

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISON

**IN THE MATTER OF THE APPLICATION OF
WILLIAMS PRODUCTION CO., LLC FOR ESTABLISHMENT
OF A DOWNHOLE COMMINGLING "REFERENCE CASE"
AND PRE-APPROVAL OF DOWNHOLE AND SURFACE
COMMINGLING IN THE ROSA UNIT, SAN JUAN AND
RIO ARRIBA COUNTIES, NEW MEXICO.**

CASE NO. 14146


AFFIDAVIT

STATE OF NEW MEXICO)
)ss.
COUNTY OF SANTA FE)

Ocean Munds-Dry, attorney in fact and authorized representative of WILLIAMS PRODUCTION CO., LLC the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

Ocean Munds-Dry
Ocean Munds-Dry

SUBSCRIBED AND SWORN to before me this 6th day of August 2008 by Ocean Munds-Dry.

OFFICIAL SEAL

Olivia Ita
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 3-18-12
[Signature]
Notary Public

My Commission Expires: 3-18-12

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 14146..... Exhibit No. 8
Submitted by:
WILLIAMS PRODUCTION CO., LLC
Hearing Date: August 7, 2008

HOLLAND & HART^{LLP}



Ocean Munds-Dry
omundsdry@hollandhart.com

July 10, 2008

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Amended Application of Williams Production Co., LLC for Establishment of a Downhole Commingling "Reference Case" and Pre-Approval of Downhole and Surface Commingling, San Juan and Rio Arriba Counties, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Williams Production Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking pre-approval of downhole and surface commingling of hydrocarbon production from all formations and/or pools in the Rosa Unit from existing and future wells located in the Unit Area, San Juan and Rio Arriba Counties. Williams is also requesting authorization to commingle within the Unit Area without additional notice to owners of interest in the commingled production.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on August 7, 2008. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Ocean Munds-Dry

Ocean Munds-Dry
for Holland & Hart^{LLP}

Holland & Hart^{LLP}

Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻

AFFIDAVIT OF PUBLICATION

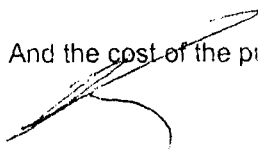
Ad No. 60439

STATE OF NEW MEXICO
County of San Juan:

BOB WALLER, being duly sworn says: That he is the CLASSIFIED MANAGER of THE DAILY TIMES, a daily newspaper of general circulation published in English at Farmington, said county and state, and that the hereto attached Legal Notice was published in a regular and entire issue of the said DAILY TIMES, a daily newspaper duly qualified for the purpose within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico for publication and appeared in the Internet at The Daily Times web site on the following day(s):

Friday July 18, 2008

And the cost of the publication is \$175.22


ON 7/30/08 BOB WALLER appeared before me, whom I know personally to be the person who signed the above document.


My Commission Expires - 11/05/11

COPY OF PUBLICATION

NOTICE OF PUBLICATION

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES
DEPARTMENT
OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 7, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by July 28, 2008. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
Having any right, title interest
Or claim in the following cases
And notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 14146:

(Readvertised) Amended Application of Williams Pro
ductions Co., LLC for Establishment of a Downhole
Commingle "Reference Case" and Pre-Approval of
Downhole and Surface Commingling in the Rosa Unit,
San Juan and Rio Arriba Counties, New Mexico. Appli
cant, in the above-styled cause seeks establishment of a
downhole commingling "reference case" and pre-approv
al for downhole and surface commingling in the Basin
Dakota Pool, Basin Fruitland Coal Gas Pool, Rosa Pic
tured Cliffs Pool, East Blanco Pictured Cliffs Pool, Car
racas Pictured Cliffs Pool, Bianco Mesaverde Pool, Cot
tonwood-Fruitland Sand Pool, Laguna Seca Gallup Pool,
Cedra Gallup Pool, Willow Gallup Pool and the Basin
Mancos Pool in any and all existing and future wells in
the Rosa Unit without further notice to owners of inter
est in the commingled production. The Rosa Unit is lo
cated in Township 32 North, Range 6 West, Township 31
North, Ranges 4,5 and 6 West, NMPM, San Juan and Rio
Arriba counties. Said area is located approximately 9
miles southeast of Arboles, Colorado

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 14th day July 2008.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Mark E. Fesmire, P.E., Director

Legal No. 60439 published in The Daily Times, Farmington, New Mexico on Friday July 18, 2008

**NOTICE OF PUBLICATION
STATE OF NEW MEXICO
ENERGY, MINERALS AND
NATURAL RESOURCES
DEPARTMENT OIL
CONSERVATION DIVISION
SANTA FE, NEW MEXICO**

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 7, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by July 28, 2008. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

her's Bill

one time at 70.00

times at _____

Affidavit 5.00

Subtotal 75.00

Tax 5.81

Total 80.81

ved at Rio Grande SUN

Applicant, in the above-styled cause seeks establishment of a downhole commingling "reference case" and pre-approval for downhole and surface commingling in the Basin Dakota Pool, Basin Fruitland Coal Gas Pool, Rosa Pictured Cliffs Pool, East Blanco Pictured Cliffs Pool, Carracas-Pictured Cliffs Pool, Blanco Mesaverde Pool, Cottonwood-Fruitland Sand Pool, Laguna Seca Gallup Pool, Cedro Gallup Pool, Willow Gallup Pool and the Basin Mancos Pool in any and all existing and future wells in the Rosa Unit without further notice to owners of interest in the commingled production. The Rosa Unit is located in Township 32 North, Range 6 West, Township 31 North, Ranges 4, 5 and 6 West, NMPM, San Juan and Rio Arriba Counties. Said area is located approximately 9 miles southeast of Arboles, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 14 day July 2008.
State of New Mexico Oil Conservation Division

Affidavit of Publication

State of New Mexico
County of Rio Arriba

I, Robert Trapp, being first duly sworn, declare and say I am the publisher of the Rio Grande SUN, a weekly newspaper published in the English language and having a general circulation in the County of Rio Arriba, State of New Mexico, and being a newspaper duly qualified to publish legal notices and advertisements under the provisions of Chapter 167 of the Session Laws of 1937. The publication, a copy of which is hereto attached, was published in said paper once each week for

1 consecutive weeks and on the same day of each week in the regular issue of the paper during the time of publication and the notice was published in the newspaper proper, and not in any supplement. The first publication being on the

24th day of July, 2008

and the last publication on the 24th day of

July, 2008 payment for said advertisement has been duly made, or assessed as court costs. The undersigned has personal knowledge of the matters and things set forth in this affidavit.

Robert Trapp Publisher

Subscribed and sworn to before me this 24th day of July A.D. 2008

Maria V. Lopez-Garcia

Maria V. Lopez-Garcia, Notary Public
My commission expires 13 July 2009

EXHIBIT A
WILLIAMS PRODUCTION CO., LLC's APPLICATION TO COMMINGLE IN
THE ROSA UNIT

Sacramento Municipal Utility District
6301 S. Street
Sacramento, CA 9581701899

Minerals Management Service
P.O. Box 5810
Denver, CO 80217-5810

Forest Oil Corp.
P.O. Box 847581
Dallas, TX 75284-7581

ConocoPhillips Co.
21873 Network Place
Chicago, ILL 60673-1218

BP America Production Company
Attention: OOJI
P.O. Box 21868
Tulsa, OK 74121

Accord DU LAC Partnership LP
P.O. Box 676370
Rancho Santa Fe, CA 92067-6370

Adela Mascarenas Quintana
P.O. Box 1824
Ignacio, CO 81137-1824

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Albuquerque, NM 87111

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Chamisa Land Co.
P.O. Box 30281 – Uptown Station
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12 W Ranch Trail
Morrison, CO 80465-9523

Dorothea J Caulfield Tr
Dorothea J Caulfield Trustee
14647 Ranchview Ter
Chino Hills, CA 91709

Elesida Enriquez
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Estate of M.W. Hoover, Deceased
Liberty National Bank & Trust Co.
Executor
P.O. Box 1588
Tulsa, OK 74101-1588

Faye Lopez Romero
550 W Pabor Way
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c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

WCB Investments
c/o Reynolds Hix & CO PA
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Albuquerque, NM 872109

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Fort Worth, Tx 76113-2546

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XTO Energy, Inc.
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Mr. John Turner
Pmb 285
317 Sidney Baker South #400
Kerrville, TX 78028

Forest Oil Corporation
Attn: Ken Mcphee
707 17th Street
Denver, Co 80202

Ms. Victoria Webb
806 Cordova
Dallas, TX 75223

Sacramento Municipal Utilities
District
Attn: Thomas Ingwers

P. O. Box 15830
Sacramento, CA 95852-1830

Minerals Management Service
P.O. Box 5810
Denver, CO 80217-5810

New Mexico State Royalty
310 Old Santa Fe Trail
Santa Fe, NM 87501

Bureau of Land Management
Farmington Field Office
1235 La Plata Highway Suite A
Farmington, NM 87401

New Mexico State Land Office
PO Box 1148
Santa Fe, NM 87504-1148

Henrietta E. Schultz, Trustee
500 North Akard, Suite 2940
Dallas, TX 75201

ConocoPhillips Company
Attn: Chief Landman,
San Juan/Rockies
P. O. Box 4289
Farmington, NM 87499-4289

7006 2760 0001 6392 6836

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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 Return Receipt Fee (Endorsement Required) 2.15
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Postmark
JUL 14 2008
USPS

Sacramento Municipal Utility District
 6301 S. Street
 Sacramento, CA 95819

7006 2760 0001 6392 6836

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.76
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.61

Sent To
 Minerals Management Service
 P.O. Box 5810
 Denver, CO 80217-5810

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:
 Minerals Management Service
 P.O. Box 5810
 Denver, CO 80217-5810

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 Agent
 Addressee

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

7006 2760 0001 6392 6836

7006 2760 0001 6393 0789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.76
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.61

Sent To
 Forest Oil Corp.
 P.O. Box 847581
 Dallas, TX 75284-7581

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:
 Forest Oil Corp.
 P.O. Box 847581
 Dallas, TX 75284-7581

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 Agent
 Addressee

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

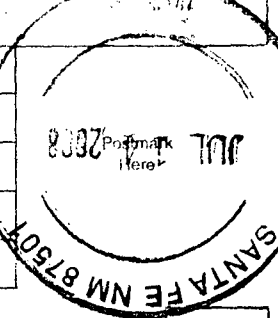
7006 2760 0001 6393 0789

7006 2760 0001 6393 0772

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.gov

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61



Sent To
 Street, Apt. N or PO Box No.
 City, State, ZIP

ConocoPhillips Co.
 21873 Network Place
 Chicago, ILL 60673-1218

7006 2760 0001 6393 0758

U.S. Postal Service
CERTIFIED MAIL REC
(Domestic Mail Only; No Insurance C

For delivery information visit our website

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To
 Street, Apt. N or PO Box No.
 City, State, ZIP

BP America Produ
 Attention: OOJI
 P.O. Box 21868
 Tulsa, OK 74121

SENDER: COM

- 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:
 BP America Production Company
 Attention: OOJI
 P.O. Box 21868
 Tulsa, OK 74121

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE. THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *F. DONAT* B. Date of Delivery *7/17/08*

C. Signature *[Signature]* Agent Addressee

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

2. Article Number (Copy from service label) 7006 2760 0001 6393 0758

7006 2760 0001 6393 0741

U.S. Postal Service
CERTIFIED MAIL, R
(Domestic Mail Only; No Insurance

For delivery information visit our webs

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Sent To
 Street, Apt. N or PO B
 City, St

Accord DU LAC P
 P.O. Box 676370
 Rancho Santa Fe, C

SENDER: CO

- 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:
 Accord DU LAC Partnership LP
 P.O. Box 676370
 Rancho Santa Fe, CA 92067-6370

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE. THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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

Frank A. Potenziano

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 (Copy from service label) 7006 2760 0001 6393 0741

7006 2760 0001 6393 0727

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To: Adela Mascarenas
P.O. Box 1824
Ignacio, CO 8113

PS Form 3811

SENDER: COMPLETE

- 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:

Adela Mascarenas Quintana
P.O. Box 1824
Ignacio, CO 81137-1824

2. Article Number (Copy from service label)

DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 7-21-08

C. Signature Adela Quintana Agent
X Adela Quintana Addressee

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

7006 2760 0001 6393 0727

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6392 9950

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To: Angelina Barela
1116 E. 4th Avenue
Durango, CO 81301

PS Form 3801

Returned

7006 2760 0001 6393 0604

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To: Ashley Gould
475 S. New Hampshire Avenue
Los Angeles, CA 90020

PS Form 3801

Returned

7006 2760 0001 6393 0611

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$ 7.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To
 Ben R. Howard
 Street, Apt or PO Box 11490 Audelia Road
 City, State Dallas, TX 75243-
 PS Form

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:
 Ben R. Howard
 11490 Audelia Road, Apt. 215
 Dallas, TX 75243-9014

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) PLATE WALTON B. Date of Delivery 7-16

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6393 0611

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 0710

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.71
Certified Fee	2.71
Return Receipt Fee (Endorsement Required)	2.14
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.56

Betty T. Johnston Marital Tr
 L.E. Carbaugh P. M. Harc
 245 Commerce Green Blv
 Sugar Land, TX 77478

- 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:
 Betty T. Johnston Marital Tr
 L.E. Carbaugh P. M. Harc
 245 Commerce Green Blvd., Suite 280
 Sugar Land, TX 77478

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) T. HENDERSON B. Date of Delivery 07/16/08

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6393 0710

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 0734

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$ 7.70
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Carl Dellinger
 3605 Britt Street, NE
 Albuquerque, NM 87111

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:
 Carl Dellinger
 3605 Britt Street, NE
 Albuquerque, NM 87111

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 7-16

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6393 0734

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 0703

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70 JUL
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.11

Carolyn Nielsen Sedberry
 Little Oil & Gas Inc. Agent
 P.O. Box 1258
 Farmington, NM 87499

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:

Carolyn Nielsen Sedberry
 Little Oil & Gas Inc. Agent
 P.O. Box 1258
 Farmington, NM 87499

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Cher. White* B. Date of Delivery *7/17/08*

C. Signature *Cher. White* Agent Addressee

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

7006 2760 0001 6393 0703

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-C

7006 2760 0001 6393 0581

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70 JUL 1
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.11

Chamisa Land Co.
 P.O. Box 30281 - Uptown Station
 Albuquerque, NM 87190-0281

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:

Chamisa Land Co.
 P.O. Box 30281 - Uptown Station
 Albuquerque, NM 87190-0281

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *William D. ...* B. Date of Delivery *7/15/08*

C. Signature *William D. ...* Agent Addressee

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

7006 2760 0001 6393 0581

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-04

7006 2760 0001 6392 6744

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70 JUL
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.11

Charlene S. Byers
 579 S. Poplar Way
 Denver, CO 80224

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:

Charlene S. Byers
 579 S. Poplar Way
 Denver, CO 80224

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Charlene Byers* B. Date of Delivery *7/17/08*

C. Signature *Charlene S. Byers* Agent Addressee

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

7006 2760 0001 6392 6744

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7506 2760 0001 6392 6737

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.61

Christine V. Merchant
 c/o David J. Sorenson
 P.O. Box 1453
 Roswell, NM 88202-14

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:

Christine V. Merchant
 c/o David J. Sorenson
 P.O. Box 1453
 Roswell, NM 88202-1453

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *B. Welsh* B. Date of Delivery *7-18-08*

C. Signature *B. Welsh* Agent Addressee

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

2. Article Number (Copy from service label)

7006 2760 0001 6392 6720

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$.74
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.59

Claudia Lundell Gilmer
 101 Oak Meadow
 Georgetown, TX 78622

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:

Claudia Lundell Gilmer
 101 Oak Meadow
 Georgetown, TX 78628

A. Received by (Please Print Clearly) *Claudia Gilmer* B. Date of Delivery *7-21-08*

C. Signature *Claudia Gilmer* Agent Addressee

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

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6392 6713

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.61

Consuela Mascarenas Gooch
 1001 Tucker
 Farmington, NM 87401

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:

Consuela Mascarenas Gooch
 1001 Tucker
 Farmington, NM 87401

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Consuela Gooch* B. Date of Delivery

C. Signature *Consuela Gooch* Agent Addressee

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

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6392 6706

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Cyrene L. Inman
Bank of America NA Agent
P.O. Box 840738
Dallas, TX 75284-0738

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:

Cyrene L. Inman
Bank of America NA Agent
P.O. Box 840738
Dallas, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
JUL 10

C. Signature
X *S. Inman* Agent Addressee

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

2. Article Number (Copy from service label)

7006 2760 0001 6392 6706

102595-00-M-1

7006 2760 0001 6392 6690

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Avelinda Mascarenas
5 CR 6067 NBU 1005
Farmington, NM 87401

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:

Avelinda Mascarenas
5 CR 6067 NBU 1005
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Avelinda Mascarenas 7/10/08

C. Signature
X *Avelinda Mascarenas* Agent Addressee

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

2. Article Number (Copy from service label)

7006 2760 0001 6392 6690

102595-00-M-0952

7006 2760 0001 6393 0666

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Discovery I - Robert Leisen
12 W Ranch Trail
Morrison, CO 80465-9523

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:

Discovery I - Robert Leisen GP
12 W Ranch Trail
Morrison, CO 80465-9523

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Robert Leisen 7-10-08

C. Signature
X *Robert Leisen* Agent Addressee

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

2. Article Number (Copy from service label)

7006 2760 0001 6393 0666

102595-00-M-0952

7006 2760 0001 6392 6478

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 7.65
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.50

Dorothea J Caulfield Tr
 Dorothea J Caulfield Trust
 14647 Ranchview Ter
 Chino Hills, CA 91709

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:

Dorothea J Caulfield Tr
 Dorothea J Caulfield Trustee
 14647 Ranchview Ter
 Chino Hills, CA 91709

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1/26/08

C. Signature
 X *[Signature]* Agent Addressee

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

Tom Caulfield

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 (Copy from service label)

7006 2760 0001 6392 6478

7006 2760 0001 6392 6478

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 7.65
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.50

Elesida Enriquez
 1115 4th Ave.
 Durango, CO 81301

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:

Elesida Enriquez
 1115 4th Ave.
 Durango, CO 81301

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Elesida Enriquez

C. Signature
 X *[Signature]* Agent Addressee

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

[Circular Postmark: JUL 21 2008]

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 (Copy from service label)

7006 2760 0001 6392 6478

7006 2760 0001 6392 6461

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 7.65
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.50

Estate of M.W. Hoover, Deceased
 Liberty National Bank & Trust
 Executor
 P.O. Box 1588
 Tulsa, OK 74101-1588

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 M.W. Hoover, Deceased
 Liberty National Bank & Trust Co.
 Executor
 P.O. Box 1588
 Tulsa, OK 74101-1588

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X *[Signature]* Agent Addressee

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

2. Article Number (Copy from service label)

7006 2760 0001 6392 6461

7006 2760 0001 6392 6454

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only, No Insurance Coverage)
 For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$	2.70
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Faye Lopez Romero
 550 W Pabor Way
 Fruita, CO 81521-2025

SENDER: COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 Faye Lopez Romero
 550 W Pabor Way
 Fruita, CO 81521-2025

2. Article Number (Copy from service label) **7006 2760 0001 6392 6454**

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **7/11/99**

C. Signature **X Faye Lopez Romero** Agent Addressee

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

7006 2760 0001 6392 6447

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only, No Insurance Coverage)
 For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$	2.70
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Fred E. Turner
 4925 Greenville Ave # 852
 Dallas, TX 75206

SENDER: COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 Fred E. Turner
 4925 Greenville Ave # 852
 Dallas, TX 75206

2. Article Number (Copy from service label) **7006 2760 0001 6392 6447**

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **7/11/99**

C. Signature **X Fred E. Turner** Agent Addressee

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

7006 2760 0001 6392 6430

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only, No Insurance Coverage)
 For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$	2.70
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Gertrude Frances McDonald Estate
 Sandra H Baca Personal Representative
 PO Box 910
 Durango CO 81301

SENDER: COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 Gertrude Frances McDonald Estate
 Sandra H Baca Personal Representative
 PO Box 910
 Durango CO 81301

2. Article Number (Copy from service label) **7006 2760 0001 6392 6430**

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature **X Sandra H Baca** Agent Addressee

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

7006 2760 0001 6392 0032

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Herbert R Briggs
Reynolds Hix & Co POA & Ag
6729 Academy Road, Suite D
Albuquerque NM 87109

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:

Herbert R Briggs
Reynolds Hix & Co POA & Agent
6729 Academy Road, Suite D
Albuquerque NM 87109

2. Article Number (Copy from service label)

7006 2760 0001 6392 0032

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Herbert R Briggs* B. Date of Delivery *7/15/99*

C. Signature *Herbert R Briggs* Agent Addressee

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

7006 2760 0001 6392 6423

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Daniel D. Lopez
1608 Oakway Drive
Baltimore, MD 21222

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:

Daniel D. Lopez
1608 Oakway Drive
Baltimore, MD 21222

2. Article Number (Copy from service label)

7006 2760 0001 6392 6423

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Daniel D. Lopez* Agent Addressee

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

7006 2760 0001 6392 9999

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Debbie Moran
3819 Latma Drive
Houston, TX 77025-4120

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:

Debbie Moran
3819 Latma Drive
Houston, TX 77025-4120

2. Article Number (Copy from service label)

7006 2760 0001 6392 9999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Matthew DeBorja* B. Date of Delivery *7/16/99*

C. Signature *Matthew J DeBorja* Agent Addressee

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

7006 2760 0001 6392 0001

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$ 0.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Douglas Cameron Mcleod
518 17th Street, Suite 1455
Denver Clb Bldg.
Denver, CO 80202

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:

Douglas Cameron Mcleod
518 17th Street, Suite 1455
Denver Clb Bldg.
Denver, CO 80202

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
7-16-01

C. Signature
D. Cameron Agent Addressee

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

7006 2760 0001 6392 0001

7006 2760 0001 6391 9982

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

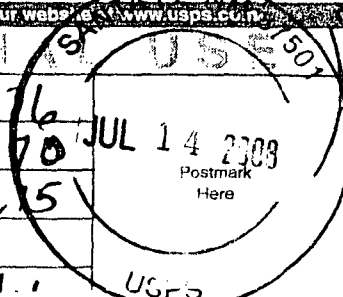
Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Elizabeth Jeanne Turner Calloway
P.O. Box 191767
Dallas, TX 75219-1767

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09



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:

Eula May Johnston Trust
Bank of America N.A. Trustee
Acct. 01/0066100
P.O. Box 840738
Dallas, TX 75284-0738

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
E. Johnston Agent Addressee

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

7006 2760 0001 6391 9975

7006 2760 0001 6391 9975

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Eula May Johnston Trust
Bank of America N.A. Trustee
Acct. 01/0066100
P.O. Box 840738
Dallas, TX 75284-0738

7006 2760 0001 6391 9968

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$	1.16
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.01

Florence Vallejos
PO Box 702
Ignacio, CO 81137

- 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:

Florence Vallejos
PO Box 702
Ignacio, CO 81137

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Florence Vallejos* Agent Addressee

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 (Copy from service label)

7006 2760 0001 6391 9968

7006 2760 0001 6391 9951

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$.71
Certified Fee		2.71
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Fred E. Turner LLC
One Energy Square, Ste
4925 Greenville Ave.
Dallas, TX 75206-4079

- 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:

Fred E. Turner LLC
One Energy Square, Ste 852
4925 Greenville Ave.
Dallas, TX 75206-4079

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Fred E. Turner* Agent Addressee

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 (Copy from service label)

7006 2760 0001 6391 9951

7006 2760 0001 6393 0369

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$.71
Certified Fee		2.71
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

H LP
P.O. Box 2185
Santa Fe, NM 87504

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:

H LP
P.O. Box 2185
Santa Fe, NM 87504

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *D. Delaney* Agent Addressee

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 (Copy from service label)

7006 2760 0001 6393 0369

7006 2760 0001 6393 0352

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.61

Postmark: JUL 2008

HF Axtell & Freda Axtell
 101 Rio Vista Circle
 Durango CO 81301-4379

PS Form 3800, August 2006

7006 2760 0001 6393 0345

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.61

J Glenn Turner Jr
 2 Turtle Creek Bend, Suite 1450
 3838 Oak Lawn
 Dallas, TX 75219

SEND

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 Glenn Turner Jr
 2 Turtle Creek Bend, Suite 1450
 3838 Oak Lawn
 Dallas, TX 75219

2. Article Number (Copy from service label): 7006 2760 0001 6393 0345

RECEIVED BY SECTION ON DELIVERY

A. Received by (Please Print Clearly): Amber Day
 B. Date of Delivery: 7-17-08

C. Signature: X Amber Day
 Agent
 Addressee

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6393 0239

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.61

James Lopez
 2837 Pinnacle
 Colorado Springs, CO

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 Lopez
 2837 Pinnacle
 Colorado Springs, CO 80910

2. Article Number (Copy from service label): 7006 2760 0001 6393 0239

RECEIVED BY SECTION ON DELIVERY

A. Received by (Please Print Clearly): Kabrina Olds
 B. Date of Delivery:

C. Signature: X Kabrina Olds
 Agent
 Addressee

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website

OFFICIAL

Postage \$ 1.76
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.11

Jerry Tiras & Ethel Tiras
 Tenants In Common
 3388 Sage Rd # 1502
 Houston, TX 77056

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:
Jerry Tiras & Ethel Tiras
 Tenants In Common
 3388 Sage Rd # 1502
 Houston, TX 77056

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery 7-16-08

C. Signature
 X Robert L. Mayan Agent Addressee

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

7006 2760 0001 6393 0222

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website

OFFICIAL

Postage \$.76
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.11

John L Turner
 Sent to: PMB 285
 Street or PO: 317 S Sidney Baker St
 City, State: Kerrville, TX 78028

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 L Turner
 PMB 285
 317 S Sidney Baker Ste 400
 Kerrville, TX 78028

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery 7/17/08

C. Signature
 X Bill Bell Agent Addressee

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

7006 2760 0001 6392 6607

PS Form 3811, August 2006

2. Article Number (Copy from service label)

7006 2760 0001 6392 6607

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website

OFFICIAL

Postage \$.76
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.11

John S McDonald
 Sent to: John S McDonald
 Street or PO: 1550 Cherry St Apt
 City, State: Wenatchee, WA 9

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 S McDonald
 1550 Cherry St Apt 164
 Wenatchee, WA 98801-0164

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery

C. Signature
 X Mrs Enroth Agent Addressee

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

7006 2760 0001 6392 6591

PS Form 3811, July 1999

2. Article Number (Copy from service label)

7006 2760 0001 6392 6591

7006 2760 0001 6392 6584

U.S. Postal Service
CERTIFIED MAIL™ R
 (Domestic Mail Only, No Insurance)

For delivery information visit our web site

Postage \$.74

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total

Sent
 Street or PO City, State, ZIP+4

Jose L Candelaria
 PO Box 1754
 Arboles, CO 81121

PS Form 3811, August 2000

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:

Jose L Candelaria
 PO Box 1754
 Arboles, CO 81121

2. Article Number (Copy from service label) 7006 2760 0001 6392 6584

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X *Keckone Scott* Agent Addressee

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

7006 2760 0001 6392 6560

U.S. Postal Service
CERTIFIED MAIL™ R
 (Domestic Mail Only, No Insurance)

For delivery information visit our web site

Postage \$.76

Certified Fee 2.76

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total

Sent
 Street or PO City, State, ZIP+4

Julian Lopez
 130 Mulberry
 Fruita, CO 81521

PS Form 3811, August 2000

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:

Julian Lopez
 130 Mulberry
 Fruita, CO 81521

2. Article Number (Copy from service label) 7006 2760 0001 6392 6560

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
JULIAN LOPEZ 7-21

C. Signature
 X *Julian Lopez* Agent Addressee

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

7006 2760 0001 6392 6553

U.S. Postal Service
CERTIFIED MAIL™ R
 (Domestic Mail Only, No Insurance)

For delivery information visit our web site

Postage \$.76

Certified Fee 2.76

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total

Sent
 Street or PO City, State, ZIP+4

Kenneth H Barber
 39 Marland Rd
 Colorado Springs, CO

PS Form 3811, August 2000

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:

Kenneth H Barber
 39 Marland Rd
 Colorado Springs, CO 80906-4328

2. Article Number (Copy from service label) 7006 2760 0001 6392 6553

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
7/17

C. Signature
 X *Carolyn R Barber* Agent Addressee

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76	
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.15	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	5.61	

Sent To: Lee Lopez
 Street, or PO E: 2041 College Cr
 City, St: Las Vegas, NV 89115

7006 2760 0001 6392 6546

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76	
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.15	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	5.61	

Sent To: J. Glenn Turner, Jr. Lic
 Street, or PO E: 3838 Oak Lawn
 City: Suite 1450, Dallas, TX 75219

7006 2760 0001 6392 6621

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76	
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.15	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	5.61	

Sent To: Jerry J Andrew
 Street, or PO E: 408 Longwoods Ln
 City: Houston, TX 77024

7006 2760 0001 6392 6522

7006 2760 0001 6392 6515

U.S. Postal Service
CERTIFIED MAIL, RETURN RECEIPT
(Domestic Mail Only; No Insurance)

For delivery information, visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To
John A Mascarenas
8801 N 104th Ave
Peoria, AZ 85345

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 A Mascarenas
8801 N 104th Ave
Peoria, AZ 85345

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) John A. Mascarenas B. Date of Delivery 7/1/08

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6392 6515

7006 2760 0001 6392 6508

U.S. Postal Service
CERTIFIED MAIL, RETURN RECEIPT
(Domestic Mail Only; No Insurance)

For delivery information, visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To
Johnson Tr Uad 1/24/85
Sp Johnson III & Barbara Jo Johnson Co
Trustees
P.O. Box 1641
Roswell, NM 88202

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:

Johnson Tr Uad 1/24/85
Sp Johnson III & Barbara Jo Johnson Co
Trustees
P.O. Box 1641
Roswell, NM 88202

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sp Johnson B. Date of Delivery 7/1/08

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6392 6508

7006 2760 0001 6393 0215

U.S. Postal Service
CERTIFIED MAIL, RETURN RECEIPT
(Domestic Mail Only; No Insurance)

For delivery information, visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To
JTV Ptrshp
Tracy C Thompson Managin
PO Box 1713
Roswell, NM 88201

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:

JTV Ptrshp
Tracy C Thompson Managing Partnr
PO Box 1713
Roswell, NM 88201

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 7.15.08

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6393 0215

7006 2760 0001 6393 0208

U.S. Postal Service
CERTIFIED MAIL™
(Domestic Mail Only, No Insurance)

For delivery information visit our web

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Kellie M Kross
C/O David J Sorenson
PO Box 1453
Roswell, NM 88202-1

CERTIFIED MAIL™

SENDER: 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:

Kellie M Kross
C/O David J Sorenson
PO Box 1453
Roswell, NM 88202-1453

A. Received by (Please Print Clearly) B. Date of Delivery

B. Welsh 7-18-08

C. Signature

x B. Welsh Agent Addressee

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

2. Article Number (Copy from service label)

7006 2760 0001 6393 0208

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

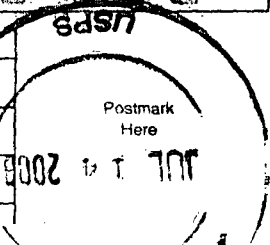
7006 2760 0001 6393 0192

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	



Laplante/Johnson Family
Joel S Johnson & Peggy L Laplante Co
Trustees
7275 S Sundown Cir
Littleton, CO 80120

7006 2760 0001 6393 0338

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Linda Lundell Lindsey
PO Box 631565
Nacogdoches, TX 75963

CERTIFIED MAIL™

SENDER: 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 Lundell Lindsey
PO Box 631565
Nacogdoches, TX 75963

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent Addressee

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

2. Article Number (Copy from service label)

7006 2760 0001 6393 0338

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

SEND

SECTION ON DELIVERY

For delivery information visit our website at www.usps.com

Postage	\$ 7.15
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.00

Marcia Berger
 C/O Petroleum Asset Mgmt LLC
 PO Box 745
 Hobbs, NM 88241

- 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:

Marcia Berger
 C/O Petroleum Asset Mgmt LLC
 PO Box 745
 Hobbs, NM 88241

A. Received by (Please Print Clearly) B. Date of Delivery

Harry Scott

C. Signature Agent
X Harry Scott Addressee

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 (Copy from service label)

7006 2760 0001 6393 0321

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

PS Form 3811, July 1999

Domestic Return Receipt

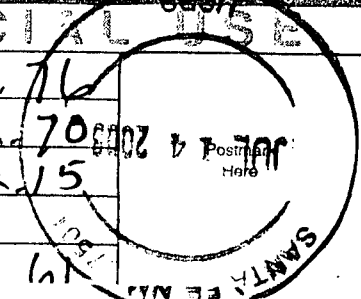
102595-00-M-0

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 7.15
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.00

Manuel R Lopez
 12871 Johns Rd
 Anchorage, AK 99515-3708



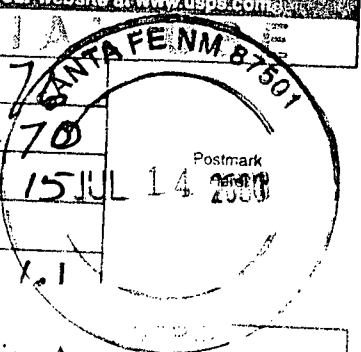
U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 7.15
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.00

Marie Gould
 475 S New Hampshire Ave
 Los Angeles, CA 90020



Returned

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

7006 2760 0001 6393 0291

For delivery information visit our website at www.usps.com

Postage	\$ 1.60
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.45

Matthew N Sorenson
 PO Box 1453
 Roswell, NM 88202-1453

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:

 Matthew N Sorenson
 PO Box 1453
 Roswell, NM 88202-1453

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Welsh 7-18-
 B. Date of Delivery
 C. Signature B. Welsh Agent Addressee
 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

2. Article Number (Copy from service label) 7006 2760 0001 6393 0291

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

7006 2760 0001 6393 0284

For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Nancy P Tonkin Rev Tr
 Nancy Tonkin Cutter & Allen M Tonkin Jr
 1524 Park Ave SW
 Albuquerque, NM 87104

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-01

- 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 P Tonkin Rev Tr
 Nancy Tonkin Cutter & Allen M Tonkin Jr
 1524 Park Ave SW
 Albuquerque, NM 87104

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) N. CUTTER 17-16-0
 B. Date of Delivery
 C. Signature N. Cutter Agent Addressee
 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

2. Article Number (Copy from service label) 7006 2760 0001 6393 0284

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

7006 2760 0001 6393 0147

For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$.96
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.81

Osprey Resources Inc.
 PO Box 56449
 Houston, TX 77256-6449

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:

 Osprey Resources Inc.
 PO Box 56449
 Houston, TX 77256-6449

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 7/17/0
 C. Signature [Signature] Agent Addressee
 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

2. Article Number (Copy from service label) 7006 2760 0001 6393 0147

7006 2760 0001 6393 0277

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website.

OFFICIAL

Postage	\$	2.70
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.55

Paul Jay Lewis
 309 W 43rd St Ste 105
 Sioux Falls, SD 57105-6

PS Form 3800, August 2000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

Paul Jay Lewis
 309 W 43rd St Ste 105
 Sioux Falls, SD 57105-6805

2. Article Number (Copy from service lab)

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery
 Kathy Nash 7-10-08

C. Signature
 Kathy Nash Agent
 Address

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

7006 2760 0001 6393 0260

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website.

OFFICIAL

Postage	\$	2.76
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Pedro F Lopez
 784 Arboles-Lopez Rd
 Ignacio, CO 81137

PS Form 3811, July 1999

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

Pedro F Lopez
 784 Arboles-Lopez Rd
 Ignacio, CO 81137

2. Article Number (Copy from service lab)

7006 2760 0001 6393 0260

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery
 PAULINE F. LOPEZ 7-16

C. Signature
 P. F. Lopez Agent
 Address

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

7006 2760 0001 6393 0253

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website.

OFFICIAL

Postage	\$	2.76
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Pennies From Heaven LLC
 Bank Of America Agent
 PO Box 840738
 Dallas, TX 75283-0308

PS Form 3811, July 1999

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

Pennies From Heaven LLC
 Bank Of America Agent
 PO Box 840738
 Dallas, TX 75283-0308

2. Article Number (Copy from service lab)

7006 2760 0001 6393 0253

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery
 X Pennies From Heaven LLC 7-17

C. Signature
 Pennies From Heaven LLC Agent
 Address

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

7006 2760 0001 6393 0246

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only; No Insurance Coverage)

CERTIFIED MAIL ON DELIVERY

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature *[Signature]* Agent Addressee

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

Pure Resources LP
PO Box 910552
Dallas, TX 75391-0552

1. Article Addressed to:

Pure Resources LP
PO Box 910552
Dallas, TX 75391-0552

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 (Copy from service label) **7006 2760 0001 6393 0246**

7006 2760 0001 6392 9776

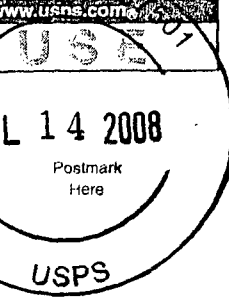
U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only; No Insurance Coverage)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-091

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61



Mary Frances Turner Jr Tr 6743
Chase Bank Of Texas
C/O JP Morgan Chase Bank NA
PO Box 99084
Fort Worth, TX 76199-0084

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only; No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

- 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.

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature *[Signature]* Agent Addressee

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

Moran Oil Enterprises
PO Box 1295
Seminole, OK 74818-1295

1. Article Addressed to:

Moran Oil Enterprises
PO Box 1295
Seminole, OK 74818-1295

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 (Copy from service label) **7006 2760 0001 6392 6492**

7006 2760 0001 6392 6492

7006 2760 0001 6392 6485

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

New Mexico State Royalty
310 Old Santa Fe Trl
Santa Fe, NM 87501

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:

New Mexico State Royalty
310 Old Santa Fe Trl
Santa Fe, NM 87501

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
7-15-

C. Signature
X *[Signature]* Agent Addressee

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

7006 2760 0001 6392 6485

7006 2760 0001 6393 0178

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Patricia F Wise
PO Box 157
Patton, CA 92369-0157

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 F Wise
PO Box 157
Patton, CA 92369-0157

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
PATRICIA WISE

C. Signature
X *[Signature]* Agent Addressee

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

Patricia F. Wise

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6393 0178

7006 2760 0001 6393 0154

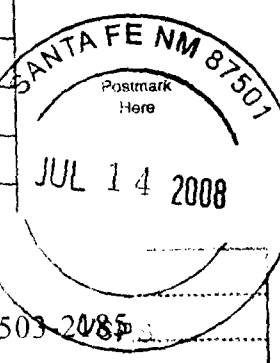
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Paul Lopez
2828 B 4/10 Rd
Grand Junction, CO 81503-2085



7600 6393 1000 092

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$ 7.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage	11.85

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:

Peggy Mascarenas McWilliams
PO Box 427
Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Peggy Williams B. Date of Delivery 7-15

C. Signature X Peggy Williams Agent Addressee

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

Peggy Mascarenas McWilliams
PO Box 427
Flora Vista, NM 87415

2. Article Number (Copy from service label) 7006 2760 0001 6393 0086

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6392 9943

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$ 7.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage	11.85

Sent To PJC LP
1409 S Sunset
Street, Apt. or PO Box Roswell, NM 88201
City, State

Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

- 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:

PJC LP
1409 S Sunset
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Roselli Sekirica B. Date of Delivery 7-15

C. Signature X Roselli Sekirica Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
88203

2. Article Number (Copy from service label) 7006 2760 0001 6392 9943

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6392 9936

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$ 7.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage	11.85

Sent To Ramseyer Community Tr
Nancy Lanier Kobel Trustee
Street, Apt. or PO Box 2415 S Hillcrest
City, State Camp Verde, AZ 86322

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:

Ramseyer Community Tr
Nancy Lanier Kobel Trustee
2415 S Hillcrest
Camp Verde, AZ 86322

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Nancy Kobel B. Date of Delivery 7-15

C. Signature X Nancy Kobel Agent Addressee

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

2. Article Number (Copy from service label) 7006 2760 0001 6392 9936

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6392 9929

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance)

For delivery information visit our website at www.usps.com

Postage	\$ 6.00
Certified Fee	2.00
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	10.15

Sent to
 Ramseyer Liv Tr
 Bruce & Kay Ramseyer Trust
 11741 Colony Dr
 Santa Ana, CA 92705

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:

Ramseyer Liv Tr
 Bruce & Kay Ramseyer Trustee
 11741 Colony Dr
 Santa Ana, CA 92705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *B. Ramseyer* B. Date of Delivery *7-18-00*

C. Signature *Bruce Ramseyer* Agent Addressee

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 (Copy from service label)

7006 2760 0001 6392 9929

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6392 9912

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance)

For delivery information visit our website at www.usps.com

Postage	\$ 7.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	12.85

Sent to
 RL Zinn Et Al Ltd
 C/O Zinn Petroleum Co
 3400 Bissonnet St # 250
 Houston, TX 77005-2155

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:

RL Zinn Et Al Ltd
 C/O Zinn Petroleum Co
 3400 Bissonnet St # 250
 Houston, TX 77005-2155

C. Signature *Naomi Lincoln* Agent Addressee

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 (Copy from service label)

7006 2760 0001 6392 9912

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6392 9905

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance)

For delivery information visit our website at www.usps.com

Postage	\$ 7.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	12.85

Sent to
 Robert W Isham Est
 Eleanor Joy & R W Isham III
 PO Box 290
 Gordon, NE 69343

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 W Isham Est
 Eleanor Joy & R W Isham III Pers Rep
 PO Box 290
 Gordon, NE 69343

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Paul Schaefer* B. Date of Delivery *07-17-03*

C. Signature *Paul Schaefer* Agent Addressee

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 (Copy from service label)

7006 2760 0001 6392 9905

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

6696 2669 0001 6392 9899

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website

Postage	\$ 1.70
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Robert Walter Lundell
2450 Fondren # 304
Houston, TX 77063

PS Form 3800, August 2006

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 Walter Lundell
50 Fondren # 304
Houston, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X [Signature] Agent Addressee

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 (Copy from service label)

7006 2760 0001 6392 9899

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 0031

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website

Postage	\$ 2.70
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Rogers-Gibbard Tr
Susan Rogers Eveland
3630 River Oaks Ct
Tyler, TX 75707-1658

PS Form

- 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:

Rogers-Gibbard Tr
Susan Rogers Eveland Trustee
3630 River Oaks Ct
Tyler, TX 75707-1658

C. Signature
X [Signature] Agent Addressee

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 (Copy from service label)

7006 2760 0001 6393 0031

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6392 9806

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website

Postage	\$ 2.70
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: Rose Mascarenas Carter
PO Box 323
Flora Vista, NM 87415

PS Form

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:

Rose Mascarenas Carter
PO Box 323
Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Pauline Price 7-15-06

C. Signature
X [Signature] Agent Addressee

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 (Copy from service label)

7006 2760 0001 6392 9806

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance)

For delivery information visit our website at www.usps.com

7006 2760 0001 6392 9790

Postage \$.70
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)

Steven Kent Lust
 1314 6th Ave Sw
 Aberdeen, SD 57401

PS Form 3811, July 1999

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:

Steven Kent Lust
 1314 6th Ave Sw
 Aberdeen, SD 57401

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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 (Copy from service label) 7006 2760 0001 6392 9790

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance)

For delivery information visit our website at www.usps.com

7006 2760 0001 6392 9783

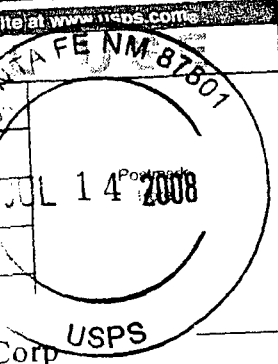
Postage \$.70
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)

Stricker Petroleum Corp
 Dover, DE 19901

PS Form 3800, August 2000

2. Article Number (Copy from service label)

Returned



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance)

For delivery information visit our website at www.usps.com

7006 2760 0001 6392 6775

Postage \$.70
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)

Tab Riley Smith
 PO Box 2267
 Bellaire, TX 77402

PS Form 3800, August 2000

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:

Tab Riley Smith
 PO Box 2267
 Bellaire, TX 77402

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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.

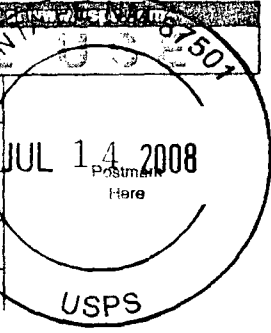
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7006 2760 0001 6392 6775

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61



Sent To: **Richard L Lopez**
 1400 N 24th St
 Grand Junction, CO 81501-5680

7006 2760 0001 6392 6904

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only, No Insurance Co

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 5.61

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 E Beamon III
 2603 Augusta Ste 1050
 Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from st **7006 2760 0001 6392 6867**)

7006 2760 0001 6392 6867

U.S. Postal Service
CERTIFIED MAIL™ RE
(Domestic Mail Only, No Insurance

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$ 5.61

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 W Umbach Cancer Foundation Inc
 Wells Fargo Bank Na Agent
 PO Box 5383
 Denver, CO 80217

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label) **4289 2689 7000 0922 9002**

7006 2760 0001 6392 6874

Sent To: **Robert W Umbach Cancer Foundation Inc**
 Wells Fargo Bank Na A
 PO Box 5383
 Denver, CO 80217

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only, No Insurance)

For delivery information visit our web site

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	5.61

Sent To
 Roger B Nielsen
 1200 Danbury Dr
 Mansfield, TX 76063

PS Form 3811, July 1999

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 B Nielsen
 1200 Danbury Dr
 Mansfield, TX 76063

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ROBERT NIELSEN B. Date of Delivery
 C. Signature [Signature] Agent Addressee
 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

2. Article Number (Copy from serv. label) 7006 2760 0001 6392 6881
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only, No Insurance)

For delivery information visit our web site

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To
 Rose M Lopez Atencio
 222 S Peach
 Fruita, CO 81521

PS Form 3811, July 1999

- 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:
 Rose M Lopez Atencio
 222 S Peach
 Fruita, CO 81521

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Rose Atencio B. Date of Delivery 7/16/08
 C. Signature [Signature] Agent Addressee
 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

2. Article Number (Copy from service label) 7006 2760 0001 6393 0000
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only, No Insurance)

For delivery information visit our web site

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To
 Sidney Moran
 18 Hudson Cir
 Houston, TX 77024-7254

PS Form 3811, July 1999

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:
 Sidney Moran
 18 Hudson Cir
 Houston, TX 77024-7254

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
 C. Signature [Signature] Agent Addressee
 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

2. Article Number (Copy from service label) 7006 2760 0001 6392 9998
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6392 6881

7006 2760 0001 6393 0000

7006 2760 0001 6392 9998

7006 2760 0001 6392 9981

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 2.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here: **SANTA FE NM 87501 JUL 14 2008**

To: Stevens Partners LP
 C/O Walter J Melendres Esq
 1069 Encantado Dr
 Santa Fe, NM 87501

PS Form 3800, August 2000

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:

Stevens Partners LP
 O Walter J Melendres Esq
 1069 Encantado Dr
 Santa Fe, NM 87501

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____
 Agent
 Addressee

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

7006 2760 0001 6392 9981

7006 2760 0001 6392 9974

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 2.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here: **SANTA FE NM 87501 JUL 14 2008**

Sent to: T Patrick Nacol
 611 Druid Rd E Ste 711
 Clearwater, FL 33756-3931

PS Form 3800, August 2000

7006 2760 0001 6392 9967

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 2.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here: **SANTA FE NM 87501 JUL 14 2008**

Sent to: Tim L Dale
 C/O T Patrick Nacol
 434 St Andrews Dr
 Belleair, FL 34616-1924

PS Form 3800, August 2000

Returned

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

0130 2760 6399 1000 0922

For delivery information, visit our website

Postage	\$ 1.97
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Tina M Carpenter
5211 Autumn Way
Mchenry, IL 60050

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:

Tina M Carpenter
5211 Autumn Way
Mchenry, IL 60050

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Tina M Carpenter* B. Date of Delivery *7-26-08*
- C. Signature *X Tina M Carpenter* Agent Addressee
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

*747 MALLARD
MARENGO IL 60152*

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

4. Restricted Delivery? (Extra Fee) Yes No
 2006 2760 0001 6393 0130

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

0210 6399 1000 0922 9002

For delivery information, visit our website

Postage	\$ 1.71
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	

Tony S Lopez
PO Box 371154
Denver, CO 80237

SENDER: COMPLETE THIS SECTION

- 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:

Tony S Lopez
Box 371154
Denver, CO 80237

- A. Received by (Please Print Clearly) *X Lopez* B. Date of Delivery Agent Addressee
- 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 No
 2006 2760 0001 6393 0123

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

0110 6399 1000 0922 9002

For delivery information, visit our website

Postage	\$ 1.71
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	

Va Johnston Fam Tr
Da Prewitt & Ma Chesser Co
Trustees
PO Box 825
Ralls, TX 79357-0825

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:

Va Johnston Fam Tr
Da Prewitt & Ma Chesser Co
Trustees
PO Box 825
Ralls, TX 79357-0825

- A. Received by (Please Print Clearly) *David P. Prewitt* B. Date of Delivery *7-17-08*
- C. Signature *X David P. Prewitt* Agent Addressee
- 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 No
 2006 2760 0001 6393 0116

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 0079

U.S. Postal Service
CERTIFIED MAIL, REG
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$ 7.76
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Sent To
Walter R Gould
PO Box 903
Espanola, NM 875

Street, Apt. or PO Box
City, State

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:

Walter R Gould
PO Box 903
Espanola, NM 87532-0903

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) WALTER R GOULD	B. Date of Deliver
C. Signature <i>Walter R Gould</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> 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 (Copy from service label) 7006 2760 0001 6393 0079

7006 2760 0001 6393 0062

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only, No Insu)

For delivery information visit our

Postage	\$
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

To
William Poleson
620 Penrose Blvd
Colorado Springs

San
Street or P
City

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:

William Poleson
620 Penrose Blvd
Colorado Springs, CO 80906

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) W. Poleson	B. Date of Deliver 7-17-0
C. Signature <i>W. Poleson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> 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:

Energen Resources Corp
605 Richard Arrington Jr Blvd N
Birmingham, AL 35203-2707

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> 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 (Copy from service label) 7006 2760 0001 6393 0055

7006 2760 0001 6393 0055

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only, No Insu)

For delivery information visit our

Postage	\$
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

To
Energen Resource
605 Richard Arr
Birmingham, AL

San
Street or P
City

7006 2760 0001 6393 0048

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insurance)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.70
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.11
Restricted Delivery Fee (Endorsement Required)	
Total P	6.51

Sent To: Jasmine Moran Children's Museum Foundation
PO Box 1828
Seminole, OK 748

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:
Jasmine Moran Children's Museum Foundation Inc
PO Box 1828
Seminole, OK 74818-1828

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Jasmine Moran* B. Date of Delivery

C. Signature *Jasmine Moran* Agent Addressee

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

7006 2760 0001 6393 0048

7006 2760 0001 6393 0437

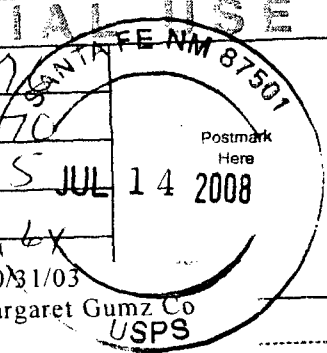
U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.70
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	5.16
Total Postage & Fees	10.71

Gumz Fam Tr Dtd 10/31/03
Henry F Gumz & Margaret Gumz Co
Trustees
674 Via Mendoza Unit D
Laguna Woods, CA 92637



1. Article Addressed to:
Gifford H. Nigh & Margaret Nigh
202 FM 2578 Rm 45
Terrell, TX 75160

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Kim Doyal* B. Date of Delivery *7-15*

C. Signature *Kim Doyal* Agent Addressee

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

7006 2760 0001 6393 0444

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 3.90
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Tommy Mascarenas
PO Box 616
Jamul, CA 91935-0616

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:

Tommy Mascarenas
PO Box 616
Jamul, CA 91935-0616

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Theresa Chamer 7/17/00

C. Signature Agent Addressee

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

2. Article Number (Copy from service label) 7006 2760 0001 6393 0451

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only; No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 2.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Trini Lopez Montoya
5691 W 35th Ave Apt 1-A
Denver, CO 80212

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:

Trini Lopez Montoya
5691 W 35th Ave Apt 1-A
Denver, CO 80212

A. Received by (Please Print Clearly) B. Date of Delivery

X Trini Lopez Montoya JUL 16 2000

C. Signature Agent Addressee

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

2. Article Number (Copy from service label) 7006 2760 0001 6392 6911

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only; No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ 2.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Viola Mascarenas Lucero
PO Box 841
Bloomfield, NM 87413

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:

Viola Mascarenas Lucero
PO Box 841
Bloomfield, NM 87413

A. Received by (Please Print Clearly) B. Date of Delivery

Viola Mascarenas Lucero 7-17-00

C. Signature Agent Addressee

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

2. Article Number (Copy from service label) 7006 2760 0001 6392 6928

7540 6669 1000 0922 9002

1169 2669 1000 0922 7002

9269 2669 1000 0922 9002

7006 2760 0001 6392 6935

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

William C Briggs
Reynolds Hix & Co Poa & Agen
6729 Academy Rd Ste D
Albuquerque, NM 87109

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:

William C Briggs
Reynolds Hix & Co Poa & Agent
6729 Academy Rd Ste D
Albuquerque, NM 87109

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Cheryl Good 7/1

C. Signature
Cheryl Good Agent Addressee

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

7006 2760 0001 6392 6935

7006 2760 0001 6392 6942

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

WWR Enterprises Inc
C/O Petroleum Asset Mgmt Llc
PO Box 745
Hobbs, NM 88241

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:

WWR Enterprises Inc
C/O Petroleum Asset Mgmt Llc
PO Box 745
Hobbs, NM 88241

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Darryl Scott 7/1

C. Signature
D Scott Agent Addressee

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

7006 2760 0001 6392 6942

7006 2760 0001 6392 6959

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.92
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.67

Kleimor Energy LIC
8451 E Oregon Pl
Denver, CO 80231

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:

Kleimor Energy LIC
8451 E Oregon Pl
Denver, CO 80231

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery
7/1

C. Signature
Dankle Agent Addressee

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

7006 2760 0001 6392 6959

7006 2760 0001 6393 0376

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.61

CEEFAM LLC
C/O Little Oil & Gas Inc
PO Box 1258
Farmington, NM 87499

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:

CEEFAM LLC
C/O Little Oil & Gas Inc
PO Box 1258
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cheri Whitey B. Date of Delivery 7/16/06

C. Signature Cheri Whitey Agent Addressee

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

7006 2760 0001 6393 0383

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Claude I Hobson Rev Liv Tr
Claude I Hobson Trustee
1608 Washington Street
Bellevue, NE 68005

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:

Claude I Hobson Rev Liv Tr
Claude I Hobson Trustee
1608 Washington Street
Bellevue, NE 68005

7006 2760 0001 6393 0376

A. Received by (Please Print Clearly) C.I. Hobson B. Date of Delivery 7/16/06

C. Signature C.I. Hobson Agent Addressee

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

2. Article Number (Copy from ser) 7006 2760 0001 6393 0383

7006 2760 0001 6393 0406

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Isabel Gonzales TR
Bank of Oklahoma NA Agent
Acct 50594-9
P.O. Box 1588
Tulsa, OK 74101

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:

Isabel Gonzales TR
Bank of Oklahoma NA Agent
Acct 50594-9
P.O. Box 1588
Tulsa, OK 74101

7006 2760 0001 6393 0406

A. Received by (Please Print Clearly) Isabel Gonzales B. Date of Delivery 7/16/06

C. Signature Isabel Gonzales Agent Addressee

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

2. Article Number (Copy from service label) 7006 2760 0001 6393 0406

7006 2760 0001 6393 0413

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	5.61



Robert Mascarenas
Rd 3581 #13
Flora Vista, NM 87415-9603

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 Mascarenas
Rd 3581 #13
Flora Vista, NM 87415-9603

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Robert Mascarenas 7/15

C. Signature
Robert Mascarenas Agent Address

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.

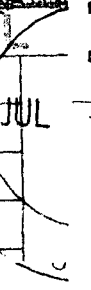
4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6393 0413

7006 2760 0001 6393 0420

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	5.61



Robert E. Oade
9665 Southern Belle Dr.
Brookville, FL 34613-4280

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 E. Oade
9665 Southern Belle Dr.
Brookville, FL 34613-4280

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
R. E. Oade

C. Signature
R. E. Oade Agent Address

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

7006 2760 0001 6393 0420

Ms. Victoria Webb
806 Cordova
Dallas, TX 75223

USPS
JUL 15 2008
2.70
2.15
5.61

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

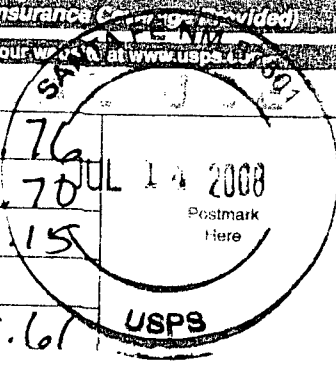
7006 2760 0001 6393 0420

Returned

7006 2760 0001 6393 0635

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61



Sent To: XTO Energy, Inc.
 Street or PO Box: Attn: Edwin S. Ryan, Jr.
 City, State: 810 Houston St., Ste 2000
 Fort Worth, TX 76102-6298

7006 2760 0001 6393 0642

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11

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:

Freda O Axtell Rev Tr
 PO Box 801
 Durango, CO 81302

Sent To: Freda O Axtell Rev Tr
 Street or PO Box: PO Box 801
 City, State: Durango, CO 81302

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature: *Freda O Axtell*
 Agent
 Addressee

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

7006 2760 0001 6393 0659

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

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:

Elesida Enriquez
 1115 4th Ave
 Durango, CO 81301

Sent To: Elesida Enriquez
 Street or PO Box: 1115 4th Ave
 City, State: Durango, CO 81301

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Elesida Enriquez

C. Signature: *Elesida Enriquez*
 Agent
 Addressee

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 (Copy from service label)

7006 2760 0001 6393 0659

7006 2760 0001 6393 0673

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website www.usps.com

OFFICIAL USE

Postage	\$.74
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees: \$5.59

Sent To: Florence Vallejos
 PO Box 702
 Ignacio, CO 81137

PS Form 3800, August 2005 See Reverse for Instructions

7006 2760 0001 6393 0680

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees: \$5.61

Sent To: Lee A. Lopez
 PO Box 621660
 Las Vegas, NV 89160

PS Form 3811, July 1999

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:
 Lee A. Lopez
 PO Box 621660
 Las Vegas, NV 89162-1660

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) PATRICIA MARTINEZ B. Date of Delivery 7/21

C. Signature [Signature]

Agent Addressee

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 No

7006 2760 0001 6393 0680

Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6393 0697

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website www.usps.com

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees: \$5.61

Sent To: George Umbach
 PO Box 1588
 Tulsa, OK 74101

PS Form 3811, July 1999

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 Umbach
 PO Box 1588
 Tulsa, OK 74101

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 7/21

C. Signature [Signature]

Agent Addressee

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 No

7006 2760 0001 6393 0697

Domestic Return Receipt 102595-00-M-0952

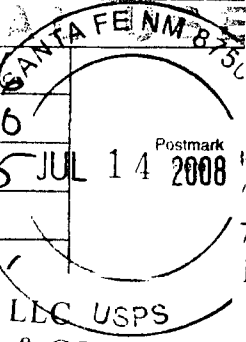
9550 2760 0001 6392 0598

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIALS

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Post	\$ 5.11



Sent To
JRB Investments LLC USPS
c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

PS Form 3800, August 2006

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:

RB Investments LLC
c/o Reynolds Hix & CO PA
729 Academy Road NE Ste D
Albuquerque, NM 872109

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Henry Good
x Henry Good

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

7006 2760 0001 6392

Domestic Return Receipt

10259

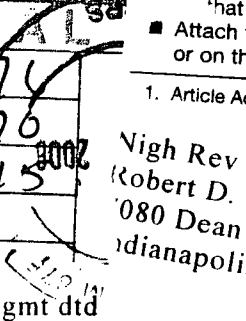
7006 2760 0001 6392 0025

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIALS

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Post	\$ 5.11



Sent To
Nigh Rev Tr Agmt dtd
Robert D. Nigh Trustee
7080 Dean Road
Indianapolis, IN 46220

PS Form 3800, August 2006

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:

Nigh Rev Tr Agmt dtd 8/3/89
Robert D. Nigh Trustee
7080 Dean Road
Indianapolis, IN 46220

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x Denise Nigh

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

7006 2760 0001 6392 0025

Domestic Return Receipt

102595-00-M-0952

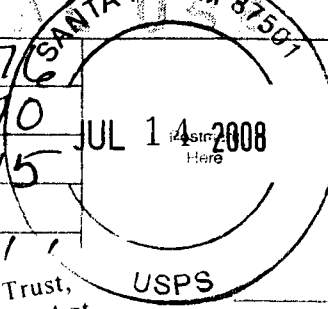
7006 2760 0001 6392 2517

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIALS

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11



Sent To
Patricia P. Schieffer Trust,
Bank Of America, N.A. Agt
Attn: Jeff Anderson
P.O. Box 2546
Fort Worth, Tx 76113-2546

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6392 2524

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To: Schultz Management, Ltd.
500 N. Akard, Suite 2940
Dallas, TX 75201

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:
Schultz Management, Ltd.
500 N. Akard, Suite 2940
Dallas, TX 75201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature: *[Signature]* Agent Addressee

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 No

7006 2760 0001 6392 2524

2. Article Number (Copy from service label)

7006 2760 0001 6392 6799

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To: Henrietta E. Schultz, Trustee
500 North Akard, Suite 2940
Dallas, TX 75201

- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Henrietta E. Schultz, Trustee
500 North Akard, Suite 2940
Dallas, TX 75201

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 No

7006 2760 0001 6392 6799

2. Article Number (Copy from service label)

7006 2760 0001 6392 6577

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent To: RHB Investments LLC
c/o Reynolds Hix & CO PA
6729 Academy Road NE S
Albuquerque, NM 872109

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:
RHB investments LLC
c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Cheryl Good* B. Date of Delivery *7/15/99*

C. Signature: *[Signature]* Agent Addressee

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 No

7006 2760 0001 6392 6577

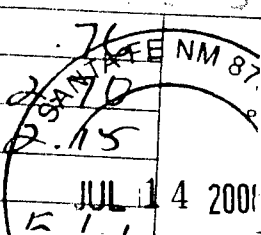
2. Article Number (Copy from service label)

7006 2760 0001 6392 6676

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.15
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.01



To: WCB Investments
c/o Reynolds Hix & CO PA
6729 Academy Road NE Ste D
Albuquerque, NM 872109

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:
WCB Investments
c/o Reynolds Hix & CO PA
729 Academy Road NE Ste D
Albuquerque, NM 872109

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Angela Good B. Date 7-11-01

C. Signature Angela Good

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

7006 2760 0001 6392 6676

7006 2760 0001 6392 6669

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

To: Grayfore Partners LP
PO Box 98670
Lubbock, TX 79499-8670

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:
Grayfore Partners LP
PO Box 98670
Lubbock, TX 79499-8670

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 7-17-01

C. Signature Delbert Coon Agent Addressee

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

7006 2760 0001 6392 6669

7006 2760 0001 6392 6652

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website at www.usps.com

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.01
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.47

To: VA Johnston Ltd
PO Box 825
Ralls, TX 79357

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:
VA Johnston Ltd
PO Box 825
Ralls, TX 79357

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) David H. Frewitt B. Date of Delivery 7-17-08

C. Signature David H. Frewitt Agent Addressee

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

7006 2760 0001 6392 6652

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: **BP America Production Co.**
 Attn: John Larson, W1
 501 Westlake Boulevard
 Houston, TX 77079-3092

PS Form 3811, August 2000

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:

BP America Production Co.
 Attn: John Larson, W11 Rm 19.158
 501 Westlake Boulevard
 Houston, TX 77079-3092

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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

7006 2760 0001 6392 6645

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

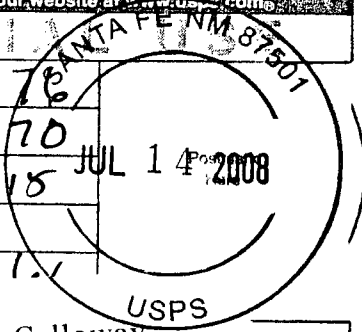
For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11

Sent To: **Ms. Elizabeth T. Calloway**
 P.O. Box 191767
 Dallas, TX 75219-1767

PS Form 3811, August 2000



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 Glenn Turner Jr LLC
 3838 Oak Lawn Suite 1450
 Dallas, TX 75219

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Amber Wey 7-19-08

C. Signature Agent
 Addressee

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

7006 2760 0001 6392 6539

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6392 6614

U.S. Postal Service
CERTIFIED MAIL™ RE

(Domestic Mail Only; No Insurance)

For delivery information, visit our website

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	5.11

Mary Frances Turner, Jr Trust
Attn: Barry L. Dominick
Tx1-2931
P O Box 660197
Dallas, TX 75266-0197

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 Frances Turner, Jr Trust
Attn: Barry L. Dominick
Tx1-2931
P O Box 660197
Dallas, TX 75266-0197

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X Kwame Dankum Agent Addressee

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

7006 2760 0001 6392 6614

6400 2760 0001 6392 0044

U.S. Postal Service
CERTIFIED MAIL™ RE

(Domestic Mail Only; No Insurance)

For delivery information, visit our website

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	5.11

Patricia P. Schieffer Trust, B.
N.A. Agt
Attn: Jeff Anderson
P.O. Box 2546
Fort Worth, TX 76113

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 Trust, Bank of America
N.A. Agt
Attn: Jeff Anderson
P.O. Box 2546
Fort Worth, TX 76113

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

C. Signature
X Jeff Anderson Agent Addressee

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

6400 26E9 1000 0922 9002

U.S. Postal Service
CERTIFIED MAIL™ RE

(Domestic Mail Only; No Insurance)

For delivery information, visit our website

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total	5.11

Schultz Management,
500 N. Akard, Suite 2
Dallas, TX 75201

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:
Schultz Management, Ltd.
500 N. Akard, Suite 2940
Dallas, TX 75201

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X Jeff Anderson Agent Addressee

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

7006 2760 0001 6392 6683

7006 2760 0001 6392 2531

U.S. Postal Service
CERTIFIED MAIL, REG
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$.76
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.61

Sent to
Street or P.O. Box
City, State
PS

Fred E. Turner, Llc
4925 Greenville A
Dallas, TX 75206-4079

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:

Fred E. Turner, Llc
4925 Greenville Ave., Suite 852
Dallas, TX 75206-4079

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent
 Addressee

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

7006 2760 0001 6392 2531

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6392 2548

U.S. Postal Service
CERTIFIED MAIL, REG
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$.76
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.61

Sent to
Street or P.O. Box
City, State
PS

XTO Energy, Inc.
Attn: Edwin S. Ryan, Jr.
810 Houston Street, Ste 20
Fort Worth, TX 76102-629

- 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:

XTO Energy, Inc.
Attn: Edwin S. Ryan, Jr.
810 Houston Street, Ste 2000
Fort Worth, TX 76102-6298

2. Article Number (Copy from service label)

JUL 10 2000
Signature
 Agent
 Addressee

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

7006 2760 0001 6392 2548

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 0390

U.S. Postal Service
CERTIFIED MAIL, REG
(Domestic Mail Only, No Insurance)

For delivery information visit our website

Postage	\$.76
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.61

Sent to
Street, A.P.O. Box
City, State

Mr. John Turner
Pmb 285
317 Sidney Baker South
Kerrville, TX 78028

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:

Mr. John Turner
Pmb 285
317 Sidney Baker South #400
Kerrville, TX 78028

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent
 Addressee

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

7006 2760 0001 6393 0390

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

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:

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent to:
Forest Oil Corporation
Attn: Ken Mcphee
707 17th Street
Denver, Co 80202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *J MANISCALDO* Agent Addressee

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 No

2. Article Number (Copy from service label)

7006 2760 0001 6392 6751

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at www.usps.com

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OFFICIAL USE

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

JUL 14 2008
Postmark Here

USPS

Sent to:
Victoria Webb
806 Cordova
Dallas, TX 75223

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:

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.61

Sent to:
Sacramento Municipal Utilities District
Attn: Thomas Ingwers
P. O. Box 15830
Sacramento, CA 95852-1180

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Thomas Ingwers* Agent Addressee

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 No

2. Article Number (Copy from service label)

7006 2760 0001 6392 6812

7006 2760 0001 6393 0796

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website at www.usps.com

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.61

Sent to: Minerals Management
 P.O. Box 5810
 Denver, CO 80217-58

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:
 Minerals Management Service
 P.O. Box 5810
 Denver, CO 80217-5810

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery: _____

C. Signature: _____
 Agent
 Addressee

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

9620 E6E9 T000 0922 9002

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6392 6829

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website at www.usps.com

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.61

Sent to: New Mexico State Royalty
 310 Old Santa Fe Trail
 Santa Fe, NM 87501

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:
 New Mexico State Royalty
 310 Old Santa Fe Trail
 Santa Fe, NM 87501

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery: 7-15-08

C. Signature: _____
 Agent
 Addressee

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

7006 2760 0001 6392 6829

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6392 6850

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

For delivery information, visit our website at www.usps.com

OFFICIAL

Postage	\$.76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.61

Sent to: Bureau of Land Management
 Farmington Field Office
 1235 La Plata Highway S
 Farmington, NM 87401

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:
 Bureau of Land Management
 Farmington Field Office
 1235 La Plata Highway Suite A
 Farmington, NM 87401

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery: _____

C. Signature: _____
 Agent
 Addressee

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

7006 2760 0001 6392 6850

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7006 2760 0001 6392 6782

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ 0.76
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)

Total 3.61

Sent To: **New Mexico State Land Office**
 PO Box 1148
 Santa Fe, NM 87504-1

Street or PO Box
 City, State

PS Form 3800, August 2006

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:

New Mexico State Land Office
PO Box 1148
Santa Fe, NM 87504-1148

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6392 6782

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

Henrietta Schultz, Trustee
500 North Akard, Suite 2940
Dallas, TX 75201

2. Article Number (Copy from service label)

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$.76
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)

Sent To: **Henrietta Schultz, Trustee**
 500 North Akard, Suite 2940
 Dallas, TX 75201

Street or PO Box
 City, State

PS Form 3800, August 2006

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6393 0574

7006 2760 0001 6393 0574

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$.76
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.61

Sent To: **ConocoPhillips Company**
 Attn: Chief Landman
 San Juan/Rockies
 P. O. Box 4289
 Farmington, NM

Street or PO Box
 City, State

PS Form 3800, August 2006

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:

ConocoPhillips Company
Attn: Chief Landman,
San Juan/Rockies
P. O. Box 4289
Farmington, NM 87499-4289

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 7-16-01

C. Signature [Signature] Agent Addressee

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

7006 2760 0001 6392 6768

7006 2760 0001 6392 6768