## MERIDIAN OIL

OIL CONSERVATION DIVISION RECT VED

'91 AUS 29 AM 8 53

August 27, 1991

State of New Mexico Energy, Minerals and Natural Resources Dept. Oil Conservation Commission P. O. Box 2088 Santa Fe. NM 87504

ATTN: WILLIAM J. LEMAY, DIRECTOR

RE: REGISTERED RETURN - RECEIPTS

APPLICATION\_FOR SIMULTANEOUS DEDICATION

EMERY KING NW NO. 1 E, 1980' FNL & 660' FWL EMERY KING NW NO. 2 D. 660' FWL & 330' FNL EMERY KING NW NO. 4 F, 1650' FNL & 2310' FWL SEC. 1, T23S, R36E JALMAT-TANSILL-YATES-7 RIVERS POOL

LEA COUNTY, NEW MEXICO

NMJ549

Dear Mr. Lemay:

Enclosed are the registered return-receipts that have come in for the offset operators notification on the captioned application.

Should you require additional information, please contact me at 915-686-5767.

Sincerely,

Maria L. Perez

MLP/sm

cc: Well File D. D. McBee

for fees and check box(es) for additional service(s) requ	l provide you the name of the person deliverer ing services are available. Consult postmaste ested.
1.  Show to whom delivered, date, and addressee's (Extra charge)	address. 2.   Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number P 154 362 405
AMERADA UEGO CORRODATION	Type of Service:
AMERADA HESS CORPORATION	Registered Insured
ATTN: IRA JOHNSON	COD COD
P. O. BOX 840	Express Mail Return Receipt for Merchandise
SEMINOLE, TEXAS 79360	Always obtain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if
X	requested and fee paid)
6. Signature - Agent X Morma Hores	
7. Date of Delivery	<b></b>
9-20-91	
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEI
가는 말이 하는 것이 그리고 없다면 없다.	
SENDER: Complete items 1 and 2 when addition	al services are desired, and complete item
■ 3 and 4.	
Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee wi	rerse side. Fallure to do this will prevent this provide you the name of the person delivered
card from being returned to you. The return receipt fee wi to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) requ	ng services are available. Consult postmaste
for fees and check box(es) for additional service(s) required. Show to whom delivered, date, and addressee's	ested.
(Extra charge)	address. 2.  Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
1.5	P 154 362 401
ARCO OIL & GAS COMPANY	P 134 302 401
ATTN: LIZ BUSH	Type of Service:
P. O. BOX 1610	Registered Insured
	V Certified COD
MIDLAND, TEXAS 79702	
4	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee
and the second s	or agent and DATE DELIVERED.
5. Signature Address	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	-
X	
7. Date of Dellison	
AUG 2 0 1991	
	2-865 DOMESTIC RETURN RECEI
S Form 3811. Mar. 1988 * U.S.G.P.O. 1988-2	z-nna voiviealle ne lunix neceix
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	2-005 DOMESTIC RETURN RECEIL
SENDER: Complete items 1 and 2 when additions	al services are desired, and complete items
SENDER: Complete items 1 and 2 when additions	al services are desired, and complete items
SENDER: Complete items 1 and 2 when additions	al services are desired, and complete items
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following researches howest for rees and check howest for additional service(s) required.	al services are desired, and complete items verse side. Failure to do this will prevent this provide you the name of the person delivered ng services are available. Consult postmaste ested.
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following results and check box(es) for additional service(s) required. Delta bow to whom delivered, date, and addressee's	Il services are desired, and complete items rerse side. Failure to do this will prevent this provide you the name of the person delivered ng services are available. Consult postmaste ested.  2.  Restricted Delivery
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) required. Show to whom delivered, date, and addressee's (Extra charge)	Il services are desired, and complete items rerse side. Failure to do this will prevent this provide you the name of the person delivered ng services are available. Consult postmaste seted.  2.   Restricted Delivery (Extra charge)
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follows for fees and check box(es) for additional service(s) required. In the service of the service	al services are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) required. Show to whom delivered, date, and addressee's (Extra charge)	al services are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered assets.  2.   Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follows for fees and check box(es) for additional service(s) required. In the service of the service	al services are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered assets.  2. □ Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) required.  Show to whom delivered, date, and addressee's (Extra charge)  AMOCO PRODUCTION COMPANY ATTM: J. C. ALLEN	al services are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered assets.  2. Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) required. Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  AMOCO PRODUCTION COMPANY ATTN: J. C. ALLEN ROUND 3.248	al services are desired, and complete items rerse side. Failure to do this will prevent this provide you the name of the person delivered asservices are available. Consult postmaster ested.  2. Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Cortified COD
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check boxies) for additional service(s) required. Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  AMOCO PRODUCTION COMPANY  ATTN: J. C. ALLEN  ROCO 3.248  BOX 3.092	al services are desired, and complete items rerse side. Failure to do this will prevent this provide you the name of the person delivered asservices are available. Consult postmaster ested.  2. Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Cortified COD
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) required. Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  AMOCO PRODUCTION COMPANY ATTN: J. C. ALLEN ROTAL 3.248	Il services are desired, and complete items rerse side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  2. Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Certified COD  Return Receipt for Merchandise
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check boxies) for additional service(s) required. Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  AMOCO PRODUCTION COMPANY  ATTN: J. C. ALLEN  ROCO 3.248  BOX 3.092	all services are desired, and complete items between the side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  2. Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) required. It is shown to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  AMOCO PRODUCTION COMPANY ATTM: J. C. ALLEN ROTUL 3.248 BOX 3.092 HOUSTON, TEXAS 77253	al services are desired, and complete items rerse side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) required. Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  AMOCO PRODUCTION COMPANY  ATTN: J. C. ALLEN  ROUND 3.248  BOX 3092  HOUSTON, TEXAS 77253	al services are desired, and complete items rerse side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Certified COD  Return Receipt for Merchandise  Always obtain signature of addressee
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follows for fees and check boxies) for additional service(s) requipments. In the service of the serv	al services are desired, and complete items verse side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Contified COD  Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follow for fees and check boxles) for additional service(s) required. It is shown to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  AMOCO PRODUCTION COMPANY ATTN: J. C. ALLEN ROTAL 3.248 BOX 3.092 HOUSTON, TEXAS 77253  5. Signature — Address X  6. Signature — Agent	al services are desired, and complete items verse side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Contified COD  Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follows for fees and check boxies) for additional service(s) required. It is not not not service (s) required. And the service (s) required.  3. Article Addressed to:  AMOCO PRODUCTION COMPANY ATTN: J. C. ALLEN ROTOM 3.248 BOX 3.092 HOUSTON, TEXAS 77253  5. Signature — Address X  6. Signature — Address X	al services are desired, and complete items verse side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Contified COD  Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additions 3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee wilto and the date of delivery. For additional fees the follow for fees and check boxies) for additional service(s) required. In the shown to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  AMOCO PRODUCTION COMPANY ATTN: J. C. ALLEN ROUND 3.248 BOX 3.092 HOUSTON, TEXAS 77253  5. Signature — Address  X  6. Signature — Agent	al services are desired, and complete items verse side. Failure to do this will prevent this provide you the name of the person delivered as services are available. Consult postmaster ested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154 362 404  Type of Service:  Registered Insured  Contified COD  Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if

	you the name of the person delivered to and
the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.	·
1. ☐ Show to whom delivered, date, and addressee's a (Extra charge)	ddress. 2.  Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
	P 154 362 398
	Type of Service:
LEWIS B. BURLESON, INC.	Registered Insured
P. O. BOX 2479	COD  Express Mail Return Receipt
MIDLAND, TEXAS 79702	for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X	requested and fee paid)
6. Signature - Agent X PDY O SWALKER	
7. Date of Delivery	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIF
and the second s	
SENDER: Complete items 1 and 2 when additional and 4.	services are desired, and complete items 3
Put your address in the "RETURN TO" Space on the reveal of from being returned to you. The return receipt fee	erse side. Failure to do this will prevent this
delivered to and the date of delivery. For additional fees	the following services are available. Consult
postmaster for fees and check box(es) for additional service  1. Show to whom delivered, date, and addressee's addressee's	(s) requested. ss. 2. 🗆 Restricted Delivery
↑(Extra charge)↑	↑(Extra charge)↑
3. Article Addressed to:	4. Article Number
CHEVRON U.S.A. INC.	P 154 362 391
ATTN: AL BOHLING	Type of Service:
PRORATION ENGINEER	Registered Insured
	☐ COD
P. O. BOX 1150	Express Mail
MIDLAND, TEXAS 79702	Always obtain signature of addressee
<u> </u>	or agent and DATE DELIVERED.
5. Signature - Addressee	10 Addresses's Address (ONI V if
· · · · · · · · · · · · · · · · · · ·	8. Addressee's Address (ONLY if requested and fee paid)
	requested and fee paid
	requested and fee paid)
S. Signature = Agent	requested and fee paid)
S. Signature = Agent	requested and fee paid)
5. Signature = Agent  7. Date of Delivery  2.1 1991	requested and fee paid)
S. Signature = Agent  7. Date of Delivery 2 1881	requested and fee paid)
S. Signature Agent  V. Date of Delivery 2 1891	requested and fee paid)
S. Signature Agent  7. Date of Delivery  S Form 3811, Mar. 1987  * U.S.G.P.O. 1987-178-268  SENDER: Complete items 1 and 2 when additional sand 4.	DOMESTIC RETURN RECEI
SENDER: Complete items 1 and 2 when additional sand 4.  Put your address in the "RETURN TO" Space on the reverse items 1.	DOMESTIC RETURN RECEI
S. Signature Agent  7. Date of Delivery  8 Form 3811, Mar. 1987  * U.S.G.P.O. 1987-178-268  SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reversery from being returned to you. The return receipt fee	DOMESTIC RETURN RECEI
SENDER: Complete items 1 and 2 when additional sand 4.  Put your address in the "RETURN TO" Space on the revealed from being returned to you. The return receipt fee delivered to and the date of delivery. For additional service postmaster for fees and check box(es) for additional service	DOMESTIC RETURN RECEI  ervices are desired, and complete items 3 rse side. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.
SENDER: Complete items 1 and 2 when additional sand 4.  Put your address in the "RETURN TO" Space on the revealed from being returned to you. The return receipt fee delivered to and the date of delivery. For additional service postmaster for fees and check box(es) for additional service	DOMESTIC RETURN RECEI  ervices are desired, and complete items 3 rse side. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.
SENDER: Complete items 1 and 2 when additional sand 4.  Put your address in the "RETURN TO" Space on the revealed from being returned to you. The return receipt feedelivered to and the date of delivery. For additional fees to postmaster for fees and check box (ss) for additional service 1. Show to whom delivered, date, and addressee's address of (Extra charge)	provices are desired, and complete items 3 res side. Failure to do this will prevent this will provide you the name of the person the following services are available. Consults) requested.  2.   Restricted Delivery  †(Extra charge)†  4. Article Number
SENDER: Complete items 1 and 2 when additional sand 4.  Put your address in the "RETURN TO" Space on the revealed from being returned to you. The return receipt feedelivered to and the date of delivery. For additional fees to postmaster for fees and check box (ss) for additional service 1. Show to whom delivered, date, and addressee's address of (Extra charge)	provices are desired, and complete items 3 res side. Failure to do this will prevent this will provide you the name of the person the following services are available. Consults) requested.  2.   Restricted Delivery  †(Extra charge)†  4. Article Number
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee delivered to and the date of delivery. For additional sees to postmaster for fees and check box(es) for additional service 1.   Show to whom delivered, date, and addressee's address to the card from the complete of	requested and fee paid)  DOMESTIC RETURN RECEIV  ervices are desired, and complete items 3  rse side. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult so requested.  2. □ Restricted Delivery  ↑ (Extra charge)↑
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reverser from being returned to you. The return receipt fee delivered to and the date of delivery. For additional services 1.  Show to whom delivered, date, and addressee's address (Extra charge)?  Article Addressed to:  CITATION OIL & GAS CORP.	pomestic return receivers are desired, and complete items 3 research. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.  1. Restricted Delivery  1. (Extra charge) 1  4. Article Number  1. 1. 1. 2. 3. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reverser from being returned to you. The return receipt feed delivered to and the date of delivery. For additional services to show to whom delivered, date, and addressee's address to the control of t	pomestic return receivers are desired, and complete items 3 research. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.  2. Restricted Delivery  1 (Extra charge)  4. Article Number  1 54 362 393  Type of Service:
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the revered from being returned to you. The return receipt feed delivered to and the date of delivery. For additional service 1. Show to whom delivered, date, and addressee's address (Extra charge) \(^1\). Article Addressed to:  CITATION OIL & GAS CORP.  ATTN: STEVE ROBINSON 8223 WILLOW PLACE SOUTH SUITE 250	requested and fee paid)  DOMESTIC RETURN RECEIVATION RECEIVATION PROPERTY OF THE PARTY OF THE P
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reverser from being returned to you. The return receipt feed delivered to and the date of delivery. For additional services to show to whom delivered, date, and addressee's address to the control of t	requested and fee paid)  DOMESTIC RETURN RECEI  ervices are desired, and complete items 3  rse side. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.  PISA BESTICTED DELIVERY  1 (Extra charge) 1  4. Article Number  PISA 3 2 393  Type of Service:  Registered   Insured  Certified   COD    Express Mail
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees t postmaster for fees and check box(es) for additional service 1. Show to whom delivered, date, and addressee's addressee's Article Addressed to:  CITATION OIL & GAS CORP.  ATTN: STEVE ROBINSON 8223 WILLOW PLACE SOUTH SUITE 250	requested and fee paid)  DOMESTIC RETURN RECEIVATION RECEIVATION PROPERTY OF THE PARTY OF THE P
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee delivered to and the date of delivery. For additional service 1. Show to whom delivered, date, and addressee's addressee's addressee's ATTN: STEVE ROBINSON 8223 WILLOW PLACE SOUTH SUITE 250 HOUSTON, TEXAS 77070 – 5623	provices are desired, and complete items 3 res side. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.  2.   3.   4. Article Number  4. Article Number  9 154 362 393  Type of Service:  Registered  1. Insured  2. Certified  1. COD  1. Express Mail  Always obtain signature of addressee
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee delivered to and the date of delivery. For additional service 1.   Show to whom delivered, date, and addressee's address (Extra charge)  Article Addressed to:  CITATION OIL & GAS CORP.  ATTN: STEVE ROBINSON  8223 WILLOW PLACE SOUTH  SUITE 250  HOUSTON, TEXAS 77070 – 5623	Provices are desired, and complete items 3  rese side. Failure to do this will prevent this will provide you the name of the person the following services are available. Consult s) requested.  2. □ Restricted Delivery ↑ (Extra charge)↑  4. Article Number ♀ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt feedelivered to and the date of delivery. For additional service 1. Show to whom delivered, date, and addressee's address (Extra charge) 1.  Article Addressed to:  CITATION OIL & GAS CORP.  ATTN: STEVE ROBINSON  8223 WILLOW PLACE SOUTH  SUITE 250  HOUSTON, TEXAS 77070—5623	provices are desired, and complete items 3 reseside. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.  2.   3.   4. Article Number  4. Article Number  6.   7.   4. Article Number  6.   7.   7.   8. Agistered  Cod  Express Mail  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt feedelivered to and the date of delivery. For additional service 1. Show to whom delivered, date, and addressee's address (Extra charge) 1.  Article Addressed to:  CITATION OIL & GAS CORP.  ATTN: STEVE ROBINSON  8223 WILLOW PLACE SOUTH  SUITE 250  HOUSTON, TEXAS 77070—5623	provices are desired, and complete items 3 reseside. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.  2.   3.   4. Article Number  4. Article Number  6.   7.   4. Article Number  6.   7.   7.   8. Agistered  Cod  Express Mail  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt feed delivered to and the date of delivery. For additional service 1. Show to whom delivered, date, and addressee's address (Extra charge) †  Article Addressed to:  CITATION OIL & GAS CORP.  ATTN: STEVE ROBINSON 8223 WILLOW PLACE SOUTH SUITE 250 HOUSTON, TEXAS 77070—5623	provices are desired, and complete items 3 reseside. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult s) requested.  2.   3.   4. Article Number  4. Article Number  6.   7.   4. Article Number  6.   7.   7.   8. Agistered  Cod  Express Mail  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if

to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1.   Show to whom delivered, date, and addressee's a (Extra charge)	g services are available. Consult postmaste sted. ddress. 2.    Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
	P 154 362 402
CONOCO, INC.	Type of Service:
ATTN: BILL KEATHLY	Registered Insured
P. O. BOX 1959	XX Certified COD
MIDLAND, TEXAS 79705	Return Receipt
	for Merchandise
	Always obtain signature of addressee
E Classical Addition	or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
	4
6. Signature – Agent	
7/Date of Delivery	
Mig Zv Box	
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	2-865 DOMESTIC RETURN RECEI
- CENDED.	
SENDER: Complete items 1 and 2 when additional and 4.	
Put your address in the "RETURN TO" Space on the re	everse side. Failure to do this will prevent the
card from being returned to you. The return receipt for delivered to and the date of delivery. For additional feet	s the following services are available. Consu
postmaster for fees and check box(es) for additional servi-	ce(s) requested.
<ol> <li>Show to whom delivered, date, and addressee's add ↑(Extra charge)↑</li> </ol>	ress. 2. ☐ Restricted Delivery  ↑(Extra charge)↑
3. Article Addressed to:	4 Article Number
5. All gold Addi Gasta CO.	P 154362394
the state of the s	
ESTORIL PRODUCING CORP.	Type of Service:
ATTN: JIMMY WALKER	Registered Insured
	Certified COD
400 WEST ILLINOIS	Express Mail
SUITE 1600	Always obtain signature of addressee
MIDLAND, TEXAS 7,97,02	or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if
<u> </u>	requested and fee paid)
X	<b>–</b>
6. Signature Agent	
x Canolin 120am	
7. Date of Delivery	
MA DI 25 8/2 MD	
1/07 141 0/0	
S Form 3811 Mar 1987	8 DOMESTIC DETIIDM SECE
S Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-26	8 DOMESTIC RETURN RECE
S Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-26	8 DOMESTIC RETURN RECE
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from heing returned to you. The return receipt fee will provide	services are desired, and complete items
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from heing returned to you. The return receipt fee will provide	services are desired, and complete items
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following serviciand check box(es) for additional service(s) requested.	services are desired, and complete items e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following serviciand check box(es) for additional service(s) requested.	services are desired, and complete items is side. Failure to do this will prevent this card by you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2.  Restricted Delivery (Extra charge)
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)	services are desired, and complete items e side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will providing the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:	services are desired, and complete items is side. Failure to do this will prevent this card by you the name of the person delivered to and it is are available. Consult postmaster for fees ddress.  2.  Restricted Delivery (Extra charge)
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA	services are desired, and complete items a side. Failure to do this will prevent this card by you the name of the person delivered to and es are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA ATTN: SHARON HALL	services are desired, and complete items a side. Failure to do this will prevent this card a you the name of the person delivered to and as are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service:
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA ATTN: SHARON HALL REGULATORY AFFAIRS	services are desired, and complete items a side. Failure to do this will prevent this card a you the name of the person delivered to and as are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS  P. O. BOX 1600	services are desired, and complete items e side. Failure to do this will prevent this card you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Return Receipt
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS	services are desired, and complete items e side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Receipt for Merchandise
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS  P. O. BOX 1600	services are desired, and complete items e side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS  P. O. BOX 1600  MIDLAND, TEXAS 79702	services are desired, and complete items is side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS  P. O. BOX 1600  MIDLAND, TEXAS 79702	services are desired, and complete items is side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS  P. O. BOX 1600  MIDLAND, TEXAS 79702	services are desired, and complete items is side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS  P. O. BOX 1600  MIDLAND, TEXAS 79702	services are desired, and complete items is side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS  P. O. BOX 1600  MIDLAND, TEXAS 79702  5. Signature Agent	services are desired, and complete items is side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA  ATTN: SHARON HALL  REGULATORY AFFAIRS  P. O. BOX 1600  MIDLAND, TEXAS 79702  5. Signature Addressee	services are desired, and complete items is side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a (Extra charge)  3. Article Addressed to:  EXXON COMPANY USA ATTN: SHARON HALL REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TEXAS 79702  5. Signature — Addressee	services are desired, and complete items is side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number P 154 362 399  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if

wenvered to and the date of delivery. For additional fee	se will provide you the name of the person the following services are available. Consult
postmaster for fees and check box (es) for additional service	ce(s) requested
<ol> <li>☐ Show to whom delivered, date, and addressee's add †(Extra charge)†</li> </ol>	ress. 2. A Restricted Delivery  †(Extra charge)†
3. Article Addressed to:	4. Article Number
· · · · · · · · · · · · · · · · · · ·	· 101 302 700
GREAT WESTERN DRILLING CO.	Type of Service:
ATTN: B. C. MAHANAY	Registered Insured
P. O. BOX 1659	☐ COD ☐ COD
MIDLAND, TEXAS 79702	Express Mail
MIDENTE, TEXAGO FOR DE	Always obtain signature of addressee
	or agent and DATE DELIVERED.
Cimentum	<u> </u>
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X	requested and fee pana)
S. Signature - Agent	<b>7</b>
× ///////////	
7. Date of Delivery	-
X/20194	
0/20/14	
S Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-26	DOMESTIC RETURN RECEI
· · · · · · · · · · · · · · · · · · ·	
	·
SENDER: Complete items 1 and 2 when addition	nal services are desired, and complete item
3 and 4	
Put your address in the "RETURN TO" Space on the reve	rise side. Failure to do this will prevent this car
from being returned to you. The return receipt fee will protect the date of delivery. For additional fees the following ser	vices are available. Consult postmaster for fee
I and check box(es) for additional service(s) requested.	
1.  Show to whom delivered, date, and addressee'	s address. 2.  Restricted Delivery (Extra charge)
(Extra charge)	
3. Article Addressed to:	4. Article Number
DOVIETIADIMANI	P 154 362 400
DOYLE HARTMAN	Type of Service:
ATTN: PATRICK WORRELL	Registered Insured
P. O. BOX 10426	Certified COD
MIDLAND, TEXAS 79702	1 1'1' F Mail   Return Receipt
	for Merchandise
	Always obtain signature of addressee
proved the second secon	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
Ix/A) o D. Dua l' Du Lon	requested and fee paid)
G. Signature Agent	—
6. Signature — Agent	
X	<u> </u>
7. Date of Delivery	
0/20/9/	
	DOMESTIC PETUDA PEGE
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-23	B-815 DOMESTIC RETURN RECE
	punct the management of the contract.
and the second s	
	<u> </u>
SENDER: Complete items 1 and 2 when addition	nal services are desired, and complete item
3 and 4	•
3 and 4	•
3 and 4	•
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1.   Show to whom delivered, date, and addressee's	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested. a address. 2.  Restricted Delivery
9 and 4. Put your address in the "RETURN TO" Space on the recard from being returned you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) required.	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested. address. 2. Restricted Delivery (Extra charge)
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1.   Show to whom delivered, date, and addressee's	everse side. Failure to do this will prevent this ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.  Restricted Delivery (Extra charge)  4. Article Number
3 and 4.  Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)	everse side. Failure to do this will prevent this ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.  Restricted Delivery (Extra charge)  4. Article Number
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:	everse side. Failure to do this will prevent this ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.  Restricted Delivery (Extra charge)  4. Article Number  P 154 362 463
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.  Restricted Delivery (Extra charge)  4. Article Number  P 154 362 463  Type of Service:
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY  ATTN: WILLIAM G. KERN	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2. Restricted Delivery (Extra charge)  4. Article Number  P 154 36 2 463  Type of Service:  Registered Insured
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY  ATTN: WILLIAM G. KERN  3005 N. BIG SPRING	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2. Restricted Delivery (Extra charge)  4. Article Number  P 154362403  Type of Service:  Registered Insured  Certified COD
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY  ATTN: WILLIAM G. KERN  3005 N. BIG SPRING	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2. Restricted Delivery (Extra charge)  4. Article Number PLS4362463  Type of Service: Registered Insured
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY  ATTN: WILLIAM G. KERN	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2. Restricted Delivery (Extra charge)  4. Article Number  P 154362403  Type of Service:  Registered Insured  Certified COD
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY  ATTN: WILLIAM G. KERN  3005 N. BIG SPRING	everse side. Failure to do this will prevent this lill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.  Restricted Delivery (Extra charge)  4. Article Number P 154362463  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY ATTN: WILLIAM G. KERN 3005 N. BIG SPRING MIDLAND, TEXAS 79705	everse side. Failure to do this will prevent this ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2. Restricted Delivery (Extra charge)  4. Article Number P 15 4 36 2 46 3  Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY  ATTN: WILLIAM G. KERN  3005 N. BIG SPRING  MIDLAND, TEXAS 79705	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154 36 2 46 3  Type of Service:  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandise  Always obtain signature of addressee
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional fees the following for fees and check box(es) for additional fees the following for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for fees and check box(e	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154362463  Type of Service:  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY  ATTN: WILLIAM G. KERN  3005 N. BIG SPRING  MIDLAND, TEXAS 79705	everse side. Failure to do this will prevent this ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154362463  Type of Service:  Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional fees the following for fees and check box(es) for additional fees the following for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for additional service(s) required for fees and check box(es) for fees and check box(e	everse side. Failure to do this will prevent thi ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154362463  Type of Service:  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
3 and 4. Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional sees the follow for fees and check box(es) for additional service(s) req 1. □ Show to whom delivered, date, and addressee's (Extra charge)  3. Article Addressed to:  KERN COMPANY  ATTN: WILLIAM G. KERN  3005 N. BIG SPRING  MIDLAND, TEXAS 79705  5. Signature Address  X  6. Signature Agent	everse side. Failure to do this will prevent this ill provide you the name of the person delivered ving services are available. Consult postmaste uested.  address. 2.   Restricted Delivery (Extra charge)  4. Article Number  P 154362463  Type of Service:  Registered Insured Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if

SENDER: Complete items 1 and 2 when addition 3 and 4.  Put your address in the "RETURN TO" Space on the re	
Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) required.	vill provide you the name of the person deliver
for fees and check box(es) for additional service(s) req	uested.
1.   Show to whom delivered, date, and addressee's (Extra charge)	s address. 2.   Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
A CONTRACTOR OF THE PROPERTY O	P 154 362 406
OXY USA INC.	Type of Service:
ATTN: BOB HUNT	Registered Insured
P. O. BOX 50250	XXCertified COD Return Receipt
MIDLAND, TEXAS 79710	for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address	8, Addressee's Address (ONLY if
X	requested and fee paid)
6. Signature – Agent	<del>7/</del>
x Klaraex	/
7. Date of Delivery	<del> </del>
0/20/9/	1 19 10
PS Form 3811, Mar. 1988 / * U.S.G.P.O. 1988-2	212-865 DOMESTIC RETURN RECE
100	
SENDER: Complete items 1 and 2 when addition 3 and 4.	onal services are desired, and complete ite
Put your address in the "RETURN TO" Space on the rev	verse side. Failure to do this will prevent this c
from being returned to you. The return receipt fee will protect the date of delivery. For additional fees the following se and check box(es) for additional service(s) requested.	ovide you the name of the person delivered to a ryices are available. Consult postmaster for for
and check box(es) for additional service(s) requested.  1.   Show to whom delivered, date, and addressee	'o address 2 D Bastriated Dating
(Extra charge)	's address. 2.  Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
7	P 154 362 397
HAL J. RASMUSSEN OPERATING IN	
ATTN: SCOTT RAMSEY	│
6 DESTA DRIVE	COD COD
SUITE 2700	Express Mail Return Receipt for Merchandis
MIDLAND, TEXAS 79705	Always obrain signature of addressee
5. Signature – Addressee	or agent and DATE DELIVERED.
X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	
x 1/0x/shot/1/10	,
7. Date of Delivery	<del></del>
8.2091	•
PS Form 3811, Apr. 1989 +u.s.g.p.o. 1989-2	38-815 DOMESTIC RETURN REC
x 0.5 0.11 0.01 1.7 7.pt. 1505	DOMESTIC RETORNATION
SENDER: Complete items 1 and 2 when additions	I services are desired, and complete items
and 4	•
Put your address in the "RETURN TO" Space on the recard from being returned to you. The return receipt for	
delivered to and the date of delivery. For additional fee postmaster for fees and check box(es) for additional servi-	ce(s) reduested.
1. ☐ Show to whom delivered, date, and addressee's add  ↑(Extra charge)↑	Iress. 2. $\square$ Restricted Delivery $\uparrow (Extra\ charge) \uparrow$
3. Article Addressed to:	4. Article Number
was a second of the control of the c	P 154 362 392
TEXACO INC.	Type of Service:
ATTN: R.S. LANE	Registered Insured
P. O. BOX 3109	Certified COD
MIDLAND, TEXAS 79701	Express Mail
•	Always obtain signature of addressee
·	or agent and <u>DATE DELIVERED</u> .
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
v	
X	requested and yes paray
X 6. Signature — Agent	- Jequested and Jee para,
6. Signature – Agent	requested and see pany
	- Tequesica and Joe pany

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

postmaster for fees and check box(es) for additional service  1. □ Show to whom delivered, date, and addressee's addre  ↑(Extra charge)↑	
3. Article Addressed to:	4. Article Number P 154 362 395
V. H. WESTBROOK OIL OPERATOR ATTN: V. H. WESTBROOK	Type of Service: Registered Insured
P. O. BOX 2264 HOBBS, NEW MEXICO 88240	Certified COD  Express Mail
	Always obtain signature of addressee or agent and DAME DELIVERED.
Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
5. Signature — Agent	
Date of Delivery  8-21-91	
rm 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268	DOMESTIC RETURN RECE
SENDER: Complete items 1 and 2 when additional and 4. Put your address in the "RETURN TO" Space on the reveal from being returned to you. The return receipt fee additional fees	erse side. Failure to do this will prevent the
and 4. Put your address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee delivered to and the data feelivery. For additional fees postmaster for fees and been box(es) for additional service 1.   Show to whom delivered, date, and addressee's addressee'	erse side. Failure to do this will prevent the will provide you the name of the perso the following services are available. Consula(s) requested.  2. Restricted Delivery
and 4. Put your address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee delivered to and the data of delivery. For additional fees postmaster for fees and the data to box(es) for additional services.	erse side. Failure to do this will prevent the will provide you the name of the perso the following services are available. Consula(s) requested.
and 4.  Put your address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee delivered to and the data of delivery. For additional fees postmaster for fees and the box (es) for additional services.  1. □ Show to whom delivered, date, and addressee's add	erse side. Failure to do this will prevent the will provide you the name of the perso the following services are available. Consulately requested.  2. □ Restricted Delivery  1 (Extra charge)
and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee delivered to and the data of delivery. For additional fees postmaster for fees and the box (es) for additional services.  1. □ Show to whom delivered, date, and addressee's addresser to the feet of the	erse side. Failure to do this will prevent this will provide you the name of the perso the following services are available. Consults:  2.   3.   4. Article Number  P 154 362 394  Type of Service:
and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee delivered to and the data of delivery. For additional fees postmaster for fees and beek box(es) for additional service 1. □ Show to whom delivered, date, and addressee's addretextra charge)↑  3. Article Addressed to:  CLAYTON W. WILLIAMS, JR. INC.  ATTN: MATT SWIERC  6 DESTA DRIVE	erse side. Failure to do this will prevent this will provide you the name of the perso the following services are available. Consults:  2.   Restricted Delivery  1(Extra charge)  4. Article Number  P 154 362 394  Type of Service:  , Registered  Insured
and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee delivered to and the data of delivery. For additional fees postmaster for fees and the key box(es) for additional service 1. □ Show to whom delivered, date, and addressee's addret (Extra charge)↑  3. Article Addressed to:  CLAYTON W. WILLIAMS, JR. INC.  ATTN: MATT SWIERC  6 DESTA DRIVE  SUITE 3000	erse side. Failure to do this will prevent this will provide you the name of the perso the following services are available. Consults:  2.   3.   4. Article Number  P. 154 362 394  Type of Service:
and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee delivered to and the data of delivery. For additional fees postmaster for fees and beek box(es) for additional service 1. □ Show to whom delivered, date, and addressee's addretextra charge)↑  3. Article Addressed to:  CLAYTON W. WILLIAMS, JR. INC.  ATTN: MATT SWIERC  6 DESTA DRIVE	erse side. Failure to do this will prevent this will provide you the name of the perso the following services are available. Consults: requested.  2.
and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees postmaster for fees and the delivered, date, and addressee's addressee'	erse side. Failure to do this will prevent the will provide you the name of the perso the following services are available. Consulate the following services are available.
and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee delivered to and the data of delivery. For additional fees postmaster for fees and the box (es) for additional service 1. □ Show to whom delivered, date, and addressee's addresser to the service of the ser	erse side. Failure to do this will prevent the will provide you the name of the perso the following services are available. Consults) requested.  2.
and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees postmaster for fees and the to box (es) for additional service 1. Show to whom delivered, date, and addressee's address	erse side. Failure to do this will prevent the will provide you the name of the perso the following services are available. Consults) requested.  2.
and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee delivered to and the data of delivery. For additional fees postmaster for fees and the box (es) for additional service 1. □ Show to whom delivered, date, and addressee's addresser to the service of the ser	erse side. Failure to do this will prevent the will provide you the name of the perso the following services are available. Consults) requested.  2.