

5/8/06 DATE IN	5/29/06 SUSPENSE	DLC ENGINEER	5/8/06 LOGGED IN	PLC TYPE	PTDS0612849737 APP NO.
-------------------	---------------------	-----------------	---------------------	-------------	---------------------------

ABOVE THIS LINE FOR DIVISION USE ONLY

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



282

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

May 5, 2006

New Mexico Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, NM 87505

2006 MAY 8 PM 12 28

RE: **Pogo Producing Company**, Lake Wood 14 and Lake Wood 15 Leases,
Sections 14 & 15, T19S, R26E, Eddy County, New Mexico
Gas Sales Surface Commingling Application

Please see attached our application to measure and commingle to a common sales point the gas sales from the above referenced leases.

Please let me know if you need any further information or documentation concerning this application. Thank you.

Yours truly,



Ann E. Ritchie, Regulatory Agent
Pogo Producing Company
c/o P.O. Box 953
Midland, TX 79702
1-800-432-2967
432 682-1458-fax
ann.ritchie@wtor.net

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: Pogo Producing Company (017891)

OPERATOR ADDRESS: P.O. Box 10340, Midland, TX 79702

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

☐ 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
Undes. Four Mile Draw, Morrow	1060				725/day
Wildcat Wolfcamp	1408				66/day

(2) Are any wells producing at top allowables? ☐ Yes ☒ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No.

(4) Measurement type: ☒ Metering ☒ Other (Specify) Monthly well tests.

(5) Will commingling decrease the value of production? ☐ Yes ☒ No If "yes", describe why commingling should be approved
Production value will be enhanced.

(B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code.

(2) Is all production from same source of supply? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No

(4) Measurement type: ☐ Metering ☐ Other (Specify)

(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. Attached for both lease facilities: GAS COMMINGLING ONLY.

(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved. Attached.

(3) Lease Names, Lease and Well Numbers, and API Numbers. Listing attached.

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

SIGNATURE: Ann E. Ritchie

TITLE: Regulatory Agent

DATE: 5-1-06

TYPE OR PRINT NAME Ann E. Ritchie

TELEPHONE NO.: 432 684-6381

E-MAIL ADDRESS: _____

New Mexico Oil Conservation Division
Attachment to Form C-107-B: Section (E)
Application for Surface Commingling (Diverse Ownership)

Pogo Producing Company (017891)

Lake Wood 14, Well #2: 1830 FNL & 660' FWL; 30-015-33973
Section 14, T19S, R26E, Eddy County, New Mexico
Completed in the Four Mile Draw-Morrow

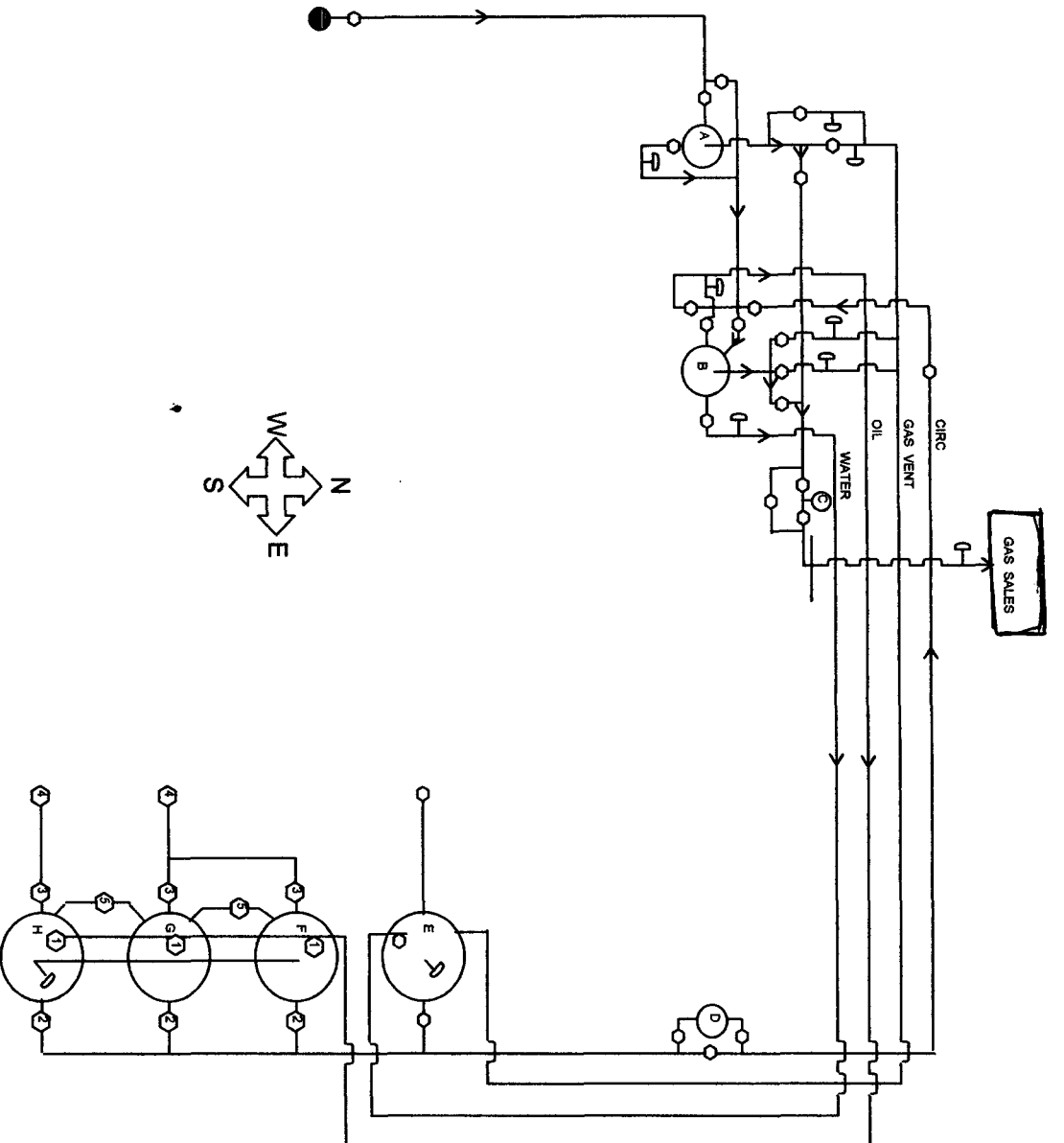
76960

Lake Wood 14, Well #4: 660 FSL & 660' FWL; 30-015-34605
Section 14, T19S, R26E, Eddy County, New Mexico
Completion pending

Lake Wood 15, Well #1: 1750 FSL & 660' FEL; 30-015-33574
Section 15, T19S, R26E, Eddy County, New Mexico
Re-completed in the Wildcat Wolfcamp

Northwest Lake McMillon Wolfcamp
97463

LAKEWOOD 15 STATE # 1 BATTERY



- A) Gas Separator
- B) Heater Treater
- C) Gas Meter
- D) Circ Pump
- E) Water Tank
- F, G&H) Stock Tanks

PRODUCTION SYSTEM - CLOSE

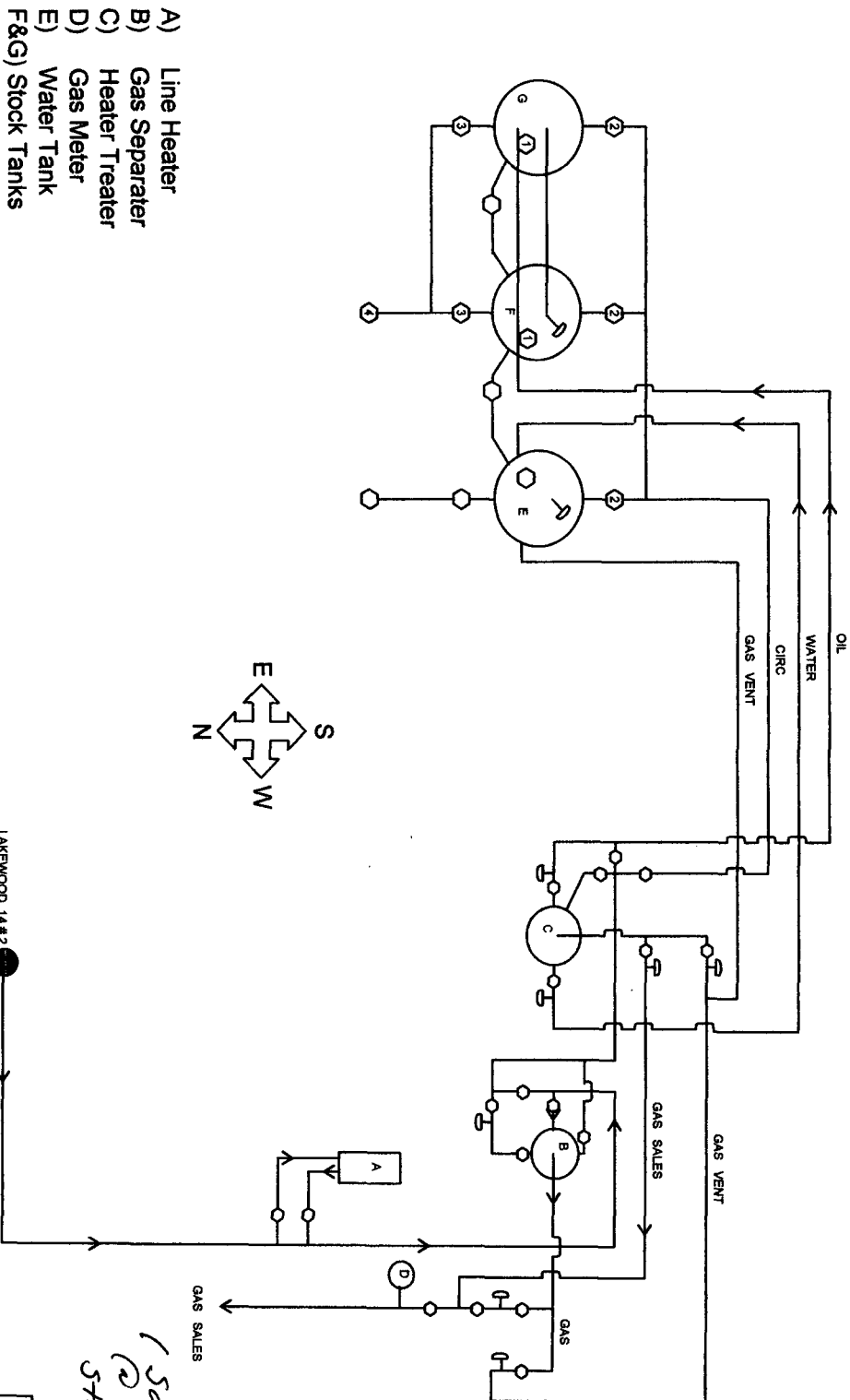
1. Oil sales by tank gauge to truck
2. Seal Requirements
 - A. Production Phase
 - 1. Valves 3 sealed closed.
 - B. Sales Phase
 - 1. Valves 1, 2 & 5 sealed clo:

LOCATION OF SITE SECURITY PLAN
 Pogo Producing Company
 300 N Marientfeld Suite 600
 P. O. Box 10340
 Midland, Texas 79702-7340

POGO PRODUCING
 COMPANY
 SITE FACILITY DIAGRAM
 Lakewood 15 State #1
 1750' FSL & 660' FEL
 Section 15, T-19-S, R-26-E
 Eddy County, New Mexico

Revised 3/12/06

LAKEWOOD 14 #2 BATTERY



LAKEWOOD 14 #2

GAS SALES

(Sales meter @ Lake Wood 15 State Battery)

POGO PRODUCING

COMPANY

SITE FACILITY DIAGRAM

Lakewood 14 #2

1830' FNL & 660' FVL

Section 14, T-19-S, R-26-E

Eddy County, New Mexico

API # 30-015-33973

Revised 3/11/06

LOCATION OF SITE SECURITY PLAN

Pogo Producing Company

300 N Marientfeld Suite 600

P. O. Box 10340

Midland, Texas 79702-7340

- A) Line Heater
- B) Gas Separator
- C) Heater Treater
- D) Gas Meter
- E) Water Tank
- F&G) Stock Tanks

PRODUCTION SYSTEM - CLOSED

1. Oil/Condensate sales by tank gauge to truck.
2. Seal Requirements
- A. Production Phase
 1. Valves 3 sealed closed on stock tank being produced into.
- B. Sales Phase
 1. Valves 1 & 2 sealed closed.



Laboratory Services, Inc.

2609 West Marland
Hobbs, New Mexico 88240

Telephone: (505) 397-3713

FOR: Metering & Testing Services Inc.
Attention: Mr. Tom Duncan
2807 West County Road
Hobbs, New Mexico 88240

SAMPLE:
IDENTIFICATION: ~~Lakewood 15 #1~~
COMPANY: Pogo Producing Co.
LEASE:
PLANT:

SAMPLE DATA: DATE SAMPLED: 6/21/05 4:00 pm
ANALYSIS DATE: 6/22/05
PRESSURE - PSIG 100
SAMPLE TEMP. °F
ATMOS. TEMP. °F 95
REMARKS: H2S = 3%

GAS (XX) LIQUID ()
SAMPLED BY: Al Lewis
ANALYSIS BY: Vickie Sullivan

COMPONENT ANALYSIS

COMPONENT	MOL PERCENT	GPM
Hydrogen Sulfide (H2S)	3.000	
Nitrogen (N2)	1.589	
Carbon Dioxide (CO2)	4.604	
Methane (C1)	46.700	
Ethane (C2)	31.670	8.450
Propane (C3)	8.052	2.213
I-Butane (IC4)	1.219	0.398
N-Butane (NC4)	2.053	0.646
I-Pentane (IC5)	0.417	0.152
N-Pentane (NC5)	0.333	0.120
Hexane Plus (C6+)	<u>0.363</u>	<u>0.158</u>
	100.000	12.137

BTU/CU.FT. - DRY 1408
AT 14.650 DRY 1403
AT 14.650 WET 1379
AT 14.73 DRY 1411
AT 14.73 WET 1387

MOLECULAR WT. 26.8370

SPECIFIC GRAVITY -
CALCULATED 0.926
MEASURED

**Laboratory Services, Inc.**

2809 West Marland
Hobbs, New Mexico 88240

Telephone: (505) 397-3713

FOR: Pogo Producing Company
Attention: Mr. Richard Wright
P. O. Box 10340
Midland, Texas 79702

SAMPLE: Meter Run
IDENTIFICATION: Lakewood 14 #2
COMPANY: Pogo Producing Co.
LEASE:
PLANT:

SAMPLE DATA: **DATE SAMPLED:** 3/7/06 12:56 pm
ANALYSIS DATE: 3/8/06
PRESSURE - PSIG 40
SAMPLE TEMP. °F
ATMOS. TEMP. °F 78
REMARKS: H2S =2 PPM

GAS (XX) **LIQUID ()**
SAMPLED BY: Charley Rich
ANALYSIS BY: Vicki McDaniel

COMPONENT ANALYSIS

COMPONENT	MOL PERCENT	GPM
Hydrogen Sulfide (H2S)		
Nitrogen (N2)	0.480	
Carbon Dioxide (CO2)	1.532	
Methane (C1)	91.965	
Ethane (C2)	4.412	1.177
Propane (C3)	0.878	0.241
I-Butane (IC4)	0.132	0.043
N-Butane (NC4)	0.136	0.043
I-Pentane (IC5)	0.051	0.019
N-Pentane (NC5)	0.040	0.014
Hexane Plus (C6+)	0.394	0.171
	100.000	1.708

BTU/CU.FT. - DRY 1060
AT 14.650 DRY 1057
AT 14.650 WET 1038
AT 14.73 DRY 1063
AT 14.73 WET 1044

MOLECULAR WT. 17.8540

SPECIFIC GRAVITY -
CALCULATED 0.616
MEASURED

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

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-33574	² Pool Code 96085	³ Pool Name Wildcat Wolfcamp
⁴ Property Code 34230	⁵ Property Name Lake Wood "15"	⁶ Well Number 1
⁷ OGRID No. 017891	⁸ Operator Name Pogo Producing Company	⁹ Elevation 3313

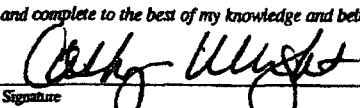
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	15	19S	26E		1750	South	660	East	Eddy

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16				RECEIVED JUL 01 2005 OCD-ARTESIA	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature Cathy Wright Printed Name Sr. Eng Tech Title and E-mail Address 06/30/05 Date
					¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number

Gas Sales Point Battery

660

1750

State of New Mexico

Energy, Minerals and Natural Resources Department

DISTRICT I

1025 N. FRANCES DR., EDGEMO, NM 88240

DISTRICT II

1301 W. GRAND AVENUE, ARTESIA, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

1220 S. ST. FRANCIS DR., SANTA FE, NM 87505

OIL CONSERVATION DIVISION

1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

Form C-102
Revised JUNE 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number		Pool Code 76960	Pool Name UNDES. FOUR MILE DRAW-MORROW
Property Code	Property Name LAKE WOOD 14		Well Number 2
OGED No. 17891	Operator Name POGO PRODUCING COMPANY		Elevation 3331'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	14	19-S	26-E		1830	NORTH	660	WEST	EDDY

Bottom Hole Location if Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>1830'</p> <p>660'</p> <p>Battery</p> <p>GEODETIC COORDINATES NAD 27 NM</p> <p>Y=604769.1 X=492320.8</p> <p>LAT.=32°39'45.3" N LONG.=104°21'29.3" W</p>	<p>OPERATOR CERTIFICATION</p> <p>I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Joe T. Janica</i> Signature</p> <p>Joe T. Janica Printed Name</p> <p>Agent</p> <p>Title</p> <p>02/22/05 Date</p>
	<p>SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.</p> <p>FEBRUARY 15, 2005</p> <p>Date Surveyed</p> <p>Signature & Seal of Professional Surveyor</p> <p><i>Gary E. Eidson</i> 2/21/05 05:11.0257</p> <p>Certificate No. GARY EIDSON 12841</p>

State of New Mexico

Energy, Minerals and Natural Resources Department

DISTRICT I

1625 N. FRANCH DR., BOHNS, NM 88240

DISTRICT II

1201 W. GRAND AVENUE, ALBUQUERQUE, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Artes, NM 87410

DISTRICT IV

1220 S. ST. FRANCIS DR., SANTA FE, NM 87505

OIL CONSERVATION DIVISION

1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

Form C-102

Revised JUNE 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code 76960	Pool Name UNDES. FOUR MILE DRAW-MORROW
Property Code 34604	Property Name LAKE WOOD 14	Well Number 4
OCED No. 17891	Operator Name POGO PRODUCING COMPANY	Elevation 3295'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	14	19-S	26-E		660	SOUTH	660	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No.
------------------------	-----------------	--------------------	-----------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	OPERATOR CERTIFICATION I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief. Signature Joe T. Janica Printed Name Agent Title 02/06/06 Date
	SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief. JANUARY 6, 2006 Date Surveyed Signature & Seal of Professional Surveyor NEW MEXICO 06-11-0008 Certificate No. GARY EIRSON 12841

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MIDLAND, TX 79701

Postage	\$.39.39	UNIT ID: 0702
Certified Fee	2.42.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KPTW53
Restricted Delivery Fee (Endorsement Required)		05/05/06
Total Postage & Fees	\$ 2.79.64	

Recipient's Name (Please Print Clearly) (to be completed by mailer) **MR**
Judson Operations Ltd. Attn: Don Judson
 Street, Apt. No., or PO Box No.
400 W. ILLINOIS STE. 1610
 City, State, ZIP+4
MIDLAND, TEXAS 79701-4310

PS Form 3800, February 2000. See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MEMPHIS, TN 38112

Postage	\$.39.39	UNIT ID: 0702
Certified Fee	2.42.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KPTW53
Restricted Delivery Fee (Endorsement Required)		05/05/06
Total Postage & Fees	\$ 2.79.64	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Linda Whitney Grant
 Street, Apt. No., or PO Box No.
9961 Florence Heights Blvd
 City, State, ZIP+4
Omaha, NE 68112

PS Form 3800, February 2000. See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

LOS ALAMOS, NM 87544

Postage	\$.39.39	UNIT ID: 0702
Certified Fee	2.42.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KPTW53
Restricted Delivery Fee (Endorsement Required)		05/05/06
Total Postage & Fees	\$ 2.79.64	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Barbara Rogers Henderson
 Street, Apt. No., or PO Box No.
406 Estancia Way
 City, State, ZIP+4
Los Alamos, NM 87544

PS Form 3800, February 2000. See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

ARTESIA, NM 88211

Postage	\$.39.39	UNIT ID: 0702
Certified Fee	2.42.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KPTW53
Restricted Delivery Fee (Endorsement Required)		05/05/06
Total Postage & Fees	\$ 2.79.64	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Mary Rogers Bly
 Street, Apt. No., or PO Box No.
Box 633
 City, State, ZIP+4
Artesia, NM 88211

PS Form 3800, February 2000. See Reverse for Instructions

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

HUNTSVILLE, TX 77340

Postage	\$.39.39	UNIT ID: 0702
Certified Fee	2.42.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KPTW53
Restricted Delivery Fee (Endorsement Required)		05/05/06
Total Postage & Fees	\$ 2.79.64	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Barbara Mackey Goes
 Street, Apt. No., or PO Box No.
3782 Summer Lane
 City, State, ZIP+4
Huntsville, TX 77340

PS Form 3800, February 2000. See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

CHANDLER, AZ 85225

Postage	\$.39.39	UNIT ID: 0702
Certified Fee	2.42.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KPTW53
Restricted Delivery Fee (Endorsement Required)		05/05/06
Total Postage & Fees	\$ 2.79.64	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
LARRY B. MC CAW
 Street, Apt. No., or PO Box No.
7694 E. VIA DEL SOL DRIVE
 City, State, ZIP+4
SCOTTSDALE, AZ 85225

PS Form 3800, February 2000. See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

PAPILLION, NE 68133

Postage	\$.39.39	UNIT ID: 0702
Certified Fee	2.42.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KPTW53
Restricted Delivery Fee (Endorsement Required)		05/05/06
Total Postage & Fees	\$ 2.79.64	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
THOMAS WHITNEY
 Street, Apt. No., or PO Box No.
11921 S. 52nd St.
 City, State, ZIP+4
Papillion, NE 68133

PS Form 3800, February 2000. See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

ARTESIA, NM 88210

Postage	\$.39.39	UNIT ID: 0702
Certified Fee	2.42.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KPTW53
Restricted Delivery Fee (Endorsement Required)		05/05/06
Total Postage & Fees	\$ 2.79.64	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
CARL ROGERS
 Street, Apt. No., or PO Box No.
83 E. BLEVINS RD.
 City, State, ZIP+4
Artesia, NM 88210

PS Form 3800, February 2000. See Reverse for Instructions

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

DALLAS, TX 75230

Postage \$.3639

Certified Fee 2.4040

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 2.7964

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)

Elise C. Rogers

Street, Apt. No., or PO Box No.

7711 Royal Ln.

City, State, ZIP+4

DALLAS, TX 75230

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

LORENA, TX 76655

Postage \$.3639

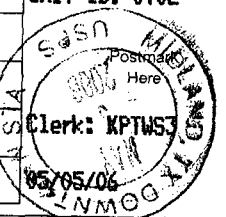
Certified Fee 2.4040

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 2.7964

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)

Cheryl + Roger Brewer

Street, Apt. No., or PO Box No.

235 Bluebonnet Lane

City, State, ZIP+4

Lorena, TX 76655

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

CARTHAGE, MO 64836

Postage \$.3639

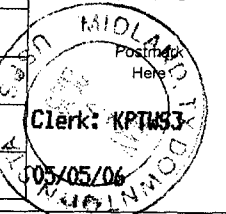
Certified Fee 2.4040

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 2.7964

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)

Brenda Mackey Law

Street, Apt. No., or PO Box No.

1345 Kimberly Lane

City, State, ZIP+4

Carthage, MO 64836

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

JASPER, MO 64755

Postage \$.3639

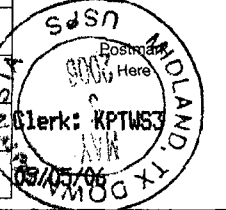
Certified Fee 2.4040

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 2.7964

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)

HELEN L. Wister

Street, Apt. No., or PO Box No.

Box 523

City, State, ZIP+4

JASPER, MO 64755

PS Form 3800, February 2000

See Reverse for Instructions

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MAIZE, KS 67101

Postage \$.3639

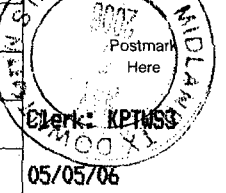
Certified Fee 2.4040

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 2.7964

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)

William + Anna Mackey

Street, Apt. No., or PO Box No.

838 Atherton

City, State, ZIP+4

MAIZE, KS 67101

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

JASPER, MO 64755

Postage \$.3639

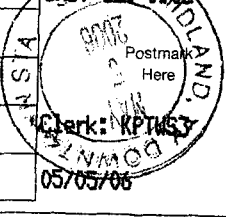
Certified Fee 2.4040

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 2.7964

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)

Debra + Mark Weng

Street, Apt. No., or PO Box No.

P.O. Box 665

City, State, ZIP+4

JASPER, MO 64755

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

ROGERSVILLE, MO 65742

Postage \$.3639

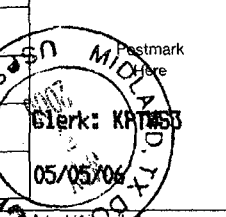
Certified Fee 2.4040

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 2.7964

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)

Charlene Rogers

Street, Apt. No., or PO Box No.

8571 E. Buckhorn Lane

City, State, ZIP+4

ROGERSVILLE, MO 65742-7314

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

DALLAS, TX 75238

Postage \$.3639

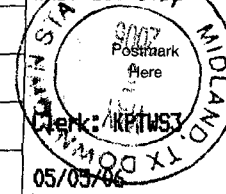
Certified Fee 2.4040

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 2.7964

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)

Larita C. Williams

Street, Apt. No., or PO Box No.

4332 Highedge Circle

City, State, ZIP+4

DALLAS, TX 75238

PS Form 3800, February 2000

See Reverse for Instructions

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

NORTH PLATTE, NE 69101

Postage	\$ 3.39	UNIT ID: 0702
Certified Fee	2.4240	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7964	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

James A. Anderson
Street, Apt. No., or PO Box No.
2809 Plummer
City, State, ZIP+4
North Platte, NE 69101

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

SOUTH EASTON, MA 02375

Postage	\$ 3.39	UNIT ID: 0702
Certified Fee	2.4240	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7964	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Edwina McCaw Brady
Street, Apt. No., or PO Box No.
100 North Ave., Apt 2
City, State, ZIP+4
South Easton, MA 02375-1224

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

ALBUQUERQUE, NM 87111

Postage	\$ 3.39	UNIT ID: 0702
Certified Fee	2.4240	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7964	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

JACK C. ROGERS, Jr.
Street, Apt. No., or PO Box No.
13600 Hugh Johnson Road NE
City, State, ZIP+4
Albuquerque, NM 87111

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

LINCOLN, NE 68510

Postage	\$ 3.39	UNIT ID: 0702
Certified Fee	2.4240	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7964	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

MARIA Whitney
Street, Apt. No., or PO Box No.
1324 Three Pines Court
City, State, ZIP+4
Lincoln, NE 68510

PS Form 3800, February 2000

See Reverse for Instructions

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

ROSWELL, NM 88202

Postage	\$ 3.39	UNIT ID: 0702
Certified Fee	2.4240	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7964	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

David J. Sorenson / Rep. of the Bonnie
Street, Apt. No., or PO Box No.
Box 1453
City, State, ZIP+4
J. Sorenson, Estate
Roswell, NM 88202

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

INDIANAPOLIS, IN 46227

Postage	\$ 3.39	UNIT ID: 0702
Certified Fee	2.4240	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7964	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

JAMES WARREN REAM
Street, Apt. No., or PO Box No.
4315 Asbury St.
City, State, ZIP+4
Indianapolis, IN 46227

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MISSION, KS 66205

Postage	\$ 3.39	UNIT ID: 0702
Certified Fee	2.4240	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7964	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Karen Sieber
Street, Apt. No., or PO Box No.
4316 Sycamore
City, State, ZIP+4
Roland Park, KS 66205

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

BOTHELL, WA 98011

Postage	\$ 3.39	UNIT ID: 0702
Certified Fee	2.4240	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7964	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Jane Whitney Barker
Street, Apt. No., or PO Box No.
10731 NE 196th St.
City, State, ZIP+4
Bothell, WA 98011

PS Form 3800, February 2000

See Reverse for Instructions

7099 3400 0016 0187 5608

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

ARTESIA, NM 88210

Postage	\$ 39.39	UNIT ID: 0702
Certified Fee	2.42.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7464	

Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
myco Industries, Inc. 90 Gates Drilling Co.
Street, Apt. No., or PO Box No.
Attn: Land Dept. 1105 South Fourth St
City, State, ZIP+4
Artesia, NM 88210

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 5592

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

HOUSTON, TX 77002

Postage	\$ 36.39	UNIT ID: 0702
Certified Fee	2.42.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7464	

Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Black Stone Minerals Company, L.P.
Street, Apt. No., or PO Box No.
1001 FANNIN STE. 2020
City, State, ZIP+4
Houston, TX 77002-6709

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 5547

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

BREMERTON, WA 98310

Postage	\$ 39.39	UNIT ID: 0702
Certified Fee	2.42.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7464	

Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
M. Janet Cummins
Street, Apt. No., or PO Box No.
3606 Pine Rd.
City, State, ZIP+4
BREMERTON, WA 98310

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 5523

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

CHICO, CA 95928

Postage	\$ 39.39	UNIT ID: 0702
Certified Fee	2.42.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7464	

Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Lorrianne Rogers
Street, Apt. No., or PO Box No.
1046 Poplar Street
City, State, ZIP+4
Chico, CA 95928-5837

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 5585

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

ROSWELL, NM 88202

Postage	\$ 39.39	UNIT ID: 0702
Certified Fee	2.42.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7464	

Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Williamson Enterprises
Street, Apt. No., or PO Box No.
Box 2206
City, State, ZIP+4
Roswell, NM 88202

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 5554

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

SIGNAL MOUNTAIN, TN 37377

Postage	\$ 39.39	UNIT ID: 0702
Certified Fee	2.42.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7464	

Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Mary Lucille Camp
Street, Apt. No., or PO Box No.
4608 Taft Hwy (4608)
City, State, ZIP+4
Signal Mountain, TN 37377

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 5530

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

ROSWELL, GA 30076

Postage	\$ 39.39	UNIT ID: 0702
Certified Fee	2.42.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7464	

Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Bruce K. Potts
Street, Apt. No., or PO Box No.
345 Liberty Trace
City, State, ZIP+4
Roswell, GA 30076

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 5509

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

ROSWELL, NM 88203

Postage	\$ 39.39	UNIT ID: 0702
Certified Fee	2.42.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.7464	

Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Lorrianne Rogers
Street, Apt. No., or PO Box No.
1035 West Poe
City, State, ZIP+4
Roswell, NM 88203

PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

ARTESIA, NM 88210

Postage	\$.3639
Certified Fee	2.4240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.7964

UNIT ID: 0702
Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Margaret Rogers
Street, Apt. No., or PO Box No.
22 W. Atoka Rd.
City, State, ZIP+4
Artesia, N.M. 88210
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

ARVADA, CO 80003

Postage	\$.3039
Certified Fee	2.4240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.7464

UNIT ID: 0702
Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Shirley Rogers
Street, Apt. No., or PO Box No.
3476 West 66th Ave.
City, State, ZIP+4
Arvada, CO 80003
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

KINGSTON, NY 12401

Postage	\$.39039
Certified Fee	2.4240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.7964

UNIT ID: 0702
Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Alice Moore
Street, Apt. No., or PO Box No.
318 Halliham Hill Rd.
City, State, ZIP+4
Kingston, NY 12401
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

PARAGOULD, AR 72451

Postage	\$.3039
Certified Fee	2.4240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.7464

UNIT ID: 0702
Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Bertha Orlick, Mary + Kendall Smith
Street, Apt. No., or PO Box No.
P.O. Box 854
City, State, ZIP+4
Paragould, AR 72451
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OXFORD, MS 38655

Postage	\$.3639
Certified Fee	2.4240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.7964

UNIT ID: 0702
Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Jean Rogers Bush
Street, Apt. No., or PO Box No.
51 County Rd. 140
City, State, ZIP+4
Oxford, MS 38655
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

ARTESIA, NM 88210

Postage	\$.3639
Certified Fee	2.4240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.7464

UNIT ID: 0702
Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Auntie Rogers
Street, Apt. No., or PO Box No.
52 Rogers Dr.
City, State, ZIP+4
Artesia, NM 88210
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

HASTINGS, NE 68901

Postage	\$.399
Certified Fee	2.4240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.94

UNIT ID: 0702
Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Wendell Staw
Street, Apt. No., or PO Box No.
893 Highland
City, State, ZIP+4
Hastings, NE 68901
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

TULSA, OK 74137

Postage	\$.3039
Certified Fee	2.4240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.7464

UNIT ID: 0702
Postmark Here
Clerk: KPTWS3
05/05/06

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Jane K. Drake
Street, Apt. No., or PO Box No.
10912 South BRANDEN PLACE
City, State, ZIP+4
Tulsa, OK 74137
PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 5424

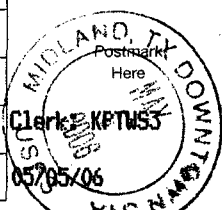
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

ABILENE, TX 79603

Postage	\$.36.39
Certified Fee	2.42.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.74.64

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)
Patricia Rogers Bundrant
Street, Apt. No., or PO Box No.
4115 N. 14th Ct.
City, State, ZIP+4
Abilene, TX 79603

PS Form 3800, February 2000 See Reverse for Instructions

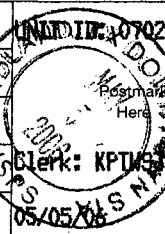
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

ARTESIA, NM 88210

Postage	\$.36.39
Certified Fee	2.42.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.74.64



Recipient's Name (Please Print Clearly) (to be completed by mailer)
Myco Ind. Inc. Attn: Y. Abo Petro. Corp. Land
Street, Apt. No., or PO Box No.
105 South Fourth Street
City, State, ZIP+4
Artesia, NM 88210

PS Form 3800, February 2000 See Reverse for Instructions

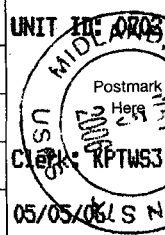
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

ARTESIA, NM 88210

Postage	\$.36.39
Certified Fee	2.42.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.74.64



Recipient's Name (Please Print Clearly) (to be completed by mailer)
Myco Ind. Inc. Attn: Y. Abo Petro. Corp. Land
Street, Apt. No., or PO Box No.
105 South Fourth Street
City, State, ZIP+4
Artesia, NM 88210

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 2751

7099 3400 0016 0187 5437

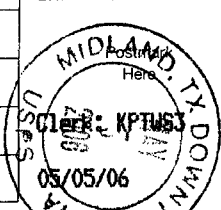
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

DALLAS, OR 97338

Postage	\$.36.39
Certified Fee	2.42.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.74.64

UNIT ID: 0702



Recipient's Name (Please Print Clearly) (to be completed by mailer)
J. Ruth Duhlee/Tel. for William + Stella
Street, Apt. No., or PO Box No.
4980 Enterprise Rd. Jackson Tr.
City, State, ZIP+4
DALLAS, OR 97338

PS Form 3800, February 2000 See Reverse for Instructions

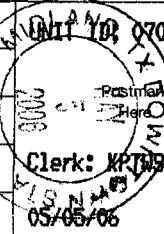
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

ARTESIA, NM 88211

Postage	\$.36.39
Certified Fee	2.42.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.74.64



Recipient's Name (Please Print Clearly) (to be completed by mailer) Attn:
Pitch Energy Cooperation Land Dept
Street, Apt. No., or PO Box No.
P.O. Box 304
City, State, ZIP+4
Artesia, NM 88211-0304

PS Form 3800, February 2000 See Reverse for Instructions

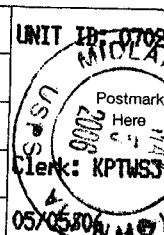
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MIDLAND, TX 79701

Postage	\$.36.39
Certified Fee	2.42.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.74.64



Recipient's Name (Please Print Clearly) (to be completed by mailer)
SIGMAR, INC Attn: Mrs. Carolyn Hartzoge
Street, Apt. No., or PO Box No.
400 N. MARLENFELD, STE. 100
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 2744

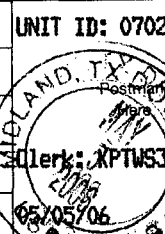
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MIDLAND, TX 79701

Postage	\$.36.39
Certified Fee	2.42.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.74.64



Recipient's Name (Please Print Clearly) (to be completed by mailer)
LAS Corporation / Attn: Mr. Robert W.
Street, Apt. No., or PO Box No.
400 W. ILLINOIS, STE. 1100 Hodge
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0016 0187 2737