



Midland Division  
Exploration and Production

Conoco Inc.  
10 Desta Drive West  
Midland, TX 79705-9982  
(915) 686-5400

30 SEP 7 AM 8 29

September 5, 1990

Mr. William LeMay  
State of New Mexico  
New Mexico Oil Conservation Division  
P.O. Box 2088  
Santa Fe, NM 87504-2088

Dear Mr. LeMay:

Request For Approval Of Surface Commingling  
and Off-Lease Storage of the North Dagger Draw  
Upper Pennsylvanian Production from the Dagger  
Draw No. 9, NW/4, Section 30, T-19S, R-25E,  
Eddy County, New Mexico

Conoco Inc. requests an additional amendment to the Amended Commingling Order CTB-332, dated January 6, 1988 (copy attached), by including the proposed Dagger Draw No. 9, Unit E, NW/4 Section 30, T-19S, R-25E, Eddy County, New Mexico. This well will be completed in the North Dagger Draw Upper Pennsylvania Pool.

Although the subject well is not completed at this time, it is anticipated that the quality of the crude will be identical to other surrounding wells completed in the North Dagger Draw Pool and that surface commingling will not reduce its commercial value. The production from each lease will be metered separately at the battery using positive displacement, temperature compensated oil meters and temperature compensated gas meters.

Additionally, Conoco requests approval for off-lease storage for production from the Dagger Draw No. 9. The battery to be used for this proposed surface commingling and storage is located at the Dagger Draw No. 4 well, Unit L, Section 19, T-19S, R-25E.

A lease plat and battery schematic, showing the addition of this new well are attached. All interest owners of the Dagger Draw No. 9 have been notified as per the attached letter and interest owner listing. Proof of notification will be forwarded to you when the registered mail receipts have been returned. To promote continued timely development of the North Dagger Draw Field, your early consideration of these requests would be appreciated.

Should you have any questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,

Brent D. Meyers  
Division Operations Manager

cc: Bureau of Land Management  
P.O. Box 1778  
Carlsbad, NM 88220

**Midland Division**  
Exploration and Production

**Conoco Inc.**  
10 Desta Drive West  
Midland, TX 79705-9982  
(915) 686-5400

September 5, 1990

Mr. Richard L. Manus  
Bureau of Land Management  
P.O. Box 1778  
Carlsbad, NM 88220

Dear Mr. Manus:

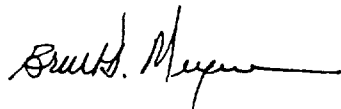
Application for Approval of Surface Commingling  
and Off-Lease Storage of Production from the  
Dagger Draw No. 9, to be located in Unit E,  
Sec. 19, T-19S, R-25E, Eddy County, New Mexico

By the attached copy of our application to the New Mexico Oil Conservation Division, we are requesting your approval of our proposed amendment to the subject commingling order.

The BLM approved the last amendment of the NMOCD commingling order CTB-332 on April 6, 1988 as shown by the attached copy.

If you have any questions, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,



Brent D. Meyers  
Division Operations Manager

JWH/tm

cc: NMOCD, Santa Fe



Midland Division  
Exploration and Production

OIL SERVICE DIVISION  
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Conoco Inc.  
10 Desta Drive West  
Midland, TX 79705-4514  
(915) 686-5400

September 19, 1990

Mr. William LeMay  
New Mexico Oil Conservation Division  
P.O. Box 2088  
Santa Fe, NM 87504-2088

Dear Mr. LeMay:

**Proof of Notice to Dagger Draw No. 9  
Interest Owners of Intent to Commingle  
and Store Production Off-Lease at the  
Dagger Draw No. 4 Battery,  
Unit L, Section 19, T-19S, R-25E  
Eddy County, New Mexico**

Conoco's September 5, 1990 application for surface commingling and off-lease storage of the North Dagger Draw Upper Pennsylvanian production from the Dagger Draw No. 9 well stated that all interest owners in the Dagger Draw NO. 9 had been notified by certified mail of this application. Attached is a (a) copy of the letter they received, (b) a list of the interest owners, and (c) a copy of the certified mail receipts.

Your timely consideration and approval of this application will be appreciated so that there will be no delay in establishing production when the drilling of this well is completed. Should you have any further questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,

Brent D. Meyers  
Division Operations Manager

JWH/tm



Midland Division  
Exploration and Production

Conoco Inc.  
10 Desta Drive West  
Midland, TX 79705-9982  
(915) 686-5400

September 4, 1990

Dear Interest Owner:

Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Dagger Draw Well No. 9 to be located at 1980' FNL and 660' FWL in Section 30, T-19S, R-25E, Eddy County, New Mexico.

The purpose of this off-lease storage and surface commingling is to reduce operating costs for storage and treating and thereby extend the economic life of this well. Without approval for utilizing the already existing battery facilities on an adjacent lease, separate facilities would have to be constructed just for this one well. This would increase operating costs and shorten the economic life of the well.

Because interests for the proposed well are different from the those for the lease where the proposed storage facilities are located, oil from the Dagger Draw No. 9 will be measured by positive displacement, temperature compensated, metering equipment prior to surface commingling. Gas from the well will also be metered separately. This metering will ensure that all production from the Dagger Draw No. 9 is equitably accounted for with no significant effect on your revenue.

We would appreciate your returning an approved copy of this letter to us by September 25, 1990 in the enclosed postage paid envelope. If we do not hear from you by that date, we will assume that you have no objections to our proposal and will request approval from the Bureau of Land Management and the New Mexico Oil Conservation Division for this proposed off-lease storage and surface commingling.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Brent D. Meyers".

Brent D. Meyers  
Division Operations Manager

JWH/tm

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Cathie Cone Auvenshine**  
P.O. Box 658  
Dripping Springs, TX 786200658

**R. E. Chambers**  
2413 Clayton Lane  
Wichita Falls, TX 76308

**OXY USA Inc.**  
P.O. Box 845541  
Dallas, TX 752845541

**Clifford Cone**  
P.O. Box 6010  
Lubbock, TX 794936010

**Kathleen Cone**  
P.O. Box 1509  
Lovington, NM 88260

**Kenneth G. Cone**  
P.O. Box 11310  
Midland, TX 79702

**Tom R. Cone**  
P.O. 778  
Jay, OK 74346

**Hettie Jewel Page**  
407 Tierra Berrenda  
Roswell, NM 88201

**Dekalb Energy  
Company**  
Department 155  
Denver, CO 802910155

**Esther Fell Ellis**  
227 Beechwood Rd.  
New Wilmington, PA 16142

**Ann F. Freeman**  
P.O. Box 4143  
Wichita Falls, TX 76308

**Midland American Bank**  
A/C W.T. Probandt  
P.O. Box 11156  
Midland, TX 79702

**Hanson-McBride Petro Co.**  
P.O. Box 1515  
Roswell, NM 882021515

**William H. Aspden**  
1595 S. Wasatch Dr.  
Salt Lake City, UT 84108

**R.R. Hinkle Co.**  
1213 W. 3rd St.  
Roswell, NM 88201

**John & Jean Gates S.**  
Trustees of John W. & Jean M.  
Gates Rev. Trust  
706 W. Grand  
Artesia, NM 88210

**Marilyn Cone, Trustee of D.C.**  
Trust  
P.O. Box 64244  
Lubbock, TX 79464

**Marathon Oil Company**  
P.O. Box 88322  
Dallas, TX 75388

**Jack W. McCaw**  
Box 127  
Artesia, NM 882110127

**Virginia Fell McComb**  
403 Euclio  
Leesburg, FL 32748

**Frances Fell McElrath**  
85 Baldwin Rd.  
Manchester, CT 06040

**James H. McGivney**  
234 Abbey Rd.  
Manhasset, NY 110302746

**John C. McGivney**  
14 Stratford Ct.  
Staten Island, NY 10314

**McQuiddy Communications  
& Energy Inc.**  
P.O. Box 2072  
Roswell, NM 88201

**Nancy Joy Parsons**  
3814 Nassau Dr.  
Midland, TX 79707

**Jack W. McCaw**  
P.O. Box 127  
Artesia, NM 882110127

**Yates Petroleum Corp.**  
105 S. 4th St.  
Artesia, NM 88210

**Harvey E. Yates**  
P.O. Box 1933  
Roswell, NM 88201

**S. P. Yates**  
105 South 4th St.  
Artesia, NM 88210

**Minerals Mgt. Service**  
Onshore Federal #17555  
P.O. Box 5810  
Denver, CO 80217

**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 the return receipt for rates and check box(es) for additional service(s) requested.

<p>3. Article Addressed to: <i>11111111111111111111</i></p> <p><i>11111111111111111111</i></p> <p><i>11111111111111111111</i></p>	<p>4. Article Number <i>264 539 135</i></p>	<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input checked="" type="checkbox"/> Express Mail</p>	<p>2. <input type="checkbox"/> Restricted Delivery.</p>
<p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.</p>		<p>Always obtain signature of addressee.<sup>23</sup></p>	<p>3. <input type="checkbox"/> Registered agent and <input checked="" type="checkbox"/> <b>DATE DELIVERED.</b></p>
<p>5. Signature: <i>[Signature]</i></p> <p><input checked="" type="checkbox"/></p>		<p>8. Addressee's Address (<i>ONLY if requested and fee paid!</i>)</p>	
<p>6. Signature: <i>[Signature]</i></p> <p><input checked="" type="checkbox"/></p>			
<p>7. Date of Delivery: <i>11/16/11</i></p>			

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

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4. **SENDER:** Complete items 1, 2, 3 and 4.

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☐ Show to whom, date and address of delivery.

☐ Restricted Delivery.

Article Addressed to  
Anson, N. Bruce Rite  
Rt. 54 1515  
Bismarck, ND 58101

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail

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

Signature - Addressee  
[Signature]  
Signature - Agent  
[Signature]  
Date of Delivery  
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Addressee's Address (ONLY if requested and fee paid)  
[Address]

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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**SENDER:** Complete items 1, 2, 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 or service(s) requested.

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☐ Restricted Delivery.

1. Article Addressed to  
*MISS H. J. ...*

2. Type of Service

☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail

Article Number  
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Always obtain signature of addressee or agent and  
**DATE DELIVERED**

Signature - Addressee  
*[Signature]*

Signature - Agent  
*[Signature]*

Date of Delivery  
*[Date]*

Addressee's Address **ONLY** if requested and fee paid  
*[Address]*

**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 fees.

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7. Date <i>SEP 1990</i>	8. Addressed Address (ANY) <i>to artist and for mail</i>
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11. Always obtain signature of addressee upon receipt and DATE DELIVERED	

OS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

**DOMESTIC RETURN RECEIPT**

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Payment may be made by check or money order payable to the order of the American Medical Association, 535 North Dearborn Street, Chicago, Ill. 60610.</p>	<p>4. <u>Full or Partial</u> <u>Subscription</u> <u>for</u> <u>1964</u> <u>for</u> <u>1965</u> <u>for</u> <u>1966</u> <u>for</u> <u>1967</u> <u>for</u> <u>1968</u> <u>for</u> <u>1969</u> <u>for</u> <u>1970</u> <u>for</u> <u>1971</u> <u>for</u> <u>1972</u> <u>for</u> <u>1973</u> <u>for</u> <u>1974</u> <u>for</u> <u>1975</u> <u>for</u> <u>1976</u> <u>for</u> <u>1977</u> <u>for</u> <u>1978</u> <u>for</u> <u>1979</u> <u>for</u> <u>1980</u> <u>for</u> <u>1981</u> <u>for</u> <u>1982</u> <u>for</u> <u>1983</u> <u>for</u> <u>1984</u> <u>for</u> <u>1985</u> <u>for</u> <u>1986</u> <u>for</u> <u>1987</u> <u>for</u> <u>1988</u> <u>for</u> <u>1989</u> <u>for</u> <u>1990</u> <u>for</u> <u>1991</u> <u>for</u> <u>1992</u> <u>for</u> <u>1993</u> <u>for</u> <u>1994</u> <u>for</u> <u>1995</u> <u>for</u> <u>1996</u> <u>for</u> <u>1997</u> <u>for</u> <u>1998</u> <u>for</u> <u>1999</u> <u>for</u> <u>2000</u> <u>for</u> <u>2001</u> <u>for</u> <u>2002</u> <u>for</u> <u>2003</u> <u>for</u> <u>2004</u> <u>for</u> <u>2005</u> <u>for</u> <u>2006</u> <u>for</u> <u>2007</u> <u>for</u> <u>2008</u> <u>for</u> <u>2009</u> <u>for</u> <u>2010</u> <u>for</u> <u>2011</u> <u>for</u> <u>2012</u> <u>for</u> <u>2013</u> <u>for</u> <u>2014</u> <u>for</u> <u>2015</u> <u>for</u> <u>2016</u> <u>for</u> <u>2017</u> <u>for</u> <u>2018</u> <u>for</u> <u>2019</u> <u>for</u> <u>2020</u> <u>for</u> <u>2021</u> <u>for</u> <u>2022</u> <u>for</u> <u>2023</u> <u>for</u> <u>2024</u> <u>for</u> <u>2025</u> <u>for</u> <u>2026</u> <u>for</u> <u>2027</u> <u>for</u> <u>2028</u> <u>for</u> <u>2029</u> <u>for</u> <u>2030</u> <u>for</u> <u>2031</u> <u>for</u> <u>2032</u> <u>for</u> <u>2033</u> <u>for</u> <u>2034</u> <u>for</u> <u>2035</u> <u>for</u> <u>2036</u> <u>for</u> <u>2037</u> <u>for</u> <u>2038</u> <u>for</u> <u>2039</u> <u>for</u> <u>2040</u> <u>for</u> <u>2041</u> <u>for</u> <u>2042</u> <u>for</u> <u>2043</u> <u>for</u> <u>2044</u> <u>for</u> <u>2045</u> <u>for</u> <u>2046</u> <u>for</u> <u>2047</u> <u>for</u> <u>2048</u> <u>for</u> <u>2049</u> <u>for</u> <u>2050</u> <u>for</u> <u>2051</u> <u>for</u> <u>2052</u> <u>for</u> <u>2053</u> <u>for</u> <u>2054</u> <u>for</u> <u>2055</u> <u>for</u> <u>2056</u> <u>for</u> <u>2057</u> <u>for</u> <u>2058</u> <u>for</u> <u>2059</u> <u>for</u> <u>2060</u> <u>for</u> <u>2061</u> <u>for</u> <u>2062</u> <u>for</u> <u>2063</u> <u>for</u> <u>2064</u> <u>for</u> <u>2065</u> <u>for</u> <u>2066</u> <u>for</u> <u>2067</u> <u>for</u> <u>2068</u> <u>for</u> <u>2069</u> <u>for</u> <u>2070</u> <u>for</u> <u>2071</u> <u>for</u> <u>2072</u> <u>for</u> <u>2073</u> <u>for</u> <u>2074</u> <u>for</u> <u>2075</u> <u>for</u> <u>2076</u> <u>for</u> <u>2077</u> <u>for</u> <u>2078</u> <u>for</u> <u>2079</u> <u>for</u> <u>2080</u> <u>for</u> <u>2081</u> <u>for</u> <u>2082</u> <u>for</u> <u>2083</u> <u>for</u> <u>2084</u> <u>for</u> <u>2085</u> <u>for</u> <u>2086</u> <u>for</u> <u>2087</u> <u>for</u> <u>2088</u> <u>for</u> <u>2089</u> <u>for</u> <u>2090</u> <u>for</u> <u>2091</u> <u>for</u> <u>2092</u> <u>for</u> <u>2093</u> <u>for</u> <u>2094</u> <u>for</u> <u>2095</u> <u>for</u> <u>2096</u> <u>for</u> <u>2097</u> <u>for</u> <u>2098</u> <u>for</u> <u>2099</u> <u>for</u> <u>2100</u> <u>for</u> <u>2101</u> <u>for</u> <u>2102</u> <u>for</u> <u>2103</u> <u>for</u> <u>2104</u> <u>for</u> <u>2105</u> <u>for</u> <u>2106</u> <u>for</u> <u>2107</u> <u>for</u> <u>2108</u> <u>for</u> <u>2109</u> <u>for</u> <u>2110</u> <u>for</u> <u>2111</u> <u>for</u> <u>2112</u> <u>for</u> <u>2113</u> <u>for</u> <u>2114</u> <u>for</u> <u>2115</u> <u>for</u> <u>2116</u> <u>for</u> <u>2117</u> <u>for</u> <u>2118</u> <u>for</u> <u>2119</u> <u>for</u> <u>2120</u> <u>for</u> <u>2121</u> <u>for</u> <u>2122</u> <u>for</u> <u>2123</u> <u>for</u> <u>2124</u> <u>for</u> <u>2125</u> <u>for</u> <u>2126</u> <u>for</u> <u>2127</u> <u>for</u> <u>2128</u> <u>for</u> <u>2129</u> <u>for</u> <u>2130</u> <u>for</u> <u>2131</u> <u>for</u> <u>2132</u> <u>for</u> <u>2133</u> <u>for</u> <u>2134</u> <u>for</u> <u>2135</u> <u>for</u> <u>2136</u> <u>for</u> <u>2137</u> <u>for</u> <u>2138</u> <u>for</u> <u>2139</u> <u>for</u> <u>2140</u> <u>for</u> <u>2141</u> <u>for</u> <u>2142</u> <u>for</u> <u>2143</u> <u>for</u> <u>2144</u> <u>for</u> <u>2145</u> <u>for</u> <u>2146</u> <u>for</u> <u>2147</u> <u>for</u> <u>2148</u> <u>for</u> <u>2149</u> <u>for</u> <u>2150</u> <u>for</u> <u>2151</u> <u>for</u> <u>2152</u> <u>for</u> <u>2153</u> <u>for</u> <u>2154</u> <u>for</u> <u>2155</u> <u>for</u> <u>2156</u> <u>for</u> <u>2157</u> <u>for</u> <u>2158</u> <u>for</u> <u>2159</u> <u>for</u> <u>2160</u> <u>for</u> <u>2161</u> <u>for</u> <u>2162</u> <u>for</u> <u>2163</u> <u>for</u> <u>2164</u> <u>for</u> <u>2165</u> <u>for</u> <u>2166</u> <u>for</u> <u>2167</u> <u>for</u> <u>2168</u> <u>for</u> <u>2169</u> <u>for</u> <u>2170</u> <u>for</u> <u>2171</u> <u>for</u> <u>2172</u> <u>for</u> <u>2173</u> <u>for</u> <u>2174</u> <u>for</u> <u>2175</u> <u>for</u> <u>2176</u> <u>for</u> <u>2177</u> <u>for</u> <u>2178</u> <u>for</u> <u>2179</u> <u>for</u> <u>2180</u> <u>for</u> <u>2181</u> <u>for</u> <u>2182</u> <u>for</u> <u>2183</u> <u>for</u> <u>2184</u> <u>for</u> <u>2185</u> <u>for</u> <u>2186</u> <u>for</u> <u>2187</u> <u>for</u> <u>2188</u> <u>for</u> <u>2189</u> <u>for</u> <u>2190</u> <u>for</u> <u>2191</u> <u>for</u> <u>2192</u> <u>for</u> <u>2193</u> &lt;</p>
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**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*Maureen Cone*  
*PO Box 64244*  
*Subrock, TX 79464*

4. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail  
Article Number: *P264539732*

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X Maureen Cone*

7. Date of Delivery  
*9/5/90*

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

**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 service(s) requested.

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

3. Article Addressed to:  
*HELEN JEWEL PAGE*  
*401 TIERRA BERRENDA*  
*ROSWELL, N.M. 88001*

4. Article Number: *P264539834*  
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X Helen Jewel Page*

6. Signature - Agent  
*X*

7. Date of Delivery  
*9-5-90*

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

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*Naurey Yates*  
*PO Box 1933*  
*Roswell, NM 88201*

4. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail  
Article Number: *P26453924*

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X Naurey Yates*

7. Date of Delivery  
*9-5-90*

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

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*Virginia McComb*  
*4033 Euclid*  
*Wesbury, N.Y. 11578*

4. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail  
Article Number: *P264539731*

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X Virginia McComb*

6. Signature - Agent  
*X*

7. Date of Delivery  
*9/7/90*

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

**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 service(s) requested.

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

3. Article Addressed to:  
*Ann Brunner*  
*PO Box 4143*  
*Wichita Falls, TX 76308*

4. Article Number: *P264539848*  
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X Ann Brunner*

6. Signature - Agent  
*X*

7. Date of Delivery  
*9-6-90*

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

**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 service(s) requested.

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

3. Article Addressed to:  
*R.E. Chambers*  
*2413 Clayton Lane*  
*Wichita Falls, TX 76308*

4. Article Number: *P264539841*  
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X R.E. Chambers*

6. Signature - Agent  
*X*

7. Date of Delivery  
*SEP - 6 1990*

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

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*John C. McGinney*  
*14 Stratford Ct.*  
*Staten Island NY 10314*

4. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail  
Article Number: *P264539725*

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X John McGinney*

6. Signature - Agent  
*X*

7. Date of Delivery  
*9/7/90*

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

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*William Asperden*  
*1575 S. Webster St.*  
*Salt Lake City UT 84103*

4. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail  
Article Number: *P264539721*

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X William Asperden*

6. Signature - Agent  
*X*

7. Date of Delivery  
*9/7/90*

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

**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 service(s) requested.

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

3. Article Addressed to:  
*Kathleen Cone*  
*PO Box 1509*  
*Arvington, NM 88000*

4. Article Number: *P264539838*  
Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X Kathleen Cone*

6. Signature - Agent  
*X*

7. Date of Delivery  
*9/7/90*

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

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*Marathon  
PO Box 88322  
Dallas TX 75388*

4. Type of Service: Article Number  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail  
*P264539723*  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *SEP 06 1990*  
8. Addressee's Address (ONLY if requested and fee paid)

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*Grimes Free Mc Elrath  
85 Baldwin Rd.  
Manchester CT 06040*

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail  
*P264539729*  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *9/7/90*  
8. Addressee's Address (ONLY if requested and fee paid)

**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.

3. Article Addressed to:  
*DeKalb Energy  
Department 155  
Lanham, Co 800910155*

4. Article Number *P264539846*  
Type of Service:  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *9-5-90*

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*Midland American Bank  
A/C W.T. Probst  
PO Box 11156  
Midland, TX 79702*

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail  
*P264539726*  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *9-5-90*  
8. Addressee's Address (ONLY if requested and fee paid)

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*S.P. Yates  
105 Santa 4th  
Antesia NM 88210*

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail  
*P264539727*  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *9-5-90*  
8. Addressee's Address (ONLY if requested and fee paid)

**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.

3. Article Addressed to:  
*OKY USA Inc.  
PO Box 845541  
Dallas, TX 75284-5541*

4. Article Number *P264539845*  
Type of Service:  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *9-6-90*

**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.

3. Article Addressed to:  
*RR 11146-3  
1213 W. 3rd St.  
Russell, NM*

4. Article Number *P264539892*  
Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *9/9/90*

**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.

3. Article Addressed to:  
*Ken Cline  
PO Box 1190  
Midland, TX*

4. Article Number *P264539847*  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *9-5-90*

**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.

3. Article Addressed to:  
*Ken Cline  
PO Box 127  
Antesia, NM*

4. Article Number *P264539839*  
Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *[Signature]*  
X  
6. Signature - Agent *[Signature]*  
X  
7. Date of Delivery *9-6-90*



● **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.

3. Article Addressed to:  
McDuddy Communications  
Energy Inc.  
P.O. Box 5012  
Roswell, NM 88201

4. Article Number  
P 264 539 843

Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

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

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
9-5-90

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

PS Form 3811, Feb. 1986 **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.

3. Article Addressed to:  
Yates Retro  
105 S 4th St.  
Antonia NM 88210

4. Article Number  
P 264 539 844

Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

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

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
9-5-90

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RE**

PS Form 3811, July 1983 447-946

● **SENDER:** Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
Minerals Mgt. Service  
Onshore Federal # 17555  
PO Box 5810  
Denver, CO 80217

4. Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Article Number  
P 264 539 726

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

5. Signature - Addressee  
X **CHAMPION MESSENGER**

6. Signature - Agent  
X **O. BOX 6954**  
**DENVER, CO 80206**

7. Date of Delivery  
1-7-90

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

**DOMESTIC RETURN RECEIPT**