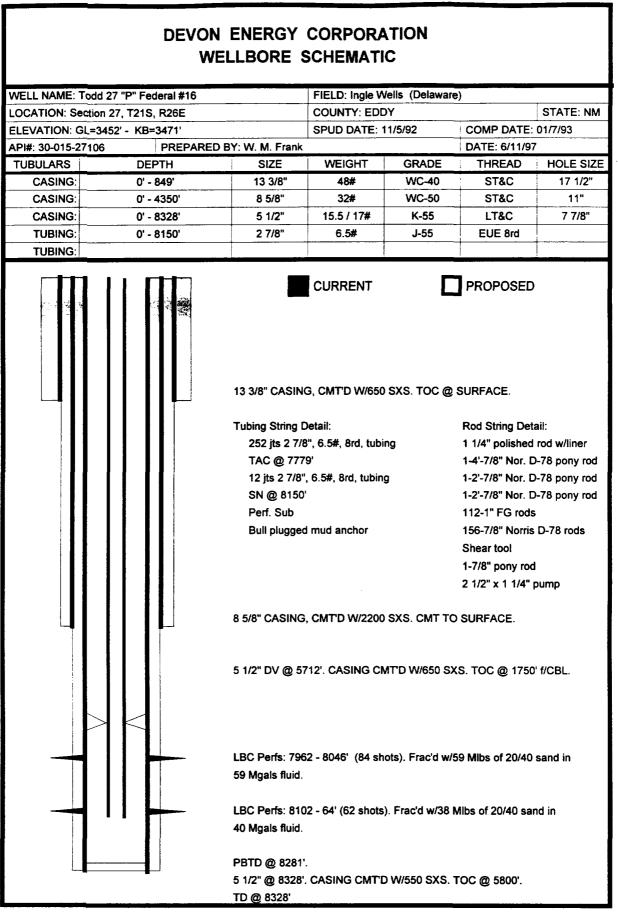


TOD2716A.SCH



TOD2716.SCH

Todd "27P" Federal #16 (Conversion)

#### ATTACHMENT IX

## **DEVON ENERGY CORPORATION**

Interoffice Correspondence

06-20-97

TO: Rick Clark

FROM: W.M. Frank

RE: SWD Well Conversion Procedure of an Ingle Wells (Delaware) Oil well Todd 27"P" Federal #16 330' FSL & 330' FEL Section 27-T23S-R31E Eddy County, New Mexico

Well Data:	Elevation	3452' GL	- 3471' KB
	TD	8328' Driller	- 8326' Log
	PBTD	8270'	

Casing: 13-3/8" 48# WC-40 @ 849' Cement Circulated 8-5/8" 32# WC-50 @ 4350' Cement Circulated 5-1/2" 15.5 & 17# K-55 @ 8328' Cmt w/550 sx DV Tool @ 5712' Cmt w/650 sx

#### Procedure

NOTE: Purchase  $\pm$  4,500' of 2 7/8", J-55, 8rd, yellow band, tubing and AD-1 packer (or equivalent) and send to have string and packer plastic coated w/ICO 505 epoxy coating (or equivalent).

- 1. Pump hot water down tubing annulus and pump back overnight. MIRU DDPU. Unseat pump, POOH laying down rods and pump. Take care to follow handling guidelines when laying down rod string. ND pumping tee, release TAC, NU BOPE. POOH w/tubing. Tally out of hole laying down 3,000' of tubing and standing back remainder.
- 2. MIRU Electric line unit. TIH w/CIBP and set @ 7,940'. TIH and dump bail a minimum of 35' of cement on top of CIBP. Load hole w/produced water. TIH w/CIBP and set @ 5,210'. TIH and dump bail a minimum of 35' of cement on top of CIBP. Test casing to 2,500 psig f/30 minutes on chart. If casing tests OK, go to step #3. If leak is detected an alternate procedure will be written.

3. Perforate well as follows:

5,042' - 5,082' 21 h	noles 1 sp2f	,
4,946' - 4,960'	8 holes	1 sp2f
4,880' - 4,904'	13 holes	1 sp2f
TOTAL HOLES	42 holes	

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92. Perforation depths above are based on Wedge CBL dated 12/12/92.

- 4. TIH w/treating packer on tubing hydrotesting tubing in hole to 5000 psig. Set packer @ 4790'. Load annulus and test packer to 1000 psig.
- 5. MIRU BJ. Acidize perfs using 1500 gallons 7-1/2% NEFE and 75, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
- 6. Release packer and lower past perfs. POOH w/packer standing back tubing.
- 7. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
4	30# X-L Gel	2,000	8	16,000
5	30# X-L Gel	2,500	10	25,000
6	30# X-L Gel	3,000	10*	30,000
Flush	Salt Water	4,697		
Total		25,697		92,000

\* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

8. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour.

9. MIRU electric line unit. Perforate well as follows:

4,694' - 4,740' 24 holes 1 sp2f

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92. Perforation depths above are based on Wedge CBL dated 12/12/92.

- 10. PU and TIH w/RBP-treating packer combination. Set RBP at 4790'. Release from RBP, PU one joint and set packer. Test RBP to 5000 psig. Release packer and spot 2 sxs sand to EOT. POOH w/packer to 4570'. Set packer and test annulus to 1000 psig. Let sand settle overnight.
- 11. MIRU BJ. Acidize perfs using 1500 gallons 7-1/2% NEFE and 40, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
- 12. Release packer and lower past perfs. POOH w/packer standing back tubing.
- 13. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
4	30# X-L Gel	2,000	8	16,000
5	30# X-L Gel	2,500	10	25,000
6	30# X-L Gel	3,000	10*	30,000
Flush	Salt Water	4,511		
Total		25,511		92,000

\* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

14. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour.

15. MIRU Electric line unit. Perforate well as follows: 4,446' - 4,554' 55 holes 1 sp2f

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92. Perforation depths above are based on CBL.

- 16. PU and TIH with RBP treating packer combination on tubing. Set RBP @ 4,610'. Release from RBP and PU 6'. Set packer and test RBP to 5000 psig. Release packer and spot 2 sxs sand to EOT. POOH w/packer to 4360'. Set packer and test annulus to 1000 psig. Let sand settle overnight.
- 17. MIRU BJ. Acidize perfs using 2,000 gallons 7-1/2% NEFE and 75, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
- 18. Release packer and lower past perfs. POOH w/packer standing back tubing.
- 19. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

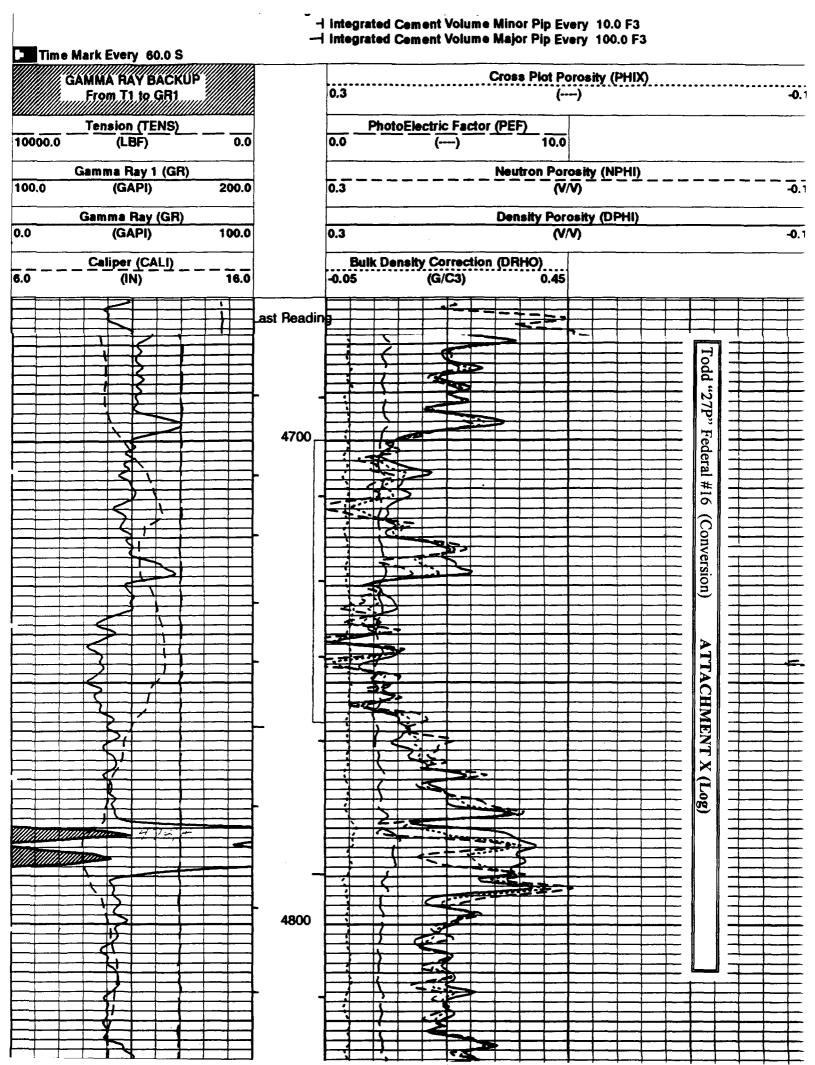
Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	10,250		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
2	30# X-L Gel	3,000	8	24,000
	30# X-L Gel	3,500	10	35,000
3	30# X-L Gel	3,750	10*	37,500
Flush	Salt Water	4,264		
Total		29,764		117,500

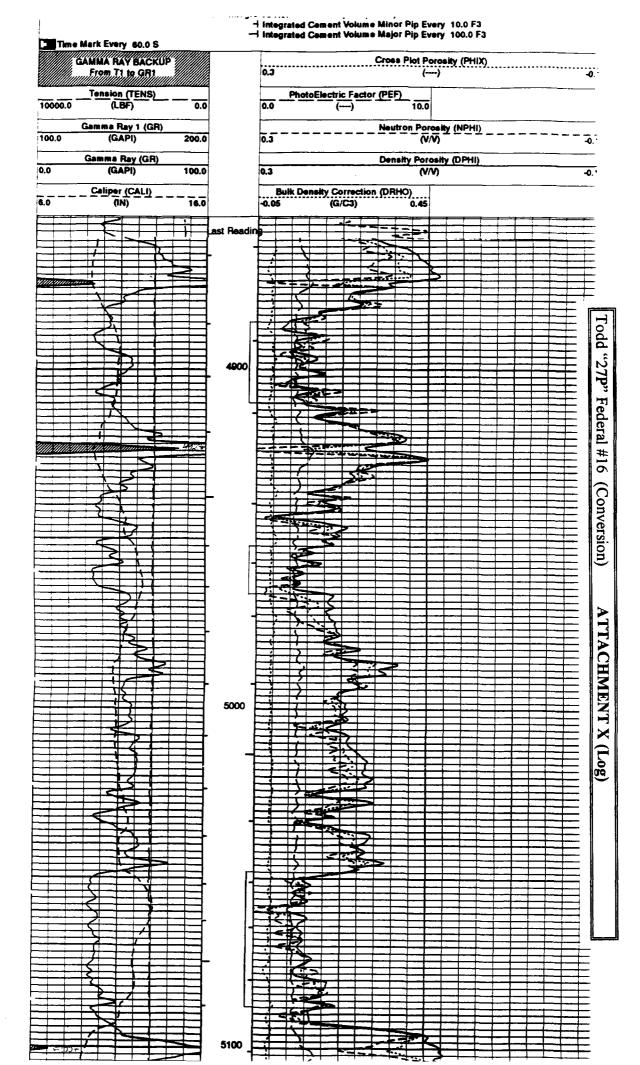
\* 12/20 Resin Coated sand.

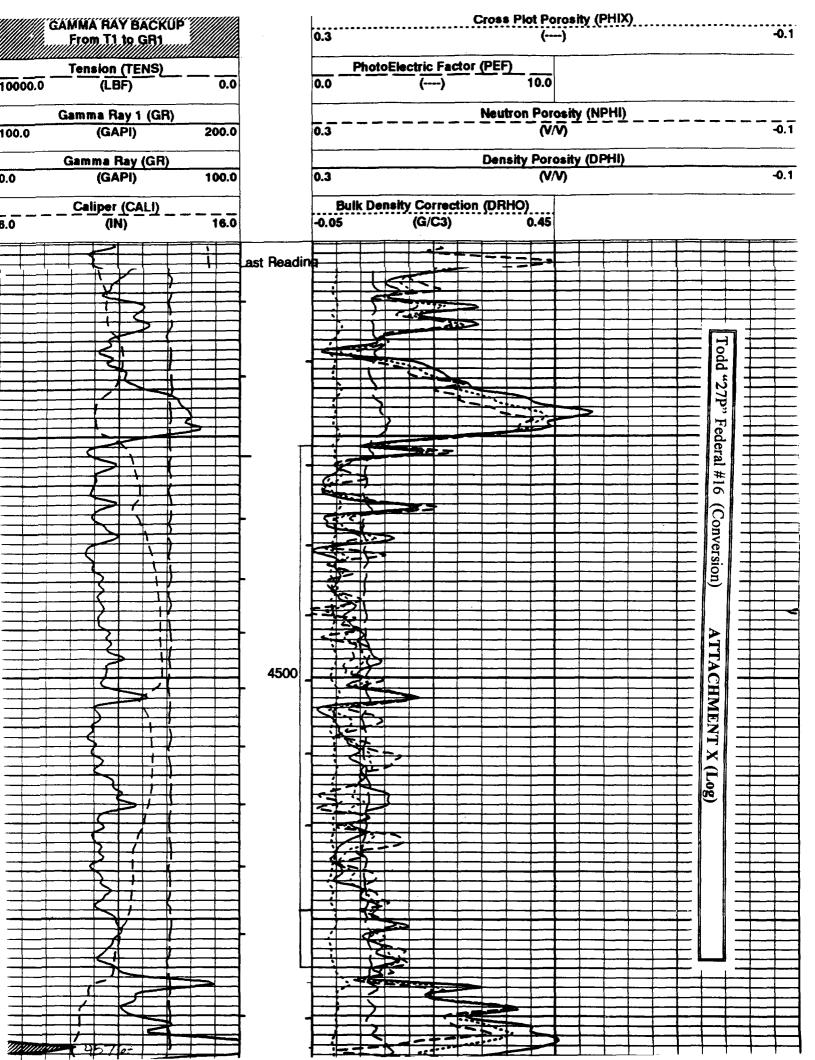
Maximum recommended surface treating pressure - 2500 psig.

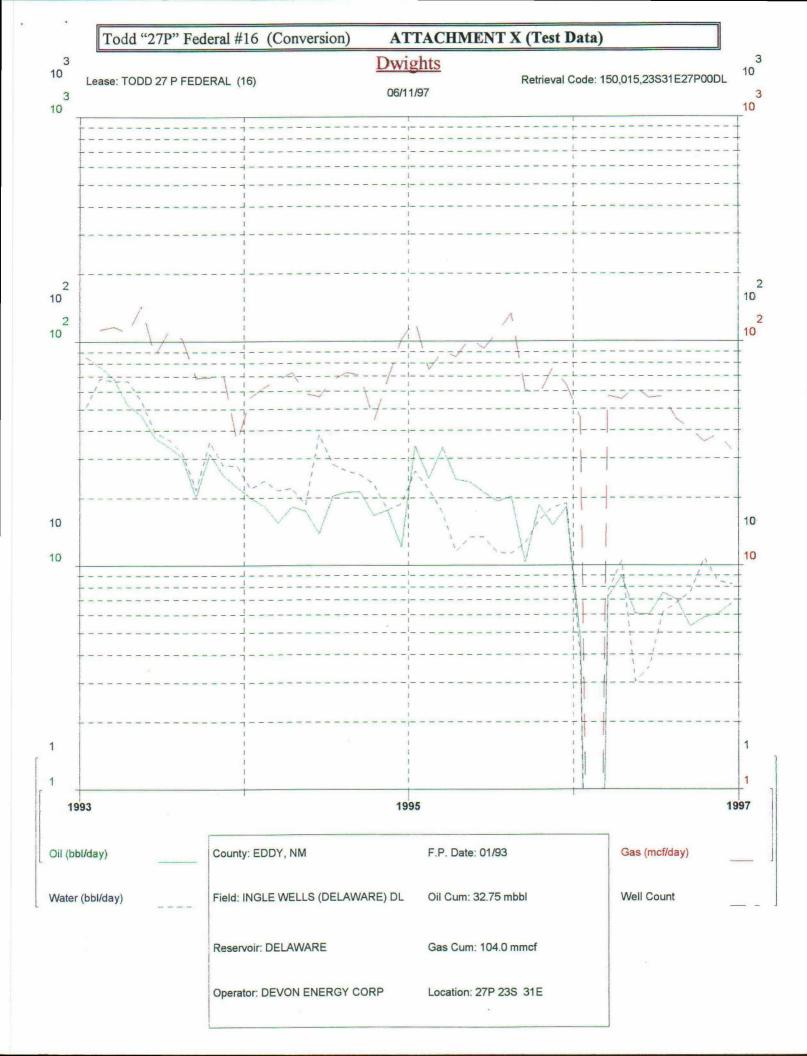
20. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow back for 1 hour.

- 21. PU and TIH with RBP retrieving tool on tubing. Release RBP @ 4,610' and POOH w/same.
- 22. TIH with RBP retrieving tool on tubing. Release RBP @ 4,790' and POOH w/same.
- 23. TIH w/notched collar and SN to ±5,200'. Wash or bail sand and frac balls from wellbore as necessary.
- 24. POOH w/tubing to 4,400'. Swab back frac fluid until samples start cutting formation fluid.
- 25. POOH laying down tubing.
- 26. PU IPC & EPC A-3 Lok-Set packer, IPC FL-22 On/Off tool, and IPC 2 7/8", J-55, 8rd, tubing and TIH to 4,380'. Reverse in inhibited packer fluid and set packer. Test annulus to 500 psi f/15 minutes on chart. ND BOPE. NU injection head. Tie into injection line and begin injection.









### JUN 29 '97 19:25 FR BJ ARTESIA

-----

7462293 TO 7469072

.

P.01/01

<u>4002</u>

FW010024

. . .

v u · · · u

# **BJ SERVICES COMPANY**

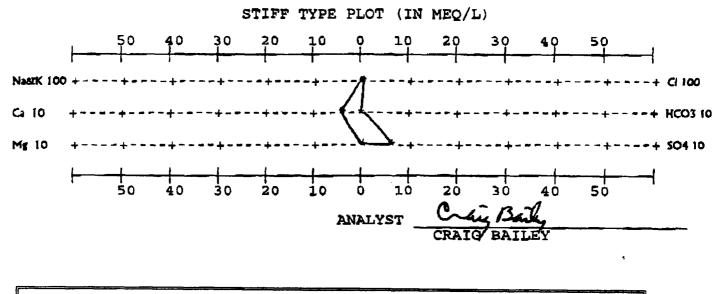
VLO V.

## WATER ANALYSIS #FW01W024

## ARTESIA LAB

GENERAL INFORMATION		
OPERATOR:DEVON ENERGYWELL:WATER WELL (WINDMILL)FIELD: (approx) 680' FSL & 1950' FWLSUBMITTED BY: DAN TALLEY Section 26,WORKED BY : CRAIG BAILEY T23S-R31EPHONE NUMBER:	DEPTH: 650 DATE SAMPLED: 06/28/97 DATE RECEIVED:06/28/97 COUNTY:EDDY STATE:NM FORMATION: WATER SAND	

SAMPLE DESCRIPTION	
PHYSICAL AND CHEMICAL DETERMINATIONS	
SPECIFIC GRAVITY:1.00374°FPH:7.98RESISTIVITY (CALCULATED):0.825ohms @ 75°FIRON (FE++):1ppmSULFATE:CALCIUM:774ppmTOTAL HARDNESSMAGNESIUM:48ppmBICARBONATE:CHLORIDE:399ppmSODIUM CHLORIDE(Calc)SODIUM+POTASS:759ppmTOT. DISSOLVED SOLIDS:IODINE:POTASSIUM CHLORIDE;	2,493 ppm 2,135 ppm 243 ppm 656 ppm 6,028 ppm
REMARKS	<u></u>



Todd "27P" Federal #16 (Conversion) ATTACHMENT XI

Todd "27P" Federal #16 (Conversion)

## ATTACHMENT XII

.

## AFFIRMATIVE STATEMENT

No evidence of fault communication between the shallow aquifers and the proposed disposal zones has been encountered as the result of studies of formations and field experience with the Todd Federal lease.

## ATTACHMENT XIII

## PROOF OF NOTICE

Devon Energy Corporation (Nevada) operates wells in the Todd 27 Federal lease in Section 27 and Todd 26 Federal lease in Section 26 of T23S, R31E, Eddy County, New Mexico. Pogo Producing Company operates wells within the area of review and was provided a copy of our application by certified mail. Proof of notice is enclosed.

The Bureau of Land Management is the surface owner. They have been notified by BLM Form 3160-5 Sundry Notice.

## **PROOF OF PUBLICATION**

Proof of publication from the Carlsbad Current-Argus is enclosed.

# **Affidavit of Publication**

State of New Mexico, County of Eddy, ss.

#### Amy McKay

being first duly sworn, on oath says:

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

June 25	, 19 <u>_97</u>
	, 19
	, 19
	,19
	,19
	,19

That the cost of publication is 26.28, and that payment thereof has been made and will be assessed as court costs.

Subscribed and sworn to before me this

194 dayof

My commission expires\_\_\_\_\_

#### Notary Public

8/1/98

# Nº 18667

#### June 25, 1997

#### LEGAL ADVERTISEMENT

Notice is hereby given that Devon Energy Corporation (Nevada) is applying to the

New Mexico Oil Conservation Division to convert the following well to a salt water disposal well.

Todd "27P" Federal #16 330' FSL & 330' FEL Section P-27-T23S-R31E Eddy County, NM

The intended purpose of this well is to dispose of produced Delaware waters (from surrouncing wells) into the Bell Canyon sand, Maximum rates of 3000 BWPD and a maximum pressure of 1000 psig -are expected.

Interested parties must file objections or requests for hearing within 15 days to the following commission.

New Mexico Oil Conservation Division 2040 South Pacheco Santa Fe, New Mexico 87505

Walter M. Frank District Engineer Devon Energy Corporation (Nevada) 20 North Broadway, Suite 1500 Oklahoma City, Oklahoma 73102-8260 (405) 235-3611, ext 4595



20 North Broadway, Suite 1500 Oklahoma City, Oklahoma 73102-8260 Telephone 405/235-3611 FAX 405/552-4550

July 21, 1997

Certified Mail No. Z 447 031 402

United States Department of the Interior Bureau of Land Management Roswell District Office 2909 West Second Street Roswell, NM 88201

RE: Todd "27P" Federal #16 Section 27-T23S-R31E Eddy County, New Mexico

Gentlemen:

Concerning the referenced, enclosed please find Form 3160-5, Sundry Notice of Application for Authority to convert to injection, and a copy of the NMOCD Form C-108 and its attachments.

Please direct inquiries concerning these reports to Wally Frank at (405) 235-3611, X4595.

Yours truly,

**DEVON ENERGY CORPORATION (NEVADA)** 

Candace R. Graham

Ms. Candace R. Graham Engineering Tech.

/cg Enclosure copy: file

Form 3160-5	UNI	TED STATES	
(June 1990)	DEPARTMEN	NT OF THE INTERIOR	
		LAND MANAGEMENT	FORM APPROVED Budget Bureau No 1004-0135 Expires March 31, 1993
	SUNDRY NOTICES	AND REPORTS ON WELLS	5. Lease Designation and Serial No.
Do not use this fo	orm for proposals to drill o	r to deepen or reentry to a different reservoir.	NM0418220-A
		OR PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
	SUBMIT	IN TRIPLICATE	N/A
1. Type of Well			7. If Unit or CA, Agreement Designation
	Gas Well Other conversion to	<u>SWD</u>	N/A
2. Name of Operator			8. Well Name and No.
DEVON EN	IERGY CORPORATION (NEV	ADA)	Todd "27P" Federal #16
3. Address and Telepho	one No.		9. API Well No.
20 NORTH	BROADWAY, SUITE 1500, O	KLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	30-015-27106
4. Location of Well (Fo	ootage. Sec., T., R., M., or Survey	Description)	10. Field and Pool, or Exploratory Area
330' FSL & 330'	FWL Unit P Section 27	-T23S-R31E Eddy Cnty, NM	Ingle Wells (Delaware)
			11. County or Parish, State
			Eddy Cnty, NM
	APPROPRIATE BOX(s	) TO INDICATE NATURE OF NOTICE, REP	ORT, OR OTHER DATA
TYPE OF \$	SUBMISSION	TYPE OF ACTION	1
Notice of Intent		Abandonment	Change of Plans
		Recompletion	New Construction
Subsequent Report	t	Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final Abandonmer	nt Notice	Altering Casing	Conversion to Injection
		Other Conversion	
			(Note: Report results of multiple completion on Well

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Completion or Recompletion Report and Log form )

# Please see attached Application for Authorization to Inject.

14. I hereby certify that the foregoing is true and correct			_
	Candace R. Graham		
Signed Candace R. Sraham	Title Engineering Technician	Date July 22, 1997	
(This space for Federal or State office use)			
Approved by	Title	Date	
Conditions of approval, if any:			

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representatio to

**Devon** ENERGY CORPORATION

20 North Broadway, Suite 1500 Oklahoma City, Oklahoma 73102-8260 Telephone 405/235-3611 FAX 405/552-4550

July 23, 1997

### To Whom It May Concern:

RE: Conversion to Salt Water Disposal Todd "27P" Federal #16 Section 27-T23S-R31E Eddy County, New Mexico

Gentlemen:

Concerning the referenced enclosed please find a copy of our Application for Authorization to Inject as submitted to the NMOCD in Santa Fe (Form C108) and a copy of BLM form 3160-5.

Please direct inquiries concerning this matter to Wally Frank at (405) 235-3611, X4595.

Sincerely,

DEVON ENERGY CORPORATION (NEVADA)

Candace R. Fraham

Candace R. Graham Engineering Tech.

/cg Enclosures Conversion to Salt Water Disposal Todd "27P" Federal #16 Eddy County, New Mexico July 23, 1997 Page 2

.

# Working Interest and Offset Operator Address List

Pogo Producing Inc. P.O. Box 10340 Midland, TX 79702-7340	Certified Mail No. Z 447 031 388
Mary Dougherty Trust Northern Bank & Trust of Texas P. O. Box 226270 Dallas, TX 75222-6270	Z 447 031 389
Mary Dougherty Trust c/o Northern Bank & Trust of Texas 2701 Kirby Drive Houston, TX 77098-1218	Z 447 031 390
Bascom L. Mitchell No. 1 Live Oak Midland, TX 79705	Z 447 031 391
Joe N. Gifford 10 Desta Drive, Suite 300E Midland, TX 79705-4513	Z 447 031 392
Obie & Company c/o Texas Commerce Bank Attn: Bruce Wallace P. O. Box 200555 Houston, TX 77216	Z 447 031 393
T. E. K. Properties, Ltd. The Highlands Seattle, Washington 98177	Z 447 031 394
Nortex Corporation 1415 Louisiana, Suite 3100 Hosuton, TX 77002	Z 447 031 395
Marathon Oil Company Attn: Randall Wilson P. O. Box 552 Midland, TX 79702	Z 447 031 396

Conversion to Salt Water Disposal Todd "27P" Federal #16 Eddy County, New Mexico July 23, 1997 Page 3

# Working Interest and Offset Operator Address List (continued)

	Certified Mail No.
Santa Fe Energy Operating Partners	Z 447 031 397
550 W Texas, Suite 1330 Midland TX, 70701	
Midland, TX 79701	
Bettis Brothers Inc	Z 447 031 398
500 W. Texas, Suite 830	2 117 001 070
Midland TX 79701	
Otto E. Schroeder, Jr.	Z 447 031 399
1311 Academy Circle	
Arlington, TX 76013	
Marri M. Olaan	<b>T</b> 44 <b>T</b> 0.34 400
Mary M. Olson RR 2, Box 202A	Z 447 031 400
Boyd, TX 76023	
Catherine M. Grace	Z 447 031 401
c/o Dan Serna & Co.	
6031 West I-20, Suite 251	
Arlington, TX 76017	
Mabee Flynt Lease Trust	7 447 021 402
11010 Crestmore	Z 447 031 403
Houston, TX 77096	
110uston, 1X //090	
Miranda Energy Corp.	Z 447 031 404
Building "O" #115	
731 West Wadley	
Midland, TX 79705	
L.E. Oppermann 500 W. Texas, Suite 830	Z 447 031 405
Midland TX 79701	
Amoco Producing Co	Z 447 031 406
Attn: Jerry West	
PO Box 3092	
Houston TX 77253	

Todd 27-16 (7-23-97) C108 & 3160-5	-		т -
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that w</li> </ul>	e can return this	l also wish to receive the following services (for an extra fee):	4
	eard to you. Attach this form to the front of the mailpiece, or on the back if space does not		Service
Write "Return Receipt Requested" on the maliplece below the artic	le number.	2. C Restricted Delivery	Ser
The Return Receipt will show to whom the article was delivered at c delivered.	nd the date	Consult postmaster for fee.	b
3. Article Addressed to:	4a. Article N	lumber	- 50
	Z 447	031 390	E
The Mary P. Dougherty Tr	4b. Service	Туре	Return Receipt
	Register	1	8
C/O NORTHERN TRUST BANK			gniau
C/O NORTHERN TRUST BANK 2701 KIRBY DRIVE HOUSTON TX 77098-1218	7. Date of D	ceipt for Merchandise COD	tor
	/. Date 01 D	Birory	no
5. Received By: <i>(Print Name)</i>	8. Addresse and fee is	e's Address (Only if requested paid)	Thank you
6. Signature: (Addressee or Agent)			F
PS Form 3811, December 1994		Domestic Return Receipt	
Todd 27-16 (7-23-97) C108 8+3160-	C Annual State		+
	3		
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that the reverse of the reverse of</li></ul>	we can return this	I also wish to receive the following services (for an extra fee):	đ
<ul> <li>card to you.</li> <li>attach this form to the front of the mailpiece, or on the back if spine permit.</li> </ul>	ace does not	1. Addressee's Address	Service
<ul> <li>Write Return Receipt Requested* on the mailpiece below the article</li> <li>The Return Receipt will show to whom the article was delivered a</li> </ul>		2. C Restricted Delivery	S ·
delivered.	· · · ·	Consult postmaster for fee.	for using Return Receipt
	4a. Article I		- Be
		7 031 389	- 5
The Mary P. Dougherty Tr	4b. Service		Het ,
c/o NORTHERN TRUST BANK			, Br
	1— ·	eceipt for Merchandise 🔲 COD	3
<b>A</b> DD	7. Date of D	Selivery	70
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Address and fee i	ee's Address (Only if requested is paid)	Thank y
6. Signature: (Addressee or Agent)			r.
PS Form <b>3811</b> , December 1994		Domestic Return Receip	t
+ Todd 27-16 (7-23-97) AAT CIUS & 31	60-5	······	<del>+</del>
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that w</li> </ul>		l also wish to receive the following services (for an extra fee):	
card to you. Sattach this form to the front of the mailpiece, or on the back if spa		1. Addressee's Address	
permit. • • • • • • • • • • • • • • • • • • •	ie number.	2. Restricted Delivery	Service
The Return Receipt will show to whom the article was delivered at delivered.		Consult postmaster for fee.	
3. Article Addressed to:	4a. Article N		Receipt
		7 031 388	Ē
E	4b. Service	••	Return
			- Bu
PO BOX 10340 MIDLAND TX 79702-7340	Express Mail Insu		
POGO PRODUCING COM ANI PO BOX 10340 MIDLAND TX 79702-7340	7. Date of D		- <mark>5</mark>
			Aor
5. Received By: <i>(Print Name)</i>	8. Addresse and fee is	e's Address (Only if requested ; paid)	Thank you
5 6. Signature: (Addressee or Agent)	]		- 44,
	1	Domestic Return Receipt	
PS Form 3811, December 1994			P.12 42.15.11.69.59.59

<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we card to you!</li> </ul>	can return this	l also wish to receive the following services (for an extra fee):	ė
<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space to come the second s</li></ul>	e does not	1. 🔲 Addressee's Address	Service
permit. • Write 'Return Receipt Requested' on the mailpiece below the anticle	e number.	2.  Restricted Delivery	
The Return Receipt will show to whom the article was delivered and delivered.	d the date	Consult postmaster for fee.	į
oelivered. 0 10 3. Article Addressed to:	4a. Article Nu	umber	Receipt
Obie & Company c c/o TEXAS COMMERCE BANK	Z 447	031 393	E
c/o TEXAS COMMERCE BANK	4b. Service T	Гуре	Return
	Registere	d 🕅 🕅 Certified	Č.
Attn: Bruce Wallace	Express M		using
Attn: Bruce Wallace PO BOX 200555 HOUSTON TX 77216		ceipt for Merchandise COD	for u
	7. Date of De	blivery	ž
5. Received By: (Print Name)	8 Addressee	's Address (Only if requested	Thank you
	and fee is	paid)	han
			<b></b>
5 6. Signature: (Addressee or Agent)			
PS Form <b>3811</b> , December 1994		Domestic Return Receipt	
Todd 27-16 (7-23-97) C108 & 3160-5		······································	·····
SENDER: Complete Items 1 and/or 2 for additional services.		I also wish to receive the	
<ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we print your name and address on the reverse of this form so that we print your name and address on the reverse of this form so that we print your name and address on the reverse of this form so that we print your name and address on the reverse of this form so that we print your name and address on the reverse of this form so that we print your name and address on the reverse of this form so that we print your name and address on the reverse of this form so that we print your name and address on the reverse of the reverse of the source of the reverse of</li></ul>	e can return this	following services (for an extra fee):	
<ul> <li>card to you.</li> <li>#Attach this form to the front of the mailpiece, or on the back if space</li> </ul>	ca do <b>es no</b> t	1. Addressee's Address	vice.
<ul> <li>permit.</li> <li>= Write "Return Receipt Requested" on the mailplace below the article</li> <li>The Return Receipt dill about to use the shiple use delivered as a statement of the statement</li></ul>	ke number.	2. C Restricted Delivery	Ser
The Return Receipt will show to whom the article was delivered and delivered.	nu the <b>Cate</b>	Consult postmaster for fee.	đ
— 2 Antiolo Addressed to:	4a. Article N		Receipt Servic
JOE N. GIFFORD	Z 44	7 031 392	
g JOE N. GIFFORD	4b. Service		turn
		•	using Re
MIDLAND TX 79705-4513	Express	<b>—</b>	nŝi
EQ.		ceipt for Merchandise 🔲 COD	. 5
A AL	7. Date of D	envery	you for
	8. Addresse	e's Address (Only if requested	. <u>-</u>
	and fee is	s paid)	Than
6. Signature: (Addressee or Agent)	7		
<u>en</u>			
PS Form <b>3811</b> , December 1994		Domestic Return Receipt	
Todd 27-16 (7-23-97) C108 & 3160-	51		+
SENDER:	*	I also wish to receive the	
Complete items 1 and/or 2 for additional services.		following services (for an	
Print your name and address on the reverse of this form so that we card to you		extra fee):	ģ
<ul> <li>Attach this form to the front of the mailpiece, or on the back if space</li> <li>permit.</li> </ul>	ce does not	1. Addressee's Address	ž
Write "Return Receipt Requested" on the mailpiece below the article	ie number. 1d the date	2. C Restricted Delivery	t Se
E delivered.		Consult postmaster for fee.	en .
3. Article Addressed to:	4a. Article N		eturn Receipt Service
BASCOM L. MITCHELL		031 391	5
BASCOM L. MITCHELL	4b. Service	17	Ret
	Register     Express		8L
MIDLAND TX 79705		ceipt for Merchandise 🔲 COD	Isn
	7. Date of D	and the second	<del>م</del> .
Ĩ.			уоц
			¥
5. Received By: (Print Name)	8. Addresse and fee k	e's Address (Only if requested s paid)	har
			Thank you for using R
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)			Than

Write "Return Receipt Requested" on the mailpiece below the a	dučke na mrta.	
#The Return Receipt will show to whom the article was delivered	tend the table	
3 Arbeie Addressed to:	44 Proce Number	
	447 03	
	4 Sovice Type	
SANTA FE ENERGY DEGRATING	C gistered	
559 W. TEXAS SUIFF (30) Miuland TX (7970)	1.1 metress Mail	
MIDLAND IX (97.7)	CL Recum Receipt for 6 7 Dana of Delivery	
5 Departed Day (Departies and		
3 Andre Addressed to: SANTA FE ENERGY DECRATING 550 W. TEXAS SUITE (33) MIDLAND TX 79701 5 Received By: (Print Name) 6 Signature (Addressee or Agent: X	A.Stressee's Addread are fee is paid	
6 Signature (Addressee or Agent; X	- *.î	
A PS Form 3811, December 1994	Dome	
Todd 17-16 (7-23-97) 10 bosts		
SENDER: and/or 2 for additional services.	i aiso w	
■ Complete nems 3, 4a, and 4b. ■ Print your name and address on the revense of the community that w	foliowing	
<ul> <li>Attach the form to the front of the mailpeox. or is the back if spate</li> </ul>	0.00	
permit. • Write 'Return Receipt Requested' on the mailplexe below the actor	kous *	
<ul> <li>The Return Receipt will show to whom the article was delivered at delivered.</li> </ul>		·
3. Article Addressed to:	4a. Article Number	
	Z 447 031 39	
MARATHON OIL COMPANY	4b. Service Type	
Attn: Randall Wilson	Registered     Express Mail	- -
PO BOX 552	Return Receipt for Me	
MIDLAND TX 79702	Dain of Delivery	
5. Received By: (Print Name)	8 Addressee's Addre	
· · · · · · · · · · · · · · · · · · ·	and ( <del>96</del> .) <b>s paid</b> ) -	
6 Signature (Addressee or Agent:		
X PS Form 3811, December 1994	Domes	
bdd     C = -16     (7 - 23 - 97)     C = 108     S =	also *	
Complete items 1 and/or 2 for additional e-mice-     Complete items 3, 4a, and 4c     Phillyour name and address on the reverse of the form 4, the re-     card to yiu     Attach this form to the front of the mailpekie (c) - the back solar     permit	Poliower ettes (tes ettes (	
SENDER: Complete items 1 and/or 2 for additional antwole- Complete items 3, 4a, and 4c Phnt your name and address on the revense of the form 5, the ise card to you Attach this form to the front of the mailpek 4, cf - the back SDB.	Policiwani extra tes extra tes te connon to to to to to co	
SENDER: Complete items 1 and/or 2 for additional a-mode- Complete items 3, at, and 4c Phint your name and address on the reverse of the form 5, the wide card to you A stack this form to the front of the mailpeke cities interaction permit: White Hailum Receipt Requested" on the nalipeke bleve with afficies The Relum Receipt Requested on the nalipeke bleve with afficies The Relum Receipt Requested on the nalipekee bleve the afficies of the Relum Receipt Requested on the nalipekee bleve the afficies with the Relum Receipt Requested on the nalipekee bleve the afficies of the Relum Receipt Reguested on the nalipekee bleve the afficies of the Relum Receipt Reguested on the nalipekee bleve the afficies of the Relum Receipt Reguested on the nalipekee bleve the afficies of the Relum Receipt Reguested on the relevence of t	Poliown extra re. e New ( He Rumon (	
SENDER: Complete items 1 and/or 2 for additional a-myce- Complete items 3, 4a, and 4c Phint your name and address on the reverse of the form 4 the re- card to you Attach this form to the front of the mailpeke a child in the Dack Sola- permit Minte <i>Relation Receipt Requested</i> on the in all below the attice one Relation Receipt and solar to whom the attice, was derivated an derivated	на пря Poliown extra re. e bink ( отно- отна A пре Number 44.7 ц.3.	
SENDER: Complete items 1 and/or 2 for additional a-rivice. Complete items 3, 42, and 4c Print your name and address on the reverse of the form 5, for a le- card to you Attach this term to the front of the mailpeke of the hack state permit White <i>Revers Receipt Requested</i> on the nailpeke below the affici- The Rever Receipt all show to whom the afficier was derivered an deriversit 3. Arbore Addressed to:	Han Arme Number Han Arme Number Han Arme Number Han Structure Type	
SENDER: • Complete items 1 and/or 2 for additional a-rytoc- • Complete items 3 44, and 4c • Pinti your name and address on the reverse of the form 5 the e- card to you • Attach this tom to the front of the mailpeke of the heads - sola- permit • Whe <i>Haium Receipt Requested</i> on the nailpeke below the affice • The Return Receipt and show to whom the affice- was derivered an derivered 3 Article Addressed to: • NCPRTEX_CORPORATION	A construction of the second o	
SENDER: • Complete items 1 and/or 2 for additional &-rece- Complete items 1 and/or 2 for additional &-rece- Complete items 1 and/or 2 for additional &-rece- end your name and additionals on the revenue of the form 5 for a we card to you • Attach first term to the front of the mailpeke of the next state permit • The Recerpt Receipt Requested on the nalipeke below the affice • The Recerpt Receipt Requested on the nalipeke below the affice • The Recerpt Receipt Requested on the nalipeke below the affice • The Recerpt Receipt Requested on the nalipeke below the affice • The Recerpt Receipt Requested on the nalipeke below the affice • The Recerpt Receipt Requested on the nalipekee below the affice • The Recerpt Receipt Rece	Han Arme Number Han Arme Number Han Arme Number Han Structure Type	
SENDER: Complete items 1 and/or 2 for additional antwork. Complete items 3 4, and 4c Phn1 your hame and additionals on the reverse of the form 5 me in card to you Attach this form to the front of the mailpeke of the heads isolation permit White <i>Harum Receipt Requested</i> on the nailpeke below the affice The Return Receipt and show to whom the afficience derivated and derivated 3 Arbore Addressed to: NORTEX CORPORATION 1415 LOUISIANA SUMMEDED: HOUSTON TX 770002	*oliowin       * bits        * bits <t< td=""><td></td></t<>	
SENDER: Complete items 1 and/or 2 for additional a-invol- Complete items 3.4.a. and 6: Print your name and address on the reverse of the form 5 the a- cald to involve the front of the mailpeke of the form 5 the a- Permit Mine Harum Receipt Requested for the number of the back is sole Print Barum Receipt Requested for the number of the back is sole White Harum Receipt Requested for the number of the back is sole Print Barum Receipt Requested for the number of the back is sole Print Barum Receipt Requested for the number of the back is sole of the form the back is sole of the back is sole of the back is sole NORTEX CORPORATION 1435 LOUISIANA SUMMED TO NOM HOUSTON TX 77002	*oliowin       * New       * New       * New       * New       * Consu       * A cos Number       44.7       44.7       * Since Type       * Haystered       * Elerin Receipt for As	
SENDER: Complete items 1 and/or 2 for additional a-invoc- Complete items 3.4.a. and 6. Print your name and address on the reverse of the form 5, the a- data for your Attach this turn to the front of the mailper ellow form 5, the acc permit White Harum Receipt Requested' on the mailper ellow the affice The Recur Receipt Requested' on the mailper ellow the affice The Recur Receipt Requested' on the mailper ellow the affice white Harum Receipt Requested' on the mailper ellow the affice The Recur Receipt Requested' on the mailper ellow the affice The Recur Receipt Requested on the mailper ellow the affice on the action of the mail of the mailper ellow the affice The Received Addressed to: NORTEX CORPORATION 1435 LOUISIANA SUMMED TO THE STORE HOUSTON TX 77002 S Received By. (Print Name): Signature: (Addressee or Agent	* oliowin       * Similar	
SENDER: Complete items 1 and/or 2 for additional a-mice- Complete items 3, 4a, and 4c Panh you name and address on the revenue of the form 5 that will Attach this turn to the front of the mailper a charm in a back state permit The Harum Receipt Requested on the naliper a betwitte artice The Return Receipt Requested on the naliper a betwitte artice The Return Receipt Requested on the naliper a betwitte artice The Return Receipt Requested on the naliper a betwitte artice The Return Receipt Requested on the naliper and the act delivered and advised: 3 Article Addressed to: NORTEX CORPORATION 1415 LOUISIANA SUMMED TO THE DELOS HOUSTON TX 77002 5 Received By. (Print Name): Signature: (Addressee or Agent X	* oliowin       * Similar	
SENDER: Complete items 1 and/or 2 for additional a-rece- Complete items 3, 4a, and 4c PhnI you name and address on the revenue of the form 5 that we card to vice * Attach this term to the front of the mailper elliptic provided and permit * White Harum Receipt Requested' on the mailper elliptic elliptic * The Receiver Receipt Requested' on the mailper elliptic * The Receiver Receipt Receipt Receiver Receive	***     ***       ***     ***	
SENDER: Complete items 1 and/or 2 for additional a-mode- Complete items 3, 4a, and 4c Phillyou name and address on the reverse of the form 5 that we card to vice Attach this turn to the front of the mailper a Charlene black permit: The Rerun Receipt Requested' on the mailper a better the article white Rerun Receipt Requested' on the mailper a better the article The Rerun Receipt Requested' on the mailper a better the article white Rerun Receipt Requested' on the mailper a better the article The Rerun Receipt Requested' on the mailper a better the article white Rerun Receipt Requested' on the mailper a better the article white Rerun Receipt Requested' on the mailper a better the article article Addressed to: NORTEX CORPORATION 1435 LOUISIANA SUMMEDIA HOUSTON TX 77002 S Received By. (Print Name): Signature: (Addressee or Agent X 25 Form: 3811, December 1994 dd 27-16 (8-23-97) (108 to 3100m) ENDER: Complete Items 1 and/or 2 for additional services	***     ***       ***     ***	
SENDER: Complete items 1 and/or 2 for additional a-invoc- Complete items 3, 4a, and 4c Phillyou name and address on the reverse of the form 5 that we card to vice Attach this turn to the front of the mailpeke of the form 5 that we permit: The Resum Receipt Requested' on the mailpeke of the medice scia- permit: The Resum Receipt Requested' on the mailpeke of the form 5 that we write Hartum Receipt Requested' on the mailpeke of the form 5 that write Hartum Receipt Requested' on the mailpeke of the form 5 that we write Hartum Receipt Requested' on the mailpeke of the form 5 that we write Hartum Receipt Requested' on the mailpekee of the form 5 that we write Hartum Receipt Requested' on the mailpekee of the form 5 that we write Hartum Receipt Requested' on the mailpekee of the form 5 that we S Article Addressed to: NORTEX CORPORATION 1435 LOUISIANA SUMMEDICES B Received By. (Print Name): S Ignature: (Addressee or Agent X 25 Form: 3811, December 1994 dd 27-16 (& 23-97) CI08 to 3100 for 5 Complete Interns 3, 4a, and 45 Print your mane and addressee on the reverse of the form so that we do a we	Totiowin       Instructure	
SENDER: Competer items 1 and/or 2 for additional a-invice- Competer items 3, 4a, and 4c Print your name and address on the reverse of the form 5, the a- dard to vice Attach this turn to the front of the mailpeke of the form 5, the a- permit The Result Receipt Requested' on the mailpeke of the form 5, the Print Receipt Requested' on the mailpeke of the form 5, the Print Receipt Requested' on the mailpeke of the form 5, the Print Receipt Requested' on the mailpeke of the form 5, the Print Receipt Requested' on the mailpekee of the form 5, the Print Receipt Receipt Requested' on the mailpekee of the form 5, the Print Receipt Receipt Requested' on the mailpekee of the form 5, the Print Receipt Receipt Requested' on the mailpekee S Article Addressed to: NORTEX CORPORATION 14:15 LOUISIANA SU' 11, 5:10; HOUSTON TX 770C2 S Received By, (Print Name) Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (6-23-97) (108 1, 310(-1) Complete items 3, 4a, and 45 Print your main and address on the reverse of the form 5, the dist, we and to you Attach the front of the mailpekee, or writtle bed a words	Totiowin       Instructure	
SENDER: Complete items 1 and/or 2 for additional a-invice- Complete items 3.4a, and 42 Print your name and address on the reverse of the form 5 that a draft or invi- Attach this form to the front of the mailpexel of the form 5 that a permit The Result Receipt Requested' on the mailpexel of the form 5 that a white Result Receipt Requested' on the mailpexel of the form 5 that a this flatter Receipt Requested' on the mailpexel of the form 5 that a this flatter Receipt Requested' on the mailpexel of the form 5 that a permit: NORTEX CORPORATION 14:5 LOUISIANA SULTED STOP HOUSTON TX 770C2 5 Received By. (Print Name) 5 Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (6-23-97) CI08 to Store 5 Complete items 1 and/or 2 for additional services Complete items 3.4a, and 45 Print your mas and address on the reverse of the form of the source are to you Affact ites form to the front of the mailpece, or with the bed is when permit. White "Refur Receipt Requested" on the mailpece oereow the article	Image:	
SENDER: Complete items 1 and/or 2 for additional a-reco- Complete items 3, 4a, and 4c Phnt you name and address on the reverse of the form 5 the	Image:	
SENDER: Complete items 1 and/or 2 for additional a-rece- Complete items 3, 4a, and 4c Phnt you name and address on the reverse of the form 5 the a- card to you Attach this form to the front of the mailpeer a contribution of the Pher Recent Receipt Requested" on the nailpeer a set of the form The Recent Receipt will show to whom the attick and delivered and aniverse: N(CRTEX CORPORATION 1435 LOUISIANA SULTED (CORPORATION 1435 CORPORATION 1435 LOUISIANA SULTED (CORPORATION 1435 CORPORATION 1435 CORPORATION 1435 LOUISIANA SULTED (CORPORATION 1435 CORPORATION 1435 LOUISIANA SULTED (CORPORATION 1435 CORPORATION 1435 LOUISIANA SULTED (CORPORATION 1435 CORPORATION 1435 CORPORATION 1435 LOUISIANA SULTED (CORPORATION 1435 LOUI	Instructure     Totowin       Instructure     extra re       Instructure     E	
SENDER: Competer items 1 and/or 2 for additional a-mode- Competer items 3.4. and 40 Philipsum name and address on the reverse of the form 5 the a- cald to interm to the front of the mailpeke of the form 5 the a- Philipsum Receipt Reguested' on the number of the back isola- Philipsum Receipt Reguested' on the number of the back isola- Philipsum Receipt Reguested' on the number of the back isola- Philipsum Receipt Reguested' on the number of the back isola- Philipsum Receipt Reguested' on the number of the back isola- permitting the second second second second second second Philipsum Receipt Number of the back isolation of the back isolation Received By, (Print Name) Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (6-23-97) C108 1 310(-1) Empression intermination of the mailpece, or written back is dis av- card to due Attach the form of the mailpece, or written back is dis av- permit. While Receipt Requested' on the mailpece oer- with Receipt Requested on the mailpece oer- with Receipt Requested on the mailpece oer- White Receipt Requested on the mailpece oer- White Receipt Requested on the mailpece oer- White Receipt Requested to: Article Addressed to:	Image:	
SENDER: Competer items 1 and/or 2 for additional a-invoc- Competer items 3.4.a. and 4: Pinit your name and address on the reverse of the form 5 the in- and to involve item to the front of the manpake c. C. Inverback isola- permit. Attach this form to the front of the manpake c. C. Inverback isola- permit. The Recurr Receipt Requested' on the initiation is before the affice inverses. Attach this form to the front of the manpake c. C. Inverback isola- permit. NORTEX CORPORATION 14:55 LOUISIANA SU' 1. 53:000 HOUSTON TX 770C2 B Received By. (Print Name): Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (8-23-97) CIDS 1310(- 1) Empressioners 1 and/or 2 for additional services. Competer items 3.4.a. and 40 Printyour name and address on the reverse of the cert as dis, we are to ku Attach this form to the front of the manipece, or wither beck is solar permit. While Receipt All and to white manipece oerow me article White Receipt All and to white antice was delivered and permit.	****     ****       ****     *****       ****     *****       ****     *****       *****     ******       *****     *****       *****     ******       ******     *********       ************************************	
SENDER: Complete items 1 and/or 2 for additional a-reco- Complete items 3, 4a, and 4c Phn1 you name and address on the reverse of the form 5 the a- card to you Attach this form to the front of the mailpeet a lot of the form 5 the permit The Record Record Requested' on the nailpeet a between the attice white Record will show to whom the attice was delivered and derivered: Article Addressed to: NCRTEX CORPORATION 1435 LOUISIANA SU'11. 5105 HOUSTON TX 77062 Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (&-23-97) CI08 1 SIGN(-1) EMDER: Complete items 1 and/or 2 for additional services Complete items 1.4a, and 40 Prim you name and address on the reverse of the form sold a, we can to you Attach this form to the front of the mailpeets of a sector of the form sold a, we can to be form of the mailpeets of the sector and Mit Rescript Requested' on the mailpeets of the sector at the attice Prim you name and address on the reverse of the form sold a, we can to you Attach the form of the mailpeets, or you the back is an attice the Reverse Requested for the mailpeets of the sector and a definered. Article Addressed to: TEK PROPERTIES TD THE HIGHLANDS	totowin     axtra re     axtra re     axtra re     Consu	
SENDER: Complete items 1 and/or 2 for additional a-reco- Complete items 3, 4a, and 4c Phnt you name and address on the revense of the form 5 the a- card to you Attach this term to the front of the mailpeet a life of the act permit The Record Record Requested" on the nailpeet a between the affice The Record Record Requested on the nailpeet a between and derivered: Article Addressed to: NCRTEX CORPORATION 1435 LOUISIANA SULL STOC HOUSTON TX 77002 Received By. (Print Name) Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (8-23-97) CI08 1 310(-1) ENDER: Complete items 1 and/or 2 for additional services Complete items 2 features on the reverse of the cent is d. s. sec and to cou Mite if Record Receipt will show to whom the article was detivered and delivered Article Addressed to: TEK PROPERTIES TH	****     ****       ****     *****       ****     *****       ****     *****       *****     ******       *****     *****       *****     ******       ******     *********       ************************************	
SENDER: Complete items 1 and/or 2 for additional a-record Complete items 3.4a, and 4c Phint you name and address on the reverse of the form 5 the a- card to zero. The Record Record Requested' on the mailper a better to the action The Record Record Requested' on the mailper a better to the action The Record Record Requested' on the mailper a better to the action The Record Record Requested' on the mailper a better to the action The Record Record Requested' on the mailper a better to the action The Record Record Requested' on the mailper a better to the action The Record Record Requested' on the mailper a better to the action The Record Record Record Record TION 14 2 5 LOUISIANA SU' 11. 5100 HOUSTON TX 770C2 Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (8-23-97) CIDS 1310(-1) ENDER: Complete Items 1 and/or 2 for additional services Complete Items 1.4a, and 40 Print your name and address on the reverse of the cert action, what ard to you Attach the form to the front of the mailpers, or write back is action to Record Record Requested' on the mailperse action and the action The Reverse Requested to: TEK PROPERTIES TD THE HIGHLANDS	Instruction     Tollowing       Instruction     Image: State of the state of t	
SENDER: Complete items 1 and/or 2 for additional a-rece- Complete items 3, 4a, and 4c Phill you name and address on the revenue of the form 5 to 4 which allow have not to the front of the mailpeet a check to the back to the permit The Receip Receipt Requested" on the mailpeet a check to a derivered White Receipt Mill show to whom the attick to a derivered an derivered: NORTEX CORPORATION 1435 LOUISIANA SULT. STOC HOUSTON TX 77002 Received By. (Print Name) Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (8-23-97) CL05 to 3100(-1) Emplete items 1 and/or 2 for additional services Complete items 3, 4a, and 4b Print your name and address on the reverse of the cent to the active the Recent Receipt Mill show to whom the attick was derivered and delivered Attach the form to the from of the mailpeet, or with the back is solar to be and the Receipt Mill show to whom the attick was derivered and delivered Article Addressed to: TEK PROPERTIES TD THE HIGHLANDS SEATTLE WA 98 17	Totiowin       Inside action       Insit action       Inside action	
SENDER: Complete items 1 and/or 2 for additional a-record Complete items 3.4a, and 40 Cardio vious Attach this term to the front of the mailpeet all of the form to vious The Record Record Requested" on the mailpeet all of the form the attice The Record Record Requested" on the mailpeet all of the form the attice The Record Record Requested" on the mailpeet all of the form the attice The Record Record Requested" on the mailpeet all of the form the attice The Record Record Requested" on the mailpeet all of the form the attice The Record Record Requested " on the mailpeet all of the form the attice The Record Record Record Record TION 14 2 5 LOUISIANA SU 11. 5100 HOUSTON TX 77002 Record By. (Print Name) Signature: (Addressee or Agent X PS Form 3811, December 1994 dd 27-16 (8-23-97) CI0S 1310(-1) ENDER: Complete items 1 and/or 2 for additional services Complete items 2 4.8, and 40 Print your items decept will show to whom the attice was detiveed and delivered Arbeile Addressed to: TEK PROPERTIES TID THE HIGHLANDS SEATTILE WA 98 37	Instance	

able a	EVOLU 27 20 17 20 27 200 4 20 Complete Items 1 and/or 2 for additional services. Complete Items 3, 4a, and 4b. Primit your name and address on the revense of this form so that ve	ve can return this	I also wish to receive the following services (for an extra fee):	
	card to you. Attach this form to the front of the malipiece, or on the back if apa		1. Addressee's Addre	ss 2
2 •	permit. •Write "Return Receipt Requested" on the mailcloce below the arti-	cie number.	2. Restricted Delivery	<u> </u>
É	<ul> <li>The Return Receipt will show to whom the article was delivered a delivered.</li> </ul>	nd the dale	Consult postmaster for fee.	đ
5. R	3. Article Addressed to:	4a. Article N		Receipt
ete ete			031 401	<u>م</u> 2
dux	CATHERINE M. GRACE	4b. Service	•••	- Te
2	CIO DAN SERNA & CO	Express		
E E	6031 WEST 1-20 SUITE 251		ceipt for Merchandise 🔲 COD	5
ADDRESS completed	ARLINGTON TX 76017	7. Date of De		<u>ة</u>
Na.				You
	5. Received By: (Print Name)	8. Addressee	e's Address (Only if requeste neid)	Thank
	6. Signature: (Addressee or Agent)	-		Ē
νο.	X			
. <b>2</b> -	PS Form 3811, December 1994 10	2595-97-8-0179	Domestic Return Rece	ipt
fr.	da 27-16 (7-23-97) C108 & 3160-5	,		
	ENDER:		l alaa udah ka susahus ka	_
Į.	Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b.		I also wish to receive the following services (for an	
ž 1	Print your name and address on the reverse of this form so that we cent to you		axtra fee):	*
<u> </u>	Attach this form to the front of the mailpiece, or on the back if space	1	1. Addressee's Addres	s کے
Ē	Whe "Asturn Receipt Requested" on the malipiece below the article The Return Receipt will show to whom the article was delivered an	e number. d the date	2. Restricted Delivery	0 2
2	dehard.	4a, Article Nu	Consult postmaster for fee.	_∎
📱 <sup>1</sup>	I. Article Addressed to:		7 031 400	
1	MARY M. OLSON	4b. Service T		- [ M
8	RR 2 BOX 202A	Registered		
	BOYD TX 76023	Express M	tall 🛛 🗍 insure sipt for Merchandise 🔲 COD	이불
ADDREBS		7. Date of De		<u>ة</u>
				Non
	. Received By: (Print Name)		's Address (Only If requested	
		and fee is p	venu)	Ē
your	5. Signature: (Addressee or Agent)			
	X			_
aid 2 2	S Form 3811, December 1994         102           TOdd 27-16 (7-23-97)         C108 & 316           SENDER:	50 <b>-</b> 5	Domestic Return Recei	pt
teba side?	Todd 27-16 (7-23-97) C108 & 316 SENDER: Complete listins 1 and/or 2 for additional services. Complete listins 1, 4a, and 4b. Print your name and address on the reverse of this form so that w gend to you. *Atach this form to the tront of the mellpiece, or on the back if epe permit. Write "Recurry Receipt Requested" on the mellpiece below the artis	60 <del>~ 5 '</del> • can return this ce doee not	l also wish to receive the	
folia eravera ette	Todd 27-16 (7-23-97) C108 & 316 SENDER: ©Complete laters 1 and/or 2 for additional services. ©Complete laters 3, 4a, and 4b. =Print your name and address on the reverse of this form so that w card to you. =Attach this form to the front of the melipiece, or on the back it apa certific.	60 <del>~ 5 '</del> • can return this ce doee not	I also wish to receive the following services (for an extra fee): 1. Addressee's Addre	Service.
on the reverse side?	Todd 27-16 (7-23-97) C108 & 316 SENDER: Complete Items 1 and/or 2 for additional services. Complete Items 1, and/or 2 for additional services. Complete Items 1, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the malpiece, or on the back if epe permit. White <i>Resum Receipt of Reguested</i> " on the malpiece below the article The Return Receipt of show to whom the article was delivered a The Return Receipt of show to whom the article was delivered a	60 - 5 ' e can return this ce does not de number, nd the date 4a. Article N	I also wish to receive the following services (for an extra fee): 1. Addressee's Addre 2. Restricted Delivery Consult postmaster for fee. umber	
on the reverse side?	Todd 27-16 (7-23-97) C108 & 316 SENDER: Complete Items 1 and/or 2 for additional services. Complete Items 3, 4a, and 40. Print your name and address on the reverse of this form so that w card to you. Adach this form to the front of the melpiece, or on the back if epe permit. Write <i>Flatum Receipt Requested</i> " on the melpiece below the artic The Return Receipt will show to whom the article was delivered a delivered.	50 = 5 e can return this ce does not de number, nd the dets 4a. Article Ni 2. 44.7	Latso wish to receive the following services (for an extra fee): 1. Addressee's Addre 2. Restricted Delivery Consult postmaster for fee. umber 0.31 399	ecelpt Service.
on the reverse side?	Todd 27-16 (7-23-97) C108 & 316 SENDER: Complete listins 1 and/or 2 for additional services. Complete listins 1 and/or 2 for additional services. Complete listins 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Adtach this form to the front of the melipiece, or on the back if epe permit. While Return Receipt Alequested" on the melipiece balow the article Print Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to:	60 - 5 ' e can return this ce does not de number, nd the date 4a. Article N	Latso wish to receive the following services (for an extra fee): 1. Addressee's Addre 2. Restricted Delivery Consult postmaster for fee. umber 0.31 399 Type	atum Receipt Service.
on the reverse side?	Todd 27-16 (7-23-97) C108 & 316 SENDER: Complete Items 1 and/or 2 for additional services. Complete Items 3, 4a, and 40. Print your name and address on the reverse of this form so that w card to you. Adach this form to the front of the melpiece, or on the back if epe permit. Write <i>Flatum Receipt Requested</i> " on the melpiece below the artic The Return Receipt will show to whom the article was delivered a delivered.	50 = 5 e can return this ce does not de number, not the date 4a. Article Ni Z 447 4b. Service 1	I also wish to receive the following services (for an extra fee): 1.  Addressee's Addre 2.  Restricted Delivery Consult postmaster for fee. unber 0.31 399 Type id  Certifi	E E R Beceipt Service.
on the reverse side?	Todd 27-16 (7-23-97) C108 & 316 SENDER: Compise larms 1 and/or 2 for additional services. Compise larms and address on the reverse of this form so that w card to you. Attach this form to the tront of the melpiace, or on the back if an permit. While <i>Recurr Receipt</i> will show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR	60 = 5 ' e can return this ce does not de number, nd the dets 4a. Article N 2 447 4b. Service 1 Begistere D Express 1 Return Red	I also wish to receive the following services (for an extra fee): 1. Addressee's Addre 2. Restricted Delivery Consult postmaster for fee. umber 0.31 399 Type d Scritti Mail Insun sept for Merchandise COD	ଅଛିଥି   % using Raturn Receipt Service.
on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: *Compise larms 1 and/or 2 for additional services. *Compise larms and address on the reverse of this form so that we card to you. *Atach this form to the tront of the melpisco, or on the back if an permit. *The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE	i0 = 5 '       e can return this       ce does not       de number,       nd the data       4a. Article N       2     44.7       4b. Service 1       Registere       Express I	I also wish to receive the following services (for an extra fee): 1. Addressee's Addre 2. Restricted Delivery Consult postmaster for fee. umber 0.31 399 Type d Scritti Mail Insun sept for Merchandise COD	ା ଅର୍ଥି   % for using Return Receipt Service.
on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: *Complete terms 1 and/or 2 for additional services. *Complete terms 3, 4a, and 4b. *Print your name and address on the reverse of this form so that w card to you. *Attach this form to the tront of the malpiace, or on the back if epa permit. *Write <i>Pheturn Receipt Requested</i> on the malpiace below the article *The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013	i0 = 5 e can return this ce does not de number, not he date 4a. Article N Z 447 4b. Service 1 ☐ Registere ☐ Express I ☐ Return Rec 7. Date of De	I also wish to receive the following services (for an extra fee): 1. Addressee's Addre 2. Restricted Delivery Consult postmaster for fee. umber 0.31 399 Type d Addressee's Addre 0.31 Certification Mail Insur performed and Consult Second Second Second Insur Second Second Second Insur Second Second Second Insur Second Second Insur Second Second Insur Second Second Insur Second Second Insur Second Second Insur Second Second Insur Second Second Insur Second Insur Second Insur Insur Second Insur	ୁ ଅନ୍ତି ଅନ୍ତର you for using Return Receipt Service.
on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: *Compise larms 1 and/or 2 for additional services. *Compise larms and address on the reverse of this form so that we card to you. *Atach this form to the tront of the melpisco, or on the back if an permit. *The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE	i0 = 5 e can return this ce does not de number, not he date 4a. Article N Z 447 4b. Service 1 ☐ Registere ☐ Express I ☐ Return Rec 7. Date of De	I also wish to receive the following services (for an extra fee):         1.       Addressee's Addre         2.       Restricted Delivery         Consult postmaster for fee.         umber       0.31 399         Type       Image: Consult postmaster for fee.         d       Image: Consult postmaster for fee.         windber       0.31 399         Type       Image: Consult postmaster for fee.         width       Image: Consult postmaster fee.	ୁ ଅନ୍ତି ଅନ୍ତର you for using Return Receipt Service.
BETURN ADDRESS completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: *Complete terms 1 and/or 2 for additional services. *Complete terms 3, 4a, and 4b. *Print your name and address on the reverse of this form so that w card to you. *Attach this form to the tront of the malpiace, or on the back if epa permit. *Write <i>Pheturn Receipt Requested</i> on the malpiace below the article *The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013	50 = 5 '         e can return this ce does not the deta         4a. Article Ni Z: 44.7         4b. Service 1         C. Article Ni Z: 44.7         4b. Service 1         C. Article Ni Z: 44.7         4b. Service 1         C. Article Ni Z: 44.7         1 Beturn Red         7. Date of Deta         8. Addressed	I also wish to receive the following services (for an extra fee):         1.       Addressee's Addre         2.       Restricted Delivery         Consult postmaster for fee.         umber       0.31 399         Type       Image: Consult postmaster for fee.         d       Image: Consult postmaster for fee.         windber       0.31 399         Type       Image: Consult postmaster for fee.         width       Image: Consult postmaster fee.	you for using Raturn Receipt Service.
a your <u>RETURN ADORESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: *Complete terms 1 and/or 2 for additional services. *Complete terms 3, 4a, and 4b. *Print your name and address on the reverse of this form so that w card to you. *Attach this form to the tront of the malpiace, or on the back if apa permit. *Write "Recur Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	e can return this ce does not be number, not the date 4a. Article Ni Z 447 4b. Service 1 Express 1 B Return Rec 7. Date of De 8. Addressed and fee is	I also wish to receive the following services (for an extra fee):         1.       Addressee's Addre         2.       Restricted Delivery         Consult postmaster for fee.         umber       031 399         Type       Insum         add       Insum         appl for Merchandise       COD         silvery       S Address (Only if requested pekd)	Thank you for using Return Receipt Service.
a your <u>RETURN ADORESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: *Complete terms 1 and/or 2 for additional services. *Complete terms 3, 4a, and 4b. *Print your name and address on the reverse of this form so that w card to you. *Attach this form to the tront of the malpiace, or on the back if apa permit. *Write "Recur Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	e can return this ce does not be number, not the date 4a. Article Ni Z 447 4b. Service 1 Express 1 B Return Rec 7. Date of De 8. Addressed and fee is	I also wish to receive the following services (for an extra fee):         1.       Addressee's Addre         2.       Restricted Delivery         Consult postmaster for fee.         umber       0.31 399         Type       Image: Consult postmaster for fee.         d       Image: Consult postmaster for fee.         windber       0.31 399         Type       Image: Consult postmaster for fee.         width       Image: Consult postmaster fee.	Thank you for using Return Receipt Service.
ta your <u>RETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) C108 § 316         Todd 27-16 (7-23-97) C108 § 316         SENDER:         Complete terms 1 and/or 2 for additional services.         Complete terms 3, 4a, and 4b.         Print your name and address on the reverse of this form so that word to you.         address form the melpiace, or on the back if eperterm.         Address form Receipt will show to whom the melpiace below the article was delivered a delivered.         OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013         5. Received By: (Print Name)         6. Signature: (Addressee or Agent)         X       PS Form 3811, December 1994       10	e can return this ce does not se number. dthe date dthe date dthe date dthe service 1 Requisitere 2 447 dtb. Service 1 Registere 2 Return Rec 7. Date of De 8. Addressee and fee is	I also wish to receive the following services (for an extra fee):         1.       Addressee's Addre         2.       Restricted Delivery         Consult postmaster for fee.         umber       031 399         Type       Insum         add       Insum         appl for Merchandise       COD         silvery       S Address (Only if requested pekd)	Thank you for using Return Receipt Service.
de? Is your <u>HETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) C108 § 316         Todd 27-16 (7-23-97) C108 § 316         SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 1, 4a, and 4b.         Print your name and address on the reverse of this form so that we card to you.         Address for the torn of the malpiace, or on the back if epa permit.         Address for ite form an ite reverse of this form so that we card to you.         Address for ite form to the malpiace, or on the back if epa permit.         Address for ite form of the malpiace balow the article was delivered a delivered.         OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013         5. Received By: (Print Name)         6. Signature: (Addressee or Agent)         X         PS Form 3811, December 1994         COMER: 108 & 31600         Complete term 1 and/or 2 for additional services.	e can return this ce does not be number, not the date 4a. Article N Z. 447 4b. Service 1 Express I Return Rec 7. Date of De 8. Addressee and fee is	I also wish to receive the following services (for an extra tee): 1. Addressee's Addre 2. Restricted Delivery Consult postmaster for fee. umber 0.31 399 Type d	Thank you for using Return Receipt Service.
elde? la your <u>BETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 ENDER: *Complete larms 1 and/or 2 for additional services. *Complete larms 3, 4a, and 4b. *Print your name and address on the reverse of this form so that w and to you. *Attach this form to the front of the malpiace, or on the back if epa permit. *Write //neuron Receipt Alequested" on the malpiace below the article *The Return Receipt Alequested" on the malpiace below the article *The Return Receipt Alequested" on the malpiace below the article *The Return Receipt Alequested" on the malpiace below the article *The Return Receipt Alequested" on the malpiace below the article *The Return Receipt Alequested" on the malpiace below the article *The Return Receipt Alequested to: OTTO E. SCHROEDER, JR 1 311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 ***********************************	i0 = 5         e can return this         ce does not         de number,         nd the data         4a. Article N         2 447         4b. Service 1         Registere         Express I         Return Ret         7. Date of Det         8. Addressee         and fee is         2595-97-8-0179         -5	I also wish to receive the following services (for an extra fee): 1.	Thank you for using Return Receipt Service.
ree side? Is your <u>BETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: Complete items 1 and/or 2 for additional services. Complete items 1 and/or 2 for additional services. Print your name and address on the reverse of this form so that we are to you. Attach this form to the tront of the malpiace, or on the back if epa permit. Write 'Neturn Receipt Alequested' on the malpiace balow the article additivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Codd 27-16 (7-23-97) Cl08 & 3160 ENDER: Complete item 3.4. and 40.	i0 = 5         e can return this         ce does not         de number         nd the data         4a. Article N         2 447         4b. Service 1         Registere         Express I         Return Ret         7. Date of De         8. Addressee         and fee is         2595-97-8-0179         - 5	I also wish to receive the following services (for an extra fee): 1.  Addressee's Addre 2.  Restricted Delivery Consult postmaster for fee. Unther 0.31 399 Type ad Domestic Return Receive the following services (for an	L dd L R R L R R R R R R R R R R R R R R
a reverse side? is your <u>RETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we are to you. *Attach this form to the tront of the malpiace, or on the back if epa permit. *Write 'Attaurn Receipt Alequested' on the malpiace balow the article *The Return Receipt Alequested' on the malpiace balow the article *The Return Receipt Alequested' on the malpiace balow the article *The Return Receipt Alequested' on the malpiace balow the article *The Return Receipt Alequested' on the malpiace balow the article *The Return Receipt Alequested' on the malpiace balow the article *The Return Receipt and the tow to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1 311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 ***********************************	i)0 = 5         e can return this         ce does not         de number,         dtb: dete         4a. Article N         Z       447         4b. Service T         B. Registere         Express I         Registere         B. Addressee         and fee is         x2595-97-8-0179         = 5         e can return this         a case not         number,	I also wish to receive the following services (for an extra fee):	L dd L R R L R R R R R R R R R R R R R R
a reverse side? is your <u>RETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: Complete learns 1 and/or 2 for additional services. Complete learns and address on the reverse of this form so that we card to you. Attach this form to the tront of the melipiece, or on the back if you permit. The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Codd 27-16 (7-23-97) Cl08 & 3160 ENDER: Complete learns 1, de, and 40.	i)0 = 5         e can return this         ce does not         de number,         dtb: dete         4a. Article N         Z       447         4b. Service T         B. Registere         Express I         Registere         B. Addressee         and fee is         x2595-97-8-0179         = 5         e can return this         a case not         number,	I also wish to receive the following services (for an extra fee): 1.  Addresse's Addre 2.  Restricted Delivery Consult postmaster for fee. umber 0.31 399 Type d  Certifi Mail  Insun rept for Merchandise COD slivery 2's Address (Only if requester paid) Domestic Return Rece I also wish to receive the following services (for an extra fee): 1.  Addresse's Address	L dd L R R L R R R R R R R R R R R R R R
on the reverse side? Is your <u>RETURN ADORESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: Complete learns 1 and/or 2 for additional services. Complete learns and address on the reverse of this form so that w card to you. Atlanch this form to the tront of the mellplace, or on the back if apa permit. While <i>Recurr Receipt Mil</i> show to whom the article was delivered a delivered. 3. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 (Complete learns 1, 4a, and 4b. Phore and 1994 (Complete learns 1, 4a, and 4b. Print your name and address on the reverse of this form so that we can all addresses on the reverse of this form so that we can be addressed to: (Complete learns 1, 4a, and 4b. Print your name and address on the reverse of this form so that we can be form and address on the melpiece below the attice Print your name and address on the melpiece below the attice (Complete learns 1, 4a, and 4b. Print your name and address on the melpiece below the attice (Mile Findure Receipt Requested' on the melpiece below the artice (Mile Findure Receipt Requested' on the melpiece below the artice (Mile Findure Receipt Requested' on the melpiece below the artice (Mile Findure Receipt Requested' on the melpiece below the artice (Mile Findure Receipt Recuested' on the melpiece below the artice (Mile Findure Receipt Recuested' on the melpiece below the artice (Mile Findure Receipt Recuested' on the melpiece below the artice (Mile Findure Receipt Recuested' on the melpiece below the artice (Mile Findure Receipt Recuested' on the melpiece below the artice (Mile Findure Receipt Recuested' on the melpiece below the artice (Mile Findure Receipt Recuested' on the artice (Mile Findure Receipt Recuested' on the melpiece below the artice (Mile Findure Receipt Recuested' on the melpiece Recuested and the set on and the artice on the set of the receipt Recuested' on the reset of the	i0 = 5         e can return this ce does not se number, nd the data         Ida. Article Ni	I also wish to receive the following services (for an extra fee): 1.  Addresse's Addre 2.  Restricted Delivery Consult postmaster for fee. Uniber 0.31 399  Type d	L dd L R R L R R R R R R R R R R R R R R
thed on the reverse side? is your <u>BETURN ADORESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: Complete listers 1 and/or 2 for additional services. Complete listers 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the tront of the melipiece, or on the back if age permit. While <i>Flature</i> Receipt will show to whom the article was delivered a delivered. Article Addressed to: OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Complete items 1, 4a, and 4b. Print your name and address on the reverse of this form so that we article addressee on the set of the set of the set of the Complete items 1, 4b, and 4b. Print your name and address on the reverse of this form so that we card to prove the form of the melipiece below the article Print your name and address on the reverse of this form so that we card to your floater floaters on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we card to your name and address on the reverse of this	b0 = 5         e can return this ce does not se number, nd the data         Ida. Article Ni Z. 447         4b. Service T         Registere         Express I         Return Red         7. Date of De la construction of the data         8. Addressee and fee is and fee i	I also wish to receive the following services (for an extra fee):         1. □ Addresse's Addre         2. □ Restricted Delivery         Consult postmaster for fee.         umber         0.31 399         Type         d       □ Certif         Mail       □ Insun         bitvery         o's Address (Only if requester for fee.         pakd)         Domestic Return Rece         I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         Consult postmaster for fee.         mber         7 031 398	L dd L R R L R R R R R R R R R R R R R R
thed on the reverse side? is your <u>BETURN ADORESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the tront of the malpiace, or on the back if apa permit. OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Complete items 3, 4a, and 4b. Photom 27-16 (7-23-97) Cl08 & 3160 ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can be form and the second to complete items of the malpice back if apa Photom 2000 Photom 2000 Phot	i01 = 5         e can return this         ce does not         ia Anticle Ni         Z       447         4a. Anticle Ni         Z       447         4b. Service 1         Registere         Express 1         Return Red         7. Date of De         8. Addressee         and fee is         22595-97-8-0179         = 5         can return this         a does not         e number.         d the date         42. Article Nu         Z         42. Service T	I also wish to receive the following services (for an extra fee):         1. □ Addresse's Addre         2. □ Restricted Delivery         Consult postmaster for fee.         umber         0.31 399         Type         od       □ Certif         Mail       □ Insun         Delivery         *'s Address (Only if requester for fee.         pakd)         Domestic Return Rece         I also wish to receive the following services (for an extra fee):         1. □ Addresse's Address         2. □ Restricted Delivery         Consult postmaster for fee.         mber         7. 0.31 398         ype	international in the second second service. Thank you for using Return Receipt Service.
completed on the reverse side? is your <u>BETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: Complete lisems 1 and/or 2 for additional services. Complete lisems 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Atlach this form to the tront of the malpiece, or on the back if apa while <i>Charm Receipt Method</i> to whom the article was delivered a delivered. 3. Article Addressed to: 5. Received By: ( <i>Print Name</i> ) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Codd 27-16 (7-23-97) Cl08 & 3160 ENDER: Complete lisems 1.4a, and 4b. Print 90ur name and address on the reverse of this form so that we delivered. 3. Article Addressee on the second to the malpiece of the second to the second t	i0 = 5     i	I also wish to receive the following services (for an extra fee):         1. □ Addresse's Addre         2. □ Restricted Delivery         Consult postmaster for fee.         umber         0.31 399         Type         d       □ Certific         Mail       □ Insur         bitvery         s's Address (Only if requested paid)         Domestic Return Rece         I also wish to receive the following services (for an extra fee):         1. □ Addresse's Address         Addresses (Only if requested paid)         Domestic Return Rece         I also wish to receive the following services (for an extra fee):         1. □ Addresses's Address         2. □ Restricted Delivery         Consult postmaster for fee.         mber         7 031 398         ype         d       [2] Certific	죠
completed on the reverse side? is your <u>BETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) C108 § 316         Todd 27-16 (7-23-97) C108 § 316         SENDER:         Complete larms an and/or 2 for additional services.         Complete larms an address on the reverse of this form so that weard to you.         Adaptive larms and address on the reverse of this form so that weard to you.         Adaptive larms and address on the reverse of this form so that weard to you.         Adaptive larms and address on the reverse of this form so that weard adversed.         OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013         5. Received By: (Print Name)         Codd colspan="2">Codd 27-16 (7-23-97) C108 § 3160         ENDER:         Codd 27-16 (7-23-97) C108 § 3160         ENDER:         Complete larms 1 and/or 2 for additional services.         Completes larms 1 and/or 2 for additional services.	00 = 5         e can return this ce does not se number.         nd the dets         4a. Article Ni         2 447         4b. Service 1         Registere         Express I         Return Ret         7. Date of Di         8. Addressee         and fee is         22595-97-8-0179         = 5         e can return this         e does not         e number.         4a. Article Nu         Z 447         4b. Service T         Pagestere	I also wish to receive the following services (for an extra fee):         1. □ Addresse's Addre         2. □ Restricted Delivery         Consult postmaster for fee.         umber         0.31 399         Type         d       □ Certific         Mail       □ Insur         bitvery         s's Address (Only if requested paid)         Domestic Return Rece         I also wish to receive the following services (for an extra fee):         1. □ Addresse's Address         Addresses (Only if requested paid)         Domestic Return Rece         I also wish to receive the following services (for an extra fee):         1. □ Addresses's Address         2. □ Restricted Delivery         Consult postmaster for fee.         mber         7 031 398         ype         d       [2] Certific	죠
completed on the reverse side? is your <u>BETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: Complete lisems 1 and/or 2 for additional services. Complete lisems 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Atlach this form to the tront of the malpiece, or on the back if apa while <i>Charm Receipt Method</i> to whom the article was delivered a delivered. 3. Article Addressed to: 5. Received By: ( <i>Print Name</i> ) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Codd 27-16 (7-23-97) Cl08 & 3160 ENDER: Complete lisems 1.4a, and 4b. Print 90ur name and address on the reverse of this form so that we delivered. 3. Article Addressee on the second to the malpiece of the second to the second t	00 = 5         e can return this ce does not se number.         nd the dets         4a. Article Ni         2 447         4b. Service 1         Registere         Express I         Return Ret         7. Date of Di         8. Addressee         and fee is         22595-97-8-0179         = 5         e can return this         e does not         e number.         4a. Article Nu         Z 447         4b. Service T         Pagestere	I also wish to receive the following services (for an extra fee): 1.  Addressee's Addre 2.  Restricted Delivery Consult postmaster for fee. Unither 0.31 399 Type ad Certifi Mai Insur Dept for Merchandse COD silvery 's Address (Only if requested paid) Domestic Return Rece I also wish to receive the following services (for an extra fee): 1.  Addresse's Addree 2.  Restricted Delivery Consult postmaster for fee. Ther 7 031 398 Type d I Insur Extra fee I also I Insure I I	죠
completed on the reverse side? is your <u>BETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316         Todd 27-16 (7-23-97) Cl08 & 316         SENDER:         Complete larms an and/or 2 for additional services.         Complete larms an address on the reverse of this form so that were address on the two the transplace, or on the back it ages permit.         Complete larms and address on the metaplace, or on the back it ages permit.         Complete larms and address on the metaplace, or on the back it ages permit.         OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013         Sense of the metaplace balow the article was delivered a delivered.         Sense of Addressed to:         OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013         Sense of Addressed to:         Sense of Addressee or Agent/         X         Permit.         Sense 3811, December 1994         Cl08 & 3160         ENDER:         Cl08 & 3160         ENDER:         Cl08 & 3160         Complete large 3.4.         Cl08 & 3160         ENDER:         Cl08 & 3160         Complete large 3.4. <tr< td=""><td>Construction  Construction  C</td><td>i also wish to receive the following services (for an extra fee): 1.  Addresse's Addre 2.  Restricted Delivery Consult postmaster for fee. Unible 0.31 399 Type d Consult postmaster for fee. Consult postmaster (Consult postmaster)  ***********************************</td><td>이 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마</td></tr<>	Construction  C	i also wish to receive the following services (for an extra fee): 1.  Addresse's Addre 2.  Restricted Delivery Consult postmaster for fee. Unible 0.31 399 Type d Consult postmaster for fee. Consult postmaster (Consult postmaster)  ***********************************	이 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마
completed on the reverse side? is your <u>RETURN ADDRESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316 SENDER: Complete lisems 1 and/or 2 for additional services. Complete lisems 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Atlach this form to the tront of the malpiece, or on the back if apa while <i>Charm Receipt Method</i> to whom the article was delivered a delivered. 3. Article Addressed to: 5. Received By: ( <i>Print Name</i> ) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Codd 27-16 (7-23-97) Cl08 & 3160 ENDER: Complete lisems 1.4a, and 4b. Print 90ur name and address on the reverse of this form so that we delivered. 3. Article Addressee on the second to the malpiece of the second to the second t	Construction  C	i also wish to receive the following services (for an extra fee): 1.	이 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마
RETURN ADDRESS completed on the reverse side?	Todd 27-16 (7-23-97) Cl08 & 316         Todd 27-16 (7-23-97) Cl08 & 316         SENDER:         Complete larms an and/or 2 for additional services.         Complete larms an address on the reverse of this form so that were an address on the reverse of this form so that were address is to mot the top of the melbiace, or on the back it ages permit.         Complete larms and address on the melbiace, or on the back it ages permit.         OTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013         Schweid By: (Print Name)         5. Received By: (Print Name)         Schweid By: (Prin	Can return this ce does not te number da. Article Ni 2 447 4b. Service T Registere and fee das  can return this e does not e number d the date	i also wish to receive the following services (for an extra fee): 1.	기 요집 7 8 1 8 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
a your <u>RETURN ADORESS</u> completed on the reverse side? is your <u>BETURN ADORESS</u> completed on the reverse side?	Todd 27-16 (7-23-97) C108 § 316         Todd 27-16 (7-23-97) C108 § 316         SENDER:         Complete lisems 1 and/or 2 for additional services.         Complete lisems 1, and/or 2 for additional services.         Complete lisems 1 and/or 2 for additional services.         Complete lisems 1 and/or 2 for additional services.         Complete lisems 1 and/or 2 for additional services.         OTTTO E. SCHROEDER, JR 1311 ACADEMY CIRCLE ARLINGTON TX 76013         Service By: (Print Name)         Signature: (Addressee or Agent) X         Signature: (Addressee or Agent)         X         PS Form 3811, December 1994         Complete lisems 1, 4a. and 4b.         Complete lisems 3, 4a. and 4b.         C108 § 3160         ENDER:         Complete lisems 3, 4a. and 4b.	b0 = 5     can return this     ce does not     te number,     nd the dels     4a. Article Ni     Z 447     4b. Service T     Registere     and fee is     can return this     e does not     e number,     d the dels     44.     Article Nu     Z 447     b. Service T     Registere     Registere     Registere     C. Addresses     and fee is     can return this	i also wish to receive the following services (for an extra fee): 1.	이 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마

	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Ecomplete items 3, 4a, and 4b.</li> <li>Epitot ways neares and additional as the service of the formation of the service of the service</li></ul>		i also wish to receive the following services (for an
	<ul> <li>Print your name and address on the reverse of this form so the card to you.</li> <li>Attack this form to the front of the malipiece, or on the back if it</li> </ul>		extra fee): 1.
	<ul> <li>permit.</li> <li>Write Return Receipt Requested" on the malipiece below the a</li> <li>The Return Receipt will show to whom the article was delivered</li> </ul>	dicle number	2. C Restricted Delivery
	5	d and the date	Consult postmaster for fee.
	고 3. Article Addressed to: 문	4a. Article	Number 47 031 403
	S MIRANDA ENERGY CORP	4b. Service	
		C Registe	
	731 WEST WADLEY	Express	s Mail Insured leceipt for Merchandise COD
	G MIDLAND TX 79705	7. Date of I	
	5. Received By: (Print Name)	R Address	Boln Address (O-1-1
		and fee i	ee's Address (Only if requested is paid)
	5 6. Signature: (Addressee or Agent)	7	
	X PS Form 3811, December 1994		Domestic Return Receipt
۲	* Todd 27-16 (7-23-97) C108 & 3160	-5	
	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.		I also wish to receive the following services (for an
	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> </ul>	e can return this	extra fee):
	Attach this form to the front of the malipiece, or on the back if span permit. White "Return Receipt Requested" on the malipiece below the article	1	1. Addressee's Address 2. Restricted Delivery
<u>(</u>	<ul> <li>While "Naturn Receipt Induced on the managers balow the and S The Return Receipt will show to whom the article was delivered at e delivered.     </li> </ul>	nd the date	Consult postmaster for fee.
à	3. Article Addressed to:	4a. Article Nu	A
		Z 44/ 4b. Service T	031 404
	S MABEE FLYNT LEASE TRUST M 11010 CRESTMORE		d 🔯 Certified I
	HOUSTON TX 77096	Express A     Return Rec	eist in: Memberries 🗖 COD
	HOUSTON TX 77096	7. Date of De	himni
	5. Received By: (Print Name)	8. Addressee	's Address (Only if requested paid)
	2 5. Hecaved by. ( <i>Plain Name)</i>	and fee is p	Daid)
		1	
	5 6. Signature: (Addressee or Agent)	1	
	6. Signature: (Addressee or Agent) <b>X</b> PS Form <b>3811</b> , December 1994		Domestic Return Receipt
· ,	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994		Domestic Return Receipt
· ,	6. Signature: (Addressee or Agent) <b>X</b> PS Form <b>3811</b> , December 1994 * Todd 27-16 (7-23-97) C108 ξ 3160- <b>SENDER:</b> Complete items 1 and/or 2 for additional services.		I also wish to receive the
· ,	6. Signature: (Addressee or Agent) 7 7 7 7 7 7 7 7 7 7 7 7 7	-5	· · · · · · · · · · · · · · · · · · ·
· ,	6. Signature: (Addressee or Agent) 8 PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the revense of this form so that v area to you. * Attach this form to the front of the malipiece, or on the back if spore permit.	• 5 ′ we can return this ace does not	I also wish to receive the following services (for an extra fee): 1 Addressee's Address
· ,	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete items 1 and/or 2 for additional services. Complete items and address on the reverse of this form so that the card to you. White 'Return Receipt will show to whom the article was delivered to White 'Return Receipt will show to whom the article was delivered to the theman	• 5 ' we can return this see does not icle number,	I also wish to receive the following services (for an extra fee): 1.
. ,	6. Signature: (Addressee or Agent) <b>X</b> PS Form <b>3811</b> , December 1994 Todd 27-16 (7-23-97) C108 ξ 3160- <b>SENDER:</b> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that v complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that v address of the mailplece, or on the back if spi- permit. Withs / Return Receipt Mill show to whom the article was delivered. <b>3</b> . Article Addressed to: <b>b</b>	• 5 ' we can return this see does not icle number,	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
· ,	6. Signature: (Addressee or Agent) <b>X</b> PS Form <b>3811</b> , December 1994 Todd 27-16 (7-23-97) C108 ξ 3160- <b>SENDER:</b> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that v complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that v address of the mailplece, or on the back if spi- permit. Withs / Return Receipt Mill show to whom the article was delivered. <b>3</b> . Article Addressed to: <b>b</b>	e can return this ace does not icle number, and the date 48. Article N Z 4.4	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. umber 7 031 405
· ,	6. Signature: (Addressee or Agent) 8 PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete livers 1 and/or 2 for additional services. Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y add to you. Attach this form to the front of the mailpices, or on the back if spu permit. Write <i>Theturn Receipt</i> will show to whom the article was delivered in delivered. 3. Article Addressed to: L.E. OPPERMANN L.E. OPPERMANN	ve can return this ace does not icle number, and the date [48. Article N	I also wish to receive the following services (for an extra fee): 1.
· ,	6. Signature: (Addressee or Agent) 8 PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete livers 1 and/or 2 for additional services. Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y add to you. Attach this form to the front of the mailpices, or on the back if spu permit. Write <i>Theturn Receipt</i> will show to whom the article was delivered in delivered. 3. Article Addressed to: L.E. OPPERMANN L.E. OPPERMANN	we can return this ace does not cle number, and the date 4a. Article N Z 44 4b. Service Registere Express	I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         Consult postmaster for fee.         umber         7 031 405         Type         sd       Ď Certified         Mail       □ Insured
· •	6. Signature: (Addressee or Agent) 8 PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete livers 1 and/or 2 for additional services. Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y add to you. Attach this form to the front of the mailpices, or on the back if spu permit. Write <i>Theturn Receipt</i> will show to whom the article was delivered in delivered. 3. Article Addressed to: L.E. OPPERMANN L.E. OPPERMANN	es can return this ace does not cle number, and the date 4a. Article N Z 44 4b. Service Register Express Register Express Return Ret	I also wish to receive the following services (for an extra fee): 1.
· ,	6. Signature: (Addressee or Agent) 8 PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete livers 1 and/or 2 for additional services. Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y add to you. Attach this form to the front of the mailpices, or on the back if spu permit. Write <i>Theturn Receipt</i> will show to whom the article was delivered in delivered. 3. Article Addressed to: L.E. OPPERMANN L.E. OPPERMANN	e can return this lice does not cicle number, and the date 48. Article N Z 44 4b. Service Express I Registere Express I Return Ret 7. Date of De	I also wish to receive the following services (for an extra fee): 1.
· ,	6. Signature: (Addressee or Agent) 8 PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete livers 1 and/or 2 for additional services. Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y Complete livers 3, 48, and 40. Print your name and address on the revense of this form so that y add to you. Attach this form to the front of the mailpices, or on the back if spu permit. Write <i>Theturn Receipt</i> will show to whom the article was delivered in delivered. 3. Article Addressed to: L.E. OPPERMANN L.E. OPPERMANN	e can return this lice does not cicle number, and the date 48. Article N Z 44 4b. Service Express I Registere Express I Return Ret 7. Date of De	I also wish to receive the following services (for an extra fee): 1.
	6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3.4a, and 4b.     Print your name and address on the reverse of this form so that v     complete items 3.4a, and 4b.     Print Your name and address on the reverse of this form so that v     complete items 3.4a, and 4b.     Print Your name and address on the reverse of this form so that v     complete items 3.4a, and 4b.     Print Your name and address on the reverse of this form so that v     complete items 3.4a, and 4b.     Use this form to the fort of the malipiece below the article     wither flactum Receipt will show to whom the article was delivered a     delivered.     S. Article Addressed to:     L.E. OPPERMANN     SO0 WEST TEXAS SUITE 830     MIDLAND TX 79701     S. Received By: (Print Name)     G. Signature: (Addressee or Agent)	<ul> <li>S</li> <li>we can return this are does not to be number, and the date</li> <li>4a. Article N</li> <li>Z 44</li> <li>4b. Service</li> <li>Registere</li> <li>Express I</li> <li>Return Ref</li> <li>7. Date of De</li> <li>8. Addressee</li> </ul>	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. uniber 7 031 405 Type ad Ži Certified Mail Insured ceipt for Merchandise COD elivery S's Address (Only if requested
· ,	6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3.4a, and 4b.     Print your name and address on the reverse of this form so that v     complete items 3.4a, and 4b.     Print Pacuar Receipt will show to whom the article was delivered a     delivered.     J. Article Addressed to:     L.E. OPPERMANN     S00 WEST TEXAS SUITE 830     MIDLAND TX 79701     S. Received By: (Print Name)     G. Signature: (Addressee or Agent)     X	<ul> <li>S</li> <li>we can return this are does not tole number, and the date</li> <li>4a. Article N</li> <li>Z 44</li> <li>4b. Service</li> <li>Registere</li> <li>Express I</li> <li>Return Ret</li> <li>7. Date of Di</li> <li>8. Addressee and fee is</li> </ul>	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. umber 7 031 405 Type ad X Certified Mail Insured ceipt for Merchandise COD elivery S's Address (Only if requested paid)
• • •	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 4.8, and 4b. Print your name and address on the revense of this form so that is complete items 3 4.8, and 4b. Print your name and address on the revense of this form so that is and to you. Attach this form to the front of the mainpisce, or on the back if spin permit. Write 'fleturn Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: L.E. OPPERMANN 500 WEST TEXAS SUITE 830 MIDLAND TX 79701 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	e can return this see does not cle number, and the date 4a. Article N Z 44 4b. Service Register Express I Return Re 7. Date of Da 8. Addressee and fee is	I also wish to receive the following services (for an extra fee): 1.
	6. Signature: (Addressee or Agent) 7 7 7 7 7 7 7 7 7 7 7 7 7	e can return this see does not cle number, and the date 4a. Article N Z 44 4b. Service Register Express I Return Re 7. Date of Da 8. Addressee and fee is	I also wish to receive the following services (for an extra fee): 1.
	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 4.8, and 40. Print your name and address on the reverse of this form so that is addressed to you. Attach this form to the front of the maipisce, or on the back if spi permit. Write 'fleturn Receipt will show to whom the article was delivered is delivered. 3. Article Addressed to: L.E. OPPERMANN 500 WEST TEXAS SUITE 830 MIDLAND TX 79701 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160-5 SENDER: Complete items 1 and/or 2 for additional services. * Complete items 3.4, and 40.	<ul> <li>S</li> <li>we can return this are does not cle number, and the date</li> <li>4a. Article N</li> <li>Z 44</li> <li>4b. Service</li> <li>Registere</li> <li>Registere</li> <li>Return Ref</li> <li>7. Date of De</li> <li>8. Addressee and fee is</li> </ul>	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. umber 7 031 405 Type ad X Certified Mail Insured ceipt for Merchandise COD elivery S's Address (Only if requested paid)
· •	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 4.8, and 4b. Print your name and address on the reverse of this form so that is addressed to you. Attach this form to the front of the maipisce, or on the back if spi permit. Write 'fleturn Receipt will show to whom the article was delivered is delivered. 3. Article Addressed to: L.E. OPPERMANN 500 WEST TEXAS SUITE 830 MIDLAND TX 79701 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160-5 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3.4, and 4b. PS Form 30 for a for a for a for a service of this form so that we are the address on the reverse of this form so that we are the address on the reverse of this form so that we are the address on the reverse of this form so that we are the address on the reverse of this form so that we are the address on the reverse of the source of	e can return this are does not cle number, and the date 4a. Article N Z 44 4b. Service Registers Registers Return Re 7. Date of De 8. Addressee and fee is	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.       umber         7       0.31       405         Type       X       Certified         Mail       Insured       Insured         celpt for Merchandise       COD       silvery         Ve Address (Only If requested paid)       Insured       paid)         Domestic Return Receipt       I also wish to receive the following services (for an extra fee):       test address (for an extra fee):
	6. Signature: (Addressee or Agent) 7 7 7 7 7 7 7 7 7 7 7 7 7	e can return this ace does not clear number, and the date of the d	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         umber         7       0.31         405         Type         ad       Ä Certified         Mail       Insured         cept for Merchandise       COD         silvery       V         Ve Address (Only if requested paid)       Insured         Domestic Return Receipt       I         I also wish to receive the following services (for an extra fee):       1.         Addresse's Addresse       2.         Restricted Delivery       2.
· · · · ·	6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-     SENDER:     Complete livers 1 and/or 2 for additional services.     Complete livers 3, 4a, and 4b.     Print your name and address on the reverse of this form so that v     attach this form to the front of the mailpicce, or on the back if spi     print, even the front of the mailpice, or on the back if spi     print.     Signature: (Addressed to:         L.E. OPPERMANN         S00 WEST TEXAS SUITE 830         MIDLAND TX 79701     5. Received By: (Print Name)     6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-5     SENDER:     Complete livers 1 and/or 2 for additional services.     Complete livers 3, 4a, and 4b.     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-5     SENDER:     Complete livers 3, 4a, and 4b.     PFrit your name and address on the reverse of this form so that w     address liver 4 4b.     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-5     SenDER:     Complete livers 3, 4a, and 4b.     Print your name and address on the reverse of this form so that w     address liver 3, 4b, and 4b.     Print your name 3, 4b, and 4b.     Print your name and address on the reverse of this form so that w     address livered 4b.     Todd 27-16 (7-23-97) C108 § 3160-5     Sender:     Todd 27-16 (7-23-97) C108 § 5     Sender	<ul> <li>S ·</li> <li>we can return this are does not cle number, and the date</li> <li>4a. Article N Z 44</li> <li>4b. Service ·</li> <li>Registera ·</li> <li>Roturn Ref</li> <li>7. Date of De</li> <li>8. Addressee and fee is</li> </ul>	I also wish to receive the following services (for an extra fee):         1.       Addresse's Address         2.       Restricted Delivery Consult postmaster for fee.         umber       7 031 405         Type       X Certified         Mail       Insured         cell tor Merchandise       COD         silvery       S Address (Only if requested paid)         Domestic Return Receipt       I         I also wish to receive the following services (for an extra fee):       1.         Addresse's Addresse's Address       2.         Restricted Delivery       Consult postmaster for fee.
· • •	6. Signature: (Addressee or Agent) 7 7 7 7 7 7 7 7 7 7 7 7 7	e can return this table does not clear number, and the date date date date date date date dat	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.       umber         7       0.31       405         Type       X       Certified         Mail       Insured       Insured         celpt for Merchandise       COD       consult postmaster for fee.         vis Address (Only if requested paid)       Pormestic Return Receipt       fill following services (for an extra fee):         1.       Addresse's Address       2.       Restricted Delivery         Consult postmaster for fee.       Consult postmaster for fee.       following services (for an extra fee):
· •	6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the newtree of the form of the main sector.     L.E. OPPERMANN     S00 WEST TEXAS SUITE 830     MIDLAND TX 79701     S. Received By: (Print Name)     S. Received By: (Print Name	<ul> <li>S</li> <li>we can return this are does not cle number, and the date</li> <li>4a. Article N. Z. 4.4</li> <li>4b. Service   <ul> <li>Registere</li> <li>Express</li> <li>Return Red</li> </ul> </li> <li>7. Date of Details of Details of the date is and fee is</li></ul>	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         umber         7       0.31         405         Type         ad         Addressee's Address         ad         Bilvery         Set Address (Only if requested paid)         Domestic Return Receipt         1 also wish to receive the following services (for an extra fee):         1.       Addresse's Address         2.       Restricted Delivery         Consult postmaster for fee.       umber         7       0.31       4.06         Type       Type       Type         1       1       1         Addresse's Addresse       1         0       1       1         0       1       1         0       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1
· · · · ·	6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Print your name and address on the reverse of this form so that is     delivered.     J. Article Addressee to:     L.E. OPPERMANN     S00 WEST TEXAS SUITE 830     MIDLAND TX 79701     SENDER:     Sender:     Complete items 1 and/or 2 for additional services.     Complete items 1 (Addressee or Agent)     X     Solution     Sender:     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Solution     Solution     Solution     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Sender:     Solution     Solutit     Solution     So	<ul> <li>S</li> <li>we can return this are does not cle number, and the date</li> <li>4a. Article N. Z. 44</li> <li>4b. Service</li> <li>Registere</li> <li>Registere</li> <li>Repturn Ref.</li> <li>7. Date of Details</li> <li>8. Addressee and fee is</li> <li>5.</li> <li>we can neturn this cos does not cle number, and the date</li> <li>4a. Article Na Z. 44</li> </ul>	I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         Consult postmaster for fee.         umber         7 031 405         Type         ad         Address (Only if requested peid)         S's Address (Only if requested peid)         Domestic Return Receipt         1 also wish to receive the following services (for an extra fee):         1. □ Addresse's Address         2. □ Restricted Delivery         Consult postmaster for fee.         umber         1 also wish to receive the following services (for an extra fee):         1. □ Addresse's Address         2. □ Restricted Delivery         Consult postmaster for fee.         umber         7 031 406         Type         Mail
· •	6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Print your name and address on the reverse of this form so that is     delivered.     J. Article Addressee to:     L.E. OPPERMANN     S00 WEST TEXAS SUITE 830     MIDLAND TX 79701     SENDER:     Sender:     Complete items 1 and/or 2 for additional services.     Complete items 1 (Addressee or Agent)     X     Solution     Sender:     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Solution     Solution     Solution     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Sender:     Solution     Solutit     Solution     So	e can return this     ace does not     cle number,     and the date     4a. Article N         Z 44     4b. Service         Express         Redurn Re         T. Date of Du         S. Addressee         and fee is      e can return this     cle number,     and fee is      cle number,     and fee is	I also wish to receive the following services (for an extra fee):         1.       Addresses (for an extra fee):         1.       Addresse's Address         2.       Restricted Delivery         Consult postmaster for fee.       umber         7       031       405         Type       X Certified         Mail       Insured         ceipt for Merchandise       COD         elivery       S Address (Only if requested paid)         S Address (Only if requested paid)       I         Domestic Return Receipt       I         I also wish to receive the following services (for an extra fee):       1.         Addresse's Addresse       2.         I also wish to receive the following services (for an extra fee):       1.         Addresse's Addresse's Address       2.         I also wish to receive the following services (for an extra fee):       1.         Addresse's Addresse's Address       2.         I Restricted Delivery       Consult postmaster for fee.         Umber       7       0.31         Via Certified       Insured         Mail       Insured
· ,	6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Print your name and address on the reverse of this form so that is     delivered.     J. Article Addressee to:     L.E. OPPERMANN     S00 WEST TEXAS SUITE 830     MIDLAND TX 79701     SENDER:     Sender:     Complete items 1 and/or 2 for additional services.     Complete items 1 (Addressee or Agent)     X     Solution     Sender:     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Solution     Solution     Solution     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Sender:     Solution     Solutit     Solution     So	e can return this     ace does not     icle number,     and the date     4a. Article N         Z 44     4b. Service         Express I         Registere         Express I         Return Re         7. Date of De         8. Addressee         and fee is      ce can neturn this     ce does not     icle number,     ind the date     4a. Article N         Z 44     4b. Service         Action of the date         Action of the date         Action of the date	I also wish to receive the following services (for an extra fee):         1.       Addresses (for an extra fee):         1.       Addresse's Address         2.       Restricted Delivery         Consult postmaster for fee.       umber         7       031       405         Type       X Certified         Mail       Insured         ceipt for Merchandise       COD         elivery       S Address (Only if requested paid)         S Address (Only if requested paid)       I         Domestic Return Receipt       I         I also wish to receive the following services (for an extra fee):       1.         Addresse's Addresse       2.         I also wish to receive the following services (for an extra fee):       1.         Addresse's Addresse's Address       2.         I also wish to receive the following services (for an extra fee):       1.         Addresse's Addresse's Address       2.         I Restricted Delivery       Consult postmaster for fee.         Umber       7       0.31         Via Certified       Insured         Mail       Insured
· •	6. Signature: (Addressee or Agent)     X     PS Form 3811, December 1994     Todd 27-16 (7-23-97) C108 § 3160-     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Print your name and address on the reverse of this form so that is     delivered.     J. Article Addressee to:     L.E. OPPERMANN     S00 WEST TEXAS SUITE 830     MIDLAND TX 79701     SENDER:     Sender:     Complete items 1 and/or 2 for additional services.     Complete items 1 (Addressee or Agent)     X     Solution     Sender:     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Solution     Solution     Solution     Complete items 1 and/or 2 for additional services.     Complete items 3, 44, and 40.     Sender:     Solution     Solutit     Solution     So	<ul> <li>S</li> <li>we can return this sole does not cle number, and the date</li> <li>4a. Article N. Z. 44</li> <li>4b. Service</li> <li>Registere</li> <li>Express I</li> <li>8. Addressee and fee is</li> <li>S</li> <li>we can return this cos does not cle number, and the date</li> <li>4a. Article N. Z. 44</li> <li>4b. Service T. Registere</li> <li>Express I</li> <li>Registere</li> <li>Registere</li> <li>Express I</li> <li>Registere</li> <li>Beturn Ref</li> <li>7. Date of Dir</li> <li>8. Addressee</li> </ul>	I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         Consult postmaster for fee.         umber         7 031 405         Type         ad       □ Insured         cept for Merchancise       COD         silvery       ** Address (Only if requested paid)         ** Address (Only if requested paid)       **         Domestic Return Receipt       **         1 also wish to receive the following services (for an extra fee):       **         1. □ Addresse's Address       2. □ Restricted Delivery         Consult postmaster for fee.       **         umber       7 031 406         Type       **         **       Certified         Mail       □ Insured         2. □ Restricted Delivery       **         Consult postmaster for fee.       **         **       **         **       **         **       **         **       **         addresse's Addresse       *         **       **         **       **         **       **         **       **         **
	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160- SENDER: • Complete livers 1 and/or 2 for additional services. • Complete livers 3, 4a, and 4b. • Print your name and address on the reverse of this form so that v and to you. • Attach this form to the front of the mailpiece, or on the back if spi permit. • Write <i>Thecum Receipt With show</i> to whom the article was delivered a delivered. 3. Article Addressed to: L.E. OPPERMANN 500 WEST TEXAS SUITE 830 MIDLAND TX 79701 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160-5 SENDER: • Complete livers 1 and/or 2 for additional services. • Complete livers 1 and/or 2 for additional services. • Complete livers 3, 4a, and 4b. • Print your name and address on the reverse of this form so that v add to you. • Attach this form to the front of the mailpiece, or on the back if app • Demail. • Demail addressee or Agent) X PS Form 3811, December 1994 Todd 27-16 (7-23-97) C108 § 3160-5 • SENDER: • Complete livers 1 and/or 2 for additional services. • Complete livers 3, 4a, and 4b. • Print your name and address on the reverse of this form so that v • Attach this form to the front of the mailpiece, or on the back if app • Demail. • Write 'Aecum Receipt will show to whom the article was delivered a • delivered. 3. Article Addressed to: AMOCO PRODUCING CO Attn: Jerry West PO BOX 3092 HOUSTON TX 77253	<ul> <li>S</li> <li>we can return this see does not cle number, and the date</li> <li>4a. Article N. Z. 44</li> <li>4b. Service</li> <li>Registere</li> <li>Repistere</li> <li>Roturn Return Re</li></ul>	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.       umber         7       0.31       405         Type       Š       Certified         add       Insured       Domestic Return Receipt         's Address (Only if requested peid)       I         Domestic Return Receipt       I         1 also wish to receive the following services (for an extra fee):       1.         1.       Addresse's Address         2.       Restricted Delivery         Consult postmaster for fee.       umber         7       0.31       406         Type       S       Certified         Mail       Insured       Insured         peidt for Merchandise       COD         Notes       Consult postmaster for fee.       Index         Ype       S       Certified         Mail       Insured       Insured         peipt for Merchandise       COD       New Y



20 North Broadway, Suite 1500 Oklahoma City, Oklahoma 73102-8260

August 12, 1997

#### Certified Mail No. P 240 501 561

18

State of New Mexico Energy, Minerals and Natural Resources Department **Oil Conservation Division** 2040 South Pacheco Santa Fe, NM 88505

RF: Todd "27P" Federal #16 Section 27-T23S-R31E Eddy County, New Mexico

Gentlemen:

Attached are revised pages, which have been affected by changes, concerning the subject well's Application for Authorization to Inject. Please substitute the enclosed pages for the corresponding pages in the original application. The following is a summary of the changes by page:

Attachment III (Tabular) **Perforation Depth Change** Section B (2) Attachment III (Current Schematic) Location of Well Attachment III (Proposed Schematic) Location of Well Attachment VIII (Disposal Zone) Perforation Depth Change Attachment IX (Workover Procedure) Revised procedure due to change in perforation depths Attachment X (Log)

B.L.M. Form 3160-5

Log strips of disposal zones Location of Well.

The perforation depths were changed due to concerns from two offset operators, Pogo Producing and Santa Fe Energy. These two operators are in full agreement with Devon Energy Corp. that the revised perforations cause no problems and will not hinder oil and gas production from surrounding wells. I have Faxed and mailed a copy of the attached pages to these two operators at:

Santa Fe Energy 550 W. Texas Suite 830 Midland, TX 79701 ATTN: Bob Fant (915) 686-6665

Pogo Producing, Inc. P.O. Box 10340 Midland, TX 79702 ATTN: George Dillman (915) 682-6822

I am sorry for the inconvenience that these revisions must cause. Please direct inquiries concerning this matter to me at (405) 552-4595.

Best Wishes,

atter M. Zeand

Walter M. Frank

copy: NMOCD, Artesia, BLM, Roswell, WMF, File

# DEVON ENERGY CORPORATION Interoffice Correspondence

8/12/97

TO: Rick Clark

**FROM:** W.M. Frank

RE: SWD Well Conversion Procedure of an Ingle Wells (Delaware) Oil well Todd 27"P" Federal #16 330' FSL & 330' FEL Section 27-T23S-R31E Eddy County, New Mexico

> Well Data: Elevation 3452' GL - 3471' KB TD 8328' Driller - 8326' Log PBTD 8270'

Casing: 13-3/8" 48# WC-40 @ 849' Cement Circulated 8-5/8" 32# WC-50 @ 4350' Cement Circulated 5-1/2" 15.5 & 17# K-55 @ 8328' Cmt w/550 sx DV Tool @ 5712' Cmt w/650 sx

#### Procedure

NOTE: Purchase  $\pm$  4,700' of 2 7/8", J-55, 8rd, yellow band, tubing and AD-1 packer (or equivalent) and send to have string and packer plastic coated w/ICO 505 epoxy coating (or equivalent).

- 1. Pump hot water down tubing annulus and pump back overnight. MIRU DDPU. Unseat pump, POOH laying down rods and pump. Take care to follow handling guidelines when laying down rod string. ND pumping tee, release TAC, NU BOPE. POOH w/tubing. Tally out of hole laying down 3,000' of tubing and standing back remainder.
- 2. MIRU Electric line unit. TIH w/CIBP and set @ 7,940'. TIH and dump bail a minimum of 35' of cement on top of CIBP. Load hole w/produced water. TIH w/CIBP and set @ 5,385'. TIH and dump bail a minimum of 35' of cement on top of CIBP. Test casing to 2,500 psig f/30 minutes on chart. If casing tests OK, go to step #3. If leak is detected an alternate procedure will be written.

3. Perforate well as follows:

5,254' - 5,284'	16 holes	1 sp2f
5,164' - 5,216'	<u>27 holes</u>	1 sp2f
TOTAL HOLES	43 holes	-

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92. Perforation depths above are based on Wedge CBL dated 12/12/92.

- 4. TIH w/treating packer on tubing hydrotesting tubing in hole to 5000 psig. Set packer @ 5050'. Load annulus and test packer to 1000 psig.
- 5. MIRU BJ. Acidize perfs using 1500 gallons 7-1/2% NEFE and 75, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
- 6. Release packer and lower past perfs. POOH w/packer standing back tubing.
- 7. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
4	30# X-L Gel	2,000	8	16,000
5	30# X-L Gel	2,500	10	25,000
6	30# X-L Gel	2,250	10*	22,500
Flush	Salt Water	4,981		
Total		25,231		84,500

\* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

8. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour and SI overnight.

9. Perforate well as follows:

5,046' - 5,088'	22 holes	1 sp2f
4,946' - 4,960'	8 holes	1 sp2f
4,880' - 4,904'	13 holes	1 sp2f
TOTAL HOLES	42 holes	

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92. Perforation depths above are based on Wedge CBL dated 12/12/92.

- 10. TIH w/RBP- treating packer combination on tubing hydrotesting tubing in hole to 5000 psig. Set RBP @ 5120'. PU 6' and set packer. Test RBP to 5000 psig. Dump 2 sxs sand down tubing and spot to EOT. POOH and set packer @ 4790'. Load annulus and test packer to 1000 psig.
- 11. MIRU BJ. Acidize perfs using 1500 gallons 7-1/2% NEFE and 75, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
- 12. Release packer and lower past perfs. POOH w/packer standing back tubing.
- 13. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	1,500	4	6,000
3	30# X-L Gel	2,000	6	12,000
4	30# X-L Gel	2,000	8	16,000
5	30# X-L Gel	2,500	10	25,000
6	30# X-L Gel	3,000	10*	30,000
Flush	Salt Water	4,697		
Total		25,697		92,000

\* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

- 14. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour.
- 15. MIRU electric line unit. Perforate well as follows:

4,832' - 4,846'	8 holes	1 sp2f
4,788' - 4,816'	15 holes	1 sp2f
4,694' - 4,740'	<u>24 holes</u>	1 sp2f
TOTAL HOLES	47 holes	-

NOTE: CBL of 12/12/92 is 6+' shallow compared to CNL/LD/GR dated 11/22/92. Perforation depths above are based on Wedge CBL dated 12/12/92.

- 16. PU and TIH w/RBP-treating packer combination. Set RBP at 4865'. Release from RBP, PU 6' and set packer. Test RBP to 5000 psig. Release packer and spot 2 sxs sand to EOT. POOH w/packer to 4570'. Set packer and test annulus to 1000 psig.
- 17. MIRU BJ. Acidize perfs using 1500 gallons 7-1/2% NEFE and 70, 1.3 sg, 7/8", ball sealers. Maximum pressure is 5,000 psig. Maximum rate is best possible.
- 18. Release packer and lower past perfs. POOH w/packer standing back tubing.

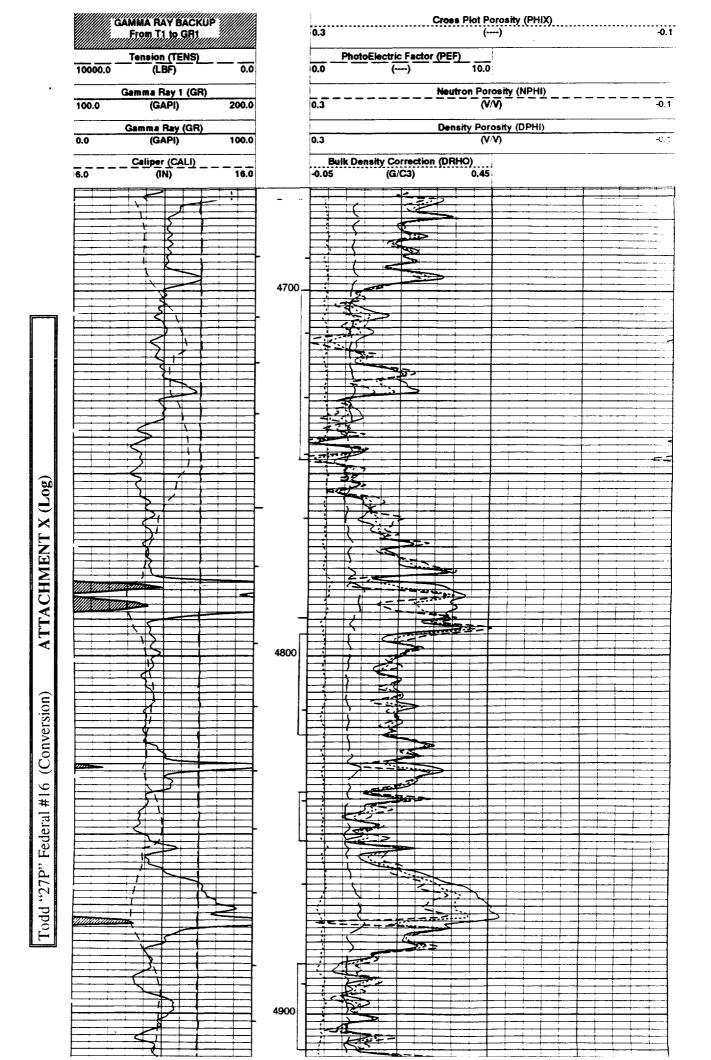
19. NU wellhead treating assembly. Install "force closure" manifold. Fill frac tanks with water. Configure lines so that immediate flowback can begin. Perform prefrac gel testing. Load hole with produced water, then fracture treat down 5 1/2" casing using a manually ramped 16/30 Ottawa sand concentration at 40 BPM as follows:

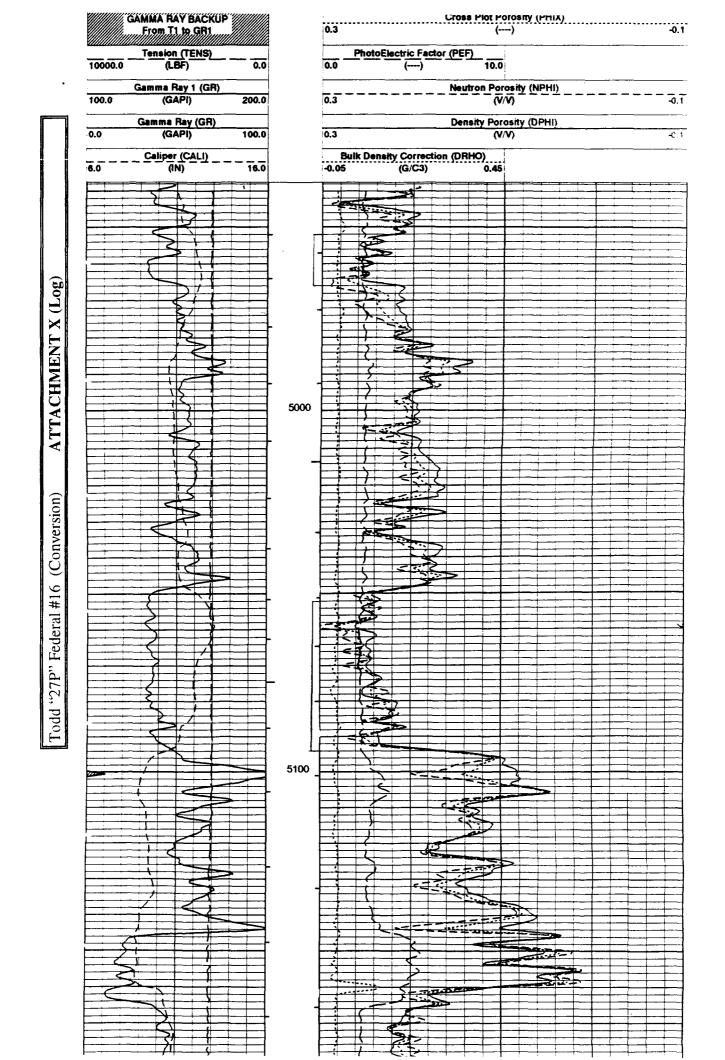
Stage	Fluid Type	Fluid Volume	Sand Conc. (16/30)	Stage Sand
Pad	30# X-L Gel	8,500		
1	30# X-L Gel	1,500	2	3,000
2	30# X-L Gel	2,000	4	8,000
3	30# X-L Gel	2,500	6	15,000
4	30# X-L Gel	3,000	8	24,000
5	30# X-L Gel	3,000	10	30,000
6	30# X-L Gel	3,000	10*	30,000
Flush	Salt Water	4,511		
Total		28,011		110,000

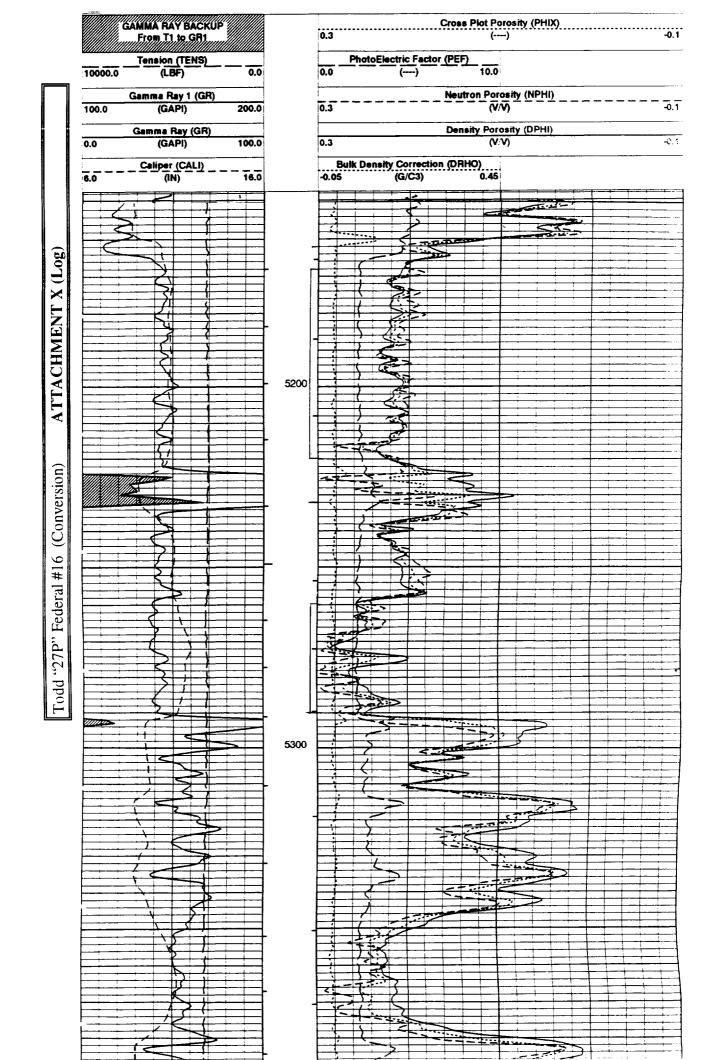
\* 12/20 Resin Coated sand.

Maximum recommended surface treating pressure - 2500 psig.

- 20. Immediately begin forced closure procedure upon displacing sand. Begin flow rate at < 1 BPM and flow well back for 1 hour and SI overnight.
- 21. MIRU Foam Unit. PU and TIH with RBP retrieving tool on tubing. Wash down and release RBP @ 4,865' and POOH w/same. TIH with RBP retrieving tool on tubing. Wash down and release RBP @ 5,120' and POOH w/same. TIH w/notched collar, SN, and tubing. Wash down to TOC @ 5350'. Circulate hole clean.
- 22. POOH w/tubing to 4,400'. Swab back frac fluid until samples start cutting formation fluid.
- 23. POOH laying down tubing.
- 24. PU IPC & EPC A-3 Lok-Set packer, IPC FL-22 On/Off tool, and IPC 2 7/8", J-55, 8rd, tubing and TIH to 4,580'. Reverse in inhibited packer fluid and set packer. Test annulus to 500 psi f/15 minutes on chart. ND BOPE. NU injection head. Tie into injection line and begin injection.







Form 3160-5	UNI	TED STATES	
(June 1990)	DEPARTMEN	T OF THE INTERIOR	
	BUREAU OF I	LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires March 31, 1993
	SUNDRY NOTICES	AND REPORTS ON WELLS	5. Lease Designation and Serial No.
Do not use this for		or to deepen or reentry to a different reservoir.	NM0418220-A
	Use "APPLICATION FC	DR PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
	SUBMIT	IN TRIPLICATE	N/A 7. If Unit or CA, Agreement Designation
1. Type of Well	Gas 🛛 Other <u>conversion to</u>	SWD	N/A
2. Name of Operator			8. Well Name and No.
	ERGY CORPORATION (NEVA	DA)	Todd "27P" Federal #16
3. Address and Telephon			9. API Well No.
20 NORTH E	BROADWAY, SUITE 1500, OK	LAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	30-015-27106
4. Location of Well (Foo	ntage. Sec., T., R., M., or Survey D	escription)	10. Field and Pool, or Exploratory Area
330' FSL & 330'	FEL Unit P Section 27	-T23S-R31E Eddy Cnty, NM	Ingle Wells (Delaware)
			11. County or Parish, State
			Eddy Cnty, NM
CHECK A	APPROPRIATE BOX(s	) TO INDICATE NATURE OF NOTICE, REPO	DRT, OR OTHER DATA
	SUBMISSION	TYPE OF ACTION	
Notice of Intent		Abandonment	Change of Plans
		Recompletion	New Construction
Subsequent Report		Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final Abandonment	Notice	Altering Casing	Conversion to Injection
		Other <u>Conversion to</u>	Dispose Water

Conversion to
 Convers

# Please see attached Application for Authorization to Inject.

14. [hereby certify that the foregoing is true and correct			
$f_{1} = \sqrt{1}$ is a state $\gamma$		Walter M. Frank	
Signed 1 Atter WV + Jal J=	Title	District Engineer	Date JAugust 12, 1997
(This space for Federal or State office use)			
Approved by	Title		Date
Conditions of approval, if any:			
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.			