowdy Avenue
 Madison, WI 53705

4a. Article Number
 P 384 290 667

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

7. Date of Delivery
 4-2-96

5. Received By: (Print Name)

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

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

Domestic Return Receipt
 PS Form 3811, December 1994

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.
 ■ 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

4a. Article Number
 P 384 290 670

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

7. Date of Delivery
 MAR 28 1996

5. Received By: (Print Name)

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

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

Domestic Return Receipt
 PS Form 3811, December 1994

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.
 ■ 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:
 McQuddy Communications
 & Energy, Inc.
 P.O. Box 2072
 Roswell, MN 88201

4a. Article Number
 P 384 290 672

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)

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

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

Domestic Return Receipt
 PS Form 3811, December 1994

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.
 ■ 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:
 Thelma Schafer
 906 Hermosa
 Antlers, MN 88210

4a. Article Number
 P 574 252 940

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

7. Date of Delivery
 03-28-96

5. Received By: (Print Name)

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

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

Domestic Return Receipt
 PS Form 3811, December 1994

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.
 • 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 Bryan Landschiff
 Route 6
 15880 S. Plavia
 Bixby, OK 74008

4a. Article Number
 P 384 290 666

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

7. Date of Delivery
 4-2-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *William Landschiff*

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

PS Form 3811, December 1994 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.
 • 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:
 Owen Marshall
 4330 South Spaw Creek
 Road
 Eau Claire, WI 54701

4a. Article Number
 P 384 290 668

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

7. Date of Delivery
 4-02-96

5. Received By: (Print Name)
 Owen Marshall

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994 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.
 • 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 I. Carter
 1021 Plaza Drive
 Grandburg, TX 76048

4a. Article Number
 P 466 328 974

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

7. Date of Delivery
 3-29-96

5. Received By: (Print Name)
 Mike Carter

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994 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.
 • 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 H. Landschiff, Jr.
 2313 Jim Dent
 El Paso, TX 79936

4a. Article Number
 P 384 290 665

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

7. Date of Delivery
 MAR 29 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Richard Landschiff*

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

PS Form 3811, December 1994 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.
- 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:
 Joyce A. Halliday Fahnestock
 P.O. Box 2399
 Santa Barbara, CA
 93120

4a. Article Number
 P 466 328 979

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 09/28/96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Joyce A. Fahnestock

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

PS Form 3811, December 1994 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.
- 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:
 Eric S. Dickerson
 5660 Etiwanda Avenue #4
 Tarzana, CA 91356

4a. Article Number
 P 466 328 978

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 12-2-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Eric S. Dickerson

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

PS Form 3811, December 1994 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.
- 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:
 Lynn E. Deper
 50 Coronado Road
 Covales, NM 87048-9520

4a. Article Number
 P 466 328 977

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 4-2-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Lynn E. Deper

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

PS Form 3811, December 1994 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.
- 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:
 Estate of Madlyn Courape Deper
 Courape Properties Partnership
 1705 W. Clayton
 P.O. Box 1304
 Artesia, NM 88210

4a. Article Number
 P 466 328 976

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Marcetta Mulcock

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

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.
 • 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 W. Childress
 P.O. Box 209
 Roswell, NM 88201

4a. Article Number
 P 466 328 975

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)
 James W. Childress

6. Signature: (Addressee or Agent)
 X *James W. Childress*

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

PS Form 3811, December 1994 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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.
 • 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 G. Bennett, Jr.
 Russell M. Bennett
 James E. Bhow
 400 Baker Bldg.
 1704 Second Avenue South
 Minneapolis, MN 55402

4a. Article Number
 P 466 328 972

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

7. Date of Delivery
 4-2-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *J. Blood*

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

PS Form 3811, December 1994 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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.
 • 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. Hinkel & John Hinkel
 P.O. Box 2002
 Roswell, NM 88202

4a. Article Number
 P 466 328 967

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)
 James J. Hinkel

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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.
 • 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:
 Hugh M. Kincaid
 Dale V. Canhope
 Trustees for the El Estab Voda
 Swap Trust
 Queen Route
 Carlsbad, NM 88220

4a. Article Number
 P 106 965 073

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)
 Nancy Kincaid

6. Signature: (Addressee or Agent)
 X *Nancy Kincaid*

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

PS Form 3811, December 1994 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

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.
 ■ 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 Meloni Winston
 Candrice Winston
 2706 W. Lake of the Isles
 Minneapolis, MN 55416

4a. Article Number
 P 106 965 076

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

7. Date of Delivery

5. Received By: (Print Name)
 NGIL WINSTON

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

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

PS Form 3811, December 1994

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.
 ■ 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:
 Ralph & Patty Schaffer
 80 West Kincaid Ranch
 Artesia, MN 88210

4a. Article Number
 P 106 965 081

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

7. Date of Delivery
 3-29-96

5. Received By: (Print Name)
 X Patty Schaffer

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

6. Signature: (Addressee or Agent)
 X Patty Schaffer

PS Form 3811, December 1994

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.
 ■ 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:
 Hugh M. Kincaid
 Queen Route
 Carlsbad, MN 88220

4a. Article Number
 P 106 965 084

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)
 Nancy Kincaid

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

6. Signature: (Addressee or Agent)
 X Nancy Kincaid

PS Form 3811, December 1994

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.
 ■ 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:
 Josephine E. Hilditch
 Trustee of the Joseph E.
 Hilditch Trust
 1811 La Cuesta Drive
 Santa Ana, CA 92705

4a. Article Number
 P 106 965 086

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

7. Date of Delivery
 APR 12 1996

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

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.
 ■ 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:
 David Catarach
 State of New Mexico
 Oil Conservation Division
 2040 S. Pacheco Street
 Santa Fe, NM 87505-5472

4a. Article Number
 P 106 965 059

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

7. Date of Delivery
 4/1/96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X J Suller

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

PS Form 3811, December 1994 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.
 ■ 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:
 Kathryn Knops
 3044 - 12th Avenue South
 Minneapolis, MN 55407

4a. Article Number
 P 106 965 085

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

7. Date of Delivery
 APR 1 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Kathryn Knops

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

PS Form 3811, December 1994 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.
 ■ 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 A. Kelly
 c/o Chapman & Cutler
 111 W. Monroe Street
 Chicago, IL 60603-4080

4a. Article Number
 P 106 965 083

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

7. Date of Delivery
 APR 2 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X C. Kelly

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

PS Form 3811, December 1994 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.
 ■ 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:
 Kenna Carter Scott
 Route 3
 Box 329
 Big Spring, TX 79720

4a. Article Number
 P 106 965 072

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Kenna Carter Scott

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

PS Form 3811, December 1994 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.
 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.

3. Article Addressed to:
 Claribell H. Marshall
 P.O. Box 1712
 Roswell, NM 88201
 CLARIBELL MARSHALL

4a. Article Number
 P 106 965 082

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)
 Claribell H. Marshall

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994

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.
 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.

3. Article Addressed to:
 I.A. Marshall
 Box 1712
 Roswell, NM 88201
 I.A. MARSHALL

4a. Article Number
 P 106 965 080

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)
 Mrs. I.A. Marshall

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994

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.
 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.

3. Article Addressed to:
 Jim Gunn
 State of New Mexico
 Oil Conservation Division
 811 South Grand Street
 Artesia, NM 88210
 J. SHANNON

4a. Article Number
 P 106 965 060

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)
 J. Shannon

6. Signature: (Addressee or Agent)
 X J. Shannon

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

PS Form 3811, December 1994

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.
 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.

3. Article Addressed to:
 S.S. Badger
 c/o Sharon Taylor, Conservator
 5500 N. Vicksburg
 Plymouth, NM 85446
 S.S. BADGER

4a. Article Number
 P 106 965 087

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)
 S.S. Badger

6. Signature: (Addressee or Agent)
 X S.S. Badger

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

PS Form 3811, December 1994

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.
 * 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:
 Barbara O. Hendrickson
 1715 Douglas Lane South
 Minneapolis, MN 55403

4a. Article Number
 P 106 965 079

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

7. Date of Delivery

5. Received By: (Print Name)
 Barbara O. Hendrickson

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994 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.
 * 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 Minneapolis Foundation
 500 Washway Tower
 821 Marquette Avenue
 Minneapolis, MN 55402

4a. Article Number
 P 106 965 078

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

7. Date of Delivery
 1-1-91

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Julie Bell

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

PS Form 3811, December 1994 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.
 * 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:
 Sterling Mable Carter
 Box 97
 Winston, MN 57943

4a. Article Number
 P 106 965 077

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

7. Date of Delivery
 2-29-96

5. Received By: (Print Name)
 Sterling Carter by
 Loretta Van Buren

6. Signature: (Addressee or Agent)
 X Loretta Van Buren

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

PS Form 3811, December 1994 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.
 * 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:
 Roger Widman
 2400 Interlachen Road (317)
 Spring Park, MN 55384

4a. Article Number
 P 106 965 075

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

7. Date of Delivery
 4-1-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Roger Widman

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.
 • 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:
 Francis Robinson
 William Harold Robinson
 2032 Medusa Way
 Sacramento, CA 95825
 FRANCIS MOHR

4a. Article Number
 P 106 965 068

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

7. Date of Delivery APR 01 1996

5. Received By: (Print Name)
 WILLIAM ROBINSON

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994 Domestic Return Receipt
 All received by FRANCIS MOHR

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.
 • 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 Jane Carter
 2032 Medusa Way
 Sacramento, CA 95825
 ABOVE DECEASED
 MARGARET JANE CARTER

4a. Article Number
 P 106 965 066

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

7. Date of Delivery APR 01 1996

5. Received By: (Print Name)
 MARGARET JANE CARTER

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994 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.
 • 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:
 Don S. Ingram
 P.O. Box 1757
 Roswell, NM 88202

4a. Article Number
 P 106 965 064

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

7. Date of Delivery 3-28-96

5. Received By: (Print Name)
 TAM L. INGRAM

6. Signature: (Addressee or Agent)
 X Don S. Ingram

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

PS Form 3811, December 1994 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.
 • 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:
 Mark A. Wilson
 4501 Green Olive Blvd.
 Midland, TX 79707

4a. Article Number
 P 106 965 061

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

7. Date of Delivery 3-28-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Mark A. Wilson

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

PS Form 3811, December 1994 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.
 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:
 Rio Pecos Corporation
 4501 Green Lane Blvd.
 Midland, TX 79707

4a. Article Number
 P 106 965 062

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

7. Date of Delivery
 3-28-96

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 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.
 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:
 Eugene E. Nearburg
 1608 Lakeway Blvd.
 Austin, TX 78734

4a. Article Number
 P 106 965 063

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

7. Date of Delivery
 4-10-96

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 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.
 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:
 Wyatt A. Handman Estate
 c/o Rozella M. Hickey
 Rt. 1, Box 1356
 Bainbridge, GA 31717

4a. Article Number
 P 574 252 944

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

7. Date of Delivery
 2-6-95 - Recd.

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

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

P 466 328 968

Sent to: *Martha E. Hinkle*
 Street and No.: *South Ranch*
 P.O. State and ZIP Code: *Box 4, Spoor*
 Post Office Name & ZIP Code: *Rocky City, GA*

Postage: *93930*

Certified Fee: *93930*

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 and Fees: *\$*

Postmark or Date:

PS Form 3800, June 1991

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

P 574 252 939

Sent to: *Division of the S. Raymond*
 Street and No.: *Sharon Spring Trust*
 P.O. State and ZIP Code: *1930 Highway Avenue*
 Post Office Name & ZIP Code: *Spokane*

Postage: *\$*

Certified Fee: *\$*

Special Delivery Fee: *55403*

Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered:

Return Receipt Showing to Whom, Date, and Addressee's Address:

TOTAL Postage and Fees: *\$*

Postmark or Date:

PS Form 3800, June 1991

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 DO NOT USE FOR INTERNATIONAL MAIL
 (SEE REVERSE)

P 083 924 679

Sent to: *Justice Superior*
 Street and No.: *2800 West Nat Bank*
 P.O. State and ZIP Code: *Minneapolis MN*

Postage: *55402*

Certified Fee:

Special Delivery Fee:

Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered:

Return Receipt Showing to Whom, Date, and Address of Delivery:

TOTAL Postage and Fees: *\$*

Postmark or Date:

PS Form 3800, June 1991

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

P 083 924 679

Sent to: *State of Ga Superior*
 Street and No.: *110 N. Main Street*
 P.O. State and ZIP Code: *110 - 3rd Avenue*
 Post Office Name & ZIP Code: *Towson, IA 52240*

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 and Fees: *\$*

Postmark or Date:

Form 3800, June 1991

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

P 083 924 679

Sent to: *Justice Superior*
 Street and No.: *110 N. Main*
 P.O. State and ZIP Code: *Minneapolis MN*

Postage: *55402*

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 and Fees: *\$*

Postmark or Date:

PS Form 3800, June 1995

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 DO NOT USE FOR INTERNATIONAL MAIL
 (SEE REVERSE)

P 466 328 971

Sent to: *Robert H. Marshall*
 Street and No.: *Auton Crescent*
 P.O. State and ZIP Code: *Towson, MD MDSE-3E*

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 Delivery:

TOTAL Postage and Fees: *\$*

Postmark or Date:

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail. (See reverse).

P 466 328 971

Sent to: *Cheryl Quinn Baker*
 Street & Number: *150 S. Lawrence Blvd #101*
 Post Office Name & ZIP Code: *Waco, TX 76780-3415*

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 and Fees: *\$*

Postmark or Date:

"Let your interest in measurement be our concern"

DOS

PRECISION SERVICE, INC.

P.O. Box 3659 * Casper, Wyoming 82602 * (307) 237-9327

Run No. 930226-5

P.O. Box 2604 * Roswell, New Mexico 88201 * (505) 622-9874

Date Run 02/26/93

Analysis Results Summary

Date Sampled 02/25/93

Analysis for YATES PETROLEUM CORPORATION

GPANGL.L50

Field: DAGGER DRAW

Well Name: ACID GAS

Producer: YATES PETROLEUM CORPORATION

Sta. Number:

County: EDDY

State: NM

Purpose: WEEKLY

Sampled By: KARL HAENY

Sampling Temp: DEG F

Atmos Temp: 57 DEG F

Volume/day:

Formation:

Pressure on Cylinder: 11 PSIG

Line Pressure: 24.2 PSIA

GAS COMPONENT ANALYSIS

Pressure Base: 14.730

	Mol %	GPM
Carbon Dioxide CO2	38.311	
Nitrogen N2	0.019	
Hydrogen Sulfide H2S	60.810	
Methane C1	0.340	0.058
Iso-Butane IC4	0.009	0.003
Nor-Butane NC4	0.049	0.015
Iso-Pentane IC5	0.045	0.016
Nor-Pentane NC5	0.098	0.035
Hexanes Plus C6+	0.319	0.137
TOTAL	100.000	0.265

Real BTU Dry:	418
Real BTU Wet:	408
Real Calc. Specific Gravity:	1.324
Field Specific Gravity:	1.314

Standard Pressure:	14.696
BTU Dry:	415
BTU Wet:	407

Z Factor:	0.9926
N Value:	1.3106
Avg Mol Weight:	38.0743
Avg CuFt/Gal:	67.9661
26 Lb Product:	0.3077
Methane+ GPM:	0.265
Ethane+ GPM:	0.207
Propane+ GPM:	0.207
Butane+ GPM:	0.207
Pentane+ GPM:	0.189

REMARKS:

H2S ON LOCATION: 60.810 % = 608,100 PPM

Approved by: JEFF DECK

Fri Feb 26 16:17:37 1993