



David L. Wacker
Division Manager
Hobbs Division
Exploration and Production, North America

RECEIVED
FEB 10 1990
HOBBS, NM

CONOCO DIVISION
Conoco Inc.
726 East Michigan
P.O. Box 460
Hobbs, NM 88241
(505) 397-5800

February 5, 1990

Mr. William LeMay
State of New Mexico
New Mexico Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87504-2088

Dear Mr. LeMay:

Request For Approval To Surface
Commingle the North Dagger Draw
Upper Penn Production from the
Barbara Federal No. 9, NE/4,
Section 18, T19S, R25E,
Eddy County, New Mexico

Conoco Inc. requests an amendment to Commingling Order CTB-338, dated May 17, 1989, copy attached, by including the Barbara Federal No. 9, NE/4 Section 18, T19S, R25E, Eddy County, New Mexico. This well will be completed in the North Dagger Draw Upper Penn.

Although the subject well is not completed at this time, it is anticipated that the quality of the crude will be identical and the commingling will not reduce the commercial value. The production from each lease will be metered separately at the battery using positive displacement temperature compensated oil meters and temperature compensated gas meters.

Additionally, Conoco requests approval for off-lease storage for the Barbara Federal No. 9. The battery to be used for this proposed commingling is located at the Lodewick A No. 1, Unit C, Section 19, T19S, R25E.

A lease plat and battery schematic are attached. All interest owners of the Barbara Federal No. 9 have been notified as per the attached letter and interest owner listing. Your early consideration of these requests would be appreciated.

Mr. LeMay
Page 2
February 5, 1990

Should you have any questions concerning this matter, please contact Ms. Kandy Lawson at (505) 397-5892.

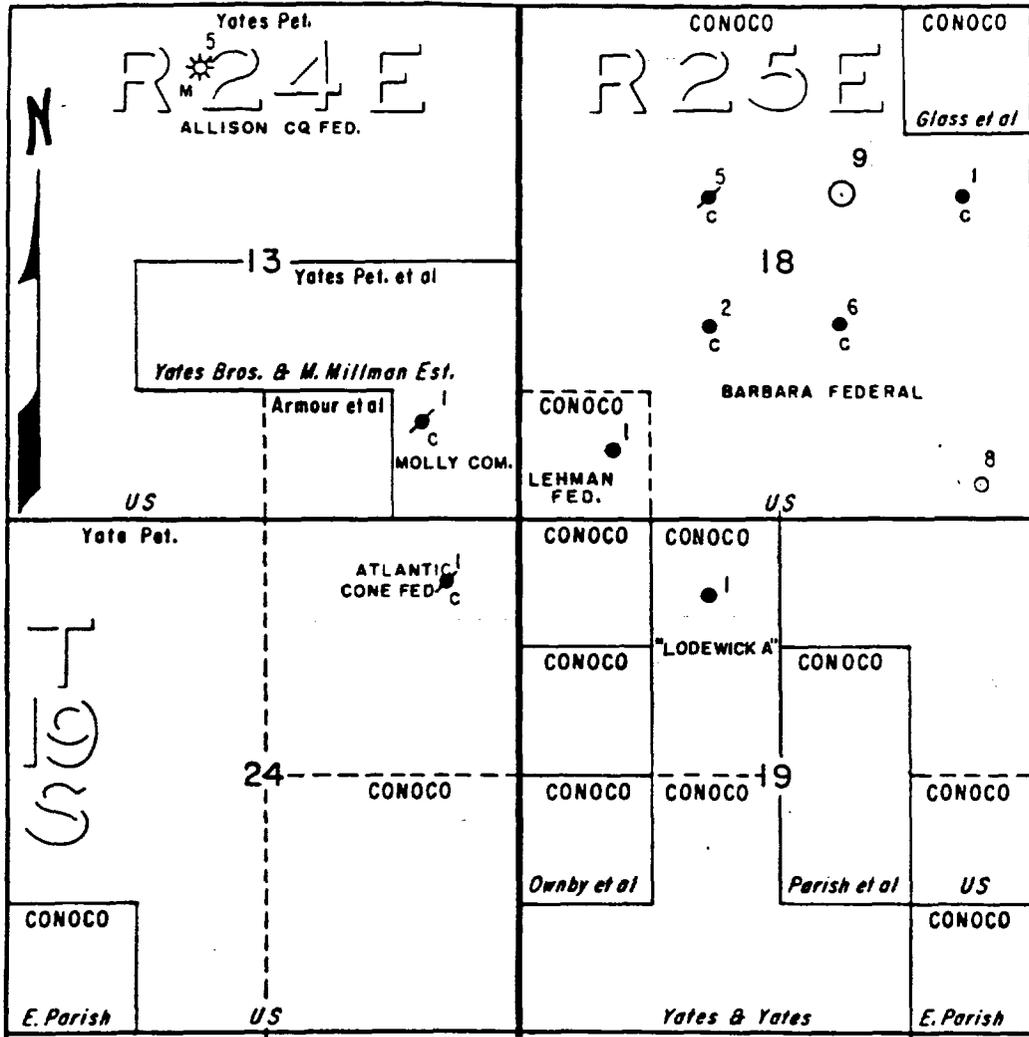
Yours very truly,

David L. Wacker

David L. Wacker
Division Manager

KLL/tm
9.

cc: Bureau of Land Management
P.O. Box 1778
Carlsbad, NM 88220



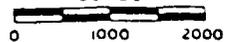
- MORROW WELL
- CISCO WELL



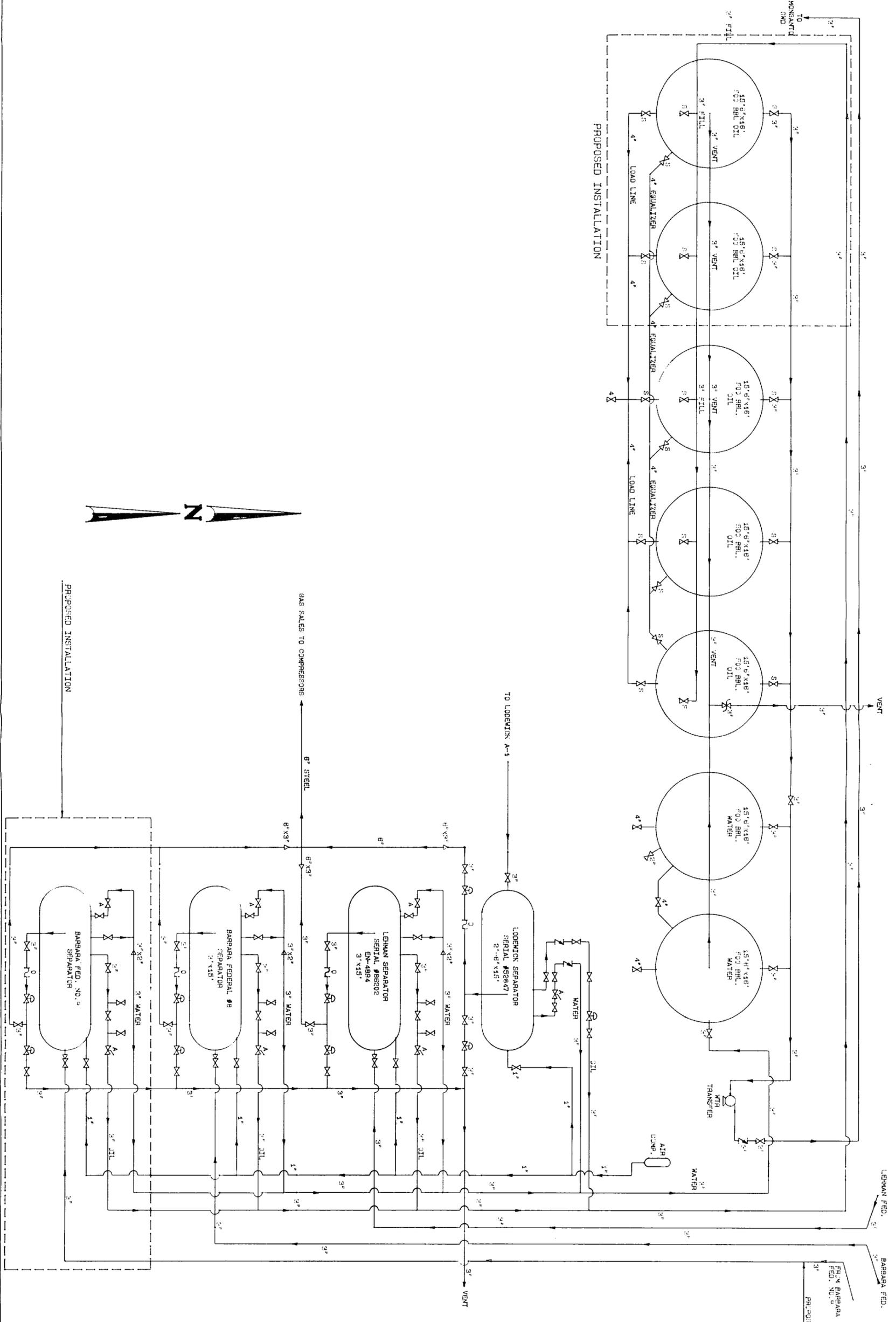
PRODUCTION DEPARTMENT
HOBBS DIVISION

EDDY COUNTY, NEW MEXICO

SCALE



LEGEND: ○ LOCATION ● OIL WELL * GAS WELL	✦ DRY HOLE ▲ INJECTION WELL ✖ ABANDONED WELL ✖ SHUT-IN WELL	⊕ SALT WATER ⊖ DISPOSAL WELL · DEEPER WELL □ ZONE UNTESTED
--	--	---



THIS FACILITY IS IN COMPLIANCE WITH CONOCO INC. HOBBS DIVISION SITE SECURITY PLAN.
 PLAN LOCATED AT CONOCO INC. OFFICE
 P.O. BOX 480-726 EAST MICHIGAN
 HOBBS, NEW MEXICO 88240

VALVE LEGEND: POSITION/MODE
 1. CLOSED/SALE
 2. OPEN/SALE
 3. CLOSED/PRODUCTION
 4. OPEN/PRODUCTION

NO.	REVISIONS	DATE	BY
1	REVISE PIPE	2/28/89	S.S.B.

DATE: 2/17/89	DESIGN BY: S.S.B.	PRODUCTION DEPARTMENT
CHECKED BY:	APPROVED BY:	PROPOSED LODEWICK COMMINGLED TANK BATTERY UNIT C-19-T193-RESE EDDY COUNTY, NEW MEXICO
SCALE: NOT TO SCALE	FED LEASE NO.	DRAWING NO. H06-1196-B



David L. Wacker
Division Manager
Hobbs Division
Exploration and Production, North America

Conoco Inc.
726 East Michigan
P.O. Box 460
Hobbs, NM 88241
(505) 397-5800

February 5, 1990

Dear Interest Owner:

Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Barbara Federal Well #9 located in Section 18, T-19S, R-25E, Eddy County, with production at the Lodewick A Battery located in Section 19, T-19-S, R-25E, Eddy County. The purpose of the commingling is to reduce operating costs for storage and treating and thereby extend the economic life of the field.

Because interests vary among these properties, the oil from Barbara Federal #9 will be measured by positive displacement temperature compensated metering equipment prior to commingling. Gas from this well will also be metered separately. Metering will ensure that all production is accounted for equitably with no significant effect on your revenue.

We would appreciate your returning an approved copy of this letter to us by February 26, 1990 in the enclosed postage paid envelope. If we do not hear from you by that date, we will assume that you have no objections to our proposal, and we will request permission from the Bureau of Land Management and New Mexico Oil Conservation Division for the off-lease storage and surface commingling.

Yours very truly,

David L. Wacker
Division Manager

KLL/tm
8.

Approval _____ Date _____

(Barbara Fed. #9)
Mr. & Mrs. B. W. Harper
501 Dallas
Artesia, NM 88210

Mr. & Mrs. Clarence E. Hinkle
P.O. Box 2002
Roswell, NM 88201

R. R. Hinkle Co.
1213 W. 3rd St.
Roswell, NM 88201

Claribel Y. Marshall
P.O. Box 1712
Roswell, NM 88202

Dorothy G. Kemper
P.O. Box 1105
Artesia, NM 88210

Lynn E. Desper
P.O. Box 1371-M #146
Ruidosa, NM 88345

Cordella M. Kincaid
906 Hermosa Drive
Artesia, NM 88210

Hugh M. Kincaid
Swope Trust
Queen Route
Carlsbad, NM 88220

Mr. & Mrs. Eddie M. Mahfood
P.O. Box 896
Artesia, NM 88210

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

William J. McCaw
Box 376
Artesia, NM 88210

Gayle McDonald
2214 Chestnut St.
San Angelo, TX 76901

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

Lillie M. Yates
Frank W. Yates
S. P. Yates as personal
Rep. of the est/Martin
207 S. Fourth
Artesia, NM 88210

Don Phillips & Assoc.
222 East Carrillo St.
Suite 111
Santa Barbara CA 93101

W. T. Probandt
415 W. Wall Ste 1608
Midland, TX 79701

Quetico Superior Fon
2200 First Bank
2200 First Bank PL E
Minneapolis MN 55402

Mary G. Riddle
P.O. Box 127
Artesia, NM 88210

A.M. Routh
Box 2004
Midland, TX 79702

Thelma May Schafer
906 Hermosa Dr
Artesia, NM 88210

Kenna Carter Scott
Rt. 3 Box 329
Big Spring, TX 79720

Barbara Federal #9

Interest Owners

Dr. Donald L. Zink
903 Naamans Creek Rd.
Chadds Ford, PA 19317

Sterling Mark Carter
P.O. Box 97
Winston, NM 87943

Robert B. Payne Ind. Exec.
Est Nellie S. Johnston
3800 Republic National
Bank Tower
Dallas, TX 75201

Madlyn Cauhape
Star Rt.
Hope, NM 88250

Robert B. Payne Ind. Exec.
Est Lyle C. Johnston
3800 Republic National
Bank Tower
Dallas, TX 75201

R. E. Chambers
2413 Clayton Lane
Wichita Falls, TX 76308

Yates Petroleum Corp. Acct. 2
105 S 4th St.
Artesia, NM 88210

Northern Trust Company
Executor of the Estate
of Lacy Withers Armour Deco
11 Greenway Plaza
Suite 3025
Houston, TX 77046

John A. Yates Acct. 2
207 S 4th St.
Artesia, NM 88210

Floyd Childress II
712 N. Lea St.
Roswell, NM 88201

Lillie M. Yates
207 S 4th St.
Artesia, NM 88210

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

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

Florence M. Essman Curry
No. 1 Deerfield
Midland, TX 79701

William Bryan Landsheft
Route 6
15880 S. Peoria
Bixby, OK 74008

James H. Essman
P.O. Box 302
Midland, Texas 79702

Yates Brothers A Prtns
207 S 4th St.
Artesia, NM 88210

Ann F. Freeman
P.O. Box 4143
Wichita Falls, TX 76308

Yates Drilling Co. Acct 2
207 S 4th St.
Artesia, NM 88210

Claydesta Natl Bank
A/C Mike Roberts
attn: Cami Andrews
P.O. Box 3090
Midland, TX 79702

Ray Hall Beck
1804 Booker
Artesia, NM 88210

Dr. Roy E. Glass & Mary
Milner Glass
2303 Douglas Drive
San Angelo, TX 76904

Michael Carter
1021 Plaza Drive
Granbury, TX 76048



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Division Manager
Hobbs Division
Exploration and Production, North America

Conoco Inc.
726 East Michigan
P.O. Box 460
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(505) 397-5800

February 26, 1990

Mr. William LeMay
State of New Mexico
New Mexico Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87504-2088

Dear Mr. LeMay:

Proof of Notice to Barbara Federal No. 9
Interest Owners of Intent to Commingle
Production at Lodewick A No. 1 Battery,
Unit C, Section 19, T19S, R25E
(Commingling Order CTB-338)

Attached is proof of the fact that all interest owners in the Barbara Federal No. 9 were notified by certified mail of Conoco's intent to commingle production from the Barbara Federal No. 9 at the Lodewick A No. 1 Battery.

Conoco is the purchaser of the oil production at this battery. The gas produced is sold on the spot market.

Please amend Commingling Order CTB-338 to include the Barbara Federal No. 9. Your early consideration of this request would be appreciated.

Should you have any questions concerning this matter, please contact Ms. Kandy Lawson at (505) 397-5892.

Yours very truly,

David L. Wacker
Division Manager

KLL/tm



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Division Manager
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Exploration and Production, North America

Conoco Inc.
726 East Michigan
P.O. Box 460
Hobbs, NM 88241
(505) 397-5800

February 5, 1990

Dear Interest Owner:

Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Barbara Federal Well #9 located in Section 18, T-19S, R-25E, Eddy County, with production at the Lodewick A Battery located in Section 19, T-19-S, R-25E, Eddy County. The purpose of the commingling is to reduce operating costs for storage and treating and thereby extend the economic life of the field.

Because interests vary among these properties, the oil from Barbara Federal #9 will be measured by positive displacement temperature compensated metering equipment prior to commingling. Gas from this well will also be metered separately. Metering will ensure that all production is accounted for equitably with no significant effect on your revenue.

We would appreciate your returning an approved copy of this letter to us by February 26, 1990 in the enclosed postage paid envelope. If we do not hear from you by that date, we will assume that you have no objections to our proposal, and we will request permission from the Bureau of Land Management and New Mexico Oil Conservation Division for the off-lease storage and surface commingling.

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1213 W. 3rd St.
Roswell, NM 88201

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Roswell, NM 88202

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Kenna Carter Scott
Rt. 3 Box 329
Big Spring, TX 79720

Barbara Federal #9

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Chadds Ford, PA 19317

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3800 Republic National
Bank Tower
Dallas, TX 75201

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Est Lyle C. Johnston
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15880 S. Peoria
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207 S 4th St.
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Artesia, NM 88210

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Madlyn Cauhape
Star Rt.
Hope, NM 88250

R. E. Chambers
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A/C Mike Roberts
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Midland, TX 79702

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Milner Glass
2303 Douglas Drive
San Angelo, TX 76904

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

3. Article Addressed to:
*Quetico Superior Fan
 2200 First Bank
 2200 First Bank PL E
 Minneapolis, MN 55402*

4. Article Number
P 117 384 442

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 - Address
X Scott Miller

6. Signature - Agent
X

7. Date of Delivery
2-9-90

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

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:
*Ann F. Freeman
 P.O. Box 4143
 Wichita Falls, TX
 76308*

4. Article Number
P 117 384 461

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 - Address
X

6. Signature - Agent
X Sandra Sellers

7. Date of Delivery
2-09-90

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

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

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

3. Article Addressed to:
*R.E. Chambers
 2413 Clayton Lane
 Wichita Falls, TX 76308*

4. Article Number
P 117 384 467

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 - Address
X

6. Signature - Agent
X [Signature]

7. Date of Delivery
2-9-90

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

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

3. Article Addressed to:
*Dr. Donald L. Zink
 903 Naamans Creek Rd.
 Chadds Ford, PA
 19317*

4. Article Number
P 117 384 481

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 - Address
X [Signature]

6. Signature - Agent
X

7. Date of Delivery
2/10/90

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

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

3. Article Addressed to: Hugh M. Kincaid Swope Trust Queen Route Carlsbad, NM 88220		4. Article Number P117384451	
5. Signature - Address X <i>Hugh M. Kincaid</i>		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	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 2-8-90 RB		8. Addressee's Address (ONLY if requested and fee paid)	

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: R.R. Hinkle Co. 1213 W. 31st St. Roswell, NM 88201		4. Article Number P117384454	
5. Signature - Address X <i>R.R. Hinkle</i>		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	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid)	

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

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

3. Article Addressed to: Mrs. + Mrs. B.W. Harper 501 Dallas Artesia, NM 88210		4. Article Number P117384458	
5. Signature - Address XX <i>Mrs. B.W. Harper</i>		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	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 2-7-90		8. Addressee's Address (ONLY if requested and fee paid)	

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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. & Mrs. Eddie M. Mahford P.O. Box 8968 Artesia, NM 88210		4. Article Number P117384450	
5. Signature - Address X <i>Eddie M. Mahford</i>		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	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid)	

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

3. Article Addressed to: <i>Richard H. Landsheff Jr. 2313 Jim Dent El Paso, TX</i>		4. Article Number <i>P117 384 475</i>	
5. Signature - Address <i>[Signature]</i>		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	
6. Signature - Agent <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery FEB 13 1990		8. Addressee's Address (ONLY if requested and fee paid)	

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● 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: <i>Northern Trust Co. Executor of the Estate of Lacy Withers Armour Deco 11 Greenway Plaza, Suite 3025 Houston, TX 77046</i>		4. Article Number <i>P117 384 466</i>	
5. Signature - Address <i>[Signature]</i>		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	
6. Signature - Agent <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
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3. Article Addressed to: <i>William F. McCaw Box 376 Artesia, NM 88210</i>		4. Article Number <i>P117 384 448</i>	
5. Signature - Address <i>[Signature]</i>		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	
6. Signature - Agent <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 2-12-90		8. Addressee's Address (ONLY if requested and fee paid)	

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: <i>Mary A. Riddle P.O. Box 127 Artesia, NM 88210</i>		4. Article Number <i>P117 384 441</i>	
5. Signature - Address <i>[Signature]</i>		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	
6. Signature - Agent <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 2-12-90		8. Addressee's Address (ONLY if requested and fee paid)	

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

for fees and check boxes for additional services requested.

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

3. Article Addressed to:
 William Bryan Landsheft
 Route 6
 15880 S. Peoria
 Bixby, OK 74008

4. Article Number
 P117 384474

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 - Address
 X *William Landsheft*

6. Signature - Agent
 X

7. Date of Delivery
 2-10-90

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

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:
 Michael Carter
 1021 Plaza Drive
 Granbury, TX 76048

4. Article Number
 P117 384470

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 - Address
 X *Michael Carter*

6. Signature - Agent
 X

7. Date of Delivery
 FEB 9 1990

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

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:
 Don Phillips & Assoc.
 222 East Carrillo St.
 Suite 111
 Santa Barbara, CA 93101

4. Article Number
 P117 384444

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 - Address
 X

6. Signature - Agent
 X *D. Wilson*

7. Date of Delivery
 2/8/90

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

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:
 Charibel Y. Marshall
 P.O. Box 1712
 Roswell, NM 88202

4. Article Number
 P117 384455

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 - Address
 X *Charibel Y. Marshall*

6. Signature - Agent
 X

7. Date of Delivery
 2/8/90

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

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

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

4. Article Number
P117 384 449

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 - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
2/8

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

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:
Yates Petroleum Corp. Acd. 2
105 S. 4th St
Artesia, NM 88210

4. Article Number
P117 384 478

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 - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
2-7-90

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

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

4. Article Number
P117 384 464

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 - Address
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery

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

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:
Claydesta Natl. Bank
A/c Mike Roberts
Attn: Cami Andrews
P.O. Box 3090
Midland, TX 79702

4. Article Number
P117 384 460

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 - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
2-7-90

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

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

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: <i>Florence M. Essman Curry No. 1 Deerfield Midland, TX 79701</i>	4. Article Number <i>P 117 384 463</i> 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
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5. Signature - Address <i>X Florence Curry</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>2-7-90</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: <i>Dr. Roy E. Glass + Mary Milner Glass 2303 Douglas Drive San Angelo, TX 76904</i>	4. Article Number <i>P 117 384 459</i> 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
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5. Signature - Address <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X Mrs R E Glass</i>	
7. Date of Delivery <i>2-8-90</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: <i>Hayle McDonald 2214 Chestnut St. San Angelo, TX 76901</i>	4. Article Number <i>P 117 384 447</i> 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
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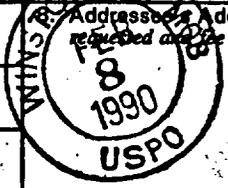
5. Signature - Address <i>X Hayle McDonald</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>2-8-90</i>	

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: <i>Sterling Mark Carter P.O. Box 97 Winston, NM 87943</i>	4. Article Number <i>P 117 384 469</i> 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
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5. Signature - Address <i>X Sterling M. Carter</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i>	
7. Date of Delivery	



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

for fees and check box(es) for additional service(s) requested. Consult postmaster for fees and check box(es) for additional services available. Consult postmaster for fees and check box(es) for additional services available. Consult postmaster for fees and check box(es) for additional services available.

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

3. Article Addressed to:
McQuiddy Communications & Energy Inc
P.O. Box 2072
Roswell, NM 88201

4. Article Number
P 117 384 446

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 - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
2-7-90

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

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:
Madlyn Canhape
Star Rt.
Hope, NM 88250

4. Article Number
P 117 384 468

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 - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery

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

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:
Kenna Carter Scott
Rt. 3 Box 329
Big Spring, TX 79720

4. Article Number
P 117 384 438

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 - Address
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
2-7-90

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

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:
A.M. Routh
Box 2009
Midland, TX 79702

4. Article Number
P 117 384 440

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 - Address
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
FEB - 7 1990

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

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

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: <i>James H. Essman</i> <i>P.O. Box 4143</i> <i>Wichita Falls, TX</i> <i>76308</i>		4. Article Number <i>P117 384 462</i>	
5. Signature - Address <i>X</i> <i>J. H. Essman</i>		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	
6. Signature - Agent <i>X</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <i>2-7-90</i>		8. Addressee's Address (ONLY if requested and fee paid)	

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: <i>Cordella M. Kincaid</i> <i>906 Hermosa Drive</i> <i>Artesia, NM</i> <i>88210</i>		4. Article Number <i>P117 384 452</i>	
5. Signature - Address <i>X</i> <i>Thelma Schaefer</i>		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	
6. Signature - Agent <i>X</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <i>2-7-90</i>		8. Addressee's Address (ONLY if requested and fee paid)	

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: <i>Thelma Schaefer</i> <i>906 Hermosa Dr.</i> <i>Artesia, NM</i> <i>88210</i>		4. Article Number <i>P117 384 439</i>	
5. Signature - Address <i>X</i> <i>Thelma Schaefer</i>		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	
6. Signature - Agent <i>X</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <i>2-7-90</i>		8. Addressee's Address (ONLY if requested and fee paid)	

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: <i>W.T. Probandt</i> <i>415 W. Wall St. 1608</i> <i>Midland, TX</i> <i>79701</i>		4. Article Number <i>P117 384 413</i>	
5. Signature - Address <i>X</i> <i>W.T. Probandt</i>		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	
6. Signature - Agent <i>X</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <i>2.7</i>		8. Addressee's Address (ONLY if requested and fee paid)	

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

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:
Yates Drilling Co. Acct. 2
207 S. 4th St.
Artesia, NM
88210

4. Article Number
P 117 384 472

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 - Address
 X

6. Signature - Agent
 X *Paul King*

7. Date of Delivery
2-7-90

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

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:
Lillie M. Yates, Frank W. Yates
S.P. Yates as personal rep. of
the Est/Martin
207 S. 4th
Artesia, NM 88210

4. Article Number
P 117 384 445

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 - Address
 X

6. Signature - Agent
 X *Paul King*

7. Date of Delivery
2-7-90

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

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:
Yates Brothers A Ptns
207 S. 4th St.
Artesia, NM
88210

4. Article Number
P 117 384 423

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 - Address
 X

6. Signature - Agent
 X *Paul King*

7. Date of Delivery
2-7-90

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

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:
Mr. & Mrs. Clarence F. Hinkle
P.O. Box 2002
Roswell, NM
88201

4. Article Number
P 117 384 457

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 - Address
 X

6. Signature - Agent
 X *Paul King*

7. Date of Delivery
2-7-90

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

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

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:
 Lynn E. Nesper
 P.O. Box 1371-M #146
 Ruidosa, NM
 88345

4. Article Number
 P 117 384 453

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 - Address
 X

6. Signature - Agent
 X *Lynn E. Nesper*

7. Date of Delivery
 2-12-90

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

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:
 John A. Yates Aect. 2
 207 S. 4th St.
 Artesia, NM
 88210

4. Article Number
 P 117 384 477

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 - Address
 X

6. Signature - Agent
 X *Robert Knight*

7. Date of Delivery
 2-7-90

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

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:
 Lillie M. Yates
 207 S. 4th St.
 Artesia, NM
 88210

4. Article Number
 P 117 384 476

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 - Address
 X

6. Signature - Agent
 X *Robert Knight*

7. Date of Delivery
 2-7-90

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

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:
 Ray Hall Beck
 1804 Booker
 Artesia, NM
 88210

4. Article Number
 P 117 384 471

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 - Address
 X

6. Signature - Agent
 X *Janice Beck*

7. Date of Delivery
 2-7-90

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

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

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

3. Article Addressed to:
 Robert B. Payne chad. Eker
 Est Nellie S. Johnston
 3800 Republic Nat. Bank Tower
 Dallas, Tx. 75201

4. Article Number
 P 117 384 480

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 - Address
 X

6. Signature - Agent
 X

7. Date of Delivery
 FEB 11 1990

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

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:
 Dorothy M. Kemper
 P.O. Box 1105
 Artesia, NM 88210

4. Article Number
 P 117 384 454

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 - Address
 X

6. Signature - Agent
 X

7. Date of Delivery
 2-17-90

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

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:
 Robert B. Payne chad. Eker
 Est. Lyle C. Johnston
 3800 Republic Nat. Bank Tower
 Dallas, Tx 75201

4. Article Number
 P 117 384 479

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 - Address
 X

6. Signature - Agent
 X

7. Date of Delivery
 FEB 14 1990

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

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:
 Floyd Childress II
 712 N. Sea St.
 Roswell, NM 88201

4. Article Number
 P 117 384 465

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 - Address
 X

6. Signature - Agent
 X

7. Date of Delivery
 2-7-90

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

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