



State of New Mexico  
Commissioner of Public Lands

RAY POWELL, M.S., D.V.M.  
COMMISSIONER

310 OLD SANTA FE TRAIL P.O. BOX 1148

(505) 827-5760  
FAX (505) 827-5766

March 7, 1994

SANTA FE, NEW MEXICO 87504-1148

Armstrong Energy Corporation  
P.O. Box 1973  
Roswell, New Mexico 88202

Attention: Mr. Robert G. Armstrong

Re: Surface Commingling and Off Lease Storage  
Mobil Lea State Wells  
Northeast Lea Delaware Pool  
W $\frac{1}{2}$ , Section 02-20S-34E  
Lea County, New Mexico

Dear Mr. Armstrong:

This office is in receipt of your application to commingle the production from the Mobil Lea State Well Nos. 1, 2, 3, 4, Lease No. LG-2750 with production from the Mobile Lea State Well No. 5 located on Lease No. LG-2833-1.

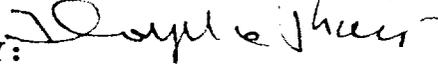
According to your application, all wells will be produced from the Northeast Lea Delaware Pool, and each well will have separate metering devices so that production can be monitored on each well.

Since ownership is common throughout, and there will be no loss of revenue to the State of New Mexico's beneficiaries from your proposed operation, the Commissioner of Public Lands, this date approves your request. Our approval is given with the understanding that the Commissioner of Public Lands reserves the right to amend or withdraw his approval should this operation prove to be unprofitable to the State at any time in the future. Our approval is subject to like approval by the New Mexico Oil Conservation Division.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY B. POWELL, M.S., D.V.M.  
COMMISSIONER OF PUBLIC LANDS

BY:   
FLOYD O. PRANDO, Director  
Oil/Gas and Minerals Division

(505) 827-5744

RBP/FOP/pm

cc: Reader File  
LG-2750-1 and LG-2833-1  
TRD  
OCD



State of New Mexico  
Commissioner of Public Lands

(505) 827-5760  
FAX (505) 827-5766

RAY POWELL, M.S., D.V.M.  
COMMISSIONER

310 OLD SANTA FE TRAIL P.O. BOX 1148

March 2, 1994

SANTA FE, NEW MEXICO 87504-1148

Armstrong Energy Corporation  
P. O. Box 1973  
Roswell, New Mexico 88202

Attn: Mr. Fred Millsap, Jr.

Re: Surface Commingling and Off-Lease Storage  
Mobil Lea State Well Nos. 1, 2, 3 and 4  
Northeast Lea Delaware Pool  
Lea County, New Mexico

Dear Mr. Millsap:

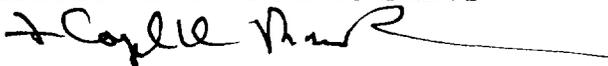
This office is in receipt of your letter of February 21, 1994, wherein you have requested our approval to commingle production from the above captioned wells which are producing from the Delaware formation located in the SW/4 of Section 2, Township 20 South, Range 34 East, with anticipated wells to be drilled in the NW/4 of Section 2, Township 20 South, Range 34 East.

Please provide us with the names and descriptions of the wells to be commingled in the NW/4 of Section 2-20S-34E. We would also like to know how you plan to allocate the production from the commingled wells.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY B. POWELL, M.S., D.V.M.  
COMMISSIONER OF PUBLIC LANDS

BY: 

FLOYD O. PRANDO, Director  
Oil/Gas and Minerals Division  
(505) 827-5744  
RBP/FOP/pm

cc: Reader File

OCD-Attn: Mr. David Catanach, Ben Stone

**Armstrong**  
ENERGY CORPORATION

505/623-8726

SUNWEST CENTRE, SUITE 1000  
P. O. BOX 1973  
ROSWELL, NEW MEXICO 88202  
FAX 505/622-2512

March 2, 1994

New Mexico State Land Office  
P. O. Box 1148  
Santa Fe, New Mexico 87504-1148

Attention: Mr. Pete Martinez

Re: **Commingling Application**  
**Lease No. LG-2750 & LG-2833**

Dear Mr. Martinez:

In response to your telephone request to me, please be advised that the acreage we are seeking to commingle in the NW $\frac{1}{2}$  Section 2, Township 20 South, Range 34 East, N.M.P.M., does not yet have production on it, but we anticipate drilling our Mobil Lea State #5 at a location which is 2440 feet FNL and 870 feet FWL in Unit E of Section 2. This well will be commenced in the latter part of March.

This well will be commingled with production from the Mobil Lea State Nos. 1, 2, 3 and 4. Each well, including the proposed well, will have separate metering devices, so that production can be monitored on each well.

If any further information is needed, please do not hesitate to contact this office.

Sincerely,

**ARMSTRONG ENERGY CORPORATION**

By: \_\_\_\_\_  
**Robert G. Armstrong, President**

RGA:lb

cc: Thomas K. Scroggin  
✓ William J. LeMay

February 21, 1994

Energy, Minerals and Natural Resources Department  
Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87504-2088

FEB 25 1994

Attention: Mr. William J. LeMay, Director

Re: Surface Commingling, Lease Commingling  
and Off-Lease Storage  
Northeast Lea Delaware Pool  
Lea County, New Mexico

Dear Bill:

Armstrong Energy Corporation respectfully requests administrative approval to commingle production from the four wells producing from the Delaware formation located in the SW $\frac{1}{4}$  Section 2, Township 20 South, Range 34 East, with anticipated wells to be drilled in the NW $\frac{1}{4}$  Section 2, Township 20 South, Range 34 East. The following four wells drilled on State Oil and Gas Lease LG-2750 are using a common tank battery on the Mobil Lea State #1 location:

Mobil Lea State #1  
Unit K, 1800' FSL, 1980' FWL  
Section 2, T-20S, R-34E  
Lea County, New Mexico

Mobil Lea State #2  
Unit L, 1800' FSL, 990' FWL  
Section 2, T-20S, R-34E  
Lea County, New Mexico

Mobil Lea State #3  
Unit M, 990' FSL, 870' FWL  
Section 2, T-20S, R-34E  
Lea County, New Mexico

Mobil Lea State #4  
Unit N, 1155' FSL, 1770' FWL  
Section 2, T-20S, R-34E  
Lea County, New Mexico

February 21, 1994

Page 2

The production from these four wells will be commingled with any future Delaware production discovered on State Oil and Gas Lease LG-2833 insofar as it covers the NW $\frac{1}{4}$  Section 2, Township 20 South, Range 34 East, Lea County, New Mexico. A plat labeled Attachment "I" is enclosed for your information.

The purpose of this off-lease storage and surface commingling is to reduce operating cost for storage and treating and thereby extend the economic life of each well. Without approval to utilize the facilities in the SW $\frac{1}{4}$ , it will be necessary to build separate facilities in the NW $\frac{1}{4}$  of said Section 2. This will greatly increase cost and shorten the economic life of the wells. Both leases cover additional acreage but the above described tracts are the only acreage affected by this request.

Common Schools are the beneficiary of both State Leases LG-2833 and LG-2750. The ownership, working, royalty and overriding royalty interests under both tracts are identical. The production from all wells commingled will be from the same producing formation which is the Delaware.

In accordance with the Oil Conservation Division's Rules 303-B, 309-B and 309-C, the following attachments are submitted for your information:

- Attachment II      A diagram of the proposed measurement equipment, separators and storage tanks in accordance with the "Manual for Installation and Operation of Commingling Facilities".
  
- Attachment III      Notification of all interest owners including the Commissioner of Public Lands of the proposed commingled production, all of which were notified by Certified Mail on January 26, 1994, evidenced by the attached receipts. All have returned the notices acknowledging their approval.
  
- Attachment IV      Notification to Commissioner of Public Lands.

ARMSTRONG ENERGY CORPORATION

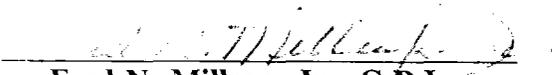
February 21, 1994

Page 3

Armstrong Energy Corporation appreciates your cooperation and should you have any questions or need additional information, please call me at 505-623-8726.

Yours very truly,

ARMSTRONG ENERGY CORPORATION

By:   
Fred N. Millsap, Jr., C.P.L.

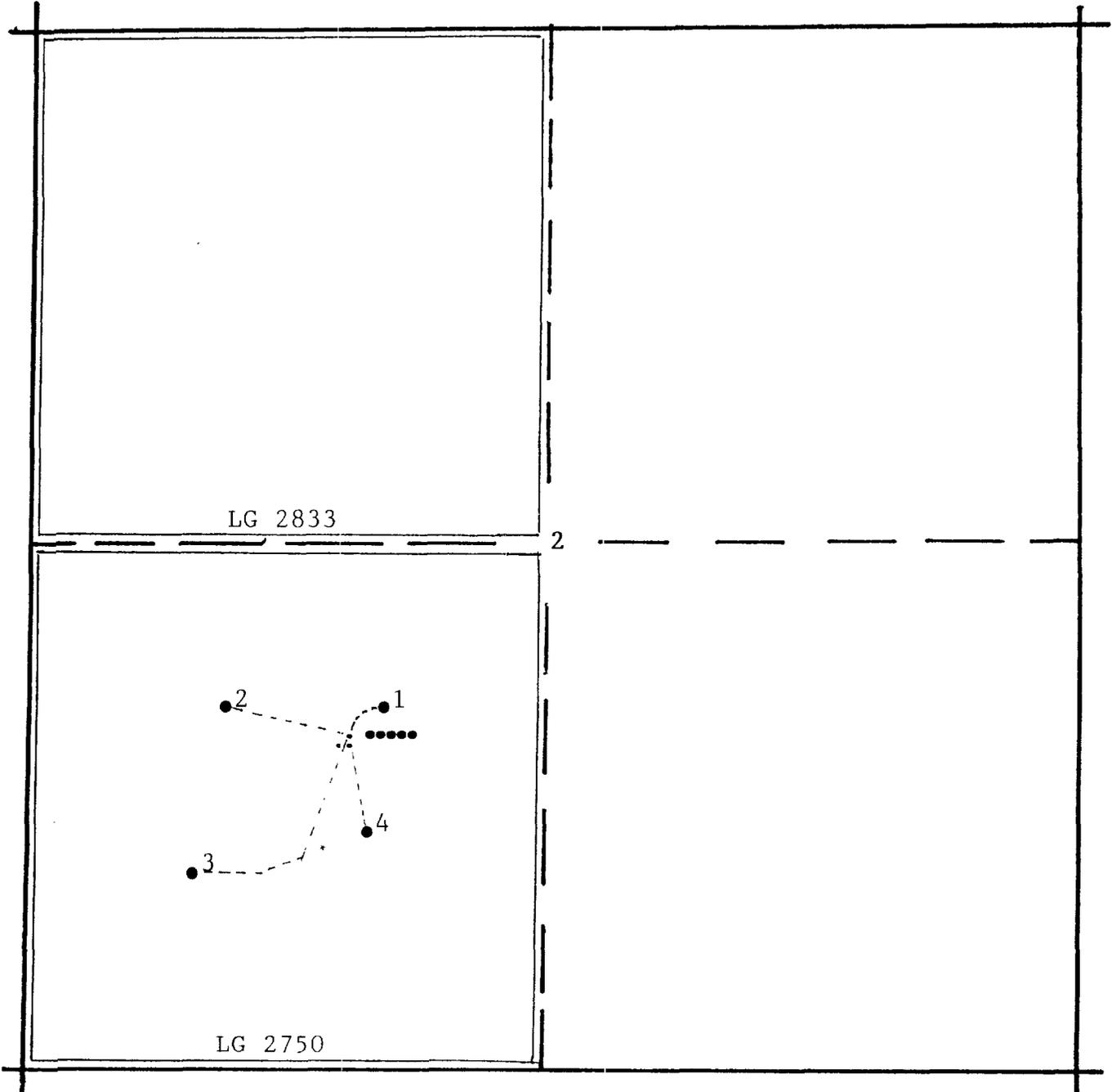
FNM:lb

Enclosures

cc: Commissioner of Public Lands

TOWNSHIP 20 SOUTH, RANGE 34 EAST  
LEA COUNTY, NEW MEXICO

ATTACHMENT I

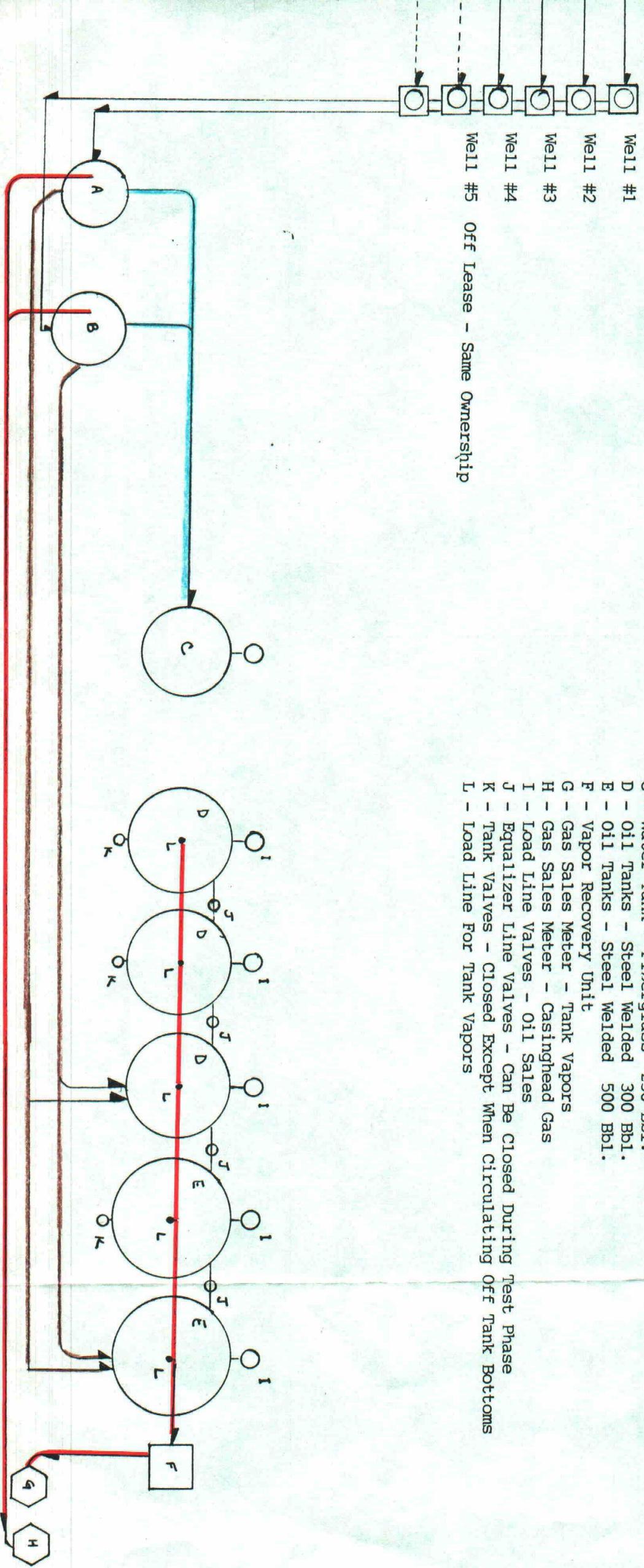


ARMSTRONG ENERGY CORPORATION  
 Mobil Lea State Tank Battery  
 Unit K, Section 2, T-20-S, R-34-E  
 Lea County, New Mexico

Attachment II

MOBIL LEA STATE WELLS  
 HEADER  
 Well #1  
 Well #2  
 Well #3  
 Well #4  
 Well #5 Off Lease - Same Ownership

A - 4 x 20 Heater Treater (Test Heater Treater)  
 B - 6 x 20 Heater Treater  
 C - Water Tank - Fiberglass 250 Bbl.  
 D - Oil Tanks - Steel Welded 300 Bbl.  
 E - Oil Tanks - Steel Welded 500 Bbl.  
 F - Vapor Recovery Unit  
 G - Gas Sales Meter - Tank Vapors  
 H - Gas Sales Meter - Casinghead Gas  
 I - Load Line Valves - Oil Sales  
 J - Equalizer Line Valves - Can Be Closed During Test Phase  
 K - Tank Valves - Closed Except When Circulating Off Tank Bottoms  
 L - Load Line For Tank Vapors



**ATTACHMENT III**

**MOBIL LEA STATE  
SECTION 2, T-20S, R-34E  
LEA COUNTY, NEW MEXICO**

**Commissioner of Public Lands  
State of New Mexico  
P. O. Box 1148  
Santa Fe, New Mexico 87504-1148**

**Armstrong Energy Corporation  
P. O. Box 1973  
Roswell, New Mexico 88202-1973**

**Mobil Producing Texas & New Mexico, Inc.  
P. O. Box 633  
Midland, Texas 79702**

**Union Oil Company of California  
P. O. Box 1300  
Midland, Texas 79702**

**Stanley H. Fox  
Lario Oil & Gas Company  
301 South Market Street  
Wichita, Kansas 67202**

**Wylie G. Basham  
Lario Oil & Gas Company  
301 South Market Street  
Wichita, Kansas 67202**

**Marvin E. Kraft  
Lario Oil & Gas Company  
301 South Market Street  
Wichita, Kansas 67202**

**Neal A. Taylor  
Lario Oil & Gas Company  
301 South Market Street  
Wichita, Kansas 67202**

**William J. McCaw  
Ralph Nix  
P. O. Box 440  
Artesia, New Mexico 88211-0440**

**Lario Oil & Gas Company**  
**301 South Market Street**  
**Wichita, Kansas 67202**

**Marshall & Winston, Inc.**  
**P. O. Box 50880**  
**Midland, Texas 79710-0880**

**J. Penrod Toles**  
**The Toles Company**  
**P. O. Drawer 1300**  
**Roswell, New Mexico 88202-1300**

**Mr. Ralph Nix, Jr.**  
**Ralph Nix**  
**P. O. Box 440**  
**Artesia, New Mexico 88211-0440**

**Charles B. Read**  
**Read & Stevens, Inc.**  
**P. O. Box 1518**  
**Roswell, New Mexico 88202-1518**

**Truman T. Sanders, Jr.**  
**P. O. Box 550**  
**Roswell, New Mexico 88202-0550**

**Rogers Aston**  
**P. O. Box 1090**  
**Roswell, New Mexico 88202-1090**

**Tom P. Stephens**  
**P. O. Box 698**  
**Roswell, New Mexico 88202-0698**

**Charles E. Williams**  
**P. O. Box 2751**  
**Midland, Texas 79702**

**Jerry W. Guy**  
**420 West St. Anne Place**  
**Hobbs, New Mexico 88240**

**Mrs. Mary L. Boling**  
**P. O. Box 768**  
**Artesia, New Mexico 88211-0768**

**Robert Michael Boling**  
**305 South Fifth Street**  
**Artesia, New Mexico 88210**

**Dr. Charles W. Plett**  
**P. O. Box 313**  
**Roswell, New Mexico 88202-0313**

**Mrs. Gayle A. Stokes**  
**2715 North Kentucky Avenue, Unit #17**  
**Roswell, New Mexico 88201**

**Mrs. Barbara E. Hannifin**  
**P. O. Drawer 2588**  
**Roswell, New Mexico 88202-2588**

**Thomas K. Scroggin**  
**TOMSCO Energy**  
**P. O. Box N**  
**Artesia, New Mexico 88210**

**GPM Gas Corporation**  
**P. O. Box 5050**  
**Bartlesville, Oklahoma 74005**  
**Attn: Gas Purchasing**

**Petro Source Partners, Ltd.**  
**8790 West Colfax Avenue, Suite 230**  
**Lakewood, Colorado 80215**  
**Attn: Crude Oil Purchasing**

January 25, 1994

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

**To: All Interest Owners**

**Re: Proposed Commingling Production in the  
Entire W $\frac{1}{2}$  Section 2, T-20S, R-34E  
Lea County, New Mexico**

**Ladies and Gentlemen:**

The above subject tract is divided into portions of two separate State leases. The NW $\frac{1}{4}$  of said Section 2 is covered by New Mexico State Oil and Gas Lease LG-2833 and the SW $\frac{1}{4}$  is covered by New Mexico State Oil and Gas Lease LG-2750.

Armstrong Energy Corporation, as operator of all producing and anticipated Delaware wells on both leases, proposes filing an Application For Surface Commingling and Off-Lease Storage of the Delaware Production from the entire W $\frac{1}{2}$  of said Section 2, Township 20 South, Range 34 East.

Common schools are the beneficiary of both State leases and the ownership of the production is identical under both tracts.

To use the present storage and treating facilities located in the SW $\frac{1}{4}$  for future production in the NW $\frac{1}{4}$  will reduce operating costs and thereby extend the economic life of each well. Otherwise it will be necessary to build separate facilities for the production in the NW $\frac{1}{4}$ , thereby increasing costs and shorten the economic life of each well.

**January 25, 1994**  
**Page 2**

**If you have no objection to this proposal, please sign a copy of this letter in the space provided below and return same in the enclosed envelope within 20 days from the date of this letter.**

**Yours very truly,**

**ARMSTRONG ENERGY CORPORATION**

**By: \_\_\_\_\_**  
**Fred N. Millsap, Jr., C.P.L.**

**FNM:lb**

**AGREED TO AND ACCEPTED this \_\_\_\_\_ day of February, 1994.**

---

Is your RETURN ADDRESS completed on the reverse side

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Union Oil Company of  
 California  
 P. O. Box 1300  
 Midland, Texas 79702

4a. Article Number  
 P 713 697 291

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

7. Date of Delivery  
 1-28-94

5. Signature (Addressee)

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

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- Show to whom delivered, date, and addressee's address. (Extra charge)
- Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Stanley H. Fox  
 Lario Oil & Gas Company  
 301 South Market Street  
 Wichita, Kansas 67202

4. Article Number  
 P 713 697 305

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
 X

6. Signature — Agent  
 X *[Signature]*

7. Date of Delivery  
 1-31-94

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

PS Form 3811, Apr. 1989

☆U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Commissioner of Public Lands  
 State of New Mexico  
 P. O. Box 1148  
 Santa Fe, New Mexico 87504-1148

4a. Article Number  
 P 713 697 295

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

7. Date of Delivery  
 JAN 28 1994

5. Signature (Addressee)  
*[Signature]*

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

6. Signature (Agent)  
*[Signature]*

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)		2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: Mobil Producing Texas & New Mexico Inc. P. O. Box 633 Midland, Texas 79702		4. Article Number P 713 697 306	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X <i>Jesse H Keys</i>			
7. Date of Delivery <i>1-28-94</i>			

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)		2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: Neal A. Taylor Lario Oil & Gas Company 301 South Market Street Wichita, Kansas 67202		4. Article Number P 713 697 293	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X <i>Beverly Jones</i>			
7. Date of Delivery <i>1-31-94</i>			

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Lario Oil & Gas Company 301 South Market Street Wichita, Kansas 67202		4a. Article Number P 713 697 294	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery <i>1-31-94</i>	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Beverly Jones</i>			

PS Form 3811, December 1991 \*U.S.G.P.O. 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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, Inc.  
 P. O. Box 50880  
 Midland, Texas 79710-0880

4a. Article Number  
 P 713 697 307

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

7. Date of Delivery  
 JAN 27 1984

5. Signature (Addressee)  
*Sam M Suttler*

6. Signature (Agent)

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

PS Form 3811, December 1991 \* U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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 J. McCaw  
 Ralph Nix  
 P. O. Box 440  
 Artesia, New Mexico 88211-0440

4a. Article Number  
 P 713 697 308

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

7. Date of Delivery  
 1-27-84

5. Signature (Addressee)  
*William J. McCaw*

6. Signature (Agent)

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

PS Form 3811, December 1991 \* U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services (Request All - 5¢).

- 1.  Show to whom delivered, date, and addressee's address.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Marvin E. Kraft  
 Lario Oil & Gas Company  
 301 South Market Street  
 Wichita, Kansas 67202

4. Article Number  
 P 713 697 303

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *Beverly Jones*

7. Date of Delivery  
 1-31-84

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

PS Form 3811, Apr. 1989

\* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Truman T. Sanders, Jr. P. O. Box 550 Roswell, New Mexico 88202-0550		4. Article Number P 144 797 427	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.			
5. Signature — Address X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X <i>doe &amp; morris</i>			
7. Date of Delivery <i>1-27-94</i>			

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address  
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Mr. Ralph Nix, Jr. Ralph Nix P. O. Box 440 Artesia, New Mexico 88211-0440		4a. Article Number P 713 697 309	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee) <i>Ralph Nix</i>		7. Date of Delivery <i>1-27-94</i>	
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1991 U.S.G.P.O. 1991-327-530 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, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address  
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: J. Penrod Toles The Toles Company P. O. Drawer 1300 Roswell, New Mexico 88202-1300		4a. Article Number P 144 797 433	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)		7. Date of Delivery <i>28</i>	
6. Signature (Agent) <i>J. Penrod Toles</i>		8. Addressee's Address (Only if requested and fee is paid) <i>88201</i>	

PS Form 3811, December 1991 U.S.G.P.O. 1991-327-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Charles B. Read Read & Stevens, Inc. P. O. Box 1518 Roswell, New Mexico 88202-1518	4. Article Number P 713 697 311
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Lydia Lara</i>	
7. Date of Delivery <i>1-27-94</i>	

PS Form 3811, Apr. 1989      \* U.S.G.P.O. 1989-238-815      DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Rogers Aston P. O. Box 1090 Roswell, N. M. 88202-1090	4. Article Number P 713 697 283
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Chuck</i>	
7. Date of Delivery <i>1-27-94</i>	

PS Form 3811, Mar. 1988      \* U.S.G.P.O. 1988-212-865      DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mrs. Gayle A. Stokes 2715 N. Kentucky, Unit #17 Roswell, N. M. 88201	4. Article Number P 144 797 432
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Addressee X <i>Gayle A. Stokes</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989      \* U.S.G.P.O. 1989-238-815      DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Thomas K. Scroggin  
 TOMSCO Energy  
 P. O. Box N  
 Artesia, N. M. 88210

5. Signature (Addressee)  
*Thomas K. Scroggin*

6. Signature (Agent)

4a. Article Number  
 P 713 697 310

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

7. Date of Delivery  
 1-27-94

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **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, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mrs. Barbara E. Hannifin  
 P. O. Drawer 2588  
 Roswell, N. M. 88202-2588

5. Signature (Addressee)

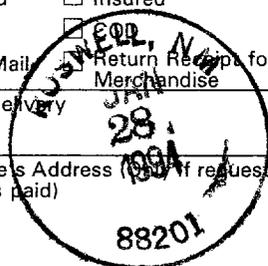
6. Signature (Agent)  
*Barbara E. Hannifin*

4a. Article Number  
 P 144 797 428

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

7. Date of Delivery

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



PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **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, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Petro Source Partners, Ltd.  
 8790 W. Colfax Ave., Ste. 230  
 Lakewood, CO 80215

Attn: Crude Oil Purchasing

5. Signature (Addressee)

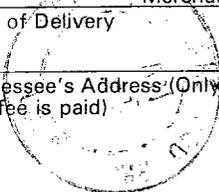
6. Signature (Agent)  
*John M. [unclear]*

4a. Article Number  
 P 144 797 426

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

7. Date of Delivery

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



PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-323-402 **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, and 4a & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GPM Gas Corporation  
P. O. Box 5050  
Bartlesville, OK 74005

Attn: Gas Purchasing  
*Shirley Thomas*

5. Signature (Addressee)

6. Signature (Agent)  
*FFB 1 1994*

4a. Article Number  
P 144 797 429

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

7. Date of Delivery

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

PS Form 3811, December 1991 \* U.S.G.P.O. 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
Mr. Charles E. Williams  
P. O. Box 2751  
Midland, TX 79702-2751

4. Article Number  
P 144 797 437

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *Charles E Williams*

6. Signature - Agent  
X

7. Date of Delivery  
*JAN 27 1994*

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

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
Mrs. Mary L. Boling  
P. O. Box 768  
Artesia, N. M. 88210

4. Article Number  
P 144 797 436

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *Mary L Boling*

7. Date of Delivery  
*1-27-94*

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

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Dr. Charles W. Plett P. O. Box 313 Roswell, N. M. 88202-0313	4. Article Number P 713 697 312 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1939-238-815 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Jerry W. Guy 420 West St. Anne Place Hobbs, N. M. 88240	4. Article Number P 144 797 434 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 1-27-90	

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Robert Michael Boling 727 Three Cross Drive Roswell, N. M. 88201	4. Article Number P 144 797 435 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT



**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.    2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  Mr. Tom P. Stephens P. O. Box 698 Roswell, N. M. 88202-0698	4. Article Number  P 144 797 438
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <i>1-27-94</i>	

PS Form 3811, Apr. 1989                      \* U.S.G.P.O. 1989-238-815                      **DOMESTIC RETURN RECEIPT**

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.    2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  Wylie G. Basham Lario Oil & Gas Company P. O. Box 155 Midland, Texas 79702	4. Article Number  P 713 697 292
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Addressee <b>X</b> <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b>	
7. Date of Delivery <b>JAN 27 1994</b>	

PS Form 3811, Apr. 1989                      \* U.S.G.P.O. 1989-238-815                      **DOMESTIC RETURN RECEIPT**