

## State of New Mexico Commissioner of Public Lands

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

March 7, 1994

310 OLD SANTA FE TRAIL. P.O. BOX 1148

(505) 827-5760

FAX (505) 827-5766

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

W½, 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: Wayl & Thuy

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

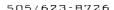
Oil/Gas and Minerals Division

(505) 827-5744

RBP/FOP/pm

cc: Reader File

OCD-Attn: Mr. David Catanach, Ben Stone





P. D. BOX 1973 ROSWELL, NEW MEXICO 88202 FAX 505/622-2512

SUNWEST CENTRE, SUITE 1000

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 NW½ 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.

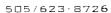
Sincerely,

ARMSTRONG ENERGY CORPORATION

By:_					
	Robert	G.	Armstrong,	President	

RGA:lb

cc: Thomas K. Scroggin
/ William J. LeMay





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

February 21, 1994

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

FEB 2 5 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 SW¼ Section 2, Township 20 South, Range 34 East, with anticipated wells to be drilled in the NW¼ 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 #3 Unit M, 990' FSL, 870' 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 #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 SW<sup>1</sup>/<sub>4</sub>, it will be necessary to build separate facilities in the NW<sup>1</sup>/<sub>4</sub> 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

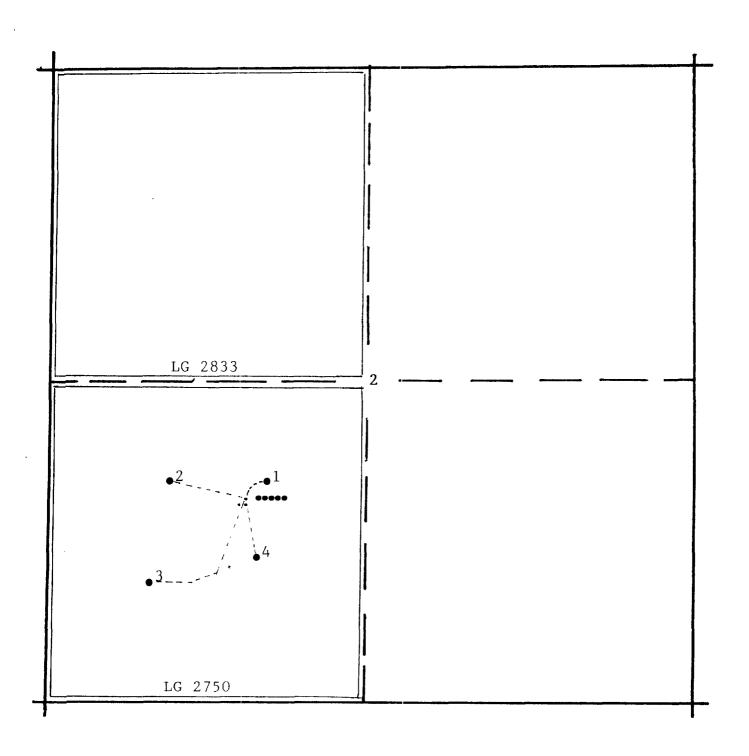
By: \_\_\_\_\_\_ Fred N. Millsap, Jr., C.P.L.

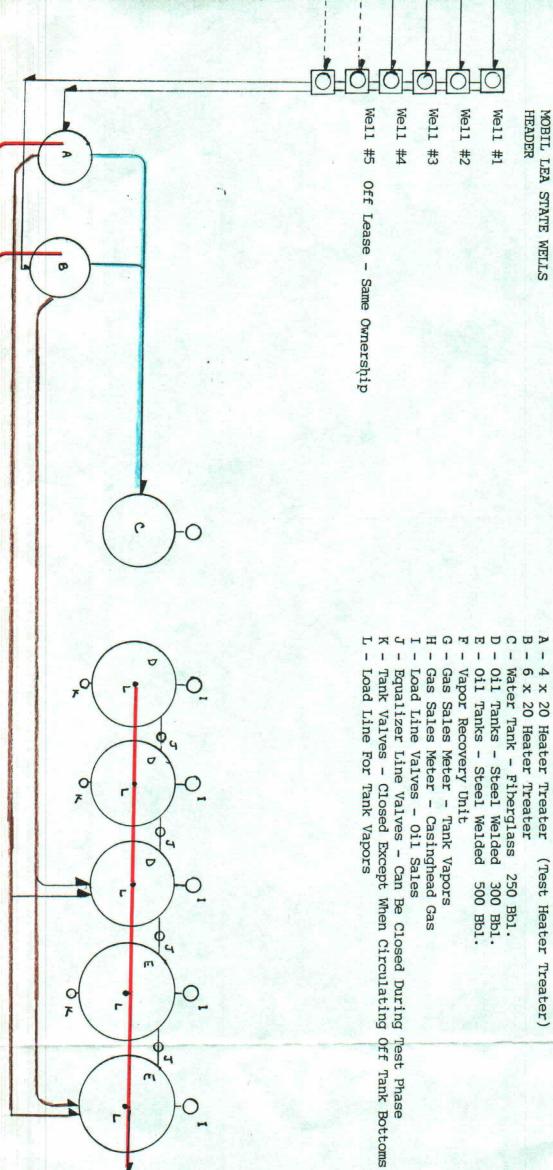
FNM:lb

**Enclosures** 

cc: Commissioner of Public Lands

# TOWNSHIP 20 SOUTH, RANGE 34 EAST LEA COUNTY, NEW MEXICO ATTACHMENT I



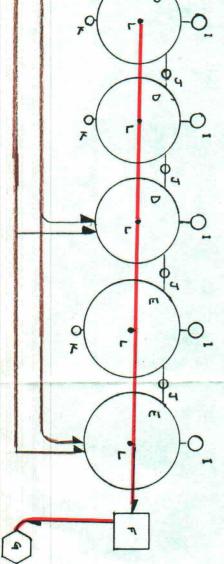


Unit K, Section 2, T-20-S, R-34-E Lea County, New Mexico' Mobil Lea State Tank Battery ARMSTRONG ENERGY CORPORATION

# Attachment II

(Test Heater Treater)

300 Bb1.



in the

### 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 W1/2 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 NW¼ of said Section 2 is covered by New Mexico State Oil and Gas Lease LG-2833 and the SW¼ 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 W½ 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 SW¼ for future production in the NW¼ 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 NW¼, thereby increasing costs and shorten the economic life of each well.

January 25, 1994 Page 2	
If you have no objection to this prop provided below and return same in the this letter.	oosal, please sign a copy of this letter in the space e enclosed envelope within 20 days from the date of
	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.

• 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 the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art	if space  1. Addressee's Address  icide number.  2. Restricted Delivery
• The Return Receipt will show to whom the article was delivered a delivered.	Consult postmaster for fee.
0 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4a. Article Number
Union Oil Company of California P. O. Box 1300	P 713 697 291
California	4b. Service Type
8 P. O. Box 1300	Registered Li Insured
	☐ COD ☐ Express Mail ☐ Return Receipt for
Midland, Texas 79702	Express Mail Return Receipt for
	7. Date of Delivery
<b>       </b>	7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee)	8. Addressee's Address (Only if requested $\checkmark$
2	and fee is paid)
5. Signature (Addressee)  6. Signature (Agent)	Ē
PS Form <b>3811</b> , December 1991 ☆ U.S.G.P.O. : 1992-30	TOO DOMESTIC PETUDA PROCEST
PS Form <b>30 11,</b> December 1991 ♥ 0.5.G.P.O.: 1992-30.	7-530 DOMESTIC RETURN RECEIPT
CENDED: Complete to the control of t	
SENDER: Complete items 1 and 2 when addition 3 and 4.	
Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will provi	ido you the person of the person delivered to the
the date of delivery. For additional fees the following servi and check box(es) for additional service(s) requested.	ices are available. Consult postmaster for fees
1. Li Show to whom delivered, date, and addressee's	address. 2.   Restricted Delivery
(Extra charge)  3. Article Addressed to:	(Extra charge)
	4. Article Number P 713 697 305
Stanley H. Fox Lario Oil & Gas Company	
301 South Market Street	Type of Service:  Registered Insured
1 1	XX Certified COD
Wichita, Kansas 67202	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
<b>+ L X</b>	requested and fee paid)
6. Signature — gent	
X Deverly one	
7. Date of Delivery	The state of the s
1-31-74	: *
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-	B15 DOMESTIC RETURN RECEIPT
d .	
	·
SENDER:  • Complete items 1 and/or 2 for additional services.	I also wish to receive the
<ul> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if the part permit</li> </ul>	t we can fee):
return this card to you.  Attach this form to the front of the mailpiece, or on the back if	space 1. Addressee's Address 🗳
Weita (*Poture Receipt Requested") on the mailniece below the article.	cle number. 2. Restricted Delivery
• The Return Receipt will show to whom the article was delivered an	ond the date Consult postmaster for fee.
5 delivered. 3. Article Addressed to:	4a. Article Number
· do	P 713 697 295
Commissioner of Public Lands	following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery Consult postmaster for fee.  4a. Article Number P 713 697 295  4b. Service Type
EState of New Mexico	Registered   Insured
<b>3</b> P. O. Box 1148 <b>3</b> Santa Fe. New Mexico 87504-	IX Certified ☐ COD
11/0	Express Mail Return Receipt for Merchandise
1140	7. Date of Delivery
ADDA	/ / <u>24N</u> \ 3
5. Signature (Addressee)	Certified COD  Express Mail Return Receipt for Merchandise  7. Date of Delivery  8. Addresse Widness Only if requested and fee in Oracle
5	and fee is 9gid)
6. Signature (Agent)	F S
E Signators (rigsitt)	773

and check box(es) for additional service(s) requested.	ervices are available. Consult postmaster for fees	
<ol> <li>Show to whom delivered, date, and addresse (Extra charge)</li> </ol>	e's address. 2.   Hestricted Delivery (Extra charge)	
3. Article Addressed to:	4. Article Number	
Mobil Producing Texas &	P 713 697 306	
New Mexico Inc.	Type of Service:	
P. O. Box 633	Registered Insured	
Midland, Texas 79702	Certified COD	
madalana, rondo ronda	Express Mail Return Receipt for Merchandise	
	Always obtain signature of addressee	
	or agent and DATE DELIVERED.	
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)	
X		
6. Signature – Agent		
x fesse they		
7. Date of Delivery		
1-28-14		
<b>S Form 3811</b> , Apr. 1989 ★U.S.G.P.O. 1989-	238-815 DOMESTIC RETURN RECEI	
SENDER: Complete items 1 and 2 when addit 3 and 4.	tional services are desired, and complete item	
Put your address in the "RETURN TO" Space on the re	everse side. Failure to do this will prevent this card	
from being returned to you. The return receipt fee will p the date of delivery. For additional fees the following s	rovide you the name of the person delivered to and services are available. Consult postmaster for fees	
and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addresse		
(Extra charge)	(Extra charge)	
3. Article Addressed to:	4. Article Number	
Neal A. Taylor	P 713 697 293	
Lario Oil & Gas Company	Type of Service:	
301 South Market Street	Registered Insured	
Wichita, Kansas 67202	Express Mail Return Receipt for Merchandise	
1	Always obtain signature of addressee	
	or agent and DATE DELIVERED.	
5. Signature – Addressee	8. Addressee's Address (ONLY if	
V		
X	requested and fee paid)	
6. Signature – Agent	requested and fee paid)	
	requested and fee paid)	
	requested and fee paid)	
6. Signature - Agent X Severly Jones	requested and fee paid)	
6. Signature - Agent X Severly Jones		
6. Signature — Agent  X Severly Jone  7. Date of Delivery		
6. Signature — Agent  X Severly Jone  7. Date of Delivery		
6. Signature — Agent  X  Severy  7. Date of Delivery  S Form 3811, Apr. 1989  *U.S.G.P.O. 1989	238-815 DOMESTIC RETURN RECEI	
6. Signature — Agent  X  7. Date of Delivery  S Form 3811, Apr. 1989  *U.S.G.P.O. 1989		
6. Signature — gent  X  Security  7. Date of Delivery  S Form 3811, Apr. 1989  *U.S.G.P.O. 1989  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	238-815 DOMESTIC RETURN RECEIL  I also wish to receive the following services (for an extra	
6. Signature—Agent  X  7. Date of Delivery  S Form 3811, Apr. 1989  *U.S.G.P.O. 1989	i also wish to receive the following services (for an extra fee):	
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 eturn this card to you.  Attach this form to the front of the mailpiece, or on the badoes not permit.	DOMESTIC RETURN RECEIL  I also wish to receive the following services (for an extra fee):  1. Addressee's Address	
6. Signature — gent  X  7. Date of Delivery  S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-  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 eturn this card to you. Attach this form to the front of the mailpiece, or on the badoes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver	i also wish to receive the following services (for an extra fee):  1. Addressee's Address erarticle number. ed and the date	
6. Signature — gent  X  7. Date of Delivery  S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-  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 return this card to you. Attach this form to the front of the mailpiece, or on the badoes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.	i also wish to receive the following services (for an extra fee):  1. Addressee's Address erarticle number ed and the date consult postmaster for fee.	
6. Signature — gent  X  7. Date of Delivery  S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-  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 eturn this card to you. Attach this form to the front of the mailpiece, or on the badoes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver	DOMESTIC RETURN RECEIL  I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  4a. Article Number	
6. Signature—  X  Yearly  7. Date of Delivery  S Form 3811, Apr. 1989  *U.S.G.P.O. 1	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  4a. Article Number P 713 697 294	
6. Signature— Gent  X  7. Date of Delivery  5. Form 3811, Apr. 1989  *U.S.G.P.O. 198	DOMESTIC RETURN RECEIL  I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  4a. Article Number	
6. Signature—  X  Yearly  7. Date of Delivery  S Form 3811, Apr. 1989  *U.S.G.P.O. 1	I also wish to receive the following services (for an extra fee):  ack if space e article number. ed and the date  2. Restricted Delivery Consult postmaster for fee.  4a. Article Number P 713 697 294  4b. Service Type	
6. Signature— Gent  X  7. Date of Delivery  5. Form 3811, Apr. 1989  *U.S.G.P.C. 198	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  4a. Article Number P 713 697 294  4b. Service Type Registered Registered COD Express Mail Return Receipt for	
6. Signature— Gent  X  7. Date of Delivery  5. Form 3811, Apr. 1989  *U.S.G.P.C. 198	I also wish to receive the following services (for an extra fee):   1.	
6. Signature— Gent  X  7. Date of Delivery  5. Form 3811, Apr. 1989  *U.S.G.P.C. 198	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  4a. Article Number P 713 697 294  4b. Service Type Registered Registered COD Express Mail Return Receipt for	
6. Signature — gent  X  7. Date of Delivery  5. Form 3811, Apr. 1989  *U.S.G.P.O. 1989-	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  4a. Article Number P 713 697 294  4b. Service Type Registered Insured COD Express Mail Return Receipt for Merchandise  7. Date of Delivery	
6. Signature— Gent  X  7. Date of Delivery  5. Form 3811, Apr. 1989  *U.S.G.P.C. 198	I also wish to receive the following services (for an extra fee):   1.	

• 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	I also wish to receive the following services (for an extra
return this card to you.  • Attach this form to the front of the mailpiece, or on the back i does not permit.	if space 1. Addressee's Address
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the arti</li> <li>The Return Receipt will show to whom the article was delivered an</li> </ul>	icle number. Ind the date  Consult postmaster for fee.
0	2. Restricted Delivery Consult postmaster for fee.  4a. Article Number P 713 697 307  4b. Service Type
Marshall & Winston, Inc. P. O. Box 50830	□ Registered □ Insured
Midland, Texas 79710-0880	☑ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
N ADD	7. Date of Delivery 27 1984
Marshall & Winston, Inc. P. O. Box 50230 Midland, Texas 79710-0880  Signature (Addressee)  G. Signature (Agent)	Addressee's Address (Only if requested and fee is paid)
no.	
PS Form <b>3811</b> , December 1991 ☆ U.S.G.P.O.: 1992-307	7-530 DOMESTIC RETURN RECEIPT
SENDER:  9 • 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	l also wish to receive the following services (for an extra
<ul> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> </ul>	space 1. Addressee's Address
Write "Return Receipt Requested" on the mailpiece below the articl     The Return Receipt will show to whom the article was delivered and delivered.	
3. Article Addressed to:	
William J. McCaw Ralph Nix	4b. Service Type
P. O. Box 440	Registered Insured  Cortified COD  Express Mail Return Receipt for Merchandise  7. Date of Delivery
ADDR	7. Date of Delivery
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)  PS Form 3811. December 1991 & USGRO 1992-307-5	<u>ë</u>
PS Form 3811, December 1991 & U.S.G.P.O.: 1992-307-5	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional s	pervices are decired, and complete items
3 and 4. Put your address in the "RETURN TO" Space and Mey a erse s from being returned to you. The return receive fee will provide y the date of delivery. For additional fees the olidating services and check box(es) for additional service() equestal.	· ·
the date of delivery. For additional fees the foldwing services and check box(es) for additional services feequestant.  1.  Show to whom delivered, date, and approasees additional feet and approasees additional feet and approach and feet	ress. 2. Restricted Delivery
3. Article Addressed to:	4. Article Number
Marvin E. Kraft	P 713 697 303 Type of Service:
Lario Oil & Gas Company 301 South Market Street Wichita, Kansas 67202	Registered Insured  Cortified COD  Express Mail Return Receipt
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	
7. Date of Delivery	

(Extra charge)	following services are available. Consult postn (s) requested. essee's address. 2. A Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
Mr. Truman T. Sanders, Jr	P 144 797 427
P. O. Box 550	Type of Service:
Roswell, New Mexico 8820	)⊇-()5 <b>5</b> ← Registered ☐ Insured
	Certified COD
	for Merchand
	Always obtain signature of addressee
5. Signature — Address	or agent and <u>DATE DELIVERED</u> .  8. Addressee's Address (ONLY if
X	requested and fee paid)
6. Signature — A.gent	
x duck & mounting	
7. Date of Delivery	
1-37-90	
PS Form 3811, Mar. 1988 # U.S.G.P.O. 19	88-212-865 DOMESTIC RETURN RE
	TO ME TO THE RE
SENDER	
SENDER:  Complete items 1 and/or 2 for additional services.  Complete tems 3, and 4a & b.  Print your name and address on the reverse of this form	also wish to receive
<ul> <li>Complete tems 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form</li> </ul>	following services (for an e
eturn this card to you.	
<ul> <li>Attach this form to the front of the mailplede, or or that does not permit.</li> </ul>	
<ul> <li>Write "Return Receipt Requested" on the mailpiece below</li> <li>The Return Receipt will show to whom the article was delived.</li> </ul>	the article number. 2. Restricted Delivery
delivered.	Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
Mr. Ralph Nix, Jr.	P 713 697 309
Ralph Nix	4b. Service Type ☐ Registered ☐ Insured
P. O. Box 440	
	211 Express Mail Return Receipt
	Merchandise
	7. Date of Delivery
Northings	1-27-94
5. Signature (Addressee)	<ol> <li>Addressee's Address (Only if requ and fee is paid)</li> </ol>
6. Signature (Agent)	
PS Form 3811, December 1991 (\$ 65.600)	992-307-930 DOMESTIC RETURN REC
SENDER:	l also wish to receive
Complete 'tams 1 and/or 2 for additional services.     Complete tems 3, and 4a & b.	following services (for an e
<ul> <li>Complete 'tems 1 and/or 2 for additional services.</li> <li>Complete tems 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this force</li> </ul>	following services (for an e fee):
<ul> <li>Complete Items 1 and/or 2 for additional services.</li> <li>Complete tems 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form return this card to you.</li> <li>Attach this form to the front of the mailble tellor on this</li> </ul>	following services (for an e
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 return this card to you.  Attach this form to the front of the mail siece or on the does not permit  Write "Return Receipt Requested" on the mailpiece below.	following services (for an effect):  1. Addressee's Ad
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 eturn this card to you.  Attach this form to the front of the mail siece or on the does not permit  Write "Return Receipt Requested" on the mailpiece below.  The Return Receipt will show to whom the article was delined.	following services (for an effect):  1. Addressee's Ad
<ul> <li>Complete Items 1 and/or 2 for additional services.</li> <li>Complete tems 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form return this card to you.</li> <li>Attach this form to the front of the mailble tellor on this</li> </ul>	following services (for an effee):  1. Addressee's Add
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 etum this card to you.  Attach this form to the front of the mailblede for on the does not permit  Write "Return Receipt Requested" on the mailplede below.  The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:	following services (for an effee):  1. Addressee's Addressed to example and the date  2. Restricted Delivery Consult postmaster for fee.
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 return this card to you. Attach this form to the front of the mailpiece or or the does not perm t Write "Return Receipt Requested" on the mailpiece below. The Return Receipt will show to whom the article was delivered.  3. Article Addressed to: J. Penrod Toles	following services (for an efee):  1. Addressee's Addressee's Addressed and the date  2. Restricted Delivery Consult postmaster for fee.  4a. Article Number  P 144 797 433  4b. Service Type
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 return this card to you. Attach this form to the front of the mailplete for or the does not perm t Write "Return Receipt Requested" on the mailplece below. The Return Receipt will show to whom the article was dein delivered.  3. Article Addressed to:  J. Penrod Toles The Toles Company	following services (for an efee):  1. Addressee's Addressed the anadranumber versid and the date  2. Restricted Delivery Consult postmaster for fee.  4a. Article Number  P 144 797 433
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 eturn this card to you. Attach this form to the front of the mailpiece or or the does not perm t Write "Return Receipt Requested" on the mailpiece below. The Return Receipt will show to whom the article was deing delivered.  3. Article Addressed to:  J. Penrod Toles The Toles Company P. O. Drawer 1300	following services (for an efee):  1. Addressee's Addressee's Addressed and the date  2. Restricted Delivery  Consult postmaster for fee.  4a. Article Number  P 144 797 433  4b. Service Type  Registered Insured
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 return this card to you. Attach this form to the front of the mailpiede for or the does not perm t Write "Return Receipt Requested" on the mailpiede below. The Return Receipt will show to whom the article was dein delivered.  3. Article Addressed to:  J. Penrod Toles The Toles Company	following services (for an efee):  1. Addressee's Addr
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 return this card to you. Attach this form to the front of the mailpiede for or the does not perm t Write "Return Receipt Requested" on the mailpiede below. The Return Receipt will show to whom the article was dein delivered.  3. Article Addressed to:  J. Penrod Toles The Toles Company P. O. Drawer 1300	following services (for an efee):  1. Addressee's Addr
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 return this card to you. Attach this form to the front of the mailpiede for or the does not perm t Write "Return Receipt Requested" on the mailpiede below. The Return Receipt will show to whom the article was dein delivered.  3. Article Addressed to:  J. Penrod Toles The Toles Company P. O. Drawer 1300	following services (for an efee):  1. Addressee's Addr
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 return this card to you. Attach this form to the front of the mailpiete for or the does not perm t Write "Return Receipt Requested" on the mailpiece below. The Return Receipt will show to whom the article was dein delivered.  Article Addressed to:  J. Penrod Toles The Toles Company P. O. Drawer 1300	following services (for an efee):  1. Addressee's Addr

PS Form 3811, December 1931 & US 3.PQ 1988 327-630 DOMESTIC RETURN RECEIPT

LES SLINDLA. COMPLETE REMS I drid & WHER additions	services are desired, and complete items		
3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide the date of delivery For additional fees the following services.	e side. Failure to do this will prevent this card		
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:	4. Article Number		
Mr. Charles B. Read	P 713 697 311		
Read & Stevens, Inc.	Type of Service:		
P. O. Box 1518	Registered Insured		
Roswell, New Mexico 88202-1	5 LB Express Mail Return Receipt for Merchandise		
NOSWETT, NOW MOTERAL	Always obtain signature of addressee or agent and DATE DELIVERED.		
5. Signature — Addressee	8. Addressee's Address (ONLY if		
X	requested and fee paid)		
6. Signature – Agent			
Xaia Dala			
7. Date of Delivery 1-27-94			
	DOMESTIC PETUDA PECEDO		
PS Form <b>3811</b> , Apr. 1989 *U.S.G.P.O. 1989-238	-815 DOMESTIC RETURN RECEIPT		
SENDER: Complete items 1 and 2 when addition	al services are desired, and complete items		
Put your address in the "RETURN TO" Space on the re	vorce side. Cailure to de this will assure to the		
card from being returned to you. The return receipt fee wito and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) required.	Ill provide you the name of the person delivered		
for fees and check box(es) for additional service(s) requ	lested.		
1.   Show to whom delivered, date, and addressee's (Extra charge)	address. 2.  Restricted Delivery (Extra charge)		
3. Article Addressed to:	4. Article Number		
Mr. Rogers Aston	P 713 697 283		
P. O. Box 1090	Type of Service:		
Roswell, N. M. 88202-1090	Registered Insured		
I NOSWELL N. M. OOZUZELUSU			
	Express Mail COD  Express Mail Return Receipt for Merchandise		
	Express Mail Return Receipt for Merchandise  Always obtain signature of addressee		
5. Signature — Address	Express Mail Return Receipt for Merchandise		
5. Signature – Address	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if		
5. Signature — Address X 6. Signature — Agent	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if		
5. Signature – Address  X  6. Signature – Agent  X	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if		
5. Signature — Address X 6. Signature — Agent	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if		
5. Signature – Address  X  6. Signature – Agent  X  Date of Delivery  1 - 27 - 94	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)		
5. Signature – Address  X  6. Signature – Agent  X	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  1 — 27 - 94  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)		
5. Signature – Address  X 6. Signature – Agent  X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865  DOMESTIC RETURN RECEIPTORY OF SERVICES are desired, and complete items		
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPTED Services are desired, and complete items e side. Failure to do this will prevent this card a you the name of the person delivered to and		
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service.	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPTED Services are desired, and complete items e side. Failure to do this will prevent this card a you the name of the person delivered to and		
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. Fo' additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIP  services are desired, and complete items as side. Failure to do this will prevent this card are available. Consult postmaster for fees address.  2. Restricted Delivery		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. Fo' additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPT  services are desired, and complete items as side. Failure to do this will prevent this card a you the name of the person delivered to and as are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)		
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. Fo' additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's a	Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPT  services are desired, and complete items eside. Failure to do this will prevent this card evou the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPTED Services are desired, and complete items eside. Failure to do this will prevent this card evou the name of the person delivered to and estate available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. Fo' additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayle A. Stokes	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPTED Services are desired, and complete items eside. Failure to do this will prevent this card evou the name of the person delivered to and es are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432  Type of Service:		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  - 27 - 94  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayl A. Stokes  2715 N. Kentucky, Unit #17	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIP  services are desired, and complete items eside. Failure to do this will prevent this card evou the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432  Type of Service: Registered Insured		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. Fo' additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayle A. Stokes	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPT  Services are desired, and complete items are saide. Failure to do this will prevent this card are you the name of the person delivered to and are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432  Type of Service: Registered Insured  COD  Return Receipt  Return Receipt		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  - 27 - 94  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayl A. Stokes  2715 N. Kentucky, Unit #17	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIP  services are desired, and complete items as are available. Consult postmaster for fees didress.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432  Type of Service: Registered COD Return Receipt for Merchandise		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  - 27 - 94  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayl A. Stokes  2715 N. Kentucky, Unit #17	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPT  Services are desired, and complete items are saide. Failure to do this will prevent this card are you the name of the person delivered to and are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432  Type of Service: Registered Insured  COD  Return Receipt  Return Receipt		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  - 27 - 94  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayl A. Stokes  2715 N. Kentucky, Unit #17	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPTORY  services are desired, and complete items as a said and the part of the person delivered to and the part of the part		
5. Signature — Address  X 6. Signature — Agent  X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayle A. Stokes  2715 N. Kentucky, Unit #17  Roswell, N. M. 88201	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIP  services are desired, and complete items as are available. Consult postmaster for fees didress.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432  Type of Service: Registered Insured COD 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  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayle A. Stokes  2715 N. Kentucky, Unit #17  Roswell, N. M. 88201	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIP'  services are desired, and complete items as are available. Consult postmaster for fees are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432  Type of Service: Registered Insured COD Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  3. Article Addressed to:  Mrs. Gayl A. Stokes  2715 N. Kentucky, Unit #17  Roswell, N. M. 88201  5. Signature — Addressee  X  Machine Addressee  X  Machine Addressee  X  Machine Addressee  X  Machine Addressee  Machine Addresse	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPTORY  services are desired, and complete items as a said and the part of the person delivered to and the part of the part		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  - 27 - 94  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's an (Extra charge)  3. Article Addressed to:  Mrs. Gayle A. Stokes 2715 N. Kentucky, Unit #17  Roswell, N. M. 88201  5. Signature — Addressee  X  6. Signature — Addressee  X  6. Signature — Addressee	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPTORY  services are desired, and complete items as a said and the part of the person delivered to and the part of the part		
5. Signature — Address  X  6. Signature — Agent  X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2  SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested.  1. Show to whom delivered, date, and addressee's acceptable (Extra charge)  3. Article Addressed to:  Mrs. Gayle A. Stokes  2715 N. Kentucky, Unit #17  Roswell, N. M. 88201  5. Signature — Addressee  X  G. Signature — Addressee	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIP  services are desired, and complete items as side. Failure to do this will prevent this card a you the name of the person delivered to and less are available. Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number  P 144 797 432  Type of Service: Registered Insured XX Certified COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  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/or 2 for additional services.  Complete items 3, and 4a & b.  Print your name and address on the reverse of this form so the return this card to you.  Attach this form to the front of the mailpiece, or on the back does not permit.  Write "Return Receipt Requested" on the mailpiece below the air	cif space 1. Addressee's Address
• The Return Receipt will show to whom the article was delivered	Aa. Article Number  2. Restricted Delivery Consult postmaster for fee.
Mr. Thomas K. Scroggin TOISCO Energy P. O. Box N Artesia, N. M. 88210  5. Signature (Addressee)  6. Signature (Agent)	
The kingy  5. Signature (Addressee)	7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	<u>'</u>
1	DOMESTIC RETURN RECEIPT
• 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 t return this card to you. • Attach this form to the front of the mailpiece, or on the back	I also wish to receive the following services (for an extra fee):  I also wish to receive the following services (for an extra fee):
<ul> <li>does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the a</li> <li>The Return Receipt will show to whom the article was delivered</li> </ul>	article number. 2. Restricted Delivery
5 delivered. 3. Article Addressed to:	Consult postmaster for fee.
Mrs. Barbara E. Hannifin P. O. Drawer 2588 Roswell, N. M. 88202-2588	P 144 797 428  4b. Service Type  Registered Insured  **XCertified Cop  Express Mail Return Recept for Merchandise  7. Date of Delivery
5. Signature (Addressee)	8. Addressee's Address (PM) if requested and fee is haid)
6. Signature to gent	88201 F
PS Form 3811, December 1991 & U.S.G.P.O.: 1992-3	ो-530 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 the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit.	Aldressee's Address
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the at</li> <li>The Return Receipt will show to whom the article was delivered delivered.</li> <li>Article Addressed to:</li> </ul>	Consult postmaster for fee.
Petro Source Partners, Ltd. 8790 W.Colfax Ave., Ste. 230 Lakewood, CO 80215	P 144 797 426  4b. Service Type Registered Insured Certified COD Services Mail: Receipt for
ADDR	7. Date of Delivery
5. Signature (Addressee)  6. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811, December 1991 &U.S. GPO: 1992—3	23-402 DOMESTIC RETURN RECEIPT

• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.		following services (for an extra
	at we can	fee):
Print your name and address on the reverse of this form so the return this card to you.  Attach this form to the front of the mailpiece, or on the back does not permit.	if space	1. Addressee's Address
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the art</li> <li>The Return Receipt will show to whom the article was delivered a</li> </ul>		2.  Restricted Delivery Consult postmaster for fee.
GPM Gas Corporation P. O. Box 5050 Bartlesville, OK 74005  Attn: Gas Purphasing	4a. Arti	cle Number
GPM Gas Corporation	D :	144 797 429
<b>E</b> P. O. Box 5050	4b. Serv	vice Type
Bartlesville, OK 74005	Regis	
Sales in the sales	XXCertif	
	☐ Expre	ess Mail Return Receipt for Merchandise
Attn: Gas Purobasing  Signature (Addressee)	7. Date	of Delivery
; <b>=</b>	8. Addreand f	essee's Address (Only if requested , ee is paid)
6. Signature (Agent) 1 1994		i
PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-301	7-530 <b>DC</b>	MESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional	services a	are desired, and complete items
3 and 4.  Put your address in the "BETURN TO" Space on the reverse	side Failu	re to do this will prevent this card
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service	e you the na	ame of the person delivered to and able. Consult postmaster for fees
and check box(es) for additional service(s) requested.  1.  Show to whom delivered, date, and addressee's ac		i
(Extra charge)		(Extra charge)
3. Article Addressed to:		cle Number
Mr. Charles E. Williams	<b></b>	144 797 437
P. O. Box 2751	Type of Regis	Service:
Midland, TX 79702-2751	XX Certi	
	☐ Expre	ess Mail Return Receipt for Merchandise
	Always o	obtain signature of addressee
		and DATE DELIVERED.
5. Signature - Addressee  X (Karker & Williams)		ressee's Address (ONLY if ested and fee paid)
	-	
6. Signature Agent		
7. Date of Delivery	-	
32N 2 7 1996		
PS Form 3811, Apr. 1989 + U.S.G.PO. 1989-238-81	- <del>1</del>	DOMESTIC RETURN RECEIPT
		÷.
SENDER: Cornplete items 1 and 2 when additional 3 and 4.		
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide	side. Failu	re to do this will prevent this card
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	es are availa	able. Consult postmaster for fees
1. Show to whom delivered, date, and addressee's ac	ddress.	2.  Restricted Delivery
(Extra charge)  3. Article Addressed to:	A Artic	(Extra charge)
Mrs. Mary L. Boling P. O. Box 768		44 797 436 Service:
Artesia, N. M. 88210	Regis	
Artesia, N. M. 00210	XX Certif	fied COD
	i	btain signature of addressee and DATE DELIVERED.
5. Signature - Addressee		essee's Address (ONLY if
X	reque	ested and fee paid)
6. Signature — Agent	1	
6. Signature – Agent  X // All A / BOLLMA  7. Date of Delivery	-	
7. Date of Delivery	]	

i i	Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following servi-	de you the name of the person delivered to and
1	and check box(es) for additional service(s) requested.  1. ☐ Show to whom delivered, date, and addressee's (Extra charge)	address. 2.   Restricted Delivery (Extra charge)
:	3. Article Addressed to:	4. Article Number
s. 1	Dr. Charles W. Plett	P 713 697 312
	P. O. Box 313	Type of Service:
	Roswell, N. M. 88202-0313	Certified COD Return Receipt for Merchandise
		Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signature + Addressee	8. Addressee's Address (ONLY if requested and fee paid)
	6. Signature — Agent	
	7. Date of Delivery	
1	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1939-238-	815 DOMESTIC RETURN RECEI
1		
i	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 revers from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following service.	e side. Failure to do this will prevent this card
	and check box(es) for additional service(s) requested.  1. □ Show to whom delivered, date, and addressee's a (Extra charge)	eddress. 2. Restricted Delivery (Extra charge)
	3. Article Addressed to:	4. Article Number
·	Mr. Jerry W. Guy	P 144 797 434
	420 West St. Anne Place	Type of Service:  Registered Insured
	Hobbs, N. M. 88240	COD Receipt for Merchandise
		Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signature - Addressee	8. Addressee's Address (ONLY if
	X 6. Signature — Agent	requested and fee paid)
	7. Date of Derwery	_
	27-90	
	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-8	DOMESTIC RETURN RECEIF
ſ	SENDER: Complete items 1 and 2 when additional	
The second secon	Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1. □ Show to whom delivered, date, and addressee's acceptable.	e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees ddress.  2. Restricted Delivery (Extra charge)
	3. Article Addressed to:	4. Article Number
	Mr. Robert Michael Boling	P 144 797 435 Type of Service:
<i>i</i> ]	727 Three Cross Drive	Registered Insured
: [	Roswell, N. M. 88201	Certified COD  Express Mail Return Receipt for Merchandise
		Always obtain signature of addressee
		or agent and DATE DELIVERED.
	5. Signature – Addressee	or agent and <u>DATE DELIVERED</u> .  8. Addressee's Address (ONLY if regressed and fee paid)
the second secon		8. Addressee's Address (ONLY if
	6. Signature – Agent X	8. Addressee's Address (ONLY if requested and fee paid)
The second of th	X Muller Community of the Agent Community of	8. Addressee's Address (ONLY if

3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provie the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.  1.  Show to whom delivered, date, and addressee's (Extra charge)	se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees		
3. Article Addressed to:	4. Article Number		
Mr. Tom P. Stephens	P 144 797 438		
P. O. Box 698	Type of Service:		
Roswell, N. M. 88202-0698	Registered Insured  XX Certified COD  Express Mail Receipt for Merchandise		
	Always obtain signature of addressee		
	or agent and DATE DELIVERED.		
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)		
6. Signature – Agent			
X A State - Again S			
7. Date of Delivery 1-94			
PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238	-815 DOMESTIC RETURN RECEIPT		
CO OFFIDER O			
SENDER: Complete items 1 and 2 when addition 3 and 4.			
Put your address in the "RETURN TO" Space on the everse 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 (Extra charge)			
3. Article Addressed to:	(Extra charge)		
	4. Article Number		
Wylie G. Basham	4. Article Number		
1 .			

PS Form 3811, Apr. 1989

7. Date of Delivery

Midland, Texas

5 Signature - Addressee

Signature - Agent

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

79702

DOMESTIC RETURN RECEIPT

Insured
COD
Return Receipt
for Merchandise

Certified
Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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