

ABOVE THIS LINE FOR DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
 - Engineering Bureau -  
 1220 South St. Francis Drive, Santa Fe, NM 87505



**ADMINISTRATIVE APPLICATION CHECKLIST**

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

**Application Acronyms:**

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

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication  
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement  
☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify \_\_\_\_\_

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or ☐ Does Not Apply

- [A] ☐ Working, Royalty or Overriding Royalty Interest Owners  
 [B] ☐ Offset Operators, Leaseholders or Surface Owner  
 [C] ☐ Application is One Which Requires Published Legal Notice  
 [D] ☐ Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office  
 [E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,  
 [F] ☐ Waivers are Attached

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

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

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

Print or Type Name

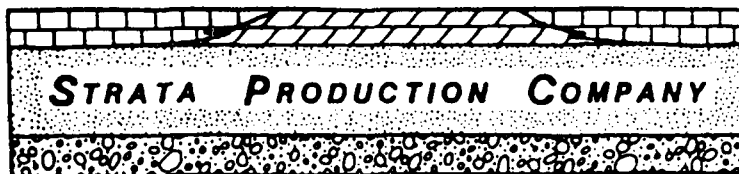
Signature

Title

Date

e-mail Address

POST OFFICE DRAWER 1030  
ROSWELL, NM 88202-1030



200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 700  
ROSWELL, NEW MEXICO 88203

TELEPHONE (505) 622-1127  
FACSIMILE (505) 623-3533

May 18, 2005

RECEIVED

MAY 23 2005

OIL CONSERVATION  
DIVISION

N.M. Oil Conservation Division  
Attn: Mr. David Catanach, Examiner  
Engineering Bureau  
1220 South St. Francis Drive  
Santa Fe, NM 87505

RE: Application for Surface Commingling  
Forty Niner Ridge Unit Well Nos 4 & 6  
Section 21: NE/4SE/4 (#4)  
Section 22: SW/4SE/4 (#6)  
Eddy County, NM

Dear Mr. Catanach,

Strata Production Company (Strata) is the Sub-Operator of the Delaware formation within the Forty Niner Ridge Unit (FNRU). Strata drilled two new wells within the FNRU as referenced above. (See attached correspondence 4/7/05).

To avoid additional surface disturbance and expanded impact from oil transport traffic by constructing separate tank batteries on each well, Strata is applying to the Oil Conservation Division (OCD) to lay low pressure surface flowlines from the Forty Niner Ridge Well #4 (FNR #4) and Forty Niner Ridge Well #6 (FNR #6) to the Forty Niner Ridge Unit Well #2 (FNRU #2).

For your review and approval please find enclosed the following:

- Schematic Diagram of Facility, including legal location
- Application For Surface Commingling (Diverse Ownership)
- Plat with lease boundaries showing all well and facility locations
- Lease names, well numbers & API numbers
- Copy of Affidavit of Publication
- Copy of letter from State of NM - Commissioner of Public Lands
- Copies of Certified mail return receipts from interest owners

Please note, that when the lease commingling request was first discussed with the OCD, Strata advised that there was a diversity in working interest between the FNRU #2 and the FNR #4 wells. The difference in working interest was due to the non-consent position by one of the working interest owners in the FNRU #2 well. Strata is in the process of beginning workover operations under the FNRU #2 well and the party that elected to go non-consent in the first operation, has elected to participate in Strata's proposed workover. Therefore, there is no longer a diversity in interest between the two wells.

If you have any questions or need further information please contact me at Extension 15.

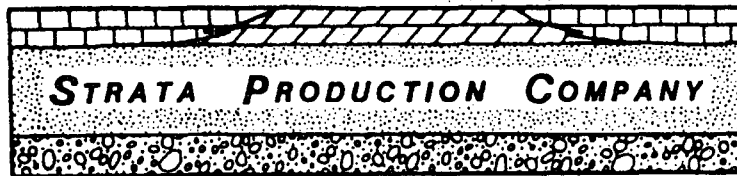
Sincerely,

Kelly M. Britt  
Production Records

Enc. Stated

xc: BLM - Les Babyak

POST OFFICE DRAWER 1030  
ROSWELL, NM 88202-1030



TELEPHONE (505) 622-1127  
FACSIMILE (505) 623-3533

200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 700  
ROSWELL, NEW MEXICO 88203

TO: ALL INTERESTED PARTIES

FROM: STRATA PRODUCTION COMPANY

RE: APPLICATION FOR SURFACE COMMINGLING  
(DIVERSE OWNERSHIP)  
FORTY NINER RIDGE WELLS #4 & #6  
T23S, R30E, Section 21: NE/4SE/4 (#4)  
Section 22: SW/4SE/4 (#6)

DATE: APRIL 7, 2005

Strata Production Company ("Strata") is the Sub-Operator of the Delaware formation within the Forty Niner Ridge Unit ("FNRU"). Strata drilled two new wells within the FNRU as referenced above and believes they will be determined to be commercial wells capable of producing unitized substances.

To avoid additional surface disturbance and expanded impact from oil transport traffic by constructing separate tank batteries on each well, Strata is applying to the Oil Conservation Division (OCD) to lay low pressure surface flowlines from the Forty Niner Ridge Well #4 (FNR #4) and Forty Niner Ridge Well #6 (FNR #6) to the Forty Niner Ridge Unit Well #2 (FNRU #2).

Since there is a small diversity in ownership in some cases, Strata has requested approval from the OCD to allow Strata to bring the production from the new wells to the FNRU #2. Since the on-site battery on the FNRU #2 is capable of allocating production from each well separately, we have advised the OCD that the correlative rights of all parties will be protected. In addition, if the wells are determined to be commercial by the Bureau of Land Management and the State of New Mexico, Strata will be required to expand the Delaware Participating Area within the FNRU and all revenues for oil and gas production under FNR #4 and #6 will be paid under the Participating Area, so separate tank batteries will not be necessary.

As an interest owner in the well or wells, we are providing you with notice of the proposed commingling of the production from the wells. The Application itself is enclosed for your further information. If you have any questions, please contact the undersigned at Extension 15.

Sincerely

Kelly Britt  
Production Manager

Enc. Stated

District I  
1625 N. French Drive, Hobbs, NM 88240  
District II  
1301 W. Grand Ave, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St Francis Dr, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised June 10, 2003

**OIL CONSERVATION DIVISION**  
1220 S. St Francis Drive  
Santa Fe, New Mexico 87505

Submit the original  
application to the Santa Fe  
office with one copy to the  
appropriate District Office.

**APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)**

OPERATOR NAME: Strata Production Company  
OPERATOR ADDRESS: P. O. Box 1030, Roswell, New Mexico 88202-1030  
APPLICATION TYPE:

☒ Pool Commingling ☐ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☐ Fee ☒ State ☒ Federal

Is this an Amendment to existing Order? Yes ☒ No ☐ If "Yes", please include the appropriate Order No. \_\_\_\_\_  
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling  
X Yes ☒ No ☐

**(A) POOL COMMINGLING**  
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

- (2) Are any wells producing at top allowances? Yes ☐ No ☐  
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes ☐ No ☐  
(4) Measurement type: ☐ Metering ☐ Other (Specify) \_\_\_\_\_  
(5) Will commingling decrease the value of production? Yes ☐ No ☐ If "yes", describe why commingling should be approved \_\_\_\_\_

**(B) LEASE COMMINGLING**  
Please attach sheets with the following information

- (1) Pool Name and Code. Forty Niner Ridge Delaware #24750  
(2) Is all production from same source of supply? X Yes ☒ No ☐  
(3) Has all interest owners been notified by certified mail of the proposed commingling? X Yes ☒ No ☐  
(4) Measurement type: ☐ Metering ☒ Other (Specify) Test

**(C) POOL and LEASE COMMINGLING**  
Please attach sheets with the following information

- (1) Complete Sections A and E.

**(D) OFF-LEASE STORAGE and MEASUREMENT**  
Please attached sheets with the following information

- (1) Is all production from same source of supply? Yes ☐ No ☐  
(2) Include proof of notice to all interest owners.

**(E) ADDITIONAL INFORMATION (for all application types)**  
Please attach sheets with the following information

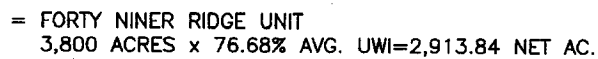
- (1) A schematic diagram of facility, including legal location.  
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.  
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Kelly M. Britt TITLE: Production Records DATE: April 1, 2005

TYPE OR PRINT NAME Kelly M. Britt TELEPHONE NO.: 505-622-1127 ext. 15

E-MAIL ADDRESS: kellymarieb@yahoo.com



JO McINERNEY  
LANDMAN - (505)-622-1127 EXT. 13

**April 15, 2005**

State of New Mexico,  
County of Eddy, ss.

## LEGAL NOTICE

**Dawn Higgins**, being first duly sworn, on oath says:

That she is **Business Manager** of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

# APPLICATION FOR LEASE COMMINGLING

Strata Production Company, P.O. Box 1030, Roswell, New Mexico 88202-1030, (Contact: Bruce Stubbs, 505-624-2800), has filed Application with the Oil Conservation Division, Energy, Minerals and Natural Resources Department, State of New Mexico, for Administrative Approval and authority to lease commingle the Forty Niner Ridge Unit #4 located 2080' FSL & 840' FEL of Section 21, Township 23S, Range 30 East, NMPM, Eddy County, New Mexico; Forty Niner Ridge Unit #6 located 990' FSL & 2050' FEL of Section 22, Township 23 South, Range 30 East, NMPM, Eddy County, New Mexico; and the Forty Niner Ridge Unit #2 located 1980' FNL & 1980' FEL of Section 21, Township 23 South, Range 30 East, NMPM, Eddy County, New Mexico..

April 15 2005

2005

2005

2005

That the cost of publication is \$44.35

and that payment thereof has been made and will be assessed as court costs.

Dawn Higgins

Subscribed and sworn to before me this

18 day of April, 2005  
Stephanie Dison

My commission expires 12-13-05

**Notary Public**

The purpose of the lease commingling is to transport oil produced from the Forty Niner Ridge Unit #4 and the Forty Niner Ridge Unit #6 to the Forty Niner Ridge Unit #2 Battery.

Oil to be transferred will be allocated by utilizing on site testing equipment consistent with customary industry practice.

Any interest party may file an objection to the Application or may request a public hearing. Any objection or request for hearing must be filed with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505 within 15 days from the date of publication.

**Strata Production  
Company**

By: **Bruce Stubbs**  
P.O. Box 1030  
Roswell, New Mexico  
88202-1030  
Telephone  
505-624-2800



APR 21 2005

PATRICK H. LYONS  
COMMISSIONER

*State of New Mexico*  
*Commissioner of Public Lands*

310 OLD SANTA FE TRAIL  
P.O. BOX 1148  
SANTA FE, NEW MEXICO 87504-1148

COMMISSIONER'S OFFICE

Phone (505) 827-5760  
Fax (505) 827-5766  
www.nmstatelands.org

April 18, 2005

Strata Production Company  
P. O. Box 1030  
Roswell, New Mexico 88202-1030

Attn: Ms. Kelly Britt

Re: Application for Surface Commingling  
Forty Niner Ridge Unit Well Nos. 4 and 6  
Sec. 21-23S-30E NE/4SE/4 (#4)  
Sec. 22-23S-30E SW/4SE/4 (#6)  
Eddy County, New Mexico

Dear Ms. Britt:

Your letter of April 7, 2005 was received on April 11, 2005. Your letter requests our approval to lease commingle the Forty Niner Ridge Unit Well Nos. 4 and 6 at the Forty Niner Ridge Unit Well No. 2 tank battery.

It is our understanding that the Forty Niner Ridge Unit Well No. 2 tank battery is located in the SW/4NE/4 of Section 21-23S-30E. The oil transferred will be accurately allocated by utilizing on site testing equipment consistent with customary industry practice.


Since it appears that all the New Mexico Oil Conservation Division's rules and regulations have been complied with, and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request is hereby approved. Our approval is subject to like approval by the New Mexico Oil Conservation Division and the Bureau of Land Management.

Please submit a \$30.00 dollar filing.

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

Very truly yours,

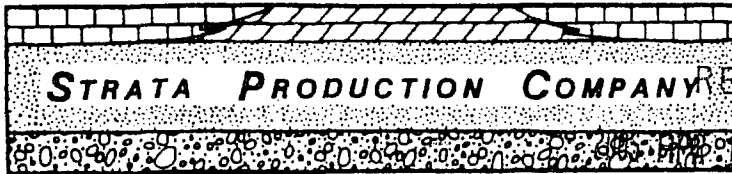
PATRICK H. LYONS  
COMMISSIONER OF PUBLIC LANDS

BY:   
JAMI BAILEY, Director  
Oil, Gas and Minerals Division  
(505) 827-5744  
PL/JB/pm

pc: Reader File,  
OCD-Attention: Mr. Roy Johnson  
BLM-Attention: Mr. Armando Lopez

**-State Land Office Beneficiaries -**

Carrie Tingley Hospital • Charitable Penal & Reform • Common Schools • Eastern NM University • Rio Grande Improvement • Miners' Hospital of NM • NM Boys School • NM Highlands University • NM Institute of Mining & Technology • New Mexico Military Institute • NM School for the Deaf • NM School for the Visually Handicapped • NM State Hospital • New Mexico State University • Northern NM Community College • Penitentiary of New Mexico • Public Buildings at Capital • State Park Commission • University of New Mexico • UNM Saline Lands • Water Reservoirs • Western New Mexico University



200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 200  
ROSWELL, NEW MEXICO 88203

RECEIVED  
APR 7 56  
STATE LAND OFFICE  
SANTE FE, N.M.

TO: ALL INTERESTED PARTIES

FROM: STRATA PRODUCTION COMPANY

RE: APPLICATION FOR SURFACE COMMINGLING  
(DIVERSE OWNERSHIP)  
FORTY NINER RIDGE WELLS #4 & #6  
T23S, R30E, Section 21: NE/4SE/4 (#4)  
Section 22: SW/4SE/4 (#6)

DATE: APRIL 7, 2005

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As an interest owner in the well or wells, we are providing you with notice of the proposed commingling of the production from the wells. The Application itself is enclosed for your further information. If you have any questions, please contact the undersigned at Extension 15.

Sincerely

Kelly Britt  
Production Manager

Enc. Stated

APPROVED ON APR 18 2005  
COMMISSIONER of PUBLIC LANDS



**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:

MARIANNE KESSELL-BARLOW  
27 TENNIS COURT NW  
ALBUQUERQUE, NM 87120

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature Marianne Kessell-Barlow ☐ Agent ☐ Addressee
- B. Received by (Printed Name) MARIANNE KESSELL-BARLOW C. Date of Delivery 05/03/04
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

- 3a 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 (Transfer from service label) 7004 1350 0002 0737 4304 Domestic Return Receipt 102595-02-M

PS Form 3811, February 2004

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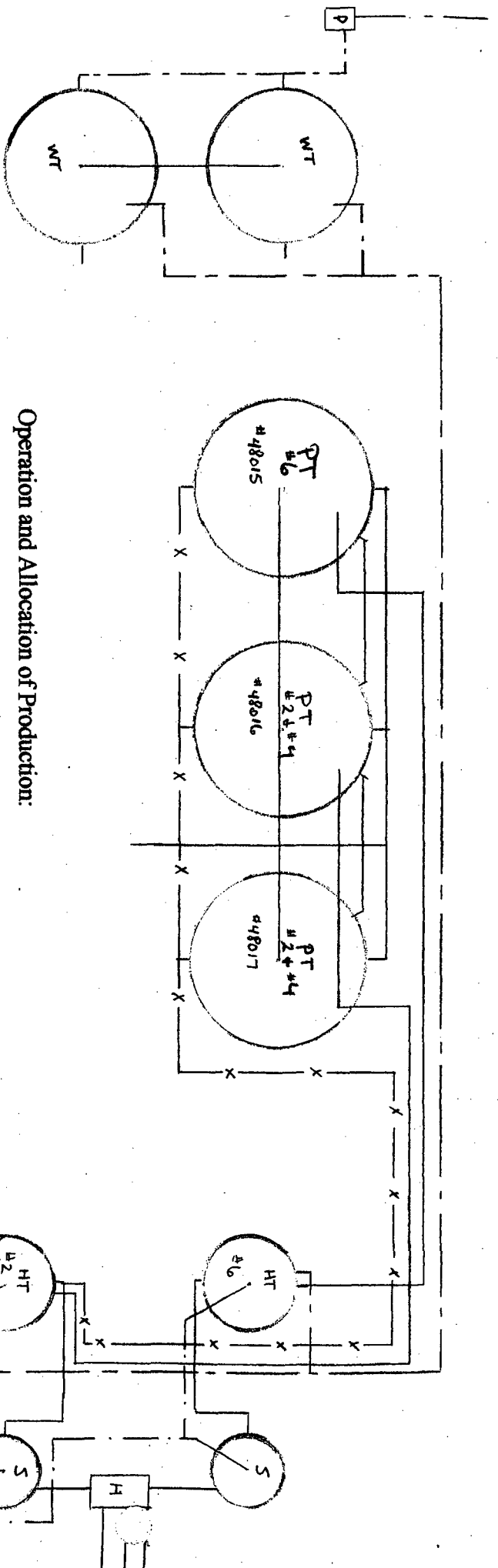
**OFFICIAL USE**

Postage	\$ <u>.60</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.65</u>



MARIANNE KESSELL-BARLOW  
27 TENNIS COURT NW  
ALBUQUERQUE, NM 87120

7004 1350 0002 0737 4304



### Operation and Allocation of Production:

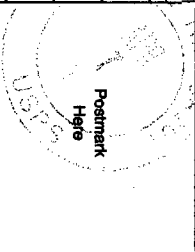
Production from the FNRU Wells #2, #4, and #6 are connected by separate flow lines to the central header (shown as "H"). The #2 and #4 wells are isolated and directed to a separate heater treater (shown as HT #2 and #4). The #6 well is isolated and directed to a separate heater treater (shown as HT #6). Oil production for the #2 and #4 wells is sent to production tanks #48016 and #48017 (see PT #2 and #4). Oil production for the #6 well is sent to production tank #48015 (see PT #6). Water production is separately metered at each HT and is then directed to the water tanks (WT) for transfer to the FNRU #1-SWD well. Gas production is allocated through a separate gas meter before being sent through the gas sales meter.

FNRU Niner Ridge Unit #2, 4, 6

Oil Line  
Water Line  
Gas Line  
Circulating Line

Sent to  
M. M. State Land Office  
Street, Apt. No.  
PO Box No. 1148  
City, State, ZIP+4

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



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

1. Article Addressed to:  
M.M. State Land Office  
Attn: Rita Martinez  
P.O. Box 1148  
Santa Fe, NM 87504

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4380

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

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

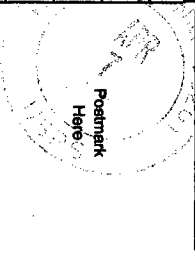
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

APR 11 2005

BROUGHTON PETROLEUM INC  
P.O. BOX 1389  
SEALY, TX 77474

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



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- 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:  
BROUGHTON PETROLEUM INC  
P.O. BOX 1389  
SEALY, TX 77474

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4250

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

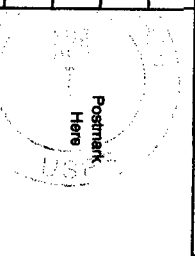
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SEA BEE LLC  
ATTN: CLIFF BLAUGRUND MGR  
7513 LA MADERA NE

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
SEA BEE LLC  
ATTN: CLIFF BLAUGRUND MGR  
7513 LA MADERA NE  
ALBUQUERQUE, NM 87109

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4328

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes ☐ 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

U.S. Postal Service<sup>TM</sup> RECEIPT  
(Domestic Mail Only. No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com<sup>®</sup>

**OFFICIAL USE**

Postage \$ 1.60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 4.65  
Total Postage & Fees \$ 10.30

Postmark Here

Sent To: Bureau of Land Management  
Street, Apt. No.: 2909 W. 2nd Street  
or PO Box No.:  
City, State, ZIP+4<sup>®</sup>: Roswell, NM 88201

John Dimity

**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  
2909 W. 2nd Street  
Roswell, NM 88201

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4366

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 4/8/05

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

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For delivery information visit our website at www.usps.com<sup>®</sup>

**OFFICIAL USE**

Postage \$ 1.60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 4.65  
Total Postage & Fees \$ 10.30

Postmark Here

EMG OIL PROPERTIES, INC.  
1000 W. FOURTH STREET  
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:  
EMG OIL PROPERTIES, INC.  
1000 W. FOURTH STREET  
ROSWELL, NM 88201

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4335

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature x D. Hooser ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Hooser C. Date of Delivery 4-8-05

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

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**OFFICIAL USE**

Postage \$ 1.60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 4.65  
Total Postage & Fees \$ 10.30

Postmark Here

WADE P. CARRIGAN  
P. O. BOX 1908  
GILBERT, AZ 85299

**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:  
WADE P. CARRIGAN  
P. O. BOX 1908  
GILBERT, AZ 85299

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4168

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Wade P. Carrigan ☐ Agent ☒ Addressee

B. Received by (Printed Name) Wade P. Carrigan C. Date of Delivery APR 13 2005

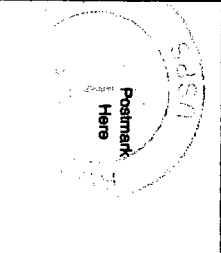
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

DANIEL J. DERKSEN, M.D. AND  
JOSEPH THOMPSON ICHTER IV  
TRUST, AS TENANTS IN COMMON  
727-11 CEDAR HILL CT  
ALBUQUERQUE, NM 87122

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	



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**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 J. DERKSEN, M.D. AND  
JOSEPH THOMPSON ICHTER IV  
TRUST, AS TENANTS IN COMMON  
727-11 CEDAR HILL CT., NE  
ALBUQUERQUE, NM 87122

2. Article Number  
(Transfer from service label) 7004 1350 0002 0737 4359

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
Joe Lema 4-13-05

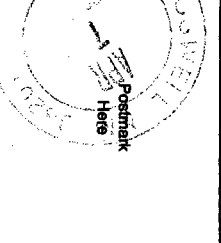
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Sent to: Texas Commerce Bank Note Assoc  
Trusts & Testamentary Trust  
3 May C Jones  
P.O. Box 200270  
Newport, TX 77216

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	



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**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:  
Texas Commerce Bank Note Assoc  
Trusts & Testamentary Trust  
3 May C Jones  
P.O. Box 200270  
Newport, TX 77216

2. Article Number  
(Transfer from service label) 7004 1350 0002 0737 4410

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
APR 11 2005

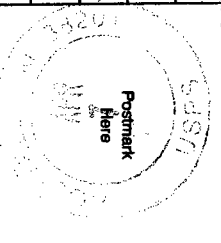
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

MORRIS E. & HOLLY K. SCHERTZ  
P.O. DRAWER 2588  
ROSWELL, NM 88202

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	



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**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:  
MORRIS E. & HOLLY K. SCHERTZ  
P.O. DRAWER 2588  
ROSWELL, NM 88202

2. Article Number  
(Transfer from service label) 7004 1350 0002 0737 4267

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
MORRIS E. SCHERTZ 4-8-05

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

W. T. PROBANDT  
415 W. WALL, SUITE 2206  
MIDLAND, TX 79701

Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65

Postmark  
Here

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- 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:

W. T. PROBANDT  
415 W. WALL, SUITE 2206  
MIDLAND, TX 79701

Article Number  
(Transfer from service label)

7004 1350 0002 0737 4298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee  
B. Received by (Printed Name) [Signature] C. Date of Delivery 4-8  
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

1350 0002 0737 4199

MADE PETROLEUM CORPORATION  
3100 LA MANCHA DR. N.W.  
ALBUQUERQUE, NM 87104

Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65

Postmark  
Here

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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:

PETROLEUM CORPORATION  
LA MANCHA DR. N.W.  
ALBUQUERQUE, NM 87104

2. Article Number  
(Transfer from service label)

7004 1350 0002 0737 4199

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

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

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

7004 1350 0002 0737 4144

Sent To  
DUANE BROWN  
1110 EL ALHAMBRA CIRCLE NW  
ALBUQUERQUE, NM 87107

Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65

Postmark  
Here

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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:

DUANE BROWN  
1110 EL ALHAMBRA CIRCLE NW  
ALBUQUERQUE, NM 87107

2. Article Number  
(Transfer from service label)

7004 1350 0002 0737 4144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

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

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

U.S. Postal Service<sup>TM</sup> RECEIPT  
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For delivery information visit our website at www.usps.com<sup>®</sup>  
OFFICIAL USE  
Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65  
BROWNING INVESTMENT CO.  
ATTN: JAMES BROWNING  
333 LOMAS BLVD. NW SUITE 660  
ALBUQUERQUE, NM 87102

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:  
BROWNING INVESTMENT CO.  
ATTN: JAMES BROWNING  
333 LOMAS BLVD. NW SUITE 660  
ALBUQUERQUE, NM 87102  
2. Article Number (Transfer from service label)  
7004 1350 0002 0737 4151  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY  
A. Signature X *Manuel Montoya* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *Manuel Montoya* C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:  
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

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For delivery information visit our website at www.usps.com<sup>®</sup>  
OFFICIAL USE  
Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65  
EURO-AMERICAN OIL LIMITED  
LIABILITY PARTNERSHIP LLC  
5620 MODESTO AVENUE NE  
ALBUQUERQUE, NM 87113

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:  
EURO-AMERICAN OIL LIMITED  
LIABILITY PARTNERSHIP LLC  
5620 MODESTO AVENUE NE  
ALBUQUERQUE, NM 87113  
2. Article Number (Transfer from service label)  
7004 1350 0002 0737 4373  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY  
A. Signature X *Beth Bonham* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery *4/12/2005*  
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

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For delivery information visit our website at www.usps.com<sup>®</sup>  
OFFICIAL USE  
Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65  
Sent To: *Ed. R. Hudson Jr & Wm A Hudson Trustees of Ed. R. Hudson Trst*  
Street, Apt. No.: *616 Texas Street*  
City, State, ZIP+4<sup>®</sup>: *Ft Worth TX 76102*

SENDER: COMPLETE THIS SECTION  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.  
1. Article Addressed to:  
*Edward R Hudson Jr & Wm A Hudson Trustees of Ed. R. Hudson Trst*  
*616 Texas Street*  
*Ft Worth, TX 76102*  
2. Article Number (Transfer from service label)  
7004 1350 0002 0737 4397  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY  
A. Signature X *D. Nobles* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *D. Nobles* C. Date of Delivery *4-11-05*  
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



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Postage \$ .60  
Certified Fee 2.30  
Restricted Delivery Fee (Endorsement Required) 1.75  
Return Receipt Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark Here

ANCHOR PRODUCTION LLC  
10092 COUNTY ROAD 36  
YUMA, CO 80759

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:

ANCHOR PRODUCTION LLC  
10092 COUNTY ROAD 36  
YUMA, CO 80759

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4243

PS Form 3811, February 2004 Domestic Return Receipt 102595-02

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee  
X *Robin L. Brown*

B. Received by (Printed Name) C. Date of Delivery  
*Robin L. Brown*

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

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OFFICIAL USE

Postage \$ .60  
Certified Fee 2.30  
Restricted Delivery Fee (Endorsement Required) 1.75  
Return Receipt Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65

Postmark Here

FIRST NATIONAL BANK AND TRUST  
FIRST NATIONAL BANK & TRUST  
COMPANY OF OKMULGEE, OK,  
AT THE PATRICIA BOYLE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FIRST NATIONAL BANK AND TRUST  
FIRST NATIONAL BANK & TRUST  
COMPANY OF OKMULGEE, OK,  
TRUSTEE OF THE PATRICIA BOYLE  
MANAGEMENT TRUST DTD  
P.O. Box 1037  
OKMULGEE, OK 74447

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee  
X *Robin L. Brown*

B. Received by (Printed Name) C. Date of Delivery  
*Robin L. Brown* 4-11-05

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

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Postage \$ .60  
Certified Fee 2.30  
Restricted Delivery Fee (Endorsement Required) 1.75  
Return Receipt Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65

Postmark Here

Sent To Wells Fargo Bank - Mary C Jones Trust J60  
Street Address: Mary C Jones Trust J60  
P.O. Box No. P.O. Box 5383

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:

Wells Fargo Bank na  
Mary C Jones Trust J60  
Angela Leigh Simpson Street  
P.O. Box 5383  
Alameda, CO 80217

2. Article Number (Transfer from service label) 7004 1350 0002 0737 4403

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee  
X *Angela Leigh Simpson*

B. Received by (Printed Name) C. Date of Delivery  
*Angela Leigh Simpson*

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

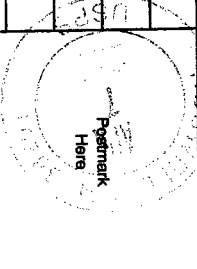
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



EDWARD R. HUDSON, JR.  
616 TEXAS STREET  
FORT WORTH, TX 76102

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



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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.

Article Addressed to:

EDWARD R. HUDSON, JR.  
616 TEXAS STREET  
FORT WORTH, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *D. Nobles*  
C. Date of Delivery *4-11-05*  
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

5

Form 3811, February 2004

102595-02-M-154

WARREN ASSOCIATES, LLC  
P.O. BOX 10400  
ALBUQUERQUE, NM 87184

1350 0002 0737 4281

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



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1. 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:

WARREN ASSOCIATES, LLC  
BOX 10400  
ALBUQUERQUE, NM 87184

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *John M. Warren*  
C. Date of Delivery *4-12-05*  
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 (Transfer from service label) *7004 1350 0002 0737 4281*

PS Form 3811, February 2004

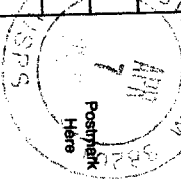
Domestic Return Receipt

102595-02-M-154

DIANE L. HANLEY, SUCCESSOR  
TRUSTEE OF THE DELMAR HUDSON  
LEWIS LIVING TRUST, U/T/A DATE

1350 0002 0737 4441

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



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1. Article Addressed to:

DIANE L. HANLEY, SUCCESSOR  
TRUSTEE OF THE DELMAR HUDSON  
LEWIS LIVING TRUST, U/T/A DATE  
7/9/02  
5300 RIDGLEA PL. SUITE 1005 A  
Ft. Worth, TX 76116

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *TANITA STOUT*  
C. Date of Delivery *4/14/05*  
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 (Transfer from service label) *7004 1350 0002 0737 4441*

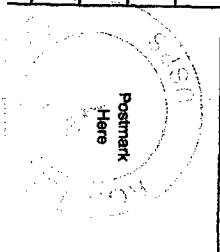
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

LINDY'S LIVING TRUST  
6300 RIDGLEA PLACE, STE 1005A  
FORT WORTH, TX 76116

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65



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- 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:**

LINDY'S LIVING TRUST  
6300 RIDGLEA PLACE, STE 1005A  
FORT WORTH, TX 76116

**2. Article Number**

(Transfer from service label)

7004 1350 0002 0737 4342

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee  
B. Received by (Printed Name) TRAVIS STOUT  
C. Date of Delivery 4/16/05  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

**Service Type**

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

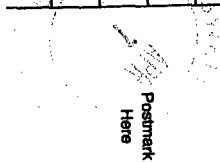
**4. Restricted Delivery? (Extra Fee)**

☐ Yes

1350 0002 0737 4229

HAT MESA OIL COMPANY  
P.O. BOX 1216  
ALBUQUERQUE, NM 87103

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65



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- 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:**

HAT MESA OIL COMPANY  
P.O. BOX 1216  
ALBUQUERQUE, NM 87103

**2. Article Number**

(Transfer from service label)

7004 1350 0002 0737 4229

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Pat Grier  
C. Date of Delivery 4/16/05  
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.

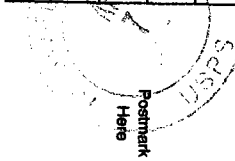
**4. Restricted Delivery? (Extra Fee)**

☐ Yes

1350 0002 0737 4182

HUTCHINGS OIL COMPANY  
P.O. BOX 1216  
ALBUQUERQUE, NM 87103

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65



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**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:**

HUTCHINGS OIL COMPANY  
P.O. BOX 1216  
ALBUQUERQUE, NM 87103

**2. Article Number**

(Transfer from service label)

7004 1350 0002 0737 4182

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Pat Grier  
C. Date of Delivery 4/16/05  
D. Is delivery address different from item 1? ☒ Yes ☐ No  
If YES, enter delivery address below:

**3. Service Type**

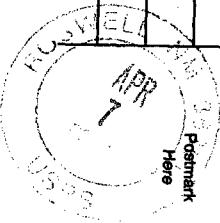
- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes

JANE N. BRANN  
11621 JOAN OF ARC DRIVE  
HOUSTON, TX 77024

Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65



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- 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:

JANE N. BRANN  
11621 JOAN OF ARC DRIVE  
HOUSTON, TX 77024

2. Article Number  
(Transfer from service label)

7004 1350 0002 0737 4311

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marina P. Robles* ☐ Agent  
B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

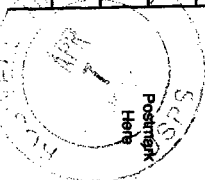
*Marina P. Robles*

77024 USPS

1350 0002 0737 4427

PROVIDENCE MINERALS LLC  
14860 MONFORT DRIVE, STE. 209  
DALLAS, TX 75240

Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65



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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:

PROVIDENCE MINERALS LLC  
14860 MONFORT DRIVE, STE. 209  
DALLAS, TX 75240

2. Article Number  
(Transfer from service label)

7004 1350 0002 0737 4427

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Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Grace Ho* ☐ Agent  
B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery *4/11/05*

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

3. Service Type

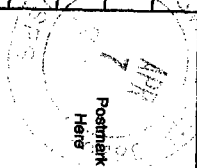
X ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 1350 0002 0737 4458

Sent to Mary Hudson Ark Trust  
for Edward Edlason Trust #4  
222 W. 4th Street PH-5  
Fort Worth, TX 76102

Postage \$ .60  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.65



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SENDER: COMPLETE THIS SECTION

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- 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 Hudson Ark Trust  
for Edward Edlason Trust #4  
222 W. 4th Street PH-5  
Fort Worth, TX 76102*

2. Article Number  
(Transfer from serv)

7004 1350 0002 0737 4458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wilson* ☐ Agent  
B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

WARREN, INC.  
P. O. BOX 10400  
ALBUQUERQUE, NM 87184

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark  
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- 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:

WARREN, INC.  
P. O. BOX 10400  
ALBUQUERQUE, NM 87184

2. Article Number

(Transfer from service label)

7004 1350 0002 0737 4205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Received by (Printed Name)  
John M. Warren

C. Date of Delivery  
4-2-05

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

1350 0002 0737 4274

BRANEX RESOURCES, INC.  
P. O. BOX 2328  
ROSWELL, NM 88202

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark  
Here

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- 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:

BRANEX RESOURCES, INC.  
P. O. BOX 2328  
ROSWELL, NM 88202

2. Article Number

(Transfer from service label)

7004 1350 0002 0737 4274

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Received by (Printed Name)  
John M. Warren

C. Date of Delivery  
4-2-05

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