



State of New Mexico
Commissioner of Public Lands

RAY POWELL, M.S., D.V.M.
COMMISSIONER

310 OLD SANTA FE TRAIL P.O. BOX 1148

(505) 827-5760
FAX (505) 827-5766

March 7, 1994

SANTA FE, NEW MEXICO 87504-1148

Armstrong Energy Corporation
P.O. Box 1973
Roswell, New Mexico 88202

Attention: Mr. Robert G. Armstrong

Re: Surface Commingling and Off Lease Storage
Mobil Lea State Wells
Northeast Lea Delaware Pool
W $\frac{1}{2}$, Section 02-20S-34E
Lea County, New Mexico

Dear Mr. Armstrong:

This office is in receipt of your application to commingle the production from the Mobil Lea State Well Nos. 1, 2, 3, 4, Lease No. LG-2750 with production from the Mobile Lea State Well No. 5 located on Lease No. LG-2833-1.

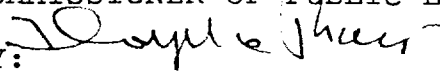
According to your application, all wells will be produced from the Northeast Lea Delaware Pool, and each well will have separate metering devices so that production can be monitored on each well.

Since ownership is common throughout, and there will be no loss of revenue to the State of New Mexico's beneficiaries from your proposed operation, the Commissioner of Public Lands, this date approves your request. Our approval is given with the understanding that the Commissioner of Public Lands reserves the right to amend or withdraw his approval should this operation prove to be unprofitable to the State at any time in the future. Our approval is subject to like approval by the New Mexico Oil Conservation Division.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY B. POWELL, M.S., D.V.M.
COMMISSIONER OF PUBLIC LANDS

BY: 
FLOYD O. PRANDO, Director
Oil/Gas and Minerals Division
(505) 827-5744
RBP/FOP/pm
cc: Reader File
LG-2750-1 and LG-2833-1
TRD
OCD



State of New Mexico
Commissioner of Public Lands

RAY POWELL, M.S., D.V.M.
COMMISSIONER

310 OLD SANTA FE TRAIL P.O. BOX 1148

(505) 827-5760
FAX (505) 827-5766

March 2, 1994

SANTA FE, NEW MEXICO 87504-1148

Armstrong Energy Corporation
P. O. Box 1973
Roswell, New Mexico 88202

Attn: Mr. Fred Millsap, Jr.

Re: Surface Commingling and Off-Lease Storage
Mobil Lea State Well Nos. 1, 2, 3 and 4
Northeast Lea Delaware Pool
Lea County, New Mexico

Dear Mr. Millsap:

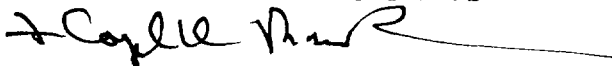
This office is in receipt of your letter of February 21, 1994, wherein you have requested our approval to commingle production from the above captioned wells which are producing from the Delaware formation located in the SW/4 of Section 2, Township 20 South, Range 34 East, with anticipated wells to be drilled in the NW/4 of Section 2, Township 20 South, Range 34 East.

Please provide us with the names and descriptions of the wells to be commingled in the NW/4 of Section 2-20S-34E. We would also like to know how you plan to allocate the production from the commingled wells.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY B. POWELL, M.S., D.V.M.
COMMISSIONER OF PUBLIC LANDS

BY: 

FLOYD O. PRANDO, Director
Oil/Gas and Minerals Division
(505) 827-5744
RBP/FOP/pm

cc: Reader File

OCD-Attn: Mr. David Catanach, Ben Stone



505/623-8726

SUNWEST CENTRE, SUITE 1000
P. O. BOX 1973
ROSWELL, NEW MEXICO 88202
FAX 505/622-2512

March 2, 1994

New Mexico State Land Office
P. O. Box 1148
Santa Fe, New Mexico 87504-1148

Attention: Mr. Pete Martinez

Re: **Commingling Application**
Lease No. LG-2750 & LG-2833

Dear Mr. Martinez:

In response to your telephone request to me, please be advised that the acreage we are seeking to commingle in the NW $\frac{1}{2}$ Section 2, Township 20 South, Range 34 East, N.M.P.M., does not yet have production on it, but we anticipate drilling our Mobil Lea State #5 at a location which is 2440 feet FNL and 870 feet FWL in Unit E of Section 2. This well will be commenced in the latter part of March.

This well will be commingled with production from the Mobil Lea State Nos. 1, 2, 3 and 4. Each well, including the proposed well, will have separate metering devices, so that production can be monitored on each well.

If any further information is needed, please do not hesitate to contact this office.

Sincerely,

ARMSTRONG ENERGY CORPORATION

By: _____
Robert G. Armstrong, President

RGA:lb

cc: Thomas K. Scroggin
✓ William J. LeMay

February 21, 1994

**Energy, Minerals and Natural Resources Department
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504-2088**

FEB 25 1994

Attention: Mr. William J. LeMay, Director

**Re: Surface Commingling, Lease Commingling
and Off-Lease Storage
Northeast Lea Delaware Pool
Lea County, New Mexico**

Dear Bill:

Armstrong Energy Corporation respectfully requests administrative approval to commingle production from the four wells producing from the Delaware formation located in the SW $\frac{1}{4}$ Section 2, Township 20 South, Range 34 East, with anticipated wells to be drilled in the NW $\frac{1}{4}$ Section 2, Township 20 South, Range 34 East. The following four wells drilled on State Oil and Gas Lease LG-2750 are using a common tank battery on the Mobil Lea State #1 location:

**Mobil Lea State #1
Unit K, 1800' FSL, 1980' FWL
Section 2, T-20S, R-34E
Lea County, New Mexico**

**Mobil Lea State #2
Unit L, 1800' FSL, 990' FWL
Section 2, T-20S, R-34E
Lea County, New Mexico**

**Mobil Lea State #3
Unit M, 990' FSL, 870' FWL
Section 2, T-20S, R-34E
Lea County, New Mexico**

**Mobil Lea State #4
Unit N, 1155' FSL, 1770' FWL
Section 2, T-20S, R-34E
Lea County, New Mexico**

February 21, 1994

Page 2

The production from these four wells will be commingled with any future Delaware production discovered on State Oil and Gas Lease LG-2833 insofar as it covers the NW¼ Section 2, Township 20 South, Range 34 East, Lea County, New Mexico. A plat labeled Attachment "I" is enclosed for your information.

The purpose of this off-lease storage and surface commingling is to reduce operating cost for storage and treating and thereby extend the economic life of each well. Without approval to utilize the facilities in the SW¼, it will be necessary to build separate facilities in the NW¼ of said Section 2. This will greatly increase cost and shorten the economic life of the wells. Both leases cover additional acreage but the above described tracts are the only acreage affected by this request.

Common Schools are the beneficiary of both State Leases LG-2833 and LG-2750. The ownership, working, royalty and overriding royalty interests under both tracts are identical. The production from all wells commingled will be from the same producing formation which is the Delaware.

In accordance with the Oil Conservation Division's Rules 303-B, 309-B and 309-C, the following attachments are submitted for your information:

- | | |
|-----------------------|---|
| Attachment II | A diagram of the proposed measurement equipment, separators and storage tanks in accordance with the "Manual for Installation and Operation of Commingling Facilities". |
| Attachment III | Notification of all interest owners including the Commissioner of Public Lands of the proposed commingled production, all of which were notified by Certified Mail on January 26, 1994, evidenced by the attached receipts. All have returned the notices acknowledging their approval. |
| Attachment IV | Notification to Commissioner of Public Lands. |

ARMSTRONG ENERGY CORPORATION

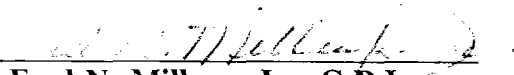
February 21, 1994

Page 3

Armstrong Energy Corporation appreciates your cooperation and should you have any questions or need additional information, please call me at 505-623-8726.

Yours very truly,

ARMSTRONG ENERGY CORPORATION

By: 
Fred N. Millsap, Jr., C.P.L.

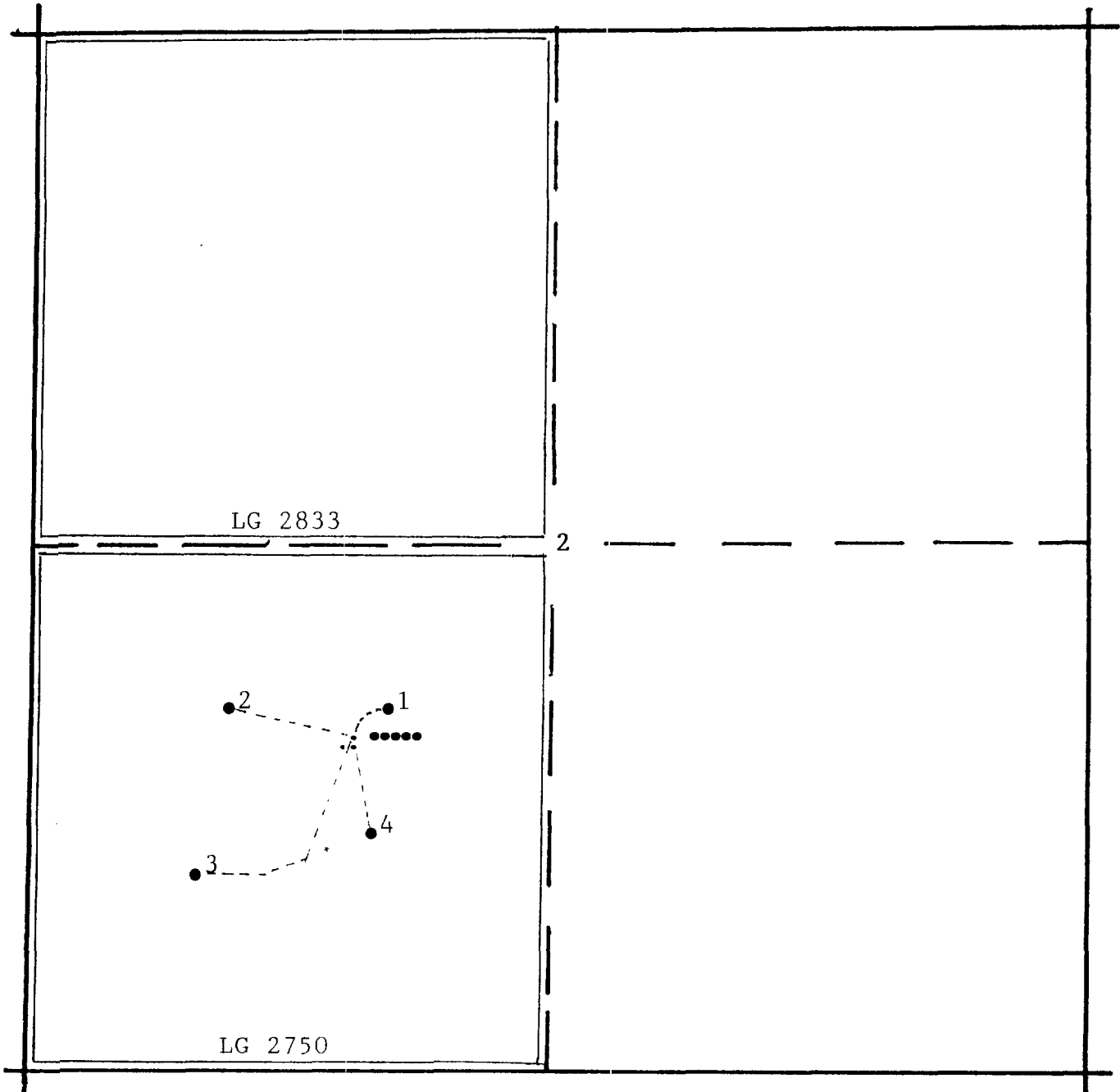
FNM:lb

Enclosures

cc: Commissioner of Public Lands

TOWNSHIP 20 SOUTH, RANGE 34 EAST
LEA COUNTY, NEW MEXICO

ATTACHMENT I



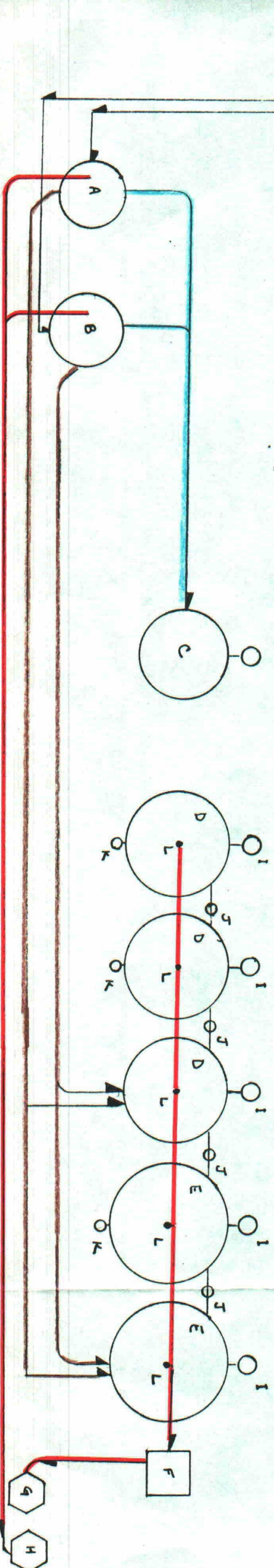
ARMSTRONG ENERGY CORPORATION
Mobil Lea State Tank Battery
Unit K, Section 2, T-20-S, R-34-E
Lea County, New Mexico

Attachment II

MOBIL LEA STATE WELLS
HEADER

Well #1
Well #2
Well #3
Well #4
Well #5 Off Lease - Same Ownership

- A - 4 x 20 Heater Treater (Test Heater Treater)
- B - 6 x 20 Heater Treater
- C - Water Tank - Fiberglass 250 Bbl.
- D - Oil Tanks - Steel Welded 300 Bbl.
- E - Oil Tanks - Steel Welded 500 Bbl.
- F - Vapor Recovery Unit
- G - Gas Sales Meter - Tank Vapors
- H - Gas Sales Meter - Casinghead Gas
- I - Load Line Valves - Oil Sales
- J - Equalizer Line Valves - Can Be Closed During Test Phase
- K - Tank Valves - Closed Except When Circulating Off Tank Bottoms
- L - Load Line For Tank Vapors



ATTACHMENT III

**MOBIL LEA STATE
SECTION 2, T-20S, R-34E
LEA COUNTY, NEW MEXICO**

**Commissioner of Public Lands
State of New Mexico
P. O. Box 1148
Santa Fe, New Mexico 87504-1148**

**Armstrong Energy Corporation
P. O. Box 1973
Roswell, New Mexico 88202-1973**

**Mobil Producing Texas & New Mexico, Inc.
P. O. Box 633
Midland, Texas 79702**

**Union Oil Company of California
P. O. Box 1300
Midland, Texas 79702**

**Stanley H. Fox
Lario Oil & Gas Company
301 South Market Street
Wichita, Kansas 67202**

**Wylie G. Basham
Lario Oil & Gas Company
301 South Market Street
Wichita, Kansas 67202**

**Marvin E. Kraft
Lario Oil & Gas Company
301 South Market Street
Wichita, Kansas 67202**

**Neal A. Taylor
Lario Oil & Gas Company
301 South Market Street
Wichita, Kansas 67202**

**William J. McCaw
Ralph Nix
P. O. Box 440
Artesia, New Mexico 88211-0440**

Lario Oil & Gas Company
301 South Market Street
Wichita, Kansas 67202

Marshall & Winston, Inc.
P. O. Box 50880
Midland, Texas 79710-0880

J. Penrod Toles
The Toles Company
P. O. Drawer 1300
Roswell, New Mexico 88202-1300

Mr. Ralph Nix, Jr.
Ralph Nix
P. O. Box 440
Artesia, New Mexico 88211-0440

Charles B. Read
Read & Stevens, Inc.
P. O. Box 1518
Roswell, New Mexico 88202-1518

Truman T. Sanders, Jr.
P. O. Box 550
Roswell, New Mexico 88202-0550

Rogers Aston
P. O. Box 1090
Roswell, New Mexico 88202-1090

Tom P. Stephens
P. O. Box 698
Roswell, New Mexico 88202-0698

Charles E. Williams
P. O. Box 2751
Midland, Texas 79702

Jerry W. Guy
420 West St. Anne Place
Hobbs, New Mexico 88240

Mrs. Mary L. Boling
P. O. Box 768
Artesia, New Mexico 88211-0768

**Robert Michael Boling
305 South Fifth Street
Artesia, New Mexico 88210**

**Dr. Charles W. Plett
P. O. Box 313
Roswell, New Mexico 88202-0313**

**Mrs. Gayle A. Stokes
2715 North Kentucky Avenue, Unit #17
Roswell, New Mexico 88201**

**Mrs. Barbara E. Hannifin
P. O. Drawer 2588
Roswell, New Mexico 88202-2588**

**Thomas K. Scroggin
TOMSCO Energy
P. O. Box N
Artesia, New Mexico 88210**

**GPM Gas Corporation
P. O. Box 5050
Bartlesville, Oklahoma 74005
Attn: Gas Purchasing**

**Petro Source Partners, Ltd.
8790 West Colfax Avenue, Suite 230
Lakewood, Colorado 80215
Attn: Crude Oil Purchasing**

January 25, 1994

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: All Interest Owners

**Re: Proposed Commingling Production in the
Entire W $\frac{1}{2}$ Section 2, T-20S, R-34E
Lea County, New Mexico**

Ladies and Gentlemen:

The above subject tract is divided into portions of two separate State leases. The NW $\frac{1}{4}$ of said Section 2 is covered by New Mexico State Oil and Gas Lease LG-2833 and the SW $\frac{1}{4}$ is covered by New Mexico State Oil and Gas Lease LG-2750.

Armstrong Energy Corporation, as operator of all producing and anticipated Delaware wells on both leases, proposes filing an Application For Surface Commingling and Off-Lease Storage of the Delaware Production from the entire W $\frac{1}{2}$ of said Section 2, Township 20 South, Range 34 East.

Common schools are the beneficiary of both State leases and the ownership of the production is identical under both tracts.

To use the present storage and treating facilities located in the SW $\frac{1}{4}$ for future production in the NW $\frac{1}{4}$ will reduce operating costs and thereby extend the economic life of each well. Otherwise it will be necessary to build separate facilities for the production in the NW $\frac{1}{4}$, thereby increasing costs and shorten the economic life of each well.

January 25, 1994

Page 2

If you have no objection to this proposal, please sign a copy of this letter in the space provided below and return same in the enclosed envelope within 20 days from the date of this letter.

Yours very truly,

ARMSTRONG ENERGY CORPORATION

By: _____
Fred N. Millsap, Jr., C.P.L.

FNM:lb

AGREED TO AND ACCEPTED this _____ day of February, 1994.

Is your RETURN ADDRESS completed on the reverse side?

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Union Oil Company of
California
P. O. Box 1300
Midland, Texas 79702

4a. Article Number
P 713 697 291

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

7. Date of Delivery
1-28-94

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- ☐ Show to whom delivered, date, and addressee's address. (Extra charge)
- ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Stanley H. Fox
Lario Oil & Gas Company
301 South Market Street
Wichita, Kansas 67202

4. Article Number
P 713 697 305

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *Beverly Jones*

7. Date of Delivery
1-31-94

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

PS Form 3811, Apr. 1989

☆ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Commissioner of Public Lands
State of New Mexico
P. O. Box 1148
Santa Fe, New Mexico 87504-1148

4a. Article Number
P 713 697 295

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S. G.P.O. : 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mobil Producing Texas & New Mexico Inc. P. O. Box 633 Midland, Texas 79702	4. Article Number P 713 697 306 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Jesse H. Keys</i>	
7. Date of Delivery <i>1-28-94</i>	

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Neal A. Taylor Lario Oil & Gas Company 301 South Market Street Wichita, Kansas 67202	4. Article Number P 713 697 293 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Beverly Jones</i>	
7. Date of Delivery <i>1-31-94</i>	

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Lario Cil & Gas Company 301 South Market Street Wichita, Kansas 67202	4a. Article Number P 713 697 294 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery <i>1-31-94</i>
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent) <i>Beverly Jones</i>	

PS Form 3811, December 1991 ★ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marshall & Winston, Inc.
P. O. Box 50880
Midland, Texas 79710-0880

4a. Article Number
P 713 697 307

4b. Service Type

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
JUN 27 1994

5. Signature (Addressee)
Sam M. Suttles

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

William J. McCaw
Ralph Nix
P. O. Box 440
Artesia, New Mexico 88211-0440

4a. Article Number
P 713 697 308

4b. Service Type

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
1-27-94

5. Signature (Addressee)
William J. McCaw

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services (Request All - 3).

- ☐ Show to whom delivered, date, and addressee's address. (Extra charge)
- ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Marvin E. Kraft
Lario Oil & Gas Company
301 South Market Street
Wichita, Kansas 67202

4. Article Number
P 713 697 303

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *Beverly Jones*

7. Date of Delivery
1-31-94

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

PS Form 3811, Apr. 1989

☆ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
(Extra charge) (Extra charge)

3. Article Addressed to:

Mr. Truman T. Sanders, Jr.
P. O. Box 550
Roswell, New Mexico 88202-0550

4. Article Number

P 144 797 427

Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

1-27-94

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

PS Form 3811, Mar. 1988

U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Ralph Nix, Jr.
Ralph Nix
P. O. Box 440
Artesia, New Mexico 88211-0440

4a. Article Number

P 713 697 309

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for
Merchandise

7. Date of Delivery

1-27-94

5. Signature (Addressee)

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

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 U.S.G.P.O. 1992-327-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J. Penrod Toles
The Toles Company
P. O. Drawer 1300
Roswell, New Mexico 88202-1300

4a. Article Number

P 144 797 433

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for
Merchandise

7. Date of Delivery

28
1994

5. Signature (Addressee)

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

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 U.S.G.P.O. 1992-327-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Charles B. Read Read & Stevens, Inc. P. O. Box 1518 Roswell, New Mexico 88202-1518	4. Article Number P 713 697 311
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Lydia Lara</i>	
7. Date of Delivery <i>1-27-94</i>	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Rogers Aston P. O. Box 1090 Roswell, N. M. 88202-1090	4. Article Number P 713 697 283
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Mr. Rogers</i>	
7. Date of Delivery <i>1-27-94</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mrs. Gayle A. Stokes 2715 N. Kentucky, Unit #17 Roswell, N. M. 88201	4. Article Number P 144 797 432
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X <i>Gayle A. Stokes</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Thomas K. Scroggin
TOMSCO Energy
P. O. Box N
Artesia, N. M. 88210

4a. Article Number

P 713 697 310

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

1-27-94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mrs. Barbara E. Hannifin
P. O. Drawer 2588
Roswell, N. M. 88202-2588

4a. Article Number

P 144 797 428

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Petro Source Partners, Ltd.
8790 W. Colfax Ave., Ste. 230
Lakewood, CO 80215
Attn: Crude Oil Purchasing

4a. Article Number

P 144 797 426

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: GPM Gas Corporation P. O. Box 5050 Bartlesville, OK 74005 Attn: Gas Purchasing <i>Shirley Thomas</i>	4a. Article Number P 144 797 429
5. Signature (Addressee)	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent) FEB 1 1994	7. Date of Delivery
	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆ U.S.G.P.O. 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Charles E. Williams P. O. Box 2751 Midland, TX 79702-2751	4. Article Number P 144 797 437
5. Signature — Addressee X <i>Charles E. Williams</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery JAN 27 1994	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 ☆ U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mrs. Mary L. Boling P. O. Box 768 Artesia, N. M. 88210	4. Article Number P 144 797 436
5. Signature — Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X <i>Mary L. Boling</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 1-27-94	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 ☆ U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Dr. Charles W. Plett P. O. Box 313 Roswell, N. M. 88202-0313	4. Article Number P 713 697 312 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1939-238-815

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Jerry W. Guy 420 West St. Anne Place Hobbs, N. M. 88240	4. Article Number P 144 797 434 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery 1-27-90	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Robert Michael Boling 727 Three Cross Drive Roswell, N. M. 88201	4. Article Number P 144 797 435 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid) JAN 28 1994
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Tom P. Stephens P. O. Box 698 Roswell, N. M. 88202-0698	4. Article Number P 144 797 438
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery <i>1-27-94</i>	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Wylie G. Basham Lario Oil & Gas Company P. O. Box 155 Midland, Texas 79702	4. Article Number P 713 697 292
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery JAN 27 1994	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**