

ABOVE THIS LINE FOR DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Application Acronyms:**

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] **TYPE OF APPLICATION - Check Those Which Apply for [A]**
- [A] Location - Spacing Unit - Simultaneous Dedication  
 NSL  NSP  SD
- Check One Only for [B] or [C]
- [B] Commingling - Storage - Measurement  
 DHC  CTB  PLC  PC  OLS  OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
 WFX  PMX  SWD  IPI  EOR  PPR
- [D] Other: Specify \_\_\_\_\_

JUL 29 2002

- [2] **NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply**
- [A]  Working, ~~Royalty or Overriding Royalty~~ Interest Owners
- [B]  Offset Operators, Leaseholders or Surface Owner
- [C]  Application is One Which Requires Published Legal Notice
- [D]  Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E]  For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F]  Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Richard E. Foppiano  
 Print or Type Name

*Richard E. Foppiano*  
 Signature

Sr. Advisor - Reg Affairs 7/12/02  
 Title Date

Rick\_Foppiano@oxy.com  
 e-mail Address



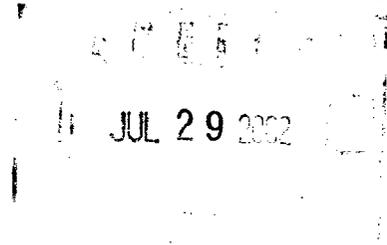
Occidental Permian Ltd.

**Occidental Permian Ltd.**

580 Westlake Park Blvd.  
P.O. Box 4294, Houston, TX 77210-4294  
Phone 281-552-1000 Fax 281-552-1200

July 23, 2002

New Mexico Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505



Attention: Mr. Michael E. Stogner

Re: *Application of Occidental Permian Limited Partnership to Amend Administrative Order NSL-4646(BHL) for Unorthodox Well Location South Hobbs (GSA) Unit, Well # 244 Hobbs: Grayburg - San Andres Pool Lea County, New Mexico*

Dear Mr. Stogner:

Occidental Permian Limited Partnership ("OPLP") respectfully requests that the approved bottomhole location in the subject order be amended to reflect the actual, as-drilled location. The order as originally issued on September 26, 2001, approved a surface and bottomhole location for this well as follows:

**Surface Location: 2246 FNL & 597 FWL of 34-T18S-R38E**  
**Bottomhole Location: 2006 FNL & 67 FWL of 34-T18S-R38E**

After the well was drilled and surveyed, it was discovered that the bottomhole location was actually 1976 feet from the north line and 10 feet from the west line of section 34, making it 57 feet closer to the common boundary line between these two units than was allowed in the order. The reason for this turned out to be a misunderstanding by our drilling personnel who interpreted the "hard line" in the order as a mid-point instead of an end point. This misunderstanding has now been corrected. OPLP has considered a plug-back job on this well to bring the bottomhole location into compliance with the order, but that would render it unproductive. Other options to correct this mistake are considerably more expensive and increase the risk of reduced productivity in this wellbore. Since this mistake does not materially affect the basis for the original order, OPLP requests to amend the bottomhole location in the original order.

Order NSL-4646(BHL) was issued approving two lease-line wells, the North Hobbs G/SA Unit Well No. 843 and the South Hobbs (GSA) Unit Well No. 244 which is the subject of this request. Both wells were drilled and the last test from each well indicates similar productivity:

North Hobbs G/SA Unit Well No. 843: 35 BOPD, 1450 BWPD, 40 MCFGPD (2/13/02)  
South Hobbs (GSA) Unit Well No. 244: 46 BOPD, 1287 BWPD, 23 MCFGPD (6/26/02)

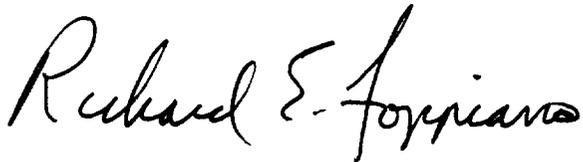
July 22, 2002

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Notice of this request is being sent by certified mail-return receipt to the same parties who were given notice of the original application, which are all the working interest owners in each unit. They are advised that if they have no objection to the NMOCD granting this request, they don't need to do anything. If they do object, however, then they should file a written objection with the NMOCD to the address shown above within 20 days of the date of this letter. Failure to file a timely objection will preclude the party from objecting at a later date.

A list of the noticed parties is attached as well as copies of the green cards. Copies of the well completion report (C-105) for this well and the original order are also enclosed. If I can provide any additional information to aid in processing this request, please call me at (281) 552-1303. We sincerely apologize for this mistake and have taken steps to insure that we don't repeat it. Thank you for consideration of our application.

Sincerely,

A handwritten signature in black ink that reads "Richard E. Foppiano". The signature is written in a cursive style with a large, prominent "R" and "F".

Richard E. Foppiano  
Senior Advisor – Regulatory Affairs

Attachments

CC: Tom Kellahin  
All Working Interest Owners in the North Hobbs Unit  
All Working Interest Owners in the South Hobbs Unit  
Chris Williams, NMOCD District Supervisor, Hobbs  
Gary Bullock, Mark Stephens

O B O INC  
P O BOX 2577  
HIALEAH FL 33012-0577

C M E OIL & GAS COMPANY  
P O BOX 10621  
MIDLAND TX 79702-7621

ANN CLAY BROWN  
1541 PRINCETON DR  
CORSICANA TX 75110-1523

PLACID OIL *644*  
JT INT DEPT  
P O BOX 27757  
HOUSTON TX 77227-7757

CHRISTEN SCHUTTE SANDERS  
1924 MEMPHIS DR  
BEDFORD TX 76022-6802

MARY ELLEN BROWN GILBERT  
2808 ODELL CT N  
GRAPEVINE TX 76051-5636

ELIZABETH ANN BROWN  
446 ACEQUIA MADRE ST  
SANTA FE NM 87501-2802

NANCY LEE BROWN HARRISON  
3001 MAPLE AVE  
WACO TX 76707-1234

STUART S UMPLEBY TRUST  
COMERICA BANK  
TRUST REAL ESTATE 3228  
PO BOX 75000  
DETROIT MI 48275-0001

JOANNA U THOMAS  
2306 STUTZ PL  
MIDLAND TX 79705-4930

CONNIE HINMAN  
1833 DEVONDALE CIR  
CHARLESTON WV 25314-2205

VIRGINIA HINMAN  
2334 CHRISWOOD  
TOLEDO OH 43617-1258

STUART A UMPLEBY  
4007 49<sup>TH</sup> ST NW  
WASHINGTON DC 20016-2339

HUGH CORRIGAN IV TRUST  
U/W/O C E CORRIGAN  
HUGH CORRIGAN III TRUSTEE  
3809 SHENANDOAH ST  
DALLAS TX 75205-1701

PATRICK EDWARD CORRIGAN TRUST  
U/W/O C E CORRIGAN  
HUGH CORRIGAN III TRUSTEE  
P O BOX 50280  
MIDLAND TX 79710-0280

ELEANOR CHRISTIE CORRIGAN TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 56393  
JACKSONVILLE FL 32241-6393

JAMES PATRICK CORRIGAN JR TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 690068  
VERO BEACH FL 32969-0068

HUGH DANIEL S CORRIGAN TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 690068  
VERO BEACH FL 32969-0068

PAULINE DUNBAR EREKSON  
P O BOX 213  
ROCKSPRINGS TX 78880-0213

EDWARD ALLAN DUNBAR  
P O BOX 885  
ROCKSPRINGS TX 78880-0885

MARY ALICE LAFLIN MEHAFFEY  
6138 S IOLA WAY  
ENGLEWOOD CO 80111-5706

ROUND HILL ROYALTY LP  
P O BOX 25128  
DALLAS TX 75225

ROBERT F LONG TESTAMENTARY TRUST  
FBO AMANDA SUSAN BARKER #1143958009  
BANK ONE TRUST CO NA TRUSTEE  
P O BOX 25848  
OKLAHOMA CITY OK 73125-0848

ROBERT F LONG TESTAMENTARY TRUST  
FBO TERENCE R BARKER #1143959008  
BANK ONE TRUST CO NA TRUSTEE  
P O BOX 25848  
OKLAHOMA CITY OK 73125-0848

GEORGE G SNOWDEN III TRUST  
ANN H SNOWDEN TRUSTEE  
4 OCEAN VIEW HWY  
WATCH HILL RI 02891-5232

OXY USA *644*  
JT INT DEPT  
P O BOX 27757  
HOUSTON TX 77227-7757

KERR MCGEE OIL & GAS ONSHORE  
ATTN SHARON MATTHEWS  
P O BOX 809004  
DALLAS TX 75380

PRODUCERS AND REFINERS CORP  
P O BOX 1765  
ENID OK 73702

PATRICIA P SCHIEFFER TEST TRUST  
 PATRICIA P SCHIEFFER SUCCESSR TRSTE  
 BANK OF AMERICA NA  
 P O BOX 2546  
 FORT WORTH TX 76113-2546

LINDA THOMPSON GORDON  
 325 NORTH ST PAUL STE 4300  
 DALLAS TX 75201

ADELAIDE F COHU TRUST  
 ADELAIDE COHU & JOHN E OBRIEN TSTS  
 C/O JACKSON AND NASH  
 330 MADISON AVE 18<sup>TH</sup> FL  
 NEW YORK NY 10017-5001

JEAN CHRISTINE THOMPSON TRUST 2  
 JAMES CLEO THOMPSON JR TRUSTEE  
 325 NORTH ST PAUL STE 4300  
 DALLAS TX 75201

L S THOMPSON JR  
 5019 MCKINNEY STE 100  
 DALLAS TX 75205-3428

ANN H TAYLOR  
 P O BOX 3487  
 MIDLAND TX 79702-3487

JAMES M SNOWDEN TRUST  
 JAMES M SNOWDEN AND MARIE KIELY  
 SNOWDEN TRUSTEES  
 12 FORDYCE LN  
 SAINT LOUIS MO 63124-1354

VEJA INC  
 P O BOX 18442  
 OKLAHOMA CITY OK 73154-0442

MARY F CUSACK  
 C/O JOHN P CUSACK ATTY-IN-FACT  
 C/O F C NEWBURN  
 2808 WOODWIND DR  
 ARLINGTON TX 76013-3132

CATHARINE CUSACK TRUST  
 JOHN P CUSACK TRUSTEE  
 C/O F C NEWBURN  
 2808 WOODWIND DR  
 ARLINGTON TX 76013-3132

PAT CORRIGAN TRUST  
 PAT CORRIGAN TRUSTEE  
 P O BOX 690068  
 VERO BEACH FL 32969-0068

MARGARET COUCH TRUST  
 JAMES C BROWN & WILLIAM C COUCH  
 CO-TRUSTEES  
 P O BOX 10621  
 MIDLAND TX 79702-7621

EVELYN CLAY OHARA TRUST  
 PHILIP TINSLEY SUCC COTRUSTEE  
 3774 W 6<sup>TH</sup> ST  
 FORT WORTH TX 76107-2061

RUFUS GORDON PETE CLAY TRUST  
 RUFUS P CLAY & JAMES C BROWN  
 CO TRUSTEES  
 P O BOX 10621  
 MIDLAND TX 79702-7621

GEORGE K AVARA  
 8648 LAGENTE  
 EL PASO TX 79907-2508

JAMES C BROWN  
 P O BOX 10621  
 MIDLAND TX 79702-7621

DINAH GEMELLE  
 P O BOX 486  
 VAUGHN WA 98394-0486

GEORGE H ETZ SR TRUST  
 GEORGE ETZ JR TRUSTEE  
 1105 XANTHISMA  
 MCALLEN TX 78504-3519

JOHN PATRICK CUSACK JR  
 C/O F C NEWBURN CPA  
 2808 WOODWIND DR  
 ARLINGTON TX 76013-3132

MICHAEL CUSACK  
 2808 WOOD WIND DR  
 ARLINGTON TX 76013

LEA INVESTORS INC  
 P O BOX 2447  
 SANTA FE NM 87504-2447

COLLEEN M WALLACE  
 2 VIOLET CT  
 NORTH LITTLE ROCK AR 72116-5141

LOYD WHITLEY  
 P O BOX 168  
 MIDLAND TX 79702

J H MORRIS AGENT  
 P O BOX 1588  
 TULSA OK 74101-1588



PITCO  
ATTN LARRY SNEAD  
2162 E 61<sup>ST</sup> ST  
TULSA OK 74136

CHARLES B READ  
P O BOX 1518  
ROSWELL NM 88202-1518

BUTTRAM ENERGIES INC  
2601 N W EXPRESSWAY  
501 OIL CENTER WEST  
OKLAHOMA CITY OK 73112-7269

GAVIN R GARRETT  
TEAM BANK NA AGENT TST ACCT 4780  
P O BOX 99084  
FORT WORTH TX 76199-0084

LAWSON PETROLEUM COMPANY  
2100 PHILTOWER BLDG  
427 SOUTH BOSTON  
TULSA OK 74103-4103

LOMA INC  
5830 S INDIANAPOLIS  
TULSA OK 74135-7801

JACK M MYERS  
10638 SANDPIPER LN  
DALLAS TX 75230-4221

MCPETERS FAMILY REVOCABLE TRUST  
502 W GOLD  
HOBBS NM 88240-1805

SEA PROPERTIES LTD  
P O BOX 1486  
ARDMORE OK 73402-1486

JOANNE GRIEB  
P O BOX 516  
BUENA VISTA CO 81211-0516

SANDRA SNOWDEN TRUMP  
668 BETHLEHEM PIKE  
FLOURTOWN PA 19031-1301

FIRST ROSWELL COMPANY  
P O BOX 1797  
ROSWELL NM 88202-1797

HUGH CORRIGAN III  
P O BOX 50460  
MIDLAND TX 79710-0460

LANDRETH COMPANY STOCKHOLDERS  
306 W 7<sup>TH</sup> #504  
FORT WORTH TX 76102-4905

MOORE TRUST  
J H MOORE BJ MOORE & M H MOORE  
TRUSTEES R L MOORE ATTY-IN-FACT  
P O BOX 1733  
MIDLAND TX 79702

BILLIE S DEVOSS  
15311 E LA SALOS DR  
WHITTIER CA 90603-2243

DO NOT SEND AN AFE  
MINERAL INTEREST OWNER ONLY  
BARBARA J DEVOSS JUNKER  
P O BOX 53546  
LUBBOCK TX 79453-3546

JOAN CLAY  
26242 VIA MISTRAL  
SAN JUAN CAPISTRANO CA 92675-4452

JENNIFER ANN CLAY CATHER  
4541 BORDEAUX  
DALLAS TX 75205

JOHN W CLAY III  
4795 OAKGROVE RENDON ROAD  
BURLESON TX 76028

SUSAN MARIE MAIER  
408 BLUE HERON RD AVE  
ELIZABETHTOWN NC 28337

EDYTHE OWEN PRIKRYL  
5403 CERAN DR  
ARLINGTON TX 76016-2822

GOODRICH TRUST NUMBER ONE  
U/W DAVID E GOODRICH  
BK ONE TX TRSTEE/ACCT 5555  
P O BOX 99084  
FORT WORTH TX 76199-0084

GOODRICH TRUST NUMBER TWO  
U/W DAVID E GOODRICH  
BK ONE TX TRSTEE/ACCT 5556  
P O BOX 99084  
FORT WORTH TX 76199-0084

CLIFF T MILFORD  
12019 BROWNING LN  
DALLAS TX 75230-2851

LOUIS H KUNTZ  
2118 HILLTOP CT  
FULLERTON CA 92831-1311

EXCO RESOURCES INC  
1775 SHERMAN ST STE 2650  
DENVER CO 80203-4313

NARUNA COMPANY  
P O BOX 630  
FORT WORTH TX 76101-0630

HARVEY L JOHNSON  
1009 MINTER LN APT C  
ABILENE TX 79603-4591

MALLOY OIL & GAS PROP LLP  
301 NW 63<sup>RD</sup> # 510  
OKLAHOMA CITY OK 73116-7921

ROGER DALE JOHNSON  
P O BOX 281  
FARMINGTON NM 87499-0281

GOODRICH MALLOY MINERAL TRUST  
TEAM BANK NA TRUSTEE  
TRUST NO 6202  
P O BOX 99084  
FORT WORTH TX 76199-0084

CYNTHIA S GREGG  
P O BOX 724  
SUNDOWN TX 79372-0724

STEPHANIE DOSHER  
209 NE AVE D  
SEMINOLE TX 79360

LAVON JOHNSON  
1104 TRENTON LN  
EULESS TX 76040

SCOTT JOHNSON  
1104 TRENTON LN  
EULESS TX 76040

TY JOHNSON  
1104 TRENTON LN  
EULESS TX 76040

L SUMMERS OIL COMPANY  
201 WEST WALL #803  
MIDLAND TX 79701

REEF EXPLORATION INC  
1901 NORTH CENTRAL EXPRESSWAY  
RICHARDSON TX 75080-3609

**NORTH HOBBS UNIT  
LF 152641  
KC 33601**

**RUTH ANNE YEAGER HANSEN  
4642 LORRAINE  
DALLAS TX 75209**

**MRS FRANCY'S I CONRAD HOY  
3849 PALLOS VERDAS  
DALLAS TX 75229-2743**

**A GAYLE HUDGENS  
P O BOX 1195  
MANCHACA TX 78652**

**PLACID OIL** *6011 41000*  
JT INT DEPT  
P O BOX 27757  
HOUSTON TX 77227-7757

**MARY ALICE LAFLIN MEHAFFEY  
6138 S IOLA WAY  
ENGLEWOOD CO 80111**

**RORCO LLC  
CAROLYN K LISLE MANAGING MEMBER  
2540 WARWICK DRIVE  
OKLAHOMA CITY OK 73116**

**MARATHON OIL CO  
P O BOX 552  
MIDLAND TX 79702**

**MARSHALL & WINSTON INC  
P O BOX 50880  
MIDLAND TX 79710**

**KATHRYN LOUISE CONRAD MCCARTHY  
4435 SAN GABRIEL  
DALLAS TX 75229**

**K D MCPETERS  
502 W GOLD  
HOBBS NM 88240**

**WANDA T MILLIGAN  
151 MATTHEWS ROAD  
OAKDALE NY 11769**

**NATHLYN IONE CONRAD MURDOCH  
4 CAMP BRANCH ESTATES  
LEESBURG TX 75451**

**NOBLE ISSUE TRUST  
C/O EXCHANGE NAT'L BANK AND TRUST  
TRUSTEE  
P O BOX 789  
ARDMORE OK 73402**

**RICHARD L NOBLE  
P O BOX 67605  
LOS ANGELES CA 90067**

**KERR MCGEE OIL & GAS ONSHORE  
ATTN SHARON MATTHEWS  
P O BOX 809004  
DALLAS TX 75380**

**PITCO  
ATTN LARRY SNEAD  
2162 E 61<sup>ST</sup> ST  
TULSA OK 74136**

**SEA PROPERTIES LTD  
P O BOX 1486  
ARDMORE OK 73402**

**JULIE ANTWEIL SILVERMAN  
4408 CANYON COURT NE  
ALBUQUERQUE NM 87111**

**HOWELL SPEAR  
P O BOX 30169  
PENSACOLA FL 32503**

**E C SULLIVAN  
P O BOX 93854  
LUBBOCK TX 79493**

**BILL SWEET TRUST  
ATTN ELIZABETH B LAUER  
C/O WELLS FARGO BANK NA AGENT  
P O BOX 5383  
DENVER CO 80217**

**CECIL H & IMO E SWEET TRUST  
ATTN C T THOMSON  
C/O WELLS FARGO BANK NA AGENT  
P O BOX 5383  
DENVER CO 80217**

**ANN H TAYLOR  
P O BOX 3487  
MIDLAND TX 79702**

**CHEVRONTEXACO PBBU  
ATTN: NOJV MANAGER  
15 SMITH RD  
MIDLAND TX 79705**

**MARY ANN CURTIS LLC  
JOYCE E SILVERNAIL SUC TTEE  
P O BOX 780164  
OKLAHOMA CITY OK 73178**

**BETTYE CONRAD TREADAWAY  
9507 GODSTONE LANE  
SPRING TX 77379**

**OXV USA** *OXV 41000*  
JT INT DEPT  
P O BOX 27757  
HOUSTON TX 77227-7757

TWO STATES OIL COMPANY  
SUITE 718 ENERGY SQUARE  
4925 GREENVILLE AVENUE  
DALLAS TX 75206

SARA WARD SIMS SUCCESSOR  
TRUSTEE OF THE J S WARD &  
MARGARET WARD TRUST OF 1985  
101 S FOURTH ST  
ARTESIA NM 88210-2177

LOYD WHITLEY  
P O BOX 168  
MIDLAND TX 79702

ESTATE OF HATTIE C WILLIAMS  
C/O AMERICAN STATE BANK  
P O BOX 1401  
ATTN: JOHN COMMACKK  
LUBBOCK TX 79408

MARJORIE DANIEL WINN  
920 DANIELDALE ROAD  
DE SOTO TX 75115

YATES PETROLEUM CORPORATION  
P O BOX 1395  
ARTESIA NM 88211

S P YATES  
105 SOUTH 4TH STREET  
ARTESIA NM 88210

YEAGER PROPERTIES INC  
PETROLEUM BLDG STE 200  
214 WEST TEXAS AVENUE  
MIDLAND TX 79701

DR. HENRY YEAGER JR  
5624 KNOLLWOOD  
BETHESDA MD 20816

ABO PETROLEUM CORPORATION  
105 S 4TH STREET  
ARTESIA NM 88210

LANDRETH COMPANY STOCKHOLDERS  
ATTN W A LANDRETH  
306 W 7<sup>TH</sup> ST #504  
FORT WORTH TX 76102-4905

BARRY ANTWEIL  
12610 STILLWOOD PARK CT  
CYPRESS TX 77433

MARK ANTWEIL  
P O Box 365  
LARCHMONT NY 10538

DAN C BERRY III  
P O Box 160  
EUNICE NM 88231

PHILIP BERRY  
P O Box 1551  
LOVINGTON NM 88260

CHEMILY MANAGEMENT COMPANY  
P O BOX 4346 DEPT 630  
HOUSTON TX 77210-4346

CHEVRON USA  
ATTN NOJV MANAGER  
15 SMITH RD  
MIDLAND TX 79705

O B O INC  
ATTN LOWELL DUNN II  
8083 NORTH WEST 103<sup>RD</sup> ST  
HIALEAH GARDENS FL 33016

JOHN P CUSACK JR TR UNDER  
JOHN P CUSACK TESTAMENTARY TR  
2808 WOOD WIND DR  
ARLINGTON TX 76013

JOHN P CUSACK JR  
2808 WOOD WIND DR  
ARLINGTON TX 76013

MARY FRANCIS CUSACK  
2808 WOOD WIND DRIVE  
ARLINGTON TX 76013

MICHAEL F CUSACK  
C/O HOHMANN GENERAL STORE  
P O BOX 25  
WILLOW CITY TX 78675

DEVON ENERGY CORP (NEVADA)  
20 NORTH BROADWAY STE 1500  
OKLAHOMA CITY OK 73102

EXXON CO USA  
ATTN JI OPERATIONS  
P O Box 4707  
HOUSTON TX 77210-4707

J M ARMSTRONG TESTAMENTARY TRUST  
TRUSTEE ACCT NO 99-1496-00  
P O Box 10966  
MIDLAND TX 79702

FIRST ROSWELL COMPANY  
P O Box 1797  
ROSWELL NM 88202

F & M BANK & TRUST CO TRUSTEE  
FOR THE CHARLES NOBLE FORBES  
FAMILY TRUST  
P O Box 3688  
TULSA OK 74101

FORBES INVESTMENT COMPANY  
ILAMAE FORBES REV TRUST  
P O Box 843  
TULSA OK 74101

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

**COPY**

Form C-102  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

**OIL CONSERVATION DIVISION**  
2040 South Pacheco  
Santa Fe, NM 87505

AMENDED REPORT  
Revised BHL

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number 30-025-35742	Pool Code 31920	Pool Name Hobbs; Grayburg - San Andres
Property Code 19552	Property Name South Hobbs (GSA) Unit	Well Number 244
OGRID No. 157984	Operator Name Occidental Permian Limited Partnership	Elevation 3635'

**Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn.	Feet from the	North/South line	Feet from the	East/West line	County
E	34	18-S	38-E		2246	North	597	West	Lea

**Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot Idn.	Feet from the	North/South line	Feet from the	East/West line	County
E	34	18-S	38-E		1976	North	10	West	Lea

Dedicated Acres 40	Joint or Infill I	Consolidation Code	Order No. NSL-4646
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p><b>OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Mark Stephens</i> Signature Mark Stephens Printed Name Business Analyst (SG) Title July 12, 2002 Date</p>
	<p><b>SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey Signature and Seal of Professional Surveyor Certificate Number</p>

Submit to Appropriate District Office  
 State Lease - 6 copies  
 Fee Lease - 5 copies

**COPY**

**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
 Santa Fe, NM 87505

**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
**30-025-35742**

5. Indicate Type Of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

1a. Type of Well: OIL WELL  GAS WELL  DRY  OTHER \_\_\_\_\_

b. Type of Completion: NEW WELL  WORK OVER  DEEPEN  PLUG BACK  DIFF RESVR  OTHER \_\_\_\_\_

7. Lease Name or Unit Agreement Name  
**South Hobbs (GSA) Unit**

2. Name of Operator  
**Occidental Permian Limited Partnership**

8. Well No.  
**244**

3. Address of Operator  
**P.O. Box 4294, Houston, TX 77210-4294**

9. Pool name or Wildcat  
**Hobbs; Grayburg - San Andres**

4. Well Location  
 SH: Unit Letter **E** : **2246** Feet From The **North** Line and **597** Feet From The **West** Line  
 BH: **E** **1976** **North** **10** **West**  
 Section **34** Township **18-S** Range **38-E** NMPM **Lea** County

10. Date Spudded **12/16/01** 11. Date T.D. Reached **12/25/01** 12. Date Compl. (Ready to Prod.) **1/18/02** 13. Elevations (DF & RKB, RT, GR, etc.) **3635' GR** 14. Elev. Casinghead

15. Total Depth **4437'** 16. Plug Back T.D. **4392'** 17. If Multiple Compl. How Many Zones? 18. Intervals Drilled By Rotary Tools **4437'** Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name  
**4167' - 4342'; Grayburg - San Andres**

20. Was Directional Survey Made  
**Yes**

21. Type Electric and Other Logs Run  
**CN/SGR/CCL; SGR/CCL**

22. Was Well Cored  
**No**

**23. CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<b>16</b>	<b>Conductor</b>	<b>40</b>	<b>20</b>	<b>50 str.</b>	
<b>9-5/8</b>	<b>36</b>	<b>1560</b>	<b>13-1/2</b>	<b>850 str.</b>	
<b>7</b>	<b>23</b>	<b>4437</b>	<b>8-3/4</b>	<b>1150 str.</b>	

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					<b>2-7/8</b>	<b>4097'</b>	

26. Perforation record (interval, size, and number)  
**4167' - 4342', 2 JSFP**

27. ACID, SHOT, FRACTURE, CEMENT, SOEZE, ETC.  
 DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED  
**4167' - 4342' 2300 gal. 15% NEPE HCL**

**28. PRODUCTION**

Date First Production **1/18/02** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping, ESP, Reda** Well Status (Prod. or Shut-in) **Producing**

Date of Test **1/19/02** Hours Tested **24** Choke Size **N/A** Prod'n For Test Period Oil - Bbl. **35** Gas - MCF **40** Water - Bbl. **1450** Gas - Oil Ratio **1143**

Flow Tubing Press. **50** Casing Pressure **35** Calculated 24-Hour Rate Oil - Bbl. **35** Gas - MCF **40** Water - Bbl. **1450** Oil Gravity - API -(Corr.) **35**

29. Disposition of Gas (Sold, used for fuel, vented, etc.) **Sold** Test Witnessed By **C. Whitley**

30. List Attachments  
**NOTE: Amended Form C-105 to account for revised bottom hole location**

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Mark Stephen Printed Name Mark Stephens Title Bus. Analyst (SG) Date 7/12/02

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

### Southeastern New Mexico

### Northeastern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____ <b>3472</b>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____ <b>3825</b>	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____ <b>4083</b>	T. Simpson _____	T. Gallup _____	T. Ignacio Otzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Delaware Sand _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Bone Springs _____	T. Entrada _____	T. _____
T. Abo _____	T. _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn "A" _____	T. _____

### OIL OR GAS SANDS OR ZONES

No. 1, from 3980 to 4400                      No. 3, from \_\_\_\_\_ to \_\_\_\_\_  
 No. 2, from \_\_\_\_\_ to \_\_\_\_\_                      No. 4, from \_\_\_\_\_ to \_\_\_\_\_

### IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from \_\_\_\_\_ to \_\_\_\_\_ feet  
 No. 2, from \_\_\_\_\_ to \_\_\_\_\_ feet  
 No. 3, from \_\_\_\_\_ to \_\_\_\_\_ feet

### LITHOLOGY RECORD ( Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
3000	3825	825	Mixed anhydrite & silt with minor dolomite				
3825	3988	163	Mixed anhydrite, silt, and dolomite				
3988	4083	95	Mixed silt & dolomite with minor anhydrite				
4083	4372	289	Dolomite				

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

**COPY**

**OIL CONSERVATION DIVISION**  
**2040 South Pacheco**  
**Santa Fe, NM 87505**

Submit to Appropriate District Office  
5 Copies

**AMENDED REPORT**  
Revised BHL

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address <b>Occidental Permian Limited Partnership</b> <b>P.O. Box 4294</b> <b>Houston, TX 77210-4294</b>		<sup>2</sup> OGRID Number <b>157984</b>
		<sup>3</sup> Reason for Filing Code <b>NW</b>
<sup>4</sup> API Number <b>30-0 25-35742</b>	<sup>5</sup> Pool Name <b>Hobbs; Grayburg - San Andres</b>	<sup>6</sup> Pool Code <b>31920</b>
<sup>7</sup> Property Code <b>19552</b>	<sup>8</sup> Property Name <b>South Hobbs (GSA) Unit</b>	<sup>9</sup> Well Number <b>244</b>

**II. <sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<b>E</b>	<b>34</b>	<b>18-S</b>	<b>38-E</b>		<b>2246</b>	<b>North</b>	<b>597</b>	<b>West</b>	<b>Lea</b>

**<sup>11</sup> Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<b>E</b>	<b>34</b>	<b>18-S</b>	<b>38-E</b>		<b>1976</b>	<b>North</b>	<b>10</b>	<b>West</b>	<b>Lea</b>

<sup>12</sup> Lse Code <b>P</b>	<sup>13</sup> Producing Method Code <b>P</b>	<sup>14</sup> Gas Connection Date <b>2/1/01</b>	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
------------------------------------	---	--	-----------------------------------	------------------------------------	-------------------------------------

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
<b>001009</b>	<b>Arco Pipeline</b> <b>P.O. Box 1610</b> <b>Midland, TX 79072</b>	<b>0139510</b>	<b>O</b>	
<b>020667</b>	<b>Shell Pipeline Corp.</b> <b>P.O. Box 1910</b> <b>Midland, TX 79701</b>	<b>0139510</b>	<b>O</b>	
<b>036785</b>	<b>Duke Energy Field Services, L.P.</b> <b>370 17th Street</b> <b>Denver, CO 80202</b>	<b>0139530</b>	<b>G</b>	
<b>034019</b>	<b>Phillips 66 Co.</b> <b>4001 Penrock</b> <b>Odessa, TX 79762</b>	<b>2822025</b>	<b>O</b>	<b>Letter A, Sec. 9, T-19-S, R-38-E</b> <b>S. Hobbs Unit Battery-Phillips Meter</b>

**IV. Produced Water**

<sup>23</sup> POD <b>0139550</b>	<sup>24</sup> POD ULSTR Location and Description
-------------------------------------	--

**V. Well Completion Data**

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBDT	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<b>12/16/01</b>	<b>1/18/02</b>	<b>4437'</b>	<b>4392'</b>	<b>4167' - 4342'</b>	

<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement
<b>20</b>	<b>16</b>	<b>40</b>	<b>50</b>
<b>13-1/2</b>	<b>9-5/8</b>	<b>1560</b>	<b>850</b>
<b>8-3/4</b>	<b>7</b>	<b>4437</b>	<b>1150</b>
	<b>2-7/8</b>	<b>4097</b>	

**VI. Well Test Data**

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<b>1/18/02</b>	<b>1/18/02</b>	<b>1/19/02</b>	<b>24 Hours</b>	<b>50</b>	<b>35</b>

<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method
<b>N/A</b>	<b>35</b>	<b>1450</b>	<b>40</b>		<b>P</b>

<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Signature: *Mark Stephens*  
Printed name: **Mark Stephens**  
Title: **Business Analyst (SG)**  
Date: **7/12/02** Phone: **(281) 552-1158**

**OIL CONSERVATION DIVISION**

Approved by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Approval Date: \_\_\_\_\_

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

**GARY E. JOHNSON**  
Governor  
**Jennifer A. Salisbury**  
Cabinet Secretary

September 26, 2001

**Lori Wrotenberg**  
Director  
Oil Conservation Division

**Occidental Permian Limited Partnership**  
c/o W. Thomas Kellahin  
P. O. Box 2265  
Santa Fe, New Mexico 87504-2265

Telefax No. (505) 982-2047

Administrative Order NSL-4646(BIII.)

Dear Mr. Kellahin:

Reference is made to the following: (i) your application submitted to the New Mexico Oil Conservation Division ("Division") on August 20, 2001 (*applicant reference No. pKRV0-123347033*) filed on behalf of the operator Occidental Permian Limited Partnership ("OXY"); (ii) the Division's initial response by letter dated August 22, 2001 from Mr. Michael E. Stogner, Engineer/Hearing Officer in Santa Fe requesting proof of notice pursuant to Division Rule 1207.A (2); (iii) your telefaxed response with the necessary attachments of August 29, 2001; and (iv) the records of the Division in Santa Fe, including the file on Division Orders No. R-4924, R-4934, as amended, R-6198, as amended, and R-6199, as amended: all concerning OXY's request to directionally drill the following two described wells to unorthodox subsurface oil well locations along the "lease-line" that separates OXY's North Hobbs Grayburg-San Andres Unit and South Hobbs Grayburg-San Andres Unit Pressure Maintenance Projects within the Hobbs-Grayburg San Andres Pool (31920) in Township 18 South, Range 38 East, NMPM, Lea County, New Mexico:

Well Name and Number	API Number	Footage Location [Surface Location ----- (Proposed Targeted Bottomhole Location)]	Unit	Section	Dedicated 40- Acre Tract
South Hobbs (GSA) Unit Well No. 244	N/A	2246' FNL & 597' FWL ----- (2006' FNL & 67' FWL)	E -- E	34 -- 34	SW/4 NW/4
North Hobbs GSA Unit Well No. 843	N/A	1933' FSL & 294' FEL ----- (1409' FSL & 740' FEL)	I -- I	33 -- 33	NE/4 SE/4

The Division Director Finds That:

- (1) OXY is the operator of the North Hobbs Grayburg-San Andres Unit Pressure Maintenance Project, established by Division Order No. R-6199, as amended. This secondary recovery project and corresponding North Hobbs Grayburg-San Andres Unit Area (see Division

Administrative Order NSL-4646(BHL)  
Occidental Permian Limited Partnership  
September 26, 2001  
Page 2

Order No. R-6198, as amended) comprise the following described 10,649.53 acres, more or less, in Lea County, New Mexico:

TOWNSHIP 18 SOUTH, RANGE 27 EAST, NMPM

Section 13: W/2 and SE/4  
Section 14: All  
Sections 23 through 25: All  
Section 26: N/2 NE/4 and SE/4 NE/4  
Section 36: E/2 and E/2 NW/4

TOWNSHIP 18 SOUTH, RANGE 38 EAST, NMPM

Section 17: S/2 NW/4 and SW/4  
Section 18: NE/4 and S/2  
Sections 19 and 20: All  
Section 21: SW/4, NW/4 SE/4, and S/2 SE/4  
Sections 27 through 32: All  
Section 33: N/2, SW/4, N/2 SE/4, and SW/4 SE/4  
Section 34: E/2 and E/2 NW/4;

- (2) OXY is also the operator of the South Hobbs Grayburg-San Andres Unit Pressure Maintenance Project, established by Division Order No. R-4934, as amended. This enhanced recovery project and corresponding South Hobbs Grayburg-San Andres Unit Area currently comprises the following described 4913.74 acres, more or less, in Lea County, New Mexico:

TOWNSHIP 18 SOUTH, RANGE 38 EAST, NMPM

Section 33: SE/4 SE/4  
Section 34: W/2 NW/4 and SW/4

TOWNSHIP 19 SOUTH, RANGE 38 EAST, NMPM

Sections 3 through 5: All  
Section 6: E/2 NE/4, N/2 NW/4, and N/2 SE/4  
Section 8: N/2 NW/4, NE/4, and N/2 SE/4  
Section 9: N/2, N/2 SW/4, and SE/4  
Section 10: All  
Section 11: SW/4 SW/4  
Section 14: W/2 NW/4  
Section 15: All  
Section 16: NE/4 NE/4;

- (3) Currently, the Hobbs Grayburg-San Andres Pool is subject to the statewide rules and regulations for oil wells, as promulgated by Division Rules 104.B (1) and 104.F (1), revised by Division Order No. R-11231, issued by the New Mexico Oil Conservation Commission in Case No. 12119 on August 12, 1999, which provides for 40-acre oil spacing and proration units and requires that wells be located no closer than the required minimum distance to the

Administrative Order NSI-4646(BHL)  
Occidental Permian Limited Partnership  
September 26, 2001  
Page 3

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outer boundary of the lease or unitized area (pressure maintenance/waterflood project area), in this case 330 feet, nor closer than 10 feet to any quarter-quarter section line or subdivision inner boundary;

- (4) Both secondary recovery projects contain special provisions, which were approved prior to the adoption of the above-described statewide rule, that: (i) reflect the "10" foot provision; and (ii) affords an administrative approval process for wells at unorthodox oil well locations along this common "lease-line", provided however a signed agreement by "both operators" is attached, or the affected operator waives objection in writing [These special provisions were promulgated at a time when both projects were operated different operators (Amoco Production Company and Shell Oil Company)];
- (5) Pursuant to Division Rule 1207.A (2) (a) 3, revised by Division Order No. R-11205, issued by the New Mexico Oil Conservation Commission in Case No. 12177 on June 17, 1999, OXY, as operator of both projects, provided notice to all working interest owners in both projects;
- (6) Further, the subject application has been duly filed under the provisions of Division Rules 104.F and 111.C (2), and the applicable provisions contained in the special operating provisions for both projects;
- (7) The two proposed wells will serve to benefit both pressure maintenance projects by allowing for the completion of an efficient and effective production/injection pattern within this portion of the pool along this common boundary line; and
- (8) Approval of this application is in the best interest of conservation, will serve to prevent waste, protects correlative rights, exhibits sound engineering practices, and should allow for the recovery of additional reserves that might not otherwise be produced.

**It Is Therefore Ordered That:**

(1) By the authority granted me under the provisions of Division Rule 104.F (2), Occidental Permian Limited Partnership ("OXY"), as operator of both the North Hobbs Grayburg-San Andres Unit and South Hobbs Grayburg-San Andres Unit Pressure Maintenance Projects within the Hobbs-Grayburg San Andres Pool (31920) in Lea County, New Mexico, is hereby authorized to directionally drill the following two described wells to unorthodox subsurface oil well locations along the "lease-line" that separates both projects in Township 18 South, Range 38 East, NMPM:

Administrative Order NSL-4646(BHI.)  
Occidental Permian Limited Partnership  
September 26, 2001  
Page 4

Well Name and Number	API Number	Footage Location [Surface Location ----- (Proposed Targeted Bottomhole Location)]	Unit	Section	Dedicated 40- Acre Tract
South Hobbs (GSA) Unit Well No. 244	N/A	2246' FNL & 597' FWL	E	34	SW/4 NW/4
		(2006' FNL & 67' FWL)	E	34	
North Hobbs G/SA Unit Well No. 843	N/A	1933' FSL & 294' FEL	I	33	NE/4 SE/4
		(1409' FSL & 740' FEL)	I	33	

(2) These two wells shall be governed by all applicable provisions of Division Rules 702 through 706, Rule 111, and the rules and procedures governing both secondary recovery projects.

(3) Jurisdiction of this matter shall be further retained for the entry of any such subsequent orders, as the Division may deem necessary.

Sincerely,



Lori Wrotenbery  
Director

LW/MES/kv

cc: New Mexico Oil Conservation Division - Hobbs  
New Mexico State Land Office - Santa Fe

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

O B O INC  
P O BOX 2577  
HIALEAH FL 33012-0577

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7002 0860 0001 1539 6242

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C M E OIL & GAS COMPANY  
P O BOX 10621  
MIDLAND TX 79702-7621

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7002 0860 0001 1539 6259

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANN CLAY BROWN  
1541 PRINCETON DR  
CORNICANA TX 75110-1523

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7002 0860 0001 1539 6266

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by ( <i>Printed Name</i> ) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>PLACID OIL CXX</b>  <b>JT INT DEPT</b>  <b>P O BOX 27757</b>  <b>HOUSTON TX 77227-7757</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label) <u>7002 0860 0001 1539 6273</u></p>	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by ( <i>Printed Name</i> ) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>CHRISTEN SCHUTTE SANDERS</b>  <b>1924 MEMPHIS DR</b>  <b>BEDFORD TX 76022-6802</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label) <u>7002 0860 0001 1539 6280</u></p>	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by ( <i>Printed Name</i> ) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>MARY ELLEN BROWN GILBERT</b>  <b>2808 ODELL CT N</b>  <b>GRAPEVINE TX 76051-5636</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label) <u>7002 0860 0001 1539 6297</u></p>	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NANCY LEE BROWN HARRISON  
3001 MAPLE AVE  
WACO TX 76707-1234

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6310

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ELIZABETH ANN BROWN  
446 ACEQUIA MADRE ST  
SANTA FE NM 87501-2802

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6303

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STUART S UMPLEBY TRUST  
COMERICA BANK  
TRUST REAL ESTATE 3228  
PO BOX 75000  
DETROIT MI 48275-0001

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6327

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JOANNA U THOMAS  
2306 STUTZ PL  
MIDLAND TX 79705-4930**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6334

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CONNIE HINMAN  
1833 DEVONDALE CIR  
CHARLESTON WV 25314-2205**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6341

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**VIRGINIA HINMAN  
2334 CHRISWOOD  
TOLEDO OH 43617-1258**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6358

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STUART A UMPLEBY  
4007 49<sup>TH</sup> ST NW  
WASHINGTON DC 20016-2339

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6365

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HUGH CORRIGAN IV TRUST  
U/W/O C E CORRIGAN  
HUGH CORRIGAN III TRUSTEE  
3809 SHENANDOAH ST  
DALLAS TX 75205-1701

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6372

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PATRICK EDWARD CORRIGAN TRUST  
U/W/O C E CORRIGAN  
HUGH CORRIGAN III TRUSTEE  
P O BOX 50280  
MIDLAND TX 79710-0280

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6389

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ELEANOR CHRISTIE CORRIGAN TRUST  
 U/W/O C E CORRIGAN  
 J PAT CORRIGAN TRUSTEE  
 P O BOX 56393  
 JACKSONVILLE FL 32241-6393

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 15396396

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES PATRICK CORRIGAN JR TRUST  
 U/W/O C E CORRIGAN  
 J PAT CORRIGAN TRUSTEE  
 P O BOX 690068  
 VERO BEACH FL 32969-0068

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6402

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HUGH DANIEL S CORRIGAN TRUST  
 U/W/O C E CORRIGAN  
 J PAT CORRIGAN TRUSTEE  
 P O BOX 690068  
 VERO BEACH FL 32969-0068

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6419

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PAULINE DUNBAR EREKSON  
P O BOX 213  
ROCKSPRINGS TX 78880-0213

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6426

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EDWARD ALLAN DUNBAR  
P O BOX 885  
ROCKSPRINGS TX 78880-0885

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6433

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARY ALICE LAFLIN MEHAFFEY  
6138 S IOLA WAY  
ENGLEWOOD CO 80111-5706

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6440

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROUND HILL ROYALTY LP  
 P O BOX 25128  
 DALLAS TX 75225

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6457

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT F LONG TESTAMENTARY TRUST  
 FBO AMANDA SUSAN BARKER #1143958009  
 BANK ONE TRUST CO NA TRUSTEE  
 P O BOX 25848  
 OKLAHOMA CITY OK 73125-0848

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6464

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT F LONG TESTAMENTARY TRUST  
 FBO TERENCE R BARKER #1143959008  
 BANK ONE TRUST CO NA TRUSTEE  
 P O BOX 25848  
 OKLAHOMA CITY OK 73125-0848

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6471

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GEORGE G SNOWDEN III TRUST  
 ANN H SNOWDEN TRUSTEE  
 4 OCEAN VIEW HWY  
 WATCH HILL RI 02891-5232

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6488

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OXY USA  
 JT INT DEPT  
 P O BOX 27757  
 HOUSTON TX 77227-7757

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6495

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KERR MCGEE OIL & GAS ONSHORE  
 ATTN SHARON MATTHEWS  
 P O BOX 809004  
 DALLAS TX 75380

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6501

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PRODUCERS AND REFINERS CORP  
P O BOX 1765  
ENID OK 73702

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6518

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ADELAIDE F COHU TRUST  
ADELAIDE COHU & JOHN E OBRIEN TSTS  
C/O JACKSON AND NASH  
330 MADISON AVE 18<sup>TH</sup> FL  
NEW YORK NY 10017-5001

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6532

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PATRICIA P SCHIEFFER TEST TRUST  
PATRICIA P SCHIEFFER SUCCESSR TRSTE  
BANK OF AMERICA NA  
P O BOX 2546  
FORT WORTH TX 76113-2546

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6549

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LINDA THOMPSON GORDON  
325 NORTH ST PAUL STE 4300  
DALLAS TX 75201

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6556

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JEAN CHRISTINE THOMPSON TRUST 2  
JAMES CLEO THOMPSON JR TRUSTEE  
325 NORTH ST PAUL STE 4300  
DALLAS TX 75201

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6563

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

L S THOMPSON JR  
5019 MCKINNEY STE 100  
DALLAS TX 75205-3428

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6570

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ANN H TAYLOR  
P O BOX 3487  
MIDLAND TX 79702-3487**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6587

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
**X**  Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JAMES M SNOWDEN TRUST  
JAMES M SNOWDEN AND MARIE KIELY  
SNOWDEN TRUSTEES  
12 FORDYCE LN  
SAINT LOUIS MO 63124-1354**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6594

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
**X**  Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**VEJA INC  
P O BOX 18442  
OKLAHOMA CITY OK 73154-0442**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6600

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
**X**  Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARY F CUSACK  
C/O JOHN P CUSACK ATTY-IN-FACT  
C/O F C NEWBURN  
2808 WOODWIND DR  
ARLINGTON TX 76013-3132

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6617

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CATHARINE CUSACK TRUST  
JOHN P CUSACK TRUSTEE  
C/O F C NEWBURN  
2808 WOODWIND DR  
ARLINGTON TX 76013-3132

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6624

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PAT CORRIGAN TRUST  
PAT CORRIGAN TRUSTEE  
P O BOX 690068  
VERO BEACH FL 32969-0068

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6631

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARGARET COUCH TRUST  
 JAMES C BROWN & WILLIAM C COUCH  
 CO-TRUSTEES  
 P O BOX 10621  
 MIDLAND TX 79702-7621

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6648

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EVELYN CLAY OHARA TRUST  
 PHILIP TINSLEY SUCC COTRUSTEE  
 3774 W 6<sup>TH</sup> ST  
 FORT WORTH TX 76107-2061

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6685

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RUFUS GORDON PETE CLAY TRUST  
 RUFUS P CLAY & JAMES C BROWN  
 CO TRUSTEES  
 P O BOX 10621  
 MIDLAND TX 79702-7621

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6662

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**GEORGE K AVARA  
8648 LAGENTE  
EL PASO TX 79907-2508**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6679

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JAMES C BROWN  
P O BOX 10621  
MIDLAND TX 79702-7621**

2. Article Number

(Transfer from service label)

7002 0860 0201 1539 6686

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**DINAH GEMELLE  
P O BOX 486  
VAUGHN WA 98394-0486**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6693

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**GEORGE H ETZ SR TRUST  
 GEORGE ETZ JR TRUSTEE  
 1105 XANTHISMA  
 MCALLEN TX 78504-3519**

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1539 6709

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JOHN PATRICK CUSACK JR  
 C/O F C NEWBURN CPA  
 2808 WOODWIND DR  
 ARLINGTON TX 76013-3132**

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1539 6716

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MICHAEL CUSACK  
 2808 WOOD WIND DR  
 ARLINGTON TX 76013**

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1539 6723

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LEA INVESTORS INC  
P O BOX 2447  
SANTA FE NM 87504-2447

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6730

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COLLEEN M WALLACE  
2 VIOLET CT  
NORTH LITTLE ROCK AR 72116-5141

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6747

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOYD WHITLEY  
P O Box 168  
MIDLAND TX 79702

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6754

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J H MORRIS AGENT  
P O BOX 1588  
TULSA OK 74101-1588

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6761

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PITCO  
ATTN LARRY SNEAD  
2162 E 61<sup>ST</sup> ST  
TULSA OK 74136

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6778

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHARLES B READ  
P O BOX 1518  
ROSWELL NM 88202-1518

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6785

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**BUTTRAM ENERGIES INC  
2601 N W EXPRESSWAY  
501 OIL CENTER WEST  
OKLAHOMA CITY OK 73112-7269**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6792

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**GAVIN R GARRETT  
TEAM BANK NA AGENT TST ACCT 4780  
P O BOX 99084  
FORT WORTH TX 76199-0084**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6808

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**LAWSON PETROLEUM COMPANY  
2100 PHILTOWER BLDG  
427 SOUTH BOSTON  
TULSA OK 74103-4103**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 6815

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOMA INC  
5830 S INDIANAPOLIS  
TULSA OK 74135-7801

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6822

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JACK M MYERS  
10638 SANDPIPER LN  
DALLAS TX 75230-4221

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6839

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MCPETERS FAMILY REVOCABLE TRUST  
502 W GOLD  
HOBBS NM 88240-1805

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6846

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SEA PROPERTIES LTD  
 P O BOX 1486  
 ARDMORE OK 73402-1486

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1539 6853

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOANNE GRIEB  
 P O BOX 516  
 BUENA VISTA CO 81211-0516

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1539 6860

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANDRA SNOWDEN TRUMP  
 668 BETHLEHEM PIKE  
 FLOURTOWN PA 19031-1301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1539 6877

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**FIRST ROSWELL COMPANY  
P O BOX 1797  
ROSWELL NM 88202-1797**

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7002 08600001 15396884

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**HUGH CORRIGAN III  
P O BOX 50460  
MIDLAND TX 79710-0460**

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

Restricted Delivery? (Extra Fee)  Yes

7002 08600001 15396891

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**LANDRETH COMPANY STOCKHOLDERS  
306 W 7<sup>TH</sup> #504  
FORT WORTH TX 76102-4905**

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7002 08600001 15396907

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MOORE TRUST  
J H MOORE BJ MOORE & M H MOORE  
TRUSTEES R L MOORE ATTY-IN-FACT  
P O BOX 1733  
MIDLAND TX 79702**

2. Article Number

(Transfer from service label)

70020860000115396914

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**BILLIE S DEVOSS  
15311 E LA SALOS DR  
WHITTIER CA 90603-2243**

2. Article Number

(Transfer from service label)

70020860000115396921

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**DO NOT SEND AN AFE  
MINERAL INTEREST OWNER ONLY  
BARBARA J DEVOSS JUNKER  
P O BOX 53546  
LUBBOCK TX 79453-3546**

2. Article Number

(Transfer from service label)

70020860000115396938

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOAN CLAY  
26242 VIA MISTRAL  
SAN JUAN CAPISTRANO CA 92675-4452

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6945

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JENNIFER ANN CLAY CATHER  
4541 BORDEAUX  
DALLAS TX 75205

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6952

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN W CLAY III  
4795 OAKGROVE RENDON ROAD  
BURLESON TX 76028

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 6969

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	
<b>SUSAN MARIE MAIER</b> <b>408 BLUE HERON RD AVE</b> <b>ELIZABETHTOWN NC 28337</b>	
	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
2. Article Number ( <i>Transfer from service label</i> )	7002 0860 0001 1539 6976
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	
<b>EDYTHE OWEN PRIKRYL</b> <b>5403 CERAN DR</b> <b>ARLINGTON TX 76016-2822</b>	
	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
2. Article Number ( <i>Transfer from service label</i> )	7002 0860 0001 1539 6983
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	
<b>GOODRICH TRUST NUMBER ONE</b> <b>U/W DAVID E GOODRICH</b> <b>BK ONE TX TRSTEE/ACCT 5555</b> <b>P O BOX 99084</b> <b>FORT WORTH TX 76199-0084</b>	
	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
2. Article Number ( <i>Transfer from service label</i> )	7002 0860 0001 1539 6990
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**GOODRICH TRUST NUMBER TWO  
U/W DAVID E GOODRICH  
BK ONE TX TRSTEE/ACCT 5556  
P O BOX 99084  
FORT WORTH TX 76199-0084**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7003

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CLIFF T MILFORD  
12019 BROWNING LN  
DALLAS TX 75230-2851**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7010

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**LOUIS H KUNTZ  
2118 HILLTOP CT  
FULLERTON CA 92831-1311**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7027

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**EXCO RESOURCES INC  
1775 SHERMAN ST STE 2650  
DENVER CO 80203-4313**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7034

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**NARUNA COMPANY  
P O BOX 630  
FORT WORTH TX 76101-0630**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7041

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**HARVEY L JOHNSON  
1009 MINTER LN APT C  
ABILENE TX 79603-4591**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7058

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MALLOY OIL & GAS PROP LLP**  
**301 NW 63<sup>RD</sup> # 510**  
**OKLAHOMA CITY OK 73116-7921**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7065

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ROGER DALE JOHNSON**  
**P O BOX 281**  
**FARMINGTON NM 87499-0281**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7072

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

i. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**GOODRICH MALLOY MINERAL TRUST**  
**TEAM BANK NA TRUSTEE**  
**TRUST NO 6202**  
**P O BOX 99084**  
**FORT WORTH TX 76199-0084**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7089

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CYNTHIA S GREGG  
P O BOX 724  
SUNDOWN TX 79372-0724

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7096

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STEPHANIE DOSHER  
209 NE AVE D  
SEMINOLE TX 79360

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7102

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LAVON JOHNSON  
1104 TRENTON LN  
EULESS TX 76040

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7119

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SCOTT JOHNSON  
1104 TRENTON LN  
EULESS TX 76040**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7126

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail     Express Mail  
 Registered         Return Receipt for Merchandise  
 Insured Mail         C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**TY JOHNSON  
1104 TRENTON LN  
EULESS TX 76040**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7133

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail     Express Mail  
 Registered         Return Receipt for Merchandise  
 Insured Mail         C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**L SUMMERS OIL COMPANY  
201 WEST WALL #803  
MIDLAND TX 79701**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7148

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail     Express Mail  
 Registered         Return Receipt for Merchandise  
 Insured Mail         C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

REEF EXPLORATION INC  
1901 NORTH CENTRAL EXPRESSWAY  
RICHARDSON TX 75080-3609

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7157

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RUTH ANNE YEAGER HANSEN  
4642 LORRAINE  
DALLAS TX 75209

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7164

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MRS FRANCY'S I CONRAD HOY  
3849 PALLOS VERDAS  
DALLAS TX 75229-2743

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7171

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**A GAYLE HUDGENS  
P O BOX 1195  
MANCHACA TX 78652**

2. Article Number  
(Transfer from service label)

7002 0860 0001 15397188

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**PLACID OIL  
JT INT DEPT  
P O BOX 27757  
HOUSTON TX 77227-7757**

2. Article Number  
(Transfer from service label)

7002 0860 0001 15397195

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MARY ALICE LAFLIN MEHAFFEY  
6138 S IOLA WAY  
ENGLEWOOD CO 80111**

2. Article Number  
(Transfer from service label)

7002 0860 0001 15397207

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RORCO LLC  
 CAROLYN K LISLE MANAGING MEMBER  
 2540 WARWICK DRIVE  
 OKLAHOMA CITY OK 73116

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7218

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARATHON OIL Co  
 P O Box 552  
 MIDLAND TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7225

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARSHALL & WINSTON INC  
 P O BOX 50880  
 MIDLAND TX 79710

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 232

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**KATHRYN LOUISE CONRAD MCCARTHY**  
**4435 SAN GABRIEL**  
**DALLAS TX 75229**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7219

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**K D MCPETERS**  
**502 W GOLD**  
**HOBBS NM 88240**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7256

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**WANDA T MILLIGAN**  
**151 MATTHEWS ROAD**  
**OAKDALE NY 11769**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7263

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**NATHLYN IONE CONRAD MURDOCH  
4 CAMP BRANCH ESTATES  
LEESBURG TX 75451**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7270

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**NOBLE ISSUE TRUST  
C/O EXCHANGE NAT'L BANK AND TRUST  
TRUSTEE  
P O BOX 789  
ARDMORE OK 73402**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7287

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**RICHARD L NOBLE  
P O BOX 67605  
LOS ANGELES CA 90067**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7294

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**KERR MCGEE OIL & GAS ONSHORE  
ATTN SHARON MATTHEWS  
P O Box 809004  
DALLAS TX 75380**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7300

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**PITCO  
ATTN LARRY SNEAD  
2162 E 61<sup>ST</sup> ST  
TULSA OK 74136**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7317

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SEA PROPERTIES LTD  
P O BOX 1486  
ARDMORE OK 73402**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7324

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JULIE ANTWEIL SILVERMAN  
4408 CANYON COURT NE  
ALBUQUERQUE NM 87111**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7331

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**HOWELL SPEAR  
P O BOX 30169  
PENSACOLA FL 32503**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7348

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**E C SULLIVAN  
P O BOX 93854  
LUBBOCK TX 79493**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7355

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**BILL SWEET TRUST  
ATTN ELIZABETH B LAUER  
C/O WELLS FARGO BANK NA AGENT  
P O BOX 5383  
DENVER CO 80217**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7362

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CECIL H & IMO E SWEET TRUST  
ATTN C T THOMSON  
C/O WELLS FARGO BANK NA AGENT  
P O BOX 5383  
DENVER CO 80217**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7379

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ANN H TAYLOR  
P O BOX 3487  
MIDLAND TX 79702**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7386

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CHEVRONTXACO PBBU  
ATTN: NOJV MANAGER  
15 SMITH RD  
MIDLAND TX 79705**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7393

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MARY ANN CURTIS LLC  
JOYCE E SILVERNAIL SUC TTEE  
P O BOX 780164  
OKLAHOMA CITY OK 73178**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7409

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**BETTYE CONRAD TREADAWAY  
9507 GODSTONE LANE  
SPRING TX 77379**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7416

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OXY,USA  
 JT INT DEPT  
 P O BOX 27757  
 HOUSTON TX 77227-7757

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7423

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TWO STATES OIL COMPANY  
 SUITE 718 ENERGY SQUARE  
 4925 GREENVILLE AVENUE  
 DALLAS TX 75206

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7430

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SARA WARD SIMS SUCCESSOR  
 TRUSTEE OF THE J S WARD &  
 MARGARET WARD TRUST OF 1985  
 101 S FOURTH ST  
 ARTESIA NM 88210-2177

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 7447

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**LOYD WHITLEY  
P O BOX 168  
MIDLAND TX 79702**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7454

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
**X**
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ESTATE OF HATTIE C WILLIAMS  
C/O AMERICAN STATE BANK  
P O BOX 1401  
ATTN: JOHN COMMACKK  
LUBBOCK TX 79408**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7461

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
**X**
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MARJORIE DANIEL WINN  
920 DANIELDALE ROAD  
DE SOTO TX 75115**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7478

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
**X**
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**YATES PETROLEUM CORPORATION  
P O BOX 1395  
ARTESIA NM 88211**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7485

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**S P YATES  
105 SOUTH 4TH STREET  
ARTESIA NM 88210**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7492

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**YEAGER PROPERTIES INC  
PETROLEUM BLDG STE 200  
214 WEST TEXAS AVENUE  
MIDLAND TX 79701**

2. Article Number  
(Transfer from service label)

7002 0860 0001 1539 7508

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**DR. HENRY YEAGER JR  
5624 KNOLLWOOD  
BETHESDA MD 20816**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5016**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ABO PETROLEUM CORPORATION  
105 S 4TH STREET  
ARTESIA NM 88210**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5023**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**LANDRETH COMPANY STOCKHOLDERS  
ATTN W A LANDRETH  
306 W 7<sup>TH</sup> ST #504  
FORT WORTH TX 76102-4905**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5030**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**BARRY ANTWEIL**  
**12610 STILLWOOD PARK CT**  
**CYPRESS TX 77433**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 5047

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MARK ANTWEIL**  
**P O BOX 365**  
**LARCHMONT NY 10538**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 5054

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**DAN C BERRY III**  
**P O BOX 160**  
**EUNICE NM 88231**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 5061

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**PHILIP BERRY  
P O BOX 1551  
LOVINGTON NM 88260**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5078**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CHEMILY MANAGEMENT COMPANY  
P O BOX 4346 DEPT 630  
HOUSTON TX 77210-4346**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5085**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CHEVRON USA  
ATTN NOJV MANAGER  
15 SMITH RD  
MIDLAND TX 79705**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5092**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**O B O INC**  
**ATTN LOWELL DUNN II**  
**8083 NORTH WEST 103<sup>RD</sup> ST**  
**HIALEAH GARDENS FL 33016**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 5108

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

1. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JOHN P CUSACK JR TR UNDER**  
**JOHN P CUSACK TESTAMENTARY TR**  
**2808 WOOD WIND DR**  
**ARLINGTON TX 76013**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 5115

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

1. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JOHN P CUSACK JR**  
**2808 WOOD WIND DR**  
**ARLINGTON TX 76013**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 5122

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MARY FRANCIS CUSACK  
2808 WOOD WIND DRIVE  
ARLINGTON TX 76013**

2. Article Number  
(Transfer from service label)

**7002 0860 0001 1539 5139**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MICHAEL F CUSACK  
C/O HOHMANN GENERAL STORE  
P O BOX 25  
WILLOW CITY TX 78675**

2. Article Number  
(Transfer from service label)

**7002 0860 0001 1539 5146**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**DEVON ENERGY CORP (NEVADA)  
20 NORTH BROADWAY STE 1500  
OKLAHOMA CITY OK 73102**

2. Article Number  
(Transfer from service label)

**7002 0860 0001 1539 5153**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**EXXON CO USA  
ATTN JI OPERATIONS  
P O BOX 4707  
HOUSTON TX 77210-4707**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5160**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**J M ARMSTRONG TESTAMENTARY TRUST  
TRUSTEE ACCT NO 99-1496-00  
P O BOX 10966  
MIDLAND TX 79702**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5177**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**FIRST ROSWELL COMPANY  
P O Box 1797  
ROSWELL NM 88202**

2. Article Number

*(Transfer from service label)***7002 0860 0001 1539 5184**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**F & M BANK & TRUST CO TRUSTEE  
FOR THE CHARLES NOBLE FORBES  
FAMILY TRUST  
P O BOX 3688  
TULSA OK 74101**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 5191

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**FORBES INVESTMENT COMPANY  
ILAMAE FORBES REV TRUST  
P O BOX 843  
TULSA OK 74101**

2. Article Number

(Transfer from service label)

7002 0860 0001 1539 5207

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

CMD : ONGARD 08/19/02 13:08:09  
OG6C101 C101-APPLICATION FOR PERMIT TO DRILL ODOMES -TPXE

OGRID Idn : 157984 API Well No: 30 25 35742 APD Status(A/C/P) : A  
Opr Name, Addr: OCCIDENTAL PERMIAN LTD Aprvl/Cncl Date : 10-19-2001  
580 WESTLAKE PARK BLVD  
P O BOX 4294

Prop Idn: 19552 SOUTH HOBBS G/SA UNIT Houston, TX 77210-4294  
Well No: 244

U/L Sec Township Range Lot Idn North/South East/West  
-----  
Surface Locn : E 34 18S 38E FTG 2246 F N FTG 597 F W  
OCD U/L : E API County : 25

Work typ(N/E/D/P/A) : N Well typ(O/G/M/I/S/W/C) : O Cable/Rotary (C/R) : R  
Lease typ(F/S/P/N/J/U/I) : P Ground Level Elevation : 3635

State Lease No: Multiple Comp (S/M/C) : S  
Prpsd Depth : 4500 Prpsd Frmtn : SAN ANDRES

E0009: Enter data to modify record  
PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06 CONFIRM  
PF07 PF08 PF09 PRINT PF10 C102 PF11 HISTORY PF12