

PKRVO235145448

DHC ~~FILE~~
1/5/03

Robert L. Bayless, Producer LLC
Oil & Gas Producer
P. O. Box 168
Farmington, New Mexico 87499

DRC
3093

FAX NO.
(505) 326-6911

OFFICE NO.
(505) 326-2659

December 10, 2002

Ms. Lori Wrotenbery, Director
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505-4000



RE: Application for Administrative Approval of Downhole Commingling
Moseley No. 1
1470' FSL & 1645' FWL, Section 2, T30N R12W
San Juan County, New Mexico

Robert L. Bayless requests administrative approval of downhole commingling of the Basin Fruitland Coal and the Flora Vista Fruitland Sand in the Moseley No. 1. A completed Form C-107A is attached. This well is currently producing from the Basin Fruitland Coal. Upon approval of this application, Bayless will open and complete the Flora Vista Sand zone and then commingle the zones.

Form C-102 is attached for both zones. The working interest ownership is common between zones, but the royalty ownership differs. The State of New Mexico owns royalties under this well. A copy of this application and their \$30 fee for commingling is being sent to the State Land Office.

A production curve for the Basin Fruitland Coal zone is attached. The Flora Vista Sand is not completed. We plan to open this zone and commingle production upon approval. An extrapolation of the production is shown on the production graph. A tabular listing of the production extrapolation is also attached. We intend to use this extrapolation to allocate production between the commingled zones. As an example, the production for July 2003 is calculated to be 1615 MCF from the Fruitland Coal. If the well produces 1630 MCF in July 2003, 1615 MCF will be allocated to the Fruitland Coal and 15 MCF will be allocated to the Fruitland Sand. The tabular listing describes how the allocation will continue to be calculated in the future.

A list of working interest and royalty interest owners is attached. All owners are being sent a copy of this application. Evidence of certified mailing is attached. **An owner of an interest in this well can object to this application by contacting the NMOCD at the above address within 20 days of receipt of this application. Bayless is asking the owners to waive any objection.**

The Moseley No. 1 requires both compression and rod pumping to produce. Production from both reservoirs is made possible using this equipment. Bayless believes that the reserves in the Flora Vista Fruitland Sand are recovered in the most economical fashion through the commingling process. Taken alone, its production rate may not pay for a compressor.

I believe this request provides all the information required by NMOCD regulations for administrative approval of this application. Please call me if you have any questions. Your prompt response to this request is appreciated.

Sincerely,

Tom McCarthy
Engineer

District I
1625 N. French Drive, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107A
Revised May 15, 2000

District II
1301 W. Grand Avenue, Artesia, NM 88210

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

APPLICATION TYPE

District III
1000 Rio Brazos Road, Aztec, NM 87410

Single Well
Establish Pre-Approved Pools
EXISTING WELLBORE
 Yes No

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

APPLICATION FOR DOWNHOLE COMMINGLING

ROBERT L. BAYLESS P.O. BOX 168 FARMINGTON, NM 87499
Operator Address
MOSELEY 1 K SEC. 2 T30N R12W SAN JUAN
Lease Well No. Unit Letter-Section-Township-Range County
OGRID No. 019418 Property Code 13566 API No. 30-045-28993 Lease Type: Federal State Fee

DATA ELEMENT	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
Pool Name	FLORA VISTA FRUITLAND SAND		BASIN FRUITLAND COAL
Pool Code	76600		71629
Top and Bottom of Pay Section (Perforated or Open-Hole Interval)	1884' - 1910'		1976-2114
Method of Production (Flowing or Artificial Lift)	FLOWING - ROD PUMP		FLOWING - ROD PUMP
Bottomhole Pressure (Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150% of the depth of the top perforation in the upper zone)	650 PSI (EST)		150 PSI (EST)
Oil Gravity or Gas BTU (Degree API or Gas BTU)	1122 (EST)		1157
Producing, Shut-In or New Zone	NEW		PRODUCING
Date and Oil/Gas/Water Rates of Last Production. (Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.)	Date: Rates: UNKNOWN	Date: Rates:	Date: 9/2002 Rates: 58 MCFD 3 BWPD
Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)	Oil Gas SEE ATTACHMENTS %	Oil Gas % %	Oil Gas % %

ADDITIONAL DATA

Are all working, royalty and overriding royalty interests identical in all commingled zones? Yes No
If not, have all working, royalty and overriding royalty interest owners been notified by certified mail? Yes No
Are all produced fluids from all commingled zones compatible with each other? Yes No
Will commingling decrease the value of production? Yes No
If this well is on, or communitized with, state or federal lands, has either the Commissioner of Public Lands or the United States Bureau of Land Management been notified in writing of this application? Yes No
NMOCD Reference Case No. applicable to this well: _____

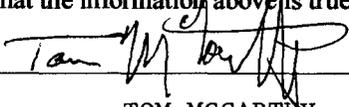
Attachments:
C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
Production curve for each zone for at least one year. (If not available, attach explanation.)
For zones with no production history, estimated production rates and supporting data.
Data to support allocation method or formula.
Notification list of working, royalty and overriding royalty interests for uncommon interest cases.
Any additional statements, data or documents required to support commingling.

PRE-APPROVED POOLS

If application is to establish Pre-Approved Pools, the following additional information will be required:

List of other orders approving downhole commingling within the proposed Pre-Approved Pools
List of all operators within the proposed Pre-Approved Pools
Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.
Bottomhole pressure data.

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

SIGNATURE  TITLE ENGINEER DATE 11/25/02
TYPE OR PRINT NAME TOM MCCARTHY TELEPHONE NO. (505) 326-2659

Submit to Appropriate District Office
 State Lease - 4 copies
 Fee Lease - 3 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

Handwritten initials and a circled '9'

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

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

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

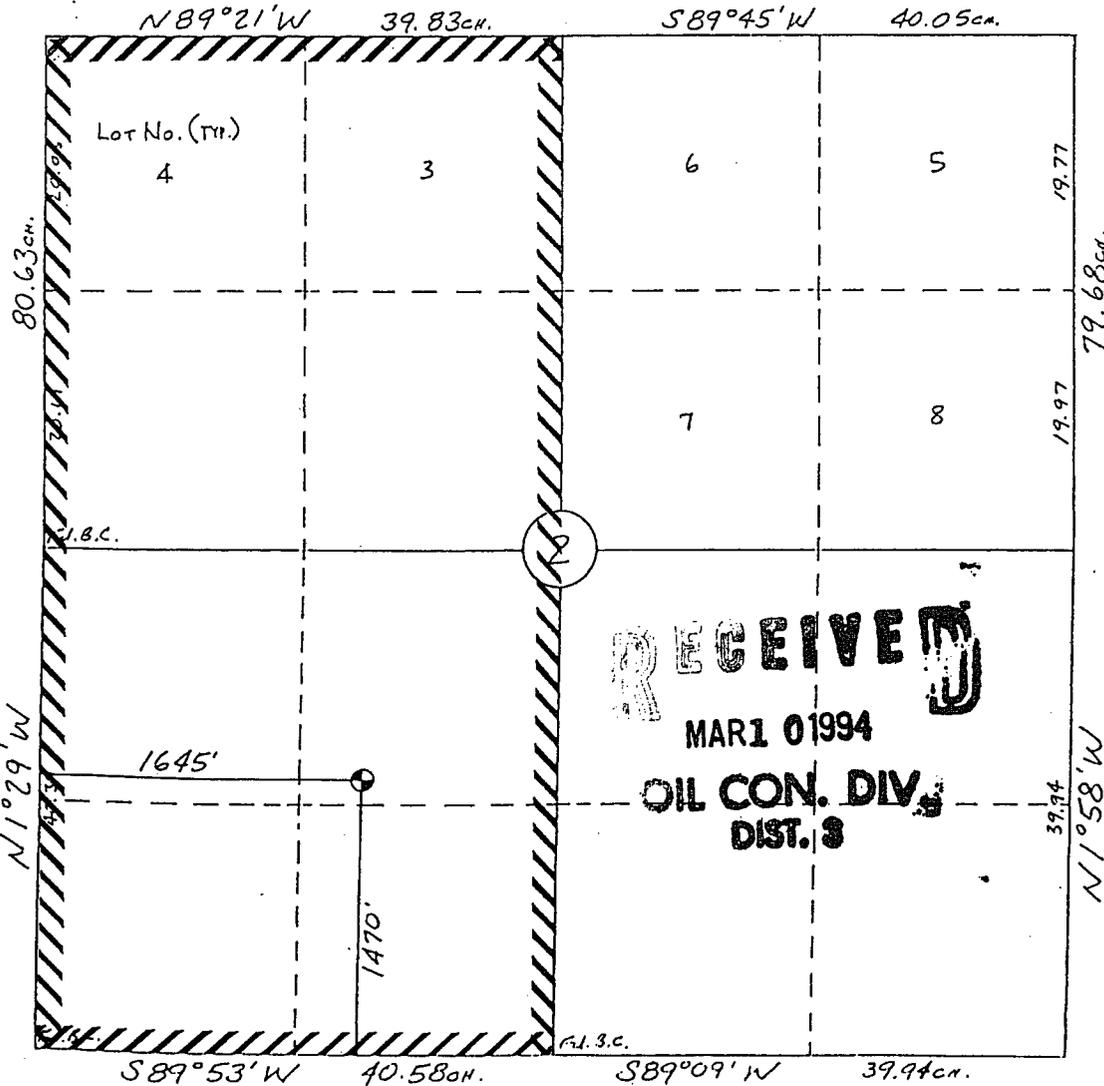
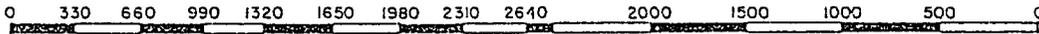
Operator ROBERT L. BAYLESS			Lease MOSELEY		Well No. 1
Unit Letter K	Section 2	Township 30 N	Range 12 W	County San Juan	
Actual Footage Location of Well: 1470 feet from the South line and 1645 feet from the West line					
Ground level Elev. 5788	Producing Formation Fruitland Coal	Pool Basin		Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

 Yes No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

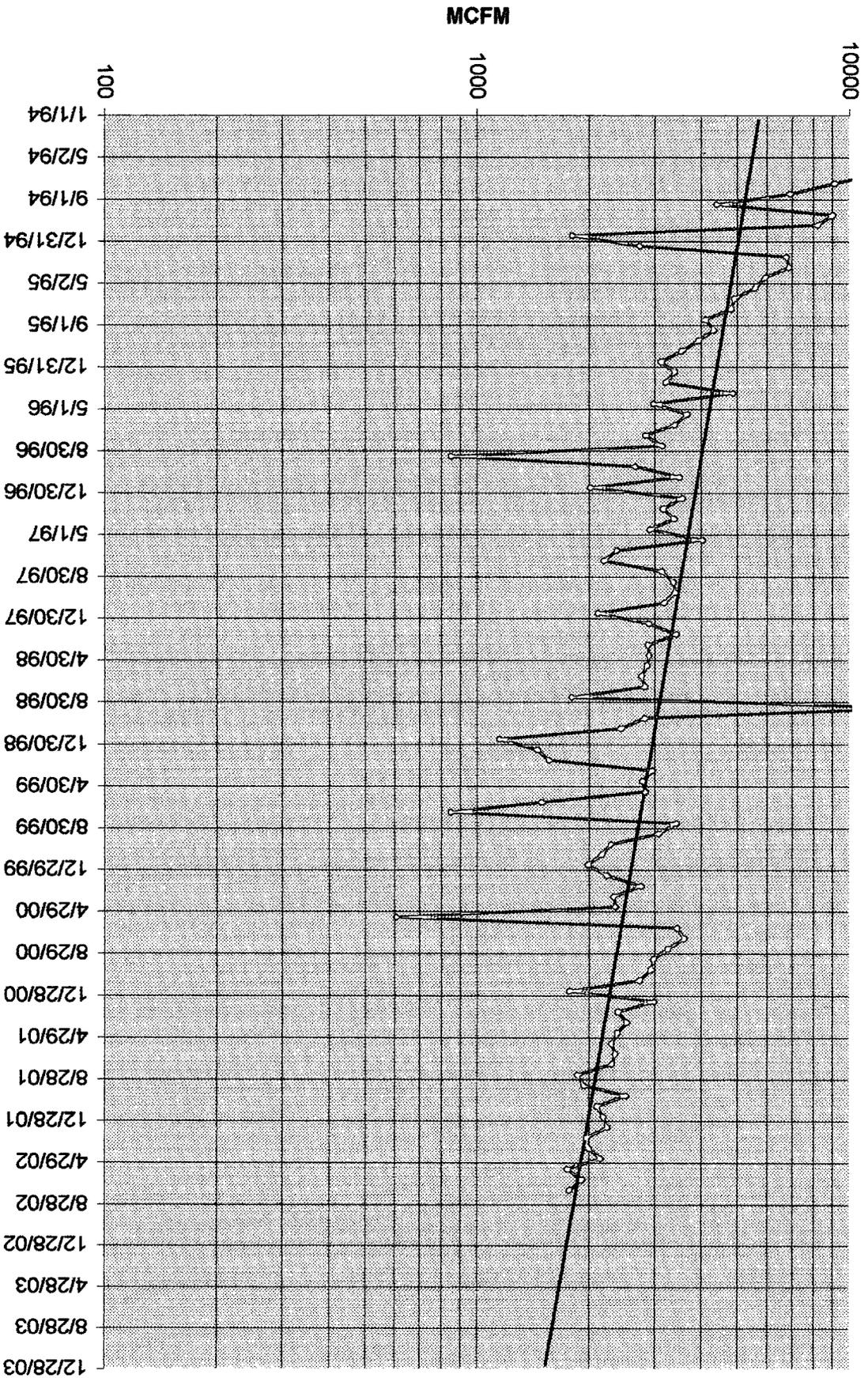
Signature _____
 Printed Name **Price M. Bayless**
 Position **Engineer**
 Company _____
 Date **3/9/94**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed **19 Aug., 1993**
 Signature & Seal of **WILLIAM E. MAHNKE II**
 Professional Land Surveyor
 Registered Professional Land Surveyor
 Certified No. **8466**

Moseley No. 1 FC Production



**MOSELEY No. 1
K- SECTION 2-T30N-R12W
SAN JUAN COUNTY, NM
WORKING INTEREST AND ROYALTY OWNERS LIST**

WORKING INTEREST **Certified Return Receipt No.**

Robert L. Bayless et al	100%	
Burlington Resources Oil & Gas Inc. PO Box 4289 Farmington, New Mexico 87499	Non – Consenting Party	7001 0320 0003 0994 2505

ROYALTY INTEREST OWNERS

BEEBE, INC. PO BOX 118 Grand Junction, CO 81502		7001 0320 0003 0994 2499
BP America, Inc. PO BOX 277897 Atlanta, GA 30384-7985		7001 0320 0003 0994 2482
M. June Bixler 4505 South Yosemite #346 Denver, CO 80237		7001 0320 0003 0994 2475
Estate of Jake C. Brown c/o Alton K. Brown PO BOX 395 Bloomfield, NM 87413		7001 0320 0003 0994 2468
Laura J. Buthorn 3626 W. Commodore Way Seattle, WA 98199		7001 0320 0003 0994 2451
Adrienne Sue Chapman 2975 Bookcliffe Avenue Grand Junction, CO 81504		7001 0320 0003 0994 2444
Ruth M. Crain 1016 Nakomis NE #16 Alubquerque, NM 87112		7001 0320 0003 0994 2437
Felix Dashen Estate c/o Alan G. Dashen 8430 NE 17 th Street Bellevue, WA 98004		7001 0320 0003 0994 2420
Gerard J. Farmer 3227 West Silver Sage Lane Phoenix, AZ 85085		7001 0320 0003 0994 2413
John Phillip Farmer 530 County Road 513 Pittstown NJ 08867		7001 0320 0003 0994 2406

ROYALTY INTEREST OWNERS, CONTINUED

Olive M. Farmer – Revocable Trust Roger J. Bolan, Trustee 17235 N 75 th Avenue, Suite C160 Glendale, AZ 85308	7000 0600 0025 2409 1482
Paul Farmer 364 Nod Hill Road Wilton , CT 06897-1503	7001 0320 0003 0995 0098
Shirley L. Hooper c/o Ronald M. Hem Wildman, Harrold, Allen & Dixon 1961 West Downer Place Aurora, IL 60506	7001 0320 0003 0994 3168
Phyllis McLain 2835 Patterson Rd #8 Grand Junction, CO 81506-6066	7001 0320 0003 0994 3151
Michael McWilliams 7300 Feather River Drive Bakersfield, CA 93308	7001 0320 0003 0994 3144
Diana Farmer Messina 38 Cambridge Way Princeton Junction, NJ 08550	7001 0320 0002 6707 2931
State of New Mexico State Land Office Attn: Pete Martinez PO BOX 1148 Santa Fe, NM 87504	7001 0320 0002 6707 2900
Lois E. Rowley PO BOX 1578 Silverthorne, CO 80498-1578	7001 0320 0002 6707 2924
Katherine A. Shoemaker 7308 West County Club Drive Arlington, WA 98223	7001 0320 0002 6707 2917
Speerex LTD Partnership Anne R. Speer, General Partner 900 Crestview Drive Farmington, NM 87401	7001 0320 0002 6707 2894

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Burlington Resources
 PO Box 4289
 Farmington nm
 87499

2. Article Number

(Transfer from service label)

7001 0320 0003 0994 2505

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Beebe Inc.
 PO Box 118
 Grand Junction CO
 81502

2. Article Number

(Transfer from service label)

7001 0320 0003 0994 2499

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

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

3. Service Type

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

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

1. Article Addressed to:

BP America Inc.
 PO Box 277897
 Atlanta, GA 30384-
 7985

2. Article Number

(Transfer from service label)

7001 0320 0003 0994 2482

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to:	C. Signature	
M. June Bixler 4505 South Yosemite #346 Denver CO 80237	X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001	Domestic Return Receipt	
	102595-01-M-1424	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
Estate of Jake C. Brown c/o Alan K. Brown PO Box 395 Bloomfield NM 87413	X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 1999	Domestic Return Receipt	
	102595-00-M-0952	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
Laura J. Buthorn 3626 W. Commodore Way Seattle, WA 98199	X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001	Domestic Return Receipt	
	102595-01-M-1424	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Adrienne Sue Chapman
2975 Brookcliff Ave.
Grand Junction CO
81504

2. Article Number

(Transfer from service label)

7001 0320 0003 0994 2444

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent
 Addressee

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

3. Service Type

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

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

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

1. Article Addressed to:

Ruth M. Grain
1016 Naumis NE #16
Albuquerque NM 87112

2. Article Number

(Transfer from service label)

7001 0320 0003 0994 2437

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent
 Addressee

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

3. Service Type

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

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

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

1. Article Addressed to:

Jelix Dashen Estate
c/o Alan G. Dashen
8430 NE 17th Street
Bellevue, WA 98004

2. Article Number

(Transfer from service label)

7001 0320 0003 0994 2420

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
<p>Gerard G. Farmer 3227 West Silver Sage Lane Phoenix, AZ 85085</p>	<p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001	3. Service Type	
Domestic Return Receipt	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
102595-01-M-1424	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0320 0003 0994 2413	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
<p>John Phillip Farmer 530 County Road 53 Pittstown NJ 08867</p>	<p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001	3. Service Type	
Domestic Return Receipt	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
102595-01-M-1424	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0320 0003 0994 2406	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
<p>Oline M. Farmer-Revocable Trust Roger J. Bolan, Trustee 17235 N. 75th Ave. Ste C166 Glendale, AZ 85308</p>	<p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001	3. Service Type	
Domestic Return Receipt	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
102595-01-M-1424	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7000 0600 0025 2409140	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Paul Farmer 364 New Hill Road Wilton, CT 06897-1503	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7001 0320 0003 0995 0098	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		

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	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Shirley L. Hooper c/o Ronald M. Hem Wildman, Harold, Allen & Dixon 1961 West Downer Place Aurora, IL 60506	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7001 0320 0003 0994 3168	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		

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	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Phyllis McLain 2835 Patterson Rd #8 Grand Junction CO 81506	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7001 0320 0003 0994 3151	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
Michael McWilliams 7300 Feather River Drive Bakersfield CA 93308	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7001 0320 0003 0994 3144	3. Service Type	
PS Form 3811, March 2001	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-01-M-1424		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
Diana Garner Mussina 38 Cambridge Way Princeton Junction NJ 08550	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7001 0320 0002 6707 2931	3. Service Type	
PS Form 3811, March 2001	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-01-M-1424		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
State of New Mexico State Land Office Attn: Pete Martinez PO Box 1148 Santa Fe, NM 87504	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7001 0320 0002 6707 2900	3. Service Type	
PS Form 3811, March 2001	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-01-M-1424		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Wais E. Rowley PO Box 1578 Silverthorne CO 80498	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7001 0320 0002 6707 2924	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Katherine A. Shoemaker 7308 West County Club Drive Arlington, WA 98223	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7001 0320 0002 6707 2917	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Speerex LTD Partnership Anne R. Spear, General Partner 900 Crestview Drive Farmington NH 02401	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7001 0320 0002 6707 2894	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424