

SWD 11.9.95  
611

LOSEE, CARSON, HAAS & CARROLL, P. A.  
300 YATES PETROLEUM BUILDING  
P. O. DRAWER 239  
ARTESIA, NEW MEXICO 88211-0239

MARY LYNN BOGLE  
ERNEST L. CARROLL  
JOEL M. CARSON  
DEAN B. CROSS  
JAMES E. HAAS  
A. J. LOSEE

TELEPHONE  
(505) 746-3505  
TELECOPY  
(505) 746-6316

October 24, 1995

Mr. William J. LeMay  
Oil Conservation Division  
2040 S. Pacheco  
Santa Fe, NM 87504

Re: Application of Mack Energy Corporation for  
Water Disposal Well/Big George Well No. 3,  
Section 12, Township 17 South, Range 28 East,  
N.M.P.M., Eddy County, New Mexico

Dear Mr. LeMay:

I am submitting herewith the Application for Authorization to Inject of Mack Energy Corporation, as captioned above, with the request that it be considered for administrative approval. Enclosed is an original of the application and one copy, with a copy being provided to the Artesia district office. Proof of notice, both by publication and by mail, will be provided once all return receipt cards are returned and the Affidavit of Publication is received.

If you have any questions, do not hesitate to contact me.

Very truly yours,

LOSEE, CARSON, HAAS & CARROLL, P.A.

  
Ernest L. Carroll

ELC:kth  
Encl.

xc w/enc: OCD, Artesia Division  
Mr. Jim Brown, Mack Energy Corporation

## CHECKLIST for ADMINISTRATIVE INJECTION APPLICATIONS

Operator: MARK ENERGY CORP. Well: BIG GEORGE No 3  
Contact: TIM BROWN Title: eng. Phone: 505-748-1288  
DATE IN 10-28-95 RELEASE DATE 11-7-95 DATE OUT 11-27-95

Proposed Injection Application is for: ☐ WATERFLOOD ☐ Expansion ☐ Initial

Original Order: R- ☐ Secondary Recovery ☐ Pressure Maintenance

☐ SENSITIVE AREAS

☒ SALT WATER DISPOSAL

☐ WIPP ☐ Capitan Reef ☐ Commercial Operation

Data is complete for proposed well(s)? YES Additional Data \_\_\_\_\_

### AREA of REVIEW WELLS

2 Total # of AOR

1 # of Plugged Wells

YES Tabulation Complete

YES Schematics of P & A's

YES Cement Tops Adequate

NO AOR Repair Required

### INJECTION INFORMATION

Injection Formation(s) CISCO

Source of Water AREA PRODUCTION

Compatible YES

### PROOF OF NOTICE

☒ Copy of Legal Notice

☐ Information Printed Correctly

YES Correct Operators

☒ Copies of Certified Mail Receipts

NO Objection Received

☐ Set to Hearing \_\_\_\_\_ Date

NOTES: ON THE WAY

### APPLICATION QUALIFIES FOR ADMINISTRATIVE APPROVAL YES

#### COMMUNICATION WITH CONTACT PERSON:

1st Contact: ☒ Telephoned ☐ Letter 11-27 Date

Nature of Discussion LEGAL & CERT MAIL RECPTS

2nd Contact: ☒ Telephoned ☐ Letter 12-15 Date

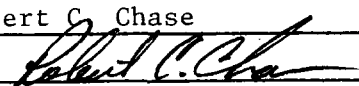
Nature of Discussion OBJECTION FROM BLAZER O&G

3rd Contact: ☐ Telephoned ☐ Letter \_\_\_\_\_ Date

Nature of Discussion \_\_\_\_\_

OBJECTION - SWD SLID THRU BEFORE PUBLIC NOTICE. NOTIFIED TIM BROWN ON 12-15 - HE WILL CONTACT & GET BACK W/ ME TO SEE IF THEY CAN SATISFY OBJECTION!

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage  
Application qualifies for administrative approval? ☐ yes ☐ no
- II. Operator: Mack Energy Corporation  
Address: P.O. Box 960, Artesia, NM 88211-0960  
Contact party: Jim Brown Phone: (505)748-1288
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? ☐ yes ☒ no  
If yes, give the Division order number authorizing the project \_\_\_\_\_.
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- \* VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
  2. Whether the system is open or closed;
  3. Proposed average and maximum injection pressure;
  4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
  5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- \* XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification
- I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- Name: Robert C. Chase Title: Field Supervisor  
Signature:  Date: 10/17/95
- \* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal. \_\_\_\_\_

## III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

## XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED:

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NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

# III WELL DATA

Mack Energy Corporation

Big George

OPERATOR

LEASE

3

1650 FSL 1650 FEL

12

17S

28E

WELL NO.

FOOTAGE LOCATION

SECTION

TOWNSHIP

RANGE

SchematicTabular DataSurface CasingSize 13 3/8" 300' " Cemented with 350 sq.TOC Circ feet determined by Hole size 17 1/2"Intermediate CasingSize 8 5/8" @ 2670' " Cemented with 1500 sq.TOC Circ feet determined by Hole size 12 1/4"Long stringSize 5 1/2" @ 8700' " Cemented with Circ to surface sq.TOC Circ feet determined by Hole size 8 7/8"Total depth 8800'Injection interval8700 feet to 8800 feet  
perforated or open-hole, indicate which)

Tubing size 2 7/8" lined with Plastic set in a  
(material)  
Halliburton Trump packer at 8650 feet  
(brand and model)

(or describe any other casing-tubing seal).

Other Data

- Name of the injection formation Cisco
- Name of Field or Pool (if applicable) None
- Is this a new well drilled for injection? ☒ Yes ☐ No  
If no, for what purpose was the well originally drilled?
- Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used) No
- Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area. Cave San Andres West - 2500'  
Empire Abo North Pool - 6949'  
East Red Lake Queen - 1780'

**V MAP ATTACHED**

[illegible]



# VI TABULATION OF DATA OF AREA OF REVIEW

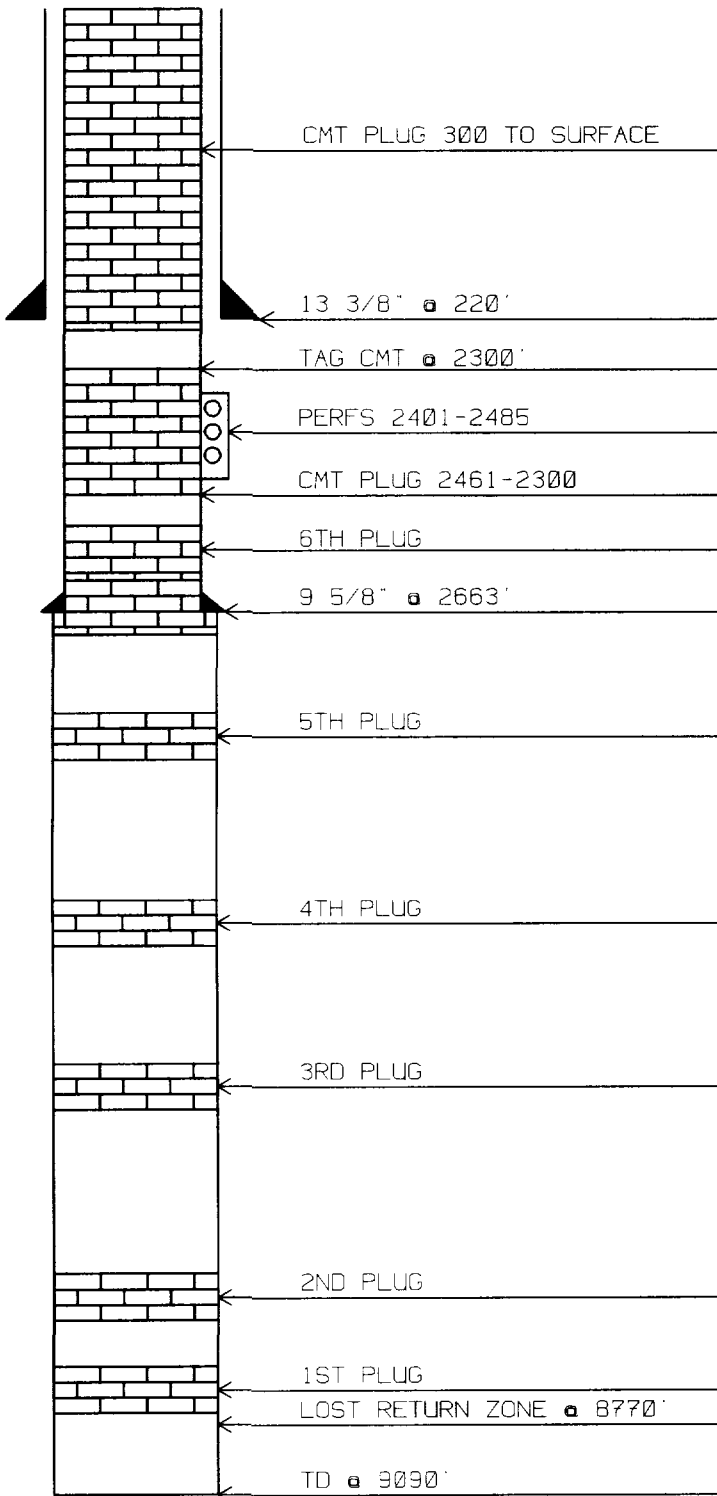
WELL NAME	LOCATION	STATUS	DATE SPUDDED	TOTAL DEPTH	COMPLETION INTERVAL	COMPLETION DATE
PPC FEDERAL #1	UNIT E SEC 7 T17S R29E 1980FNL 525FWL	PLUGGED	08/23/86	9090'	2401-2485	09/16/87
BIG GEORGE STATE #2	UNIT J SEC 12 T17S R28E 2080FSL 1980FEL	PROD	04/17/90	10465'	6949-7048	11/15/94

# EXXON CORPORATION

PPC FEDERAL COM #1

SEC 7 T17S R29E 1980FNL 525FWL

## WELL DIAGRAM



PLUG #1 200SX CLASS C W/2% CC @ 8770-8430

PLUG #2 100SX CLASS H NEAT @ 8254-8104

PLUG #3 100SX CLASS H NEAT @ 7160-7010

PLUG #4 100SX CLASS H NEAT @ 5904-5754

PLUG #5 100SX CLASS H NEAT @ 3794-3644

PLUG #6 100SX CLASS H NEAT @ 2713-2492

PLUG #7 60SX CLASS H NEAT @ 2461-2300

PLUG #8 90SX CLASS H NEAT @ 300-0

# EXXON CORPORATION

PPC FEDERAL COM #1  
SEC 7 T17S R29E 1980FNL 525'FWL

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## WELL HISTORY

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**ELEV:** 3690'

**PBTD:** 2492'

**TD:** 9097'

**SP Csg:** 13 3/8" N-80 STC 68# @ 220' C/w 300sx

**INT Csg:** 9 5/9" N-80 53.5# @ 2663' C/w 700sx Class C w/10% gel and 250sx Class C w/2% CC.

**LS Csg:**

**T SALT:** 200'

**B SALT:** 688'

**PERFS:**

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## DRILLING REPORT

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**08/24/86** Ran 6 jts of 13 3/8" 68# N-80 STC @ 220'. Cemented w/300sx Class C. No Returns. Ran 1" and tag @ 126'. Pump cmt and pea gravel in stages every 2 hrs. Total cmt 600sx w/12 yards pea gravel. Top cmt 80. Ready mix w/12 yards of ready mix to surface.

**09/01/86** 9 5/9" N-80 53.5# @ 2663' C/w 700sx Class C w/10% gel and 250sx Class C w/2% CC. TOC 50. Ready Mix to surface.

**10/03/86** Plugged wellbore back to intermediate csg without setting production csg as follows:

Set 200sx Class H w/2% CC @ 8770-8430 Lost Return Zone 8770'  
Set 100sx H Neat @ 8254-8104  
Set 100sx H Neat @ 7160-7010  
Set 100sx H Neat @ 5904-5754  
Set 100sx H Neat @ 3794-3644  
Set 100sx H Neat @ 2713-2492

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## COMPLETION REPORT

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**01/20/88** Perfed csg from 2401-2485. Acidized perms w/1500 gals 15% NE acid. Frac perms w/40000 gals gelled water and 150sx sand.

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## WELL REPORT

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**06/26/90** Plug and abandon as follows:

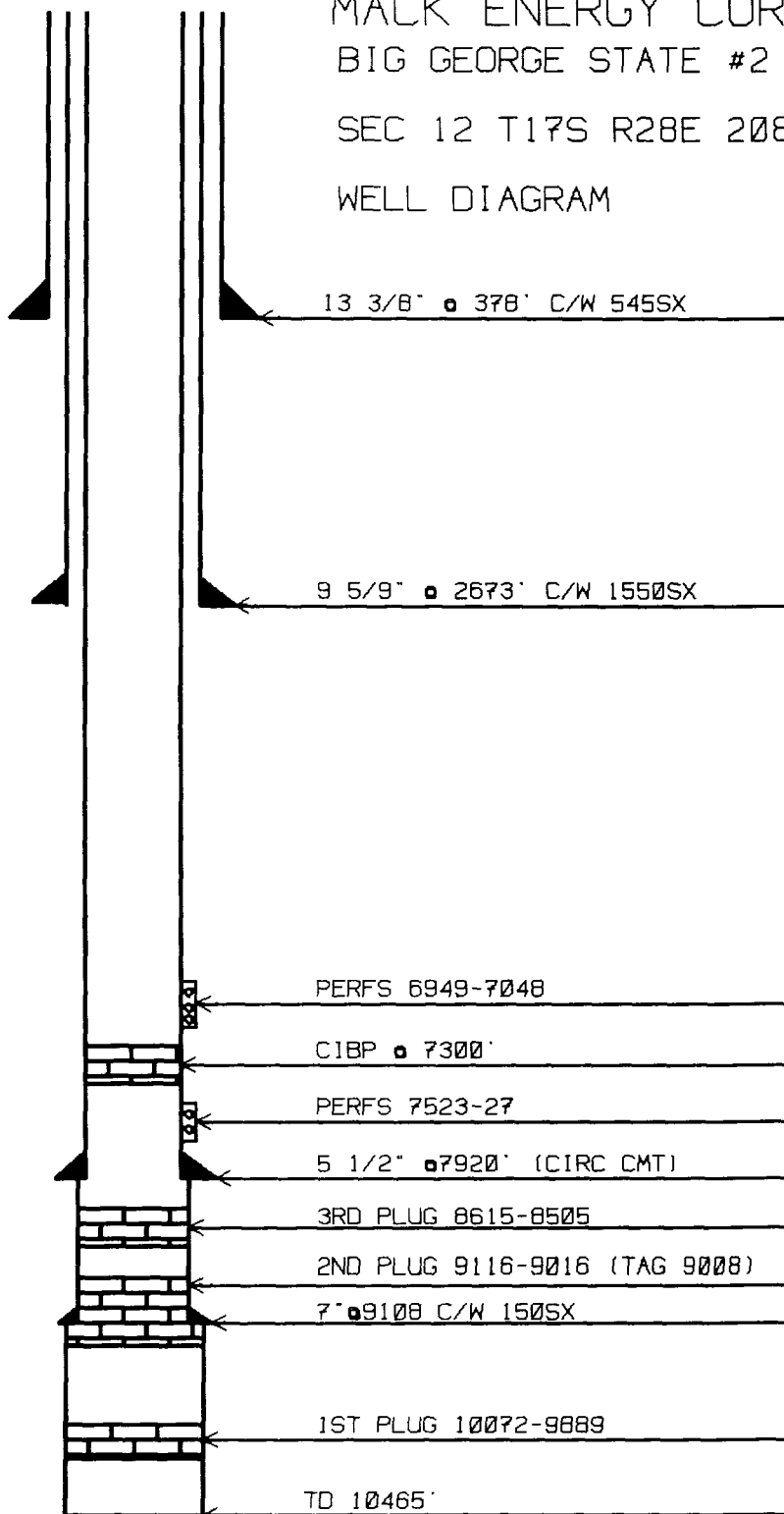
Set 60sx plug @ 2461'. Tag @ 2300'. Circ hole w/9.5# mud. Set 90sx cmt @ 300' to surface. Dumped 2 yard ready mix cmt to top. Installed dry hole marker.

# MACK ENERGY CORPORATION

BIG GEORGE STATE #2

SEC 12 T17S R28E 2080FSL 1980FEL

WELL DIAGRAM



1ST PLUG 10072-9889 W/60SX

2ND PLUG 9116-9016 W/35SX

3RD PLUG 8615-8505 W/28SX

TAG PLUG #2 at 9008

# MACK ENERGY CORPORATION

BIG GEORGE #2

Sec 12 Twp 17-S Rge 28E 2080' FSL 1980' FEL

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## WELL HISTORY

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**CIBP** 7300' (10-27-94)

**PBTD:** 7300'

**TD:** 10465'

**SP Csg:** 13 3/8" 42# @ 378' C/w 545sx (cmt to surface with 1")

**Int. Csg:** 9 5/8" @ 2673' cmt. with 1550 sx. (Circ 150sx)

7" @ 9108 cmt. with 150 sx. Pulled 7915' out of hole.

**LS Csg:** 5 1/2" 17# N-80 LT&C @ 7920' DV TOOL @ 4962' Cmt 1st Stage w/825sx 50/50 poz w/2.5# salt 4/10 of 1% Halad 322. 2nd Stage C/w 850sx Hali Light w/6# salt 1/4# Flocele & 100sx C neat.

**T SALT:**

**B SALT:**

**PERFS:** 6949-6961'-22holes, 7523'-7527'-10holes 2 Shots per ft. 6994,95,96,7011,13,14,20,34,36,38,46,47,48.

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## COMPLETION REPORT

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## WELL REPORT

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04/17/90 Spud 17 1/2" hole

04/18/90 Set 13 3/8" H-40 48# @ 378' C/w 370sx Premium Plus w/1/4# flocele and 2% CC. TOC by survey 225'. 1" w/25sx. 1" @110' w/150sx and Circ cmt to surface.

04/26/90 Set 9 5/9" 36# @ 2674' C/w 1300sx Class C Lite. 85% premium plus and 15% Poz w/8% gel 1/4# flocele, w/250sx Class C w/2% CC and 14# flocele. Circ 150sx to surface.

05/21/90 Set 7" J-55 26# @ 9108' C/w 150sx Class H Neat w/1% CC.

06/05/90 Plugging operations with following plugs set. 9889-10072 60sx. 9016-9116 35sx. (tagged at 9008), 8505-8615 28sx., 7850-7950 45sx. 6926-7026 35sx., 5910-6010 35sx., 3690-3790 35sx., 2625-2725 50sx. (tagged at 2620) 450' 35sx. Surface 15sx. (Cut 7" csg off @ 7915 and pulled 7915 out of hole)

10/15/94 Rigged up

10/16/94 Ran 8 3/4" bit and ceaned out to 4700'.

10/18/94 Cleaned out to 7100'

10/19/94 Cleaned out to 7818

10/21/94 Logged well and prep to run csg. Ran 231 jts 5 1/2" 17# N-80 csg. Set at 7920'. Cmt 1st stage from TD back to 4962' w/825sx 50/50 poz w/6# salt and 4/10 of 1% Halad 322. Circ 69sx of ES Cementer. 2nd stage w/850sx Haliburton Lite and tail in w/100sx Class C cmt. Circ 25sx.

10/25/94 Perfed csg 7523-27.

10/26/94 Acidized perms w/500 gals 15% NE acid.

10/27/94 Set CIBP @ 7300'. Perfed csg from 6953-57. Acidized perms w/500 gals 15% NE acid.

10/31/94 Put well on pump.

11/08/94 Perfed csg 6994-7048

11/09/94 Acidized perms 6994-7048 w/1000 gals acid.

11/12/94 Put well back on pump.

## **V11 DATA SHEET: PROPOSED OPERATIONS**

- 1 Proposed average and maximum daily rate and volume of fluids to be injected;  
**Respectively, 1500 BWPD and 2500 BWPD**
- 2 The system is closed or open;  
**Closed**
- 3 Proposed average and maximum injection pressure;;  
**Vacuum- 100#**
- 4 Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water;  
**WE WILL BE REINJECTING PRODUCED WATER**
- 5 If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water;  
**WE WILL BE DRILLING THIS WELL AND INFORMATION IS NOT AVAILABLE**

# VIII GEOLOGICAL DATA

## LITHOLOGIC DETAIL

*DOLOMITIC & LIME*

## GEOLOGICAL NAME

*CISCO*

## THICKNESS

*600'*

## DEPTH

*8725-9440*



# **IX PROPOSED STIMULATION PROGRAM**

**TO BE TREATED WITH 1000 GALLONS 15% ACID**

## **X LOGS AND TEST DATA**

WELL WILL BE DRILLED AND INFORMATION WILL BE FURNISHED

## **XI CHEMICAL ANALYSIS OF FRESH WATER**

THERE IS NO FRESH WATER IN THIS AREA WITHIN ONE MILE OF THIS WELL  
See Attached letter from New Mexico State Engineer Office



**STATE OF NEW MEXICO**

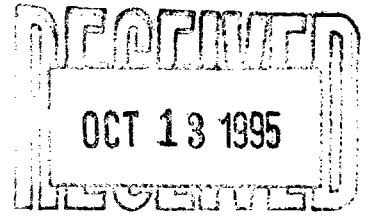
**STATE ENGINEER OFFICE**

**Thomas C. Turney**  
State Engineer

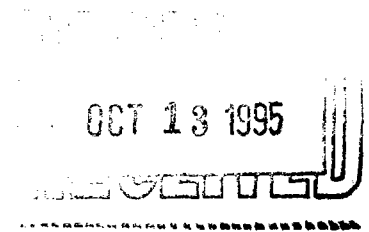
**ROSWELL**

**October 12, 1995**

**DISTRICT II**  
1900 West Second St.  
Roswell, New Mexico 88201  
(505) 622-6521



**Robert Chase**  
**Mack Energy Corp.**  
**P. O. Box 960**  
**Artesia, NM 88211-0960**

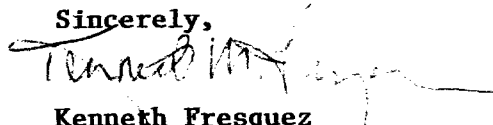


**Dear Sir:**

No records were found in the State Engineer Office files for the location, Township 17 South, Range 28 East, Section 12, or the surrounding area.

If you have any other questions or requests, do not hesitate to contact me.

**Sincerely,**

  
**Kenneth Fresquez**  
**Field Engineer**

**KF/lc**  
**cc: Santa Fe**

# MACK ENERGY CORPORATION

P.O. Box 960  
Artesia, New Mexico 88211-0960  
(505) 748-1288 / FAX (505) 746-2362

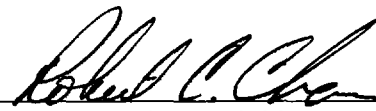
## XII AFFIRMATIVE STATEMENT

RE: Big George State #3

We have examined the available geologic and engineering data and find no evidence of open faults or any other hydrolic connection between the disposal zone and any underground source of drinking water.

**Mack Energy Corporation**

Date: 10/17/95

  
Robert C. Chase, Field Supervisor

LAW OFFICES

LOSEE, CARSON, HAAS & CARROLL, P. A.

MARY LYNN BOGLE  
ERNEST L. CARROLL  
JOEL M. CARSON  
DEAN B. CROSS  
JAMES E. HAAS  
A. J. LOSEE  
BARRY D. GEWEKE

300 YATES PETROLEUM BUILDING  
P. O. BOX 1720  
ARTESIA, NEW MEXICO 88211-1720

TELEPHONE  
(505) 746-3505  
TELECOPY  
(505) 746-6316

December 1, 1995

**VIA FACSIMILE AND FIRST CLASS MAIL**

Mr. Rand Carroll  
Oil Conservation Division  
2040 S. Pacheco  
Santa Fe, NM 87504

Re: Application of Mack Energy Corporation for  
Water Disposal Well/Big George Well No. 3,  
Section 12, Township 17 South, Range 28 East,  
N.M.P.M., Eddy County, New Mexico - Adminis-  
trative Order SWD-611

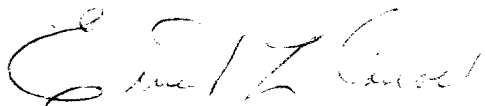
Dear Mr. Carroll:

Our office is in receipt of Administrative Order SWD-611, entered November 27, 1995, in connection with the above-captioned application. Be advised that proof of notice to date has not been provided, and is pending pursuant to our initial conveyance of the application itself.

Mack Energy Corporation hereby agrees not to drill and inject the referenced well until proof of notice has been completed. Thank you for your assistance.

Very truly yours,

LOSEE, CARSON, HAAS & CARROLL, P.A.



Ernest L. Carroll

ELC:kth

xc Mr. Jim Brown, Mack Energy Corporation

# Affidavit of Publication

No. 15294

STATE OF NEW MEXICO,

County of Eddy:

Gary D. Scott being duly sworn, says: That he is the Publisher of The Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and state, and that the hereto attached Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for 1 consecutive weeks on the same day as follows:

First Publication November 30, 1995

Second Publication \_\_\_\_\_

Third Publication \_\_\_\_\_

Fourth Publication \_\_\_\_\_

Subscribed and sworn to before me this 1st day of December 19 95

Emmanuel Boers  
Notary Public, Eddy County, New Mexico

My Commission expires September 23, 1999

## Copy of Publication

### LEGAL NOTICE

#### NOTICE OF APPLICATION FOR AUTHORIZATION TO INJECT

NOTICE IS HEREBY GIVEN that Mack Energy Corporation, P.O. Box 1359, Artesia, NM, 88211-1359, (505) 748-1288 (Contact Jim Brown) has made application to the Oil Conservation Division of the State of New Mexico Energy and Minerals Department to drill its Big George Well #3, located 1650' FSL, 1650' FEL of Section 12, Township 17 South, Range 28 East, N.M.P.M., Eddy County, New Mexico, as a water disposal well.

The injection formation is the Cisco formation, at 8700' to 8800', with a proposed average and maximum daily rate and volume of fluids to be injected of 1500 BWPD and 2500 BWPD, respectively. The proposed average and maximum injection pressure of vacuum - 100%.

Interested parties must file objections or requests for hearing with the Oil Conservation Division, 2040 S. Pacheco, Santa Fe, New Mexico, 87501 within 15 days of the last date of publication.

LOSEE, CARSON, HAAS & CARROLL, P.A.

by: s-Ernest L. Carroll  
Ernest L. Carroll  
P.O. Box 1720  
Artesia, New Mexico  
88211-1720  
(505) 746-3505

Attorneys for Applicant  
Published in the Artesia Daily Press, Artesia, N.M. November 30, 1995.

Legal 15294

EXHIBIT

C

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

6. Signature (Agent) *John P. [illegible]*

5. Signature (Addressee)

3. Article Addressed to:  
BIOGROSS Petroleum, Inc.  
#13 Townhouse Court  
Belairre, TX 77401-3315

4a. Article Number  
2153 498 340

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12/4/95

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

6. Signature (Agent) *Glenn D. Nelson*

5. Signature (Addressee)

3. Article Addressed to:  
Nelson Beach Oil Investments  
P.O. Box 29777  
Dallas, TX 75229

4a. Article Number  
2061 312 801

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service

SENDER:

• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Carl C. Beach  
711 N. Carancahua  
Suite 1106  
Corpus Christi, TX 78475

4a. Article Number  
2153 498 341

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-5-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee) *[illegible]*

6. Signature (Agent) *[illegible]*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

SENDER:

• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
B & W Oil Co., Inc.  
Route 252 N. Haldeman Rd.  
Artesia, NM 88210

4a. Article Number  
2046 532 357

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12/2/95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee) *Louisa Smith*

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

SENDER:

• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Conoco, Inc.  
10 Deska Drive 100 W.  
Midland, TX 79705-9702

4a. Article Number  
2064 714 885

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-7-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee) *Anita Gonzalez*

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

SENDER:

• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Ray Powell, Commissioner  
Public Lands  
P.O. Box 1148  
Santa Fe, NM 87504-1148

4a. Article Number  
2064 714 886

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee) *[illegible]*

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

DOMESTIC RETURN RECEIPT



our RETURN ADDRESS completed on the reverse side

6. Signature (Agent) *Kinda Walker*

5. Signature (Addressee)

3. Article Addressed to:  
William N. Beach  
800 N. Marientfeld, Suite 200  
Midland, TX 79701

4a. Article Number  
2046 532356

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-5-95

8. Addressee's Address (Only if requested and fee is paid)

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Brock Resources, Inc.  
225 Baronne Street, Ste 700  
New Orleans, LA 70112

5. Signature (Addressee) *Joseph*

6. Signature (Agent)

4a. Article Number  
2046 532356

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-5-95

8. Addressee's Address (Only if requested and fee is paid)

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
- Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

6. Signature (Agent) *Kinda Walker*

5. Signature (Addressee)

3. Article Addressed to:  
William N. Beach  
800 N. Marientfeld, Suite 200  
Midland, TX 79701

4a. Article Number  
2046 532353

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Transoceanic Oil & Gas, Inc.  
Box 418  
Sanger, TX 76266

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
2153 498 330

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-8-95

8. Addressee's Address (Only if requested and fee is paid)

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
- Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

6. Signature (Agent) *James Howell*

5. Signature (Addressee)

3. Article Addressed to:  
B.D. Nartrell Family Trust  
2311 Maxwell Drive  
Midland, TX 79705-4911

4a. Article Number  
2061 312 807

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-2-95

8. Addressee's Address (Only if requested and fee is paid)

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Hunt Oil Co.  
1445 Ross at Field  
Dallas, TX 75202

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
2064 714 887

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 8 1995

8. Addressee's Address (Only if requested and fee is paid)

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
- Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

6. Signature (Agent) *James Howell*

5. Signature (Addressee)

3. Article Addressed to:  
B.D. Nartrell Family Trust  
2311 Maxwell Drive  
Midland, TX 79705-4911

4a. Article Number  
2061 312 807

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-2-95

8. Addressee's Address (Only if requested and fee is paid)

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

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- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Atlantic Richfield Co.  
P. O. Box 600  
Dallas, TX 75221

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
2153 498 313

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-8-95

8. Addressee's Address (Only if requested and fee is paid)

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
- Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

3. Article Addressed to:  
Gary L. or Pat Maypole  
503 E. Green Acres  
Hobbs, NM 88240-5725

4a. Article Number  
2 153 498 394

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Pat Maypole*

6. Signature (Agent)

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Charles L. West  
3103 Auburn  
Midland, TX 79705

5. Signature (Addressee)  
*Charles L. West*

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

4a. Article Number  
2 153 498 394

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
Gary L. or Pat Maypole  
503 E. Green Acres  
Hobbs, NM 88240-5725

4a. Article Number  
2 153 498 394

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-7-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Pat Maypole*

6. Signature (Agent)

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Sabre Exploration, Inc.  
P. O. Box 4848  
Wichita Falls, TX 76308  
0848

5. Signature (Addressee)  
*Robin White*

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

4a. Article Number  
2 153 498 328

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-8-95

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
Gordon Sibeck  
4009 Miramar  
Dallas, TX 75205

4a. Article Number  
2 061 312 408

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-7-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Gordon Sibeck*

6. Signature (Agent)

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Anadarko Petroleum  
P.O. Box 2495  
Midland, TX 79702

5. Signature (Addressee)  
*D. Talley*

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

4a. Article Number  
2 061 312 811

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC - 6 1995

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
Gordon Sibeck  
4009 Miramar  
Dallas, TX 75205

4a. Article Number  
2 061 312 408

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-7-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Gordon Sibeck*

6. Signature (Agent)

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Anadarko Petroleum  
P.O. Box 2495  
Midland, TX 79702

5. Signature (Addressee)  
*D. Talley*

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

4a. Article Number  
2 061 312 810

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-7-95

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
Devon Energy Corp.  
20 North Broadway  
Suite 1500  
Oklahoma, OK 73102

4a. Article Number  
2 061 312 810

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-7-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Devon Energy Corp.*

6. Signature (Agent)

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Devon Energy Corp.  
20 North Broadway  
Suite 1500  
Oklahoma, OK 73102

5. Signature (Addressee)  
*Devon Energy Corp.*

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

4a. Article Number  
2 061 312 810

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-7-95

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: <b>A. J. Cain</b> <b>2606 Fannin</b>	4a. Article Number <b>2046532355</b>	

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p><b>Warren Maypole</b>  <b>2101 Acoma</b>  <b>Hobbs, NM 88240</b></p>		<p>4a. Article Number</p> <p><b>2 212 312 409</b></p>	
<p>5. Signature (Addressee)</p> <p><i>Ramona Maypole</i></p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>6. Signature (Agent)</p>		<p>7. Date of Delivery</p> <p><b>12-2-95</b></p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: S. W. Crosby III P.O. Box 2346 Roswell, NM 88201		4a. Article Number 2046 532 350	
5. Signature (Addressee)  6. Signature (Agent)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 <b>DOMESTIC RETURN RECEIPT</b>			

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Glenn's Water Well Service, Inc. P.O. Box 692 Tatum, NM 88267		4a. Article Number 2153 498 317	
5. Signature (Addressee) <i>Glenn Glenn</i> 6. Signature (Agent)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 <b>DOMESTIC RETURN RECEIPT</b>			

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Blazer Oil & Gas, Inc. P. O. Box 692 Tatum, NM 88247		4a. Article Number 2153 498 316	
5. Signature (Addressee) <i>Glenn Glenn</i> 6. Signature (Agent)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 <b>DOMESTIC RETURN RECEIPT</b>			

LAW OFFICES

OSSEE, CARSON, HAAS & CARROLL, P. A.  
300 YATES PETROLEUM BUILDING  
P. O. BOX 1720  
ARTESIA, NEW MEXICO 88211-1720

**CERTIFIED**

Z 682 961 310

**MAIL**

Pacific Enterprises Oil Co.  
P. O. Box 3083  
Midland, TX 79702



Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

3. Article Addressed to:  
Explorers Petroleum Corp.  
P. O. Box 1933  
Roswell, NM 88201

4a. Article Number  
2153498398

4b. Service Type  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Diamond Truck  
Midland, TX 79702

4a. Article Number  
2153498398

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

3. Article Addressed to:  
Spiral, Inc.  
P. O. Box 1933  
Roswell, NM 88201

4a. Article Number  
2153498324

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Ms. Erma Lowe  
P.O. Box 832  
Midland TX 79702

4a. Article Number  
2153498337

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC - 4 1995

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

3. Article Addressed to:  
Parker & Parsley Development  
L.P.  
P. O. Box 3178  
Midland, TX 79702

4a. Article Number  
2153498327

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC - 4 1995

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Harvey E. Yates Co.  
P.O. Box 1933  
Roswell, NM 88210

4a. Article Number  
2153498320

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

3. Article Addressed to:  
P. O. Box 2323  
Roswell, NM 88208

4a. Article Number  
2153498331

4b. Service Type  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

3. Article Addressed to:  
1306 S. 9th St.  
Artesia, NM 88210

4a. Article Number  
2153498312

4b. Service Type  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

3. Article Addressed to:  
P.O. Box 832  
Midland TX 79702

4a. Article Number  
2153498338

4b. Service Type  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 4 1995

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Fina Oil & Chemical  
P. O. Box 2990  
6 Desta Drive, Ste 4400  
Midland, TX 79705

4a. Article Number  
2153498339

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

SENDER:  
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• Complete items 3, and 4a & b.  
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• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Thomas H. Boyd  
Route B Box 103  
Lamesa, TX 79331

4a. Article Number  
2046532354

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-2-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Noel B. Debnam  
607 N. 23rd  
Lamesa, TX 79331

4a. Article Number  
2212312404

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 8 1995

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Mararo, Inc.  
P.O. Box 832  
Midland TX 79702

4a. Article Number  
2153498338

4b. Service Type  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 4 1995

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.



Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

3. Article Addressed to:  
J. Norton Company  
5211 Brownfield Hwy, Ste 230  
Lubbock, TX 79407-3501

4a. Article Number  
2061312809

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
J. Norton

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

3. Article Addressed to:  
Huffman Investments  
P.O. Box 4976  
Odessa, TX 79760

4a. Article Number  
2212312407

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-2-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
Huffman Investments

6. Signature (Agent)

Thank you for using Return Receipt Service

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
J. H. Baldwin  
Box 422  
Lamesa, TX 79331

5. Signature (Addressee)  
J. H. Baldwin

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Mary Swenson Revocable Trust  
Attn: Harry Knight Sr. Vice President  
Plains National Bank of Lubbock  
P. O. Box 271  
Lubbock, TX 79408

4a. Article Number  
2046532349

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
Mary Swenson

6. Signature (Agent)  
Linda

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Harrell Spears  
2710 Avenue Q  
Lubbock, TX 79405

4a. Article Number  
2046532348

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-2-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
Harrell Spears

6. Signature (Agent)  
B. Schultz

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
S&M Oil Operations  
2575 South Loop 289  
Lubbock, TX 79423-1440

4a. Article Number  
2046532346

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-2-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
S&M Oil Operations

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
2046532351

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC - 4 1995

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
2046532349

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-4-95

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
2046532348

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-2-95

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
2046532346

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
12-2-95

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

5 Signature (Addressee)  
6 Signature (Agent)

Chase Oil Corporation  
P.O. Box 1767  
Attesia, TX 75231

7 Date of Delivery  
12/4/91

8 Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

5 Signature (Addressee)  
6 Signature (Agent)

Howard N. Brown  
5211 Brownfield Hwy  
Lubbock, TX 79401

7 Date of Delivery  
12/4/91

8 Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

5 Signature (Addressee)  
6 Signature (Agent)

Arnold M. Gaynor  
7129 Kenny Lane  
Dallas, TX 75231

7 Date of Delivery  
12/4/91

8 Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt

SENDER:

3. Article Addressed to:  
James D. Cochran, M.D.  
208 Presbyterian Professional Bldg.  
8210 Walnut Hill Lane  
Dallas, TX 75231

5. Signature (Addressee)  
6. Signature (Agent)  
Ray Rogers

PS Form 3811, December 1991

SENDER:

3. Article Addressed to:  
W. E. Maypole  
P.O. Box 598  
Seminole, TX 79360

5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, December 1991

SENDER:

3. Article Addressed to:  
G. K. McDonald  
P.O. Box 736  
Lamesa, TX 79331-736

5. Signature (Addressee)  
6. Signature (Agent)

Form 3811, December 1991

SENDER:

3. Article Addressed to:  
Arnold M. Gaynor  
7129 Kenny Lane  
Dallas, TX 75231

5. Signature (Addressee)  
6. Signature (Agent)

Form 3811, December 1991

Consult Postmaster for  
Article Number  
2153 498 341

Service Type  
Registered

Postage Paid  
Return to Merchandise

Addressed to Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

Consult Postmaster for  
Article Number  
2153 498 341

Service Type  
Registered

Postage Paid  
Return to Merchandise

Addressed to Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

Consult Postmaster for  
Article Number  
212 322 4

Service Type  
Registered

Postage Paid  
Return to Merchandise

Addressed to Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

Consult Postmaster for  
Article Number  
212 322 4

Service Type  
Registered

Postage Paid  
Return to Merchandise

Addressed to Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT



1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**John Angel**  
1809 N. Mesa St.  
Carlsbad, NM 88220-8840

4a. Article Number  
**2153498315**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*John Angel*

6. Signature (Agent)

3. Article Addressed to:  
**Phillips Petroleum Company**  
P.O. Box 1967  
Houston, TX 77001

4a. Article Number  
**2153498321**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**DEC 4 1995**

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**John Angel**  
1809 N. Mesa St.  
Carlsbad, NM 88220-8840

4a. Article Number  
**2153498315**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*John Angel*

6. Signature (Agent)

3. Article Addressed to:  
**Phillips Petroleum Company**  
P.O. Box 1967  
Houston, TX 77001

4a. Article Number  
**2153498321**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**DEC 4 1995**

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**Beach Exploration, Inc.**  
800 N. Marienfeld, Ste. 200  
Midland, TX 79701

4a. Article Number  
**2153498322**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**12-4-95**

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Kinda Wallace*

6. Signature (Agent)

3. Article Addressed to:  
**Beach Exploration, Inc.**  
800 N. Marienfeld, Ste. 200  
Midland, TX 79701

4a. Article Number  
**2153498322**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**12-4-95**

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**Beach Exploration, Inc.**  
800 N. Marienfeld, Ste. 200  
Midland, TX 79701

4a. Article Number  
**2153498322**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**12-4-95**

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Kinda Wallace*

6. Signature (Agent)

3. Article Addressed to:  
**Beach Exploration, Inc.**  
800 N. Marienfeld, Ste. 200  
Midland, TX 79701

4a. Article Number  
**2153498322**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**12-4-95**

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**Bonneville Fuels Corporation**  
1660 Lincoln, Suite 1800  
Denver, CO 80264

4a. Article Number  
**2153498323**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)  
*James Ray*

3. Article Addressed to:  
**Bonneville Fuels Corporation**  
1660 Lincoln, Suite 1800  
Denver, CO 80264

4a. Article Number  
**2153498323**

4b. Service Type  
☐ Registered ☐ Insured  
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☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

Signature (Addressee)  
Signature (Agent)

3. Article Addressed to:  
Estate of Lillie M. Yates  
105 S. Fourth St.  
Artesia, NM 88210

4a. Article Number  
2 153 498 332

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 4 1995

8. Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
O. J. Barron  
P.O. Box 10316  
Lubbock, TX 79408

4a. Article Number  
2 046 532 352

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 4 1995

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Abc Petroleum Corporation  
105 S. Fourth St.  
Artesia, NM 88210

4a. Article Number  
2 153 498 334

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 4 1995

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse?

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

Signature (Addressee)  
Signature (Agent)

3. Article Addressed to:  
Abc Petroleum Corporation  
105 S. Fourth St.  
Artesia, NM 88210

4a. Article Number  
2 153 498 336

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 4 1995

8. Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

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• Complete items 3, and 4a & b.  
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• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Sharbro  
105 S. Fourth St.  
Artesia, NM 88210

4a. Article Number  
2 153 498 333

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 4 1995

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

SENDER:  
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• Complete items 3, and 4a & b.  
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• Attach this form to the front of the mailpiece, or on the back if space does not permit.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Yates Drilling Company  
105 S. Fourth St.  
Artesia, NM 88210

4a. Article Number  
2 153 498 335

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
DEC 4 1995

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

**BLAZER OIL & GAS, INC.**POST OFFICE BOX 692  
TATUM, NEW MEXICO 88267PHONE  
(505) 398-8530

12/14/95  
Re Disposal Well  
Mach ENERGY  
Sec 12 - T17S - R28E  
ATT BEN STONE

Dear BEN,

I am in receipt of notice that a disposal well will be permitted in a well that adjoins a lease that I have in this same section. I wish to object to this because it might have an adverse effect on my lease. I will contact you by phone later.

Yours Truly  
Clark A. Jones