

**STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
OIL CONSERVATION DIVISION**


**APPLICATION OF MARBOB ENERGY  
CORPORATION FOR STATUTORY  
UNITIZATION OF THE DODD FEDERAL UNIT  
AREA AND TO AUTHORIZE UNORTHODOX  
WELL LOCATIONS IN THE DODD FEDERAL  
UNIT, EDDY COUNTY, NEW MEXICO.**

**CASE NOS. 11350 AND 13349**

**AFFIDAVIT**

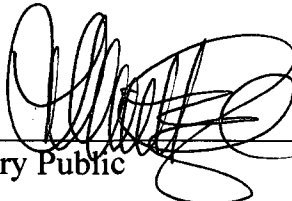
STATE OF NEW MEXICO        )  
                                      )     ss.  
COUNTY OF SANTA FE    )

William F. Carr, attorney in fact and authorized representative of Marbob Energy Corporation, the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 6<sup>th</sup> day of <sup>October</sup>~~September~~ 2004 by

William F. Carr  
 OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 01/14/07

  
\_\_\_\_\_  
Notary Public

My Commission Expires: January 14, 2007

BEFORE THE OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico  
Case Nos. 13349 & 13350 Exhibit No. 10  
Submitted by:  
Marbob Energy Corporation  
Hearing Date: October 7, 2004

**Application of Marbob Energy Corporation  
for Statutory Unitization and to Authorize  
Unorthodox Well Locations Within the  
Dodd Federal Unit Area  
Eddy County, New Mexico**

**Exhibit A**

Kyle L. Fulton  
P. O. Box 65264  
Lubbock, TX 794645810

Stanley William Rosenfield Trust  
Stanley W. Rosenfield Trustee  
2029 Century Park East  
Los Angeles, CA 90667

Pitch Energy Corporation  
Post Office Box 304  
Artesia, NM 88211-0304

Sylvia H. Oliver  
2431 Condor  
Colorado Springs, CO 80909

Elks National Foundation  
James W. O. Kelley Director  
2750 N. Lakeview Avenue  
Chicago, IL 60614-1089

Timothy T. Leonard  
Post Office Box 2625  
Eagle Pass, TX 78852

Shattuck-St. Mary's School  
Post Office Box 218  
Faribault, MN 55021-02185

Roger Penske  
Penske Corporation  
187 Highway 36  
West Long Branch, NJ 07764-1304

George S. McCall  
400 Spillar Lane  
Austin, TX 78746-4437

Dana Lyn Bukowski Trust #175  
Northern Trust Bank of Texas  
P. O. Box 226270  
Dallas, TX 75222-6270

Charles and Jan Mee Rev. Trust  
1208 Larchmont Lane  
Oklahoma City, OK 73116-6104

Donald & Marilyn Harris Trust  
Donald A. Harris  
2249 Elsinore Road  
Riverside, CA 92506

Marbob Energy Corporation  
Post Office Box 227  
Artesia, NM 88211-0227

Boys & Girls Clubs of America  
National Headquarters  
1230 W. Peachtree Street, NW  
Atlanta, GA 30309-3447

Leonard Trust  
Robert J. and Marion Leonard Trustees  
Post Office Box 400  
Roswell, NM 88202-0400

New Mexico Boys and Girls Ranches, Inc.  
formerly New Mexico Boys Ranch Inc.  
Business Office  
6209 Hendrix Rd NE  
Albuquerque, NM 87110-1334

Gary B. Laughlin  
3831 Turtle Creek Blvd #18-D  
Dallas, TX 75219-4414

Nancy Harrell  
James E. Harrell  
4928 Post Oak Timber Drive  
Houston, TX 77056-2212

James E. Lyon Estate  
c/o John D. Hughes Independent Ex.  
1415 Louisiana Suite 3700  
Houston, Texas 77002

David Frame, Jr.  
PMB 919  
1302 Waugh Drive  
Houston, TX 77019

Edward J. Hudson, Jr.  
c/o Blaffer Interests  
35 N. Wynden Drive  
Houston, TX 77056

Robert H. Hannifin  
Post Office Box 218  
Midland, TX 79702-0318

Kyle L. Fulton  
Post Office Box 64923  
Lubbock, TX 79464

Patrick J. Hannifin  
765 Santa Camelia Drive  
Solana Beach, CA 92075-1612

Betty H. Adkins  
7107 S. Hudson Circle  
Littleton, CO 80122-2541

Regents, University of New Mexico  
Leonard Trust  
UNM Pre-Audit Dept.  
Scholes Hall Room #260  
Albuquerque, NM 87131-3111

Richard Lance Chase  
Post Office Box 359  
Artesia, NM 88211-0359

Charles B. Dowaliby  
211 W. Tilden  
Roswell, NM 88201-5746

Grethe Hostmalingen  
Gamle Roisliveien 17  
N 2613 Lillehammer  
Norway

Allan C. George  
280 Beacon Street  
Boston, MA 02116-1241

Petco Limited  
Post Office Box 911  
Breckenridge, TX 76424-0911

Jennifer Stewart Lyon Trust  
Compass Bank Co. TRE #0254  
P. O. Box 4886  
Houston, TX 77210-4886

MEXCO Energy Corporation  
P. O. Box 10502  
Midland, TX 79702

Robert Lee Blaffer Hudson  
35 N. Wynden Drive  
Houston, TX 77056

Robert C. Chase  
Post Office Box 297  
Artesia, NM 88211-0297

Marilyn Jean Van Petten  
1555 Alabama Street  
Amarillo, TX 79102-2226

Kathryn McCormick  
2905 San Pablo Street NE  
Albuquerque, NM 87110-2716

Margaret Wycocki  
721 Robins Road  
Lansing, MI 48917-2022

The Bishop Whipple Schools  
Shattuck-St. Mary's School  
Post Office Box 218  
Faribault, MN 55021-02185

James M. Dowaliby  
5353 Townsend Avenue  
New Haven, CT 06512-3626

Mary Evelyn Roberts  
1111 North Pennsylvania Avenue  
Roswell, NM 88201-5046

Hans Teisner  
Sognsveien 63 A  
0851 Oslo  
Norway

Sylvia H. Oliver  
618 Oakwood Place NE  
Albuquerque, NM 87123

Melissa Lyon Fuller Simon Tr  
Compass Bank Co. TRE #0213  
P. O. Box 4886  
Houston, TX 77210-4886

Gregg E. Goodall, et ux, Jean  
P. O. Box 1152  
Breckenridge, TX 76424

John F. Haire  
3502 W Avenue K-4  
Lancaster, CA 93536

Betty J. Haire  
116 Travis Drive  
Eules, TX 76039-2019

S. E. Murphree Jr.  
Apt. 103  
9333 Memorial Drive  
Houston, TX 77024-5735

Central Texas Operating Inc.  
Attn: Gregg Goodall  
P. O. Box 1152  
Breckenridge, TX 76424-1152

OOPS Inc.  
Attn: Anne D. Owen  
5120 Woodway Drive, Suite 9001  
Houston, TX 77056-1724

Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

James Blaffer Owen  
Blaffer Agency Min Sec Acct No 1013067  
JP Morgan Chase Bank Agent & AIF  
P. O. Box 200336  
Houston, TX 77216-0336

Joyce Blaffer Von Bother  
c/o Lawson & Holland  
One Linden Place  
Great Neck, NY 11021

Bruce W. McClymond  
P. O. Box 41  
Breckenridge, TX 76424

Veslemoy Andresen Roer  
Gullkroken 5  
0377 Oslo  
Norway

Nuevo Seis Ltd Partnership  
P. O. Box 2588  
Roswell, NM 88202-2588

H. L. Brown Operating LLC  
Attn: Accounting Department  
P. O. Box 2237  
Midland, TX 79702-2237

Molly M. Azopardi  
P. O. Box 620  
Wimberley, TX 78676

R. H. Fulton Estate  
Joe K. Fulton Foreign Ind. Ex.  
P. O. Box 16860  
Lubbock, TX 79490-6860

Chase Oil Corporation  
P. O. Box 1767  
Artesia, NM 88211-1767

David M. Munson, Jr.  
P. O. Box 671096  
Dallas, TX 75367-1096

Jack Fulton Jr.  
P. O. Box 16860  
Lubbock, TX 79490-6860

Carolyn B. Wood Trustee  
Wood Heritage Trust  
P. O. Drawer 1011  
Refugio, TX 78377-1011

Bean Family Limited Company  
P. O. Box 1738  
Roswell, NM 88202-1738

Nancy K. McClymond S/F  
P. O. Box 513  
Ranchos de Taos, NM 87557

John M. McCoy  
108 Vista Del Sol  
Belen, NM 87002

Elizabeth M. Brown Trust BB  
Acct. No. W0110300  
Frost National Bank  
P. O. Box 1600  
San Antonio, TX 78296

Claire Beine George  
7102 South Harrison Court  
Littleton, CO 80122

Robert Blaffer Hudson  
Chase Bank  
Post Office Box 200336  
Houston, TX 77216-0336

James E. Lyon Estate  
Sherry Norman  
Compass Bank Asset Management Group  
P. O. Box 4886  
Houston, TX 77210-4886

Gerene Dianne Chase Crouch  
Oil Account  
P. O. Box 693  
Artesia, NM 88211-0693

Joyce Blaffer Von Bother  
Chase Bank  
P. O. Box 200336  
Houston, TX 77216-0336

Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

Hanson Energy  
R342 S. Haldeman Road  
Artesia, NM 88210

C. O. Fulton  
P. O. Box 1121  
Artesia, NM 88211-1121

Featherstone Development Corp.  
1801 West Second Street  
Roswell, NM 88201

Latimer Investments, LLC  
P. O. Box 5422  
Hobbs, NM 88241-5422

Webb Oil  
2409 Cerro Road  
Artesia, NM 88210

David M. Munson, Jr.  
Post Office Box 310  
Paris, TX 75461-0310

SOOL, Ltd.  
Post Office Box 2237  
Midland, TX 79702-2237

Roger Penske  
Penske Corporation  
2555 S. Telegraph road  
Bloomfield Hills, MI 48302-0954

Edward J. Hudson, Jr.  
Chase Bank  
P. O. Box 200336  
Houston, TX 77216-0336

Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
605 S. 15th  
Artesia, NM 88210

Bill L. Miller  
P. O. Box 17432  
Ft. Worth, TX 76102

Commissioner of Public Lands  
P. O. Box 1148  
Santa Fe, NM 87504-1148

James L. Brown  
311 Main Road  
Ruidoso, NM 88345

Chevron Texaco  
1111 Bagby Street  
Houston, TX 77002

Mack Energy Corporation  
P. O. Box 960  
Artesia, NM 88210

Registered No.

RB265798695US

Date Stamp

To Be Completed  
By Post Office

Reg. Fee \$	7.50	Special Delivery \$	
Handling Charge \$		Return Receipt \$	1.75
Postage \$	8.70	Restricted Delivery \$	
Received by <i>[Signature]</i>			

UNIT ID: 0500

Clerk: KQ5K1J

09/16/04

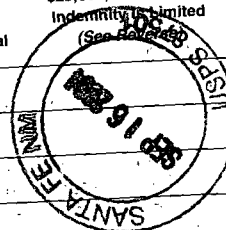
Domestic Insurance  
Is Limited To  
\$25,000; International  
Indemnity is limited  
(See Reverse)To Be Completed By Customer  
(Please Print)  
All Entries Must Be in Ballpoint or TypedCustomer Must Declare  
Full Value \$ *C*
☐ With Postal Insurance  
☒ Without Postal Insurance

FROM

HOLLAND & HART  
P/O Box 2208  
SANTA FE, NM  
87504-2208

TO

GRETHE HOSTMALINGEN  
LAMLE ROESLIVETEN 17  
N 2613 LILLEHAMMER  
NORWAY

PS Form 3806,  
June 2000

Receipt for Registered Mail

(Customer Copy)

(See Information on Reverse)

Completed by the office of origin.  
(A remplir par le bureau d'origine.)

Item Description (Nature de l'envoi) ☐ Registered Article (Envoi recommandé) ☐ Letter (Lettre) ☒ Printed Matter (Imprimé) ☐ Other (Autre) ☐ Recorded Delivery (Envoi à livraison attestée) ☐ Express Mail International

Insured Parcel ☐  
(Colis avec valeur déclarée)

Insured Value (Valeur déclarée)

Article Number

RB 265798695US

Office of Mailing (Bureau de dépôt)

GRETHE HOSTMALINGEN

Date of Posting (Date de dépôt)

Addressee Name or Firm (Nom ou raison sociale du destinataire)

LAMLE ROESLIVETEN 17

Street and No. (Rue et No.)

N 2613 LILLEHAMMER

Place and Country (Localité et pays)

NORWAY

This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail.  
(Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)

Postmark of the office of destination (Timbre du bureau de destination)

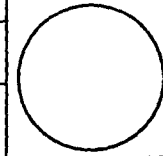
☐ The article mentioned above was duly delivered.  
(L'envoi mentionné ci-dessus a été dûment livré.)

Date

Signature of Addressee (Signature du destinataire)

Grethe Hostmalingen

Office of Destination Employee Signature (Signature de l'agent du bureau de destination)



Form 2865, February 1997 (Reverse)

Registered No.

RB265798681US

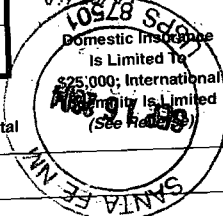
Date Stamp

To Be Completed By Post Office	Reg. Fee \$	7.50	Special Delivery \$	
	Handling Charge \$		Return Receipt \$	1.75
	Postage \$	8.70	Restricted Delivery \$	
	Received by			<i>[Signature]</i>

UNIT ID: 0500

Clerk: KQ5K1J

09/16/04



Customer Must Declare Full Value \$

☐ With Postal Insurance  
☒ Without Postal Insurance
To Be Completed By Customer  
(Please Print)  
All Entries Must Be in Ballpoint or Typed

FROM

TO

HOLLAND & HART  
 P.O. Box 2208  
 SANTA FE, NM  
 87504-2208  
 HANS TEISNER  
 SOGNSVEIEN 63 A  
 0851 OSLO  
 NORWAY

PS Form 3806,  
June 2000

Receipt for Registered Mail

(Customer Copy)  
(See Information on Reverse)

UNITED STATES POSTAL SERVICE REGISTERED MAIL	Item Description (Nature de l'envoi)	Registered <input type="checkbox"/> Article (Envoi recommandé)	Letter <input type="checkbox"/> (Lettre)	Printed <input type="checkbox"/> Matter (Imprimé)	Other <input type="checkbox"/> (Autre)	Recorded Delivery <input type="checkbox"/> (Envoi à livraison attestée)	Express <input type="checkbox"/> Mail International
	Insured Parcel <input type="checkbox"/> (Colis avec valeur déclarée)	Insured Value (Valeur déclarée)				Article Number RB265798681	
	Office of Mailing (Bureau de dépôt) HANS TEISNER					Date of Posting (Date de dépôt)	
	Addressee Name or Firm (Nom ou raison sociale du destinataire) SOGNSVEIEN 63 A						
	Street and No. (Rue et No.) 0851 OSLO						
	Place and Country (Localité et pays) NORWAY						
	This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)						
	<input type="checkbox"/> The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)					Date 18/9-04	
	Signature of Addressee (Signature du destinataire) <i>[Signature]</i>				Office of Destination Employee Signature (Signature de l'agent du bureau de destination)		

PS Form 2865, February 1997 (Reverse)

## Registered No.

RB265798678U5

## Date Stamp

To Be Completed By Post Office	Reg. Fee \$	Special \$
	7.50	Delivery
	Handling \$	Return \$
	Charge	Receipt 1.75
	Postage \$	Restricted \$
	8.70	Delivery
	Received by	

UNIT ID: 0500

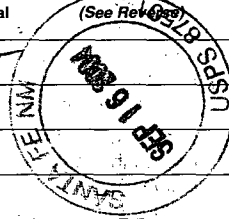
Clerk: KQ5K1J

09/16/04

Domestic Insurance  
Is Limited To  
\$25,000; International  
Indemnity Is Limited  
(See Reverse)

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$	<input type="checkbox"/> With Postal Insurance
		<input checked="" type="checkbox"/> Without Postal Insurance

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	HOLLAND & HART P.O. Box 2208 SANTA FE, NM 87504-2208
	TO	VESLEMOY ANDRESEN ROER GULLKROKEN 5 0377 OSLO NORWAY



PS Form 3806,  
June 2000

Receipt for Registered Mail

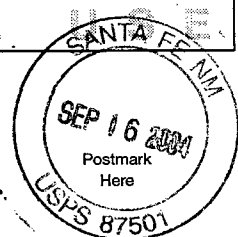
(Customer Copy)

(See Information on Reverse)



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE



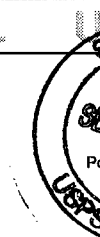
Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To  
Betty H. Adkins  
Street, Apt. No., or PO Box No. 7107 S. Hudson Circle  
City, State, ZIP+4 Littleton, CO 80122-2541

PS Form 3800, January 2001

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE



Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To  
Molly M. Azopardi  
Street, Apt. No., or PO Box No. P. O. Box 620  
City, State, ZIP+4 Wimberley, TX 78676

PS Form 3800, January 2001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Molly M. Azopardi  
P. O. Box 620  
Wimberley, TX 78676

2. Article Number (Copy from)

7001 1140 0002 5602 5859

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
Molly M. Azopardi  
C. Signature

Is delivery address different from item 1? ☐ Yes  
YES, enter delivery address below: ☐ No

3. Service Type

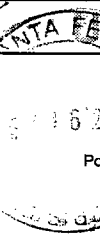
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE



Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To  
Bean Family Limited Comp.  
Street, Apt. No., or PO Box No. P. O. Box 1738  
City, State, ZIP+4 Roswell, NM 88202-1738

PS Form 3800, January 2001

- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bean Family Limited Company  
P. O. Box 1738  
Roswell, NM 88202-1738

2. Article Number (Copy from)

7001 1140 0002 5602 5158

PS Form 3811, July 1999

C. Signature  
X Sandra Caruso  
Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95



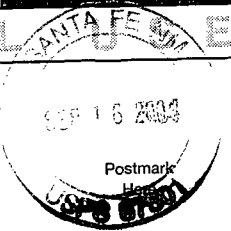
Sent To Boys & Girls Clubs of America  
National Headquarters  
Street, Apt. No. or PO Box No. 1230 W. Peachtree Street, NW  
City, State, ZIP Atlanta, GA 30309-3447

PS Form 3800, January 2001

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95



Sent To Elizabeth M. Brown Trust BB  
Acct. No. W0110300  
Street, Apt. No.; or PO Box No. Frost National Bank  
City, State, ZIP+4 P. O. Box 1600  
San Antonio, TX 78296

PS Form 3800, J

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James L. Brown  
311 Main Road  
Ruidoso, NM 88345

2. Article Number (Copy of)

7001 1140 0002 5602 6245

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
Brown 09/20/04  
C. Signature *[Signature]*  
□ Agent  
□ Addressee  
D. Is delivery address different from item 1? □ Yes  
If YES, enter delivery address below: □ No

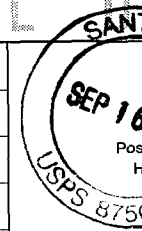
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) □ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95



Sent To James L. Brown  
311 Main Road  
Street, Apt. No.; or PO Box No. Ruidoso, NM 88345  
City, State, ZIP+4

PS Form 3800, January 2001

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Dana Lyn Bukowski Trust #17  
Northern Trust Bank of Texas  
P. O. Box 226270  
Dallas, TX 75222-6270

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dana Lyn Bukowski Trust #175  
Northern Trust Bank of Texas  
P. O. Box 226270  
Dallas, TX 75222-6270

2. Article Number (Copy from service label)

7001 1140 0002 5602 5354

PS Form 3811, July

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Central Texas Operating Inc.  
Attn: Gregg Goodall  
P. O. Box 1152  
Breckenridge, TX 76424-1152

2. Article Number (Copy from service label)

7001 1140 0002 5602 5880

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Chase Oil Corporation  
P. O. Box 1767  
Artesia, NM 88211-1767

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chase Oil Corporation  
P. O. Box 1767  
Artesia, NM 88211-1767

2. Article Number (Copy from service label)

7001 1140 0002 5602 5897

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature SEP 21 2004

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature SEP 20 09

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature SEP 20 09

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) *Sylvia Henon* B. Date of Delivery *9-20-94*  
C. Signature *Sylvia Henon* ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Richard Lance Chase  
Post Office Box 359  
Artesia, NM 88211-0359

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from) **7001 1140 0002 5602 5491**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) *Pennington* B. Date of Delivery  
C. Signature *Pennington* ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Robert C. Chase  
Post Office Box 297  
Artesia, NM 88211-0297

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from) **7001 1140 0002 5602 5408**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) *Smith* B. Date of Delivery *9-21-94*  
C. Signature *Smith* ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Chevron Texaco  
1111 Bagby Street  
Houston, TX 77002

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from) **7001 1140 0002 5602 6269**

PS Form 3811, July 1999

102595-99-M-1789

OFFICIAL MAIL



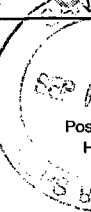
Postage \$ *3.95*  
Certified Fee *2.30*  
Return Receipt Fee (Endorsement Required) *1.75*  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ *8.00*

Sent To Richard Lance Chase  
Post Office Box 359  
Artesia, NM 88211-0359

PS Form 3800, January 2001

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL



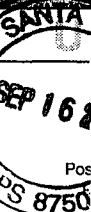
Postage \$ *3.95*  
Certified Fee *2.30*  
Return Receipt Fee (Endorsement Required) *1.75*  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ *8.00*

Sent To Robert C. Chase  
Post Office Box 297  
Artesia, NM 88211-0297

PS Form 3800, January 2001

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL



Postage \$ *3.95*  
Certified Fee *2.30*  
Return Receipt Fee (Endorsement Required) *1.75*  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ *8.00*

Sent To Chevron Texaco  
1111 Bagby Street  
Houston, TX 77002

PS Form 3800, January 2001

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
Commissioner of Public Lands  
P. O. Box 1148  
Santa Fe, NM 87504-1148

PS Form 3800, January 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Commissioner of Public Lands  
P. O. Box 1148  
Santa Fe, NM 87504-1148

2. Article Number (Copy from back of mailpiece)

7001 1140 0002 5602 6221

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
G. Dianne C. Crouch S/F  
Post Office Box 693  
Artesia, NM 88211-0693

PS Form 3800, January 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G. Dianne C. Crouch S/F  
Post Office Box 693  
Artesia, NM 88211-0693

2. Article Number (Copy from back of mailpiece)

7001 1140 0002 5602 5484

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

Sylvia Herron 9-20-04

C. Signature

X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
Gerene Dianne Chase Crouch  
Oil Account  
P. O. Box 693  
Artesia, NM 88211-0693

PS Form 3800, January 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gerene Dianne Chase Crouch  
Oil Account  
P. O. Box 693  
Artesia, NM 88211-0693

2. Article Number (Copy from back of mailpiece)

7001 1140 0002 5602 6108

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

Deana Pennington 9-21-04

C. Signature

X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL U

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

PS Form 3800, January 2001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

2. Article Number (Copy from)

7001 1140 0002 5602 5927

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles B. Dowaliby  
211 W. Tilden  
Roswell, NM 88201-5746

2. Article Number (Copy from)

7001 1140 0002 5602 5514

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James M. Dowaliby  
5353 Townsend Avenue  
New Haven, CT 06512-3626

2. Article Number (Copy from)

7001 1140 0002 5602 5507

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Sara C. Barretson 9-24-04

C. Signature

X Sara C. Barretson ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

A. Received by (Please Print Clearly)

B. Date of Delivery

9-18-04

C. Signature

X Charles B. Dowaliby ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL U

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To James M. Dowaliby  
5353 Townsend Avenue  
New Haven, CT 06512-3626

PS Form 3800, January 2001

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elks National Foundation  
James W. O. Kelley Director  
2750 N. Lakeview Avenue  
Chicago, IL 60614-1089

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ Agent  
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from

7001 1140 0002 5602 5736

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Featherstone Development Corp.  
1801 West Second Street  
Roswell, NM 88201

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from

7001 1140 0002 5602 6238

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Frame, Jr.  
PMB 919  
1302 Waugh Drive  
Houston, TX 77019

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from

7001 1140 0002 5602 5361

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

OFFICIAL U

Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Elks National Foundation  
James W. O. Kelley Director  
2750 N. Lakeview Avenue  
Chicago, IL 60614-1089

PS Form 3811

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

OFFICIAL U

Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Featherstone Development  
1801 West Second Street  
Roswell, NM 88201

PS Form 3800

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

OFFICIAL U

Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To David Frame, Jr.  
PMB 919  
1302 Waugh Drive  
Houston, TX 77019

PS Form 3800

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To C. O. Fulton  
P. O. Box 1121  
Artesia, NM 88211-1121

PS Form 3800, January 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C. O. Fulton  
P. O. Box 1121  
Artesia, NM 88211-1121

2. Article Number (Copy

7001 1140 0002 5602 6214

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jack Fulton Jr.  
P. O. Box 16860  
Lubbock, TX 79490-6860

2. Article Number (Copy from sender)

7001 1140 0002 5602 5934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kyle L. Fulton  
Post Office Box 64923  
Lubbock, TX 79464

2. Article Number (Copy from sender)

7001 1140 0002 5602 5415

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
Doris H. Fulton 9-22-04

C. Signature  
X [Signature]  
☐ Agent  
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Jack Fulton Jr.  
P. O. Box 16860  
Lubbock, TX 79490-6860

PS Form 3800

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Kyle L. Fulton  
Post Office Box 64923  
Lubbock, TX 79464

PS Form 3800

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
X [Signature] 9-23-04

C. Signature  
X [Signature]  
☐ Agent  
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95

Sent To Kyle L. Fulton  
P. O. Box 65264  
Lubbock, TX 794645810

PS Form 3811

- ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
☐ Print your name and address on the reverse so that we can return the card to you.  
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kyle L. Fulton  
P. O. Box 65264  
Lubbock, TX 794645810

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature X *[Signature]* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from)

7001 1140 0002 5602 5712

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95

Sent To R. H. Fulton Estate  
Joe K. Fulton Foreign Ind. Ex.  
P. O. Box 16860  
Lubbock, TX 79490-6860

PS Form 3811

- ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
☐ Print your name and address on the reverse so that we can return the card to you.  
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

R. H. Fulton Estate  
Joe K. Fulton Foreign Ind. Ex.  
P. O. Box 16860  
Lubbock, TX 79490-6860

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature X *[Signature]* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from)

7001 1140 0002 5602 5873

PS Form 3811

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95

Sent To Allan C. George  
280 Beacon Street  
Boston, MA 02116-1241

PS Form 3811

- ☐ Print your name and address on the reverse so that we can return the card to you.  
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Allan C. George  
280 Beacon Street  
Boston, MA 02116-1241

C. Signature X *[Signature]* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from)

7001 1140 0002 5602 5767

PS Form 3811, July 1999

Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
Claire Beine George  
7102 South Harrison Court  
Littleton, CO 80122

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Claire Beine George  
7102 South Harrison Court  
Littleton, CO 80122

A. Received by (Please Print Clearly) B. Date of Delivery

CLAIRE D. BEINE  
C. Signature

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from)

7001 1140 0002 5602 6054

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gregg E. Goodall, et ux, Jean  
P. O. Box 1152  
Breckenridge, TX 76424

A. Received by (Please Print Clearly) B. Date of Delivery

Gregg E. Goodall, et ux, Jean  
C. Signature

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from)

7001 1140 0002 5602 5811

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

H. L. Brown Operating LLC  
Attn: Accounting Department  
P. O. Box 2237  
Midland, TX 79702-2237

C. Signature

X Helmar Marin ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from)

7001 1140 0002 5602 6047

PS Form 3811, July 1999

Domestic

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
Gregg E. Goodall, et ux, Jean  
P. O. Box 1152  
Breckenridge, TX 76424

PS Form 3800, January 2001

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
H. L. Brown Operating LLC  
Attn: Accounting Department  
P. O. Box 2237  
Midland, TX 79702-2237

PS Form 3800

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Betty J. Haire  
116 Travis Drive  
Euliss, TX 76039

PS Form 38

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To John F. Haire  
3502 W Avenue K-4  
Lancaster, CA 93536

PS Form 3800

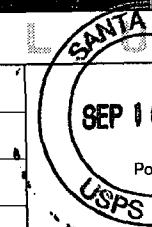
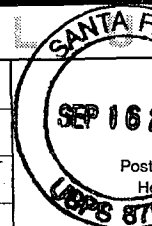
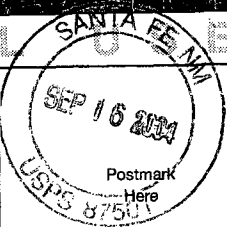
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Patrick J. Hannifin  
765 Santa Camelia Drive  
Solana Beach, CA 92075-16

PS Form 3800



MAIL RETURNED

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John F. Haire  
3502 W Avenue K-4  
Lancaster, CA 93536

2. Article Number (Copy from )

7001 1140 0002 5602 5835

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Patrick J. Hannifin  
765 Santa Camelia Drive  
Solana Beach, CA 92075-1612

2. Article Number (Copy from )

7001 1140 0002 5602 5439

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Jennifer Haire 09-23

C. Signature

\* Jennifer Haire

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly) B. Date of Delivery

Patrick J. Hannifin 09-23

C. Signature

\* Patrick J. Hannifin

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
Robert H. Hannifin  
Post Office Box 218  
Midland, TX 79702-0318

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert H. Hannifin  
Post Office Box 218  
Midland, TX 79702-0318

2. Article Number (Copy from

7001 1140 0002 5602 5392

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Robert H. Hannifin

C. Signature

X Robert H. Hannifin

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
Hanson Energy  
R342 S. Haldeman Road  
Artesia, NM 88210

PS Form 3811, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hanson Energy  
R342 S. Haldeman Road  
Artesia, NM 88210

2. Article Number (Copy from

7001 1140 0002 5602 6191

PS Form 3811, July 1999

A. Received by (Please Print Clearly) B. Date of Delivery

KATHIE HANSON

C. Signature

X Kathie Hanson

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To  
Nancy Harrell  
James E. Harrell  
4928 Post Oak Timber Drive  
Houston, TX 77056-2212

PS Form 3800, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nancy Harrell  
James E. Harrell  
4928 Post Oak Timber Drive  
Houston, TX 77056-2212

2. Article Number (Copy from service

7001 1140 0002 5602 5323

PS Form 3811, July 1999

A. Received by (Please Print Clearly) B. Date of Delivery

Nancy Harrell

C. Signature

X Nancy Harrell

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Donald & Marilyn Harris Trust  
Donald A. Harris  
2249 Elsinore Road  
Riverside, CA 92506

PS Form 3800, January 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donald & Marilyn Harris Trust  
Donald A. Harris  
2249 Elsinore Road  
Riverside, CA 92506

2. Article Number (Copy from) 7001 1140 0002 5602 5682

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Edward J. Hudson, Jr.  
c/o Blaffer Interests  
35 N. Wynden Drive  
Houston, TX 77056

PS Form 3800, January 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Edward J. Hudson, Jr.  
c/o Blaffer Interests  
35 N. Wynden Drive  
Houston, TX 77056

2. Article Number (Copy from) 7001 1140 0002 5602 5378

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Edward J. Hudson, Jr.  
Chase Bank  
P. O. Box 200336  
Houston, TX 77216-0336

PS Form 3800, January 1999

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Edward J. Hudson, Jr.  
Chase Bank  
P. O. Box 200336  
Houston, TX 77216-0336

2. Article Number (Copy) 7001 1140 0002 5602 6139

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Don Harris 9/23/99

C. Signature

X Don Harris ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly) B. Date of Delivery

Mary Harris 9/23/99

C. Signature

X Mary Harris ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

C. Signature

X E. Hudson ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95

Sent To Robert Lee Blaffer Hudson  
35 N. Wynden Drive  
Houston, TX 77056

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Lee Blaffer Hudson  
35 N. Wynden Drive  
Houston, TX 77056

2. Article Number (Copy from service label)

7001 1140 0002 5602 5385

PS Form 3811, July 1999

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95

Sent To Robert Blaffer Hudson  
Chase Bank  
Post Office Box 200336  
Houston, TX 77216-0336

PS Form 3800, January 2001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Blaffer Hudson  
Chase Bank  
Post Office Box 200336  
Houston, TX 77216-0336

2. Article Number (Copy from service label)

PS Form 3811, July 1999

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees \$ 15.95

Sent To Latimer Investments, LLC  
P. O. Box 5422  
Hobbs, NM 88241-5422

PS Form 3800, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Latimer Investments, LLC  
P. O. Box 5422  
Hobbs, NM 88241-5422

2. Article Number (Copy from service label)

7001 1140 0002 5602 6252

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) M. Blaffer  
B. Date of Delivery 9/20/04  
C. Signature M. Blaffer  
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly)  
B. Date of Delivery SEP 21 2004  
C. Signature R. Green  
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly) Phoebe Latimer  
B. Date of Delivery 9-1-04  
C. Signature Phoebe Latimer  
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) **DANIEL PALOMO** B. Date of Delivery **9/24/04**  
C. Signature **X Daniel Palomo** ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

Postage \$ **3.95**  
Certified Fee **2.30**  
Return Receipt Fee (Endorsement Required) **1.75**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **8.00**

Sent To **Gary B. Laughlin**  
Street, Apt. No., or PO Box No. **3831 Turtle Creek Blvd #**  
City, State, ZIP+4 **Dallas, TX 75219-4414**

1. Article Addressed to:

**Gary B. Laughlin**  
**3831 Turtle Creek Blvd #18-D**  
**Dallas, TX 75219-4414**

2. Article Number (Copy from se

**7001 1140 0002 5602 5309**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature **X Peggy McCloud** ☐ Agent ☐ Addressee  
B. Received by (Printed Name)  
C. Date of Delivery **9-21-04**  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

Postage \$ **3.95**  
Certified Fee **2.30**  
Return Receipt Fee (Endorsement Required) **1.75**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **8.00**

Sent To **Leonard Trust**  
**Robert J. and Marion Leor**  
Street, Apt. No., or PO Box No. **Trustees**  
City, State, ZIP+4 **Post Office Box 400**  
**Roswell, NM 88202-0400**

1. Article Addressed to:

**Leonard Trust**  
**Box 400**  
**Roswell NM 88202-0400**

2. Article Number (Transfer from service label)

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) **SOCORNO S. ADREDE** B. Date of Delivery  
C. Signature **X Socorno S. Adrede** ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

Postage \$ **3.95**  
Certified Fee **2.30**  
Return Receipt Fee (Endorsement Required) **1.75**  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **8.00**

Sent To **Timothy T. Leonard**  
Street, Apt. No., or PO Box No. **Post Office Box 2625**  
City, State, ZIP+4 **Eagle Pass, TX 78852**

1. Article Addressed to:

**Timothy T. Leonard**  
**Post Office Box 2625**  
**Eagle Pass, TX 78852**

2. Article Number (Copy from service label)

**7001 1140 0002 5602 5750**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL U

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00
Sent To	James E. Lyon Estate Sherry Norman Compass Bank Asset Management Group P. O. Box 4886 Houston, TX 77210-4886
Street, Apt. No. or PO Box No.	
City, State, ZIP+	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00
Sent To	James E. Lyon Estate c/o John D. Hughes Independent Ex. 1415 Louisiana Suite 3700 Houston, Texas 77002
Street, Apt. No. or PO Box No.	
City, State, ZIP+	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00
Sent To	Jennifer Stewart Lyon Trust Compass Bank Co. TRE #0254 P. O. Box 4886 Houston, TX 77210-4886
Street, Apt. No. or PO Box No.	
City, State, ZIP+	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James E. Lyon Estate  
Sherry Norman  
Compass Bank Asset Management Group  
P. O. Box 4886  
Houston, TX 77210-4886

2. Article Number (Copy from

7001 1140 0002 5602 6085

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James E. Lyon Estate  
c/o John D. Hughes Independent Ex.  
1415 Louisiana Suite 3700  
Houston, Texas 77002

2. Article Number (Copy from service label)

7001 1140 0002 5602 5347

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jennifer Stewart Lyon Trust  
Compass Bank Co. TRE #0254  
P. O. Box 4886  
Houston, TX 77210-4886

2. Article Number (Copy from

PS Form 3811

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2595-99-M-1789



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Sylvia Nelson B. Date of Delivery 9-20-04  
C. Signature Sylvia Nelson ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Mack Energy Corporation  
P. O. Box 960  
Artesia, NM 88210

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy)

7001 1140 0002 5602 6283

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Misti McLurg B. Date of Delivery 9-20-04  
C. Signature Misti McLurg ☒ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Marbob Energy Corporation  
Post Office Box 227  
Artesia, NM 88211-0227

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 5705

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. McCall B. Date of Delivery 9-21-04  
C. Signature B. McCall ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

George S. McCall  
400 Spillar Lane  
Austin, TX 78746-4437

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 5330

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

OFFICIAL U

Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To

Mack Energy Corporation  
P. O. Box 960  
Artesia, NM 88210

PS Form 3800,

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Misti McLurg B. Date of Delivery 9-20-04  
C. Signature Misti McLurg ☒ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Marbob Energy Corporation  
Post Office Box 227  
Artesia, NM 88211-0227

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 5705

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. McCall B. Date of Delivery 9-21-04  
C. Signature B. McCall ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

George S. McCall  
400 Spillar Lane  
Austin, TX 78746-4437

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 5330

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

OFFICIAL U

Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To

George S. McCall  
400 Spillar Lane  
Austin, TX 78746-4437

PS Form 3800,

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To  
Bruce W. McClymond  
P. O. Box 41  
Breckenridge, TX 76424

PS Form 3800, January 2001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bruce W. McClymond  
P. O. Box 41  
Breckenridge, TX 76424

2. Article Number (Copy from

7001 1140 0002 5602 5965

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nancy K. McClymond S/F  
P. O. Box 513  
Ranchos de Taos, NM 87557

2. Article Number (Copy from

7001 1140 0002 5602 5972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kathryn McCormick  
2905 San Pablo Street NE  
Albuquerque, NM 87110-2716

2. Article Number (Copy from

7001 1140 0002 5602 5446

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Anita Lockhart 9-20-01

C. Signature  
X Anita Lockhart ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly) B. Date of Delivery

Nancy McClymond 9/22/01

C. Signature  
X Nancy McClymond ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To  
Kathryn McCormick  
2905 San Pablo Street NE  
Albuquerque, NM 87110-2716

PS Form 3800,

A. Received by (Please Print Clearly) B. Date of Delivery

Van 9-27-01

C. Signature  
X Van ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To  
John M. McCoy  
108 Vista Del Sol  
Belen, NM 87002

PS Form 3800, July 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John M. McCoy  
108 Vista Del Sol  
Belen, NM 87002

2. Article Number (Copy from)

7001 1140 0002 5602 6016

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles and Jan Mee Rev. Trust  
1208 Larchmont Lane  
Oklahoma City, OK 73116-6104

2. Article Number (Copy from)

7001 1140 0002 5602 5668

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MEXCO Energy Corporation  
P. O. Box 10502  
Midland, TX 79702

2. Article Number (Copy from)

7001 1140 0002 5602 5828

PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
Mary Lee McCoy 9/17/04  
C. Signature X Mary Lee McCoy  
D. Is delivery address different from item 1? Yes  
If YES, enter delivery address below: No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature X Jane Mee  
D. Is delivery address different from item 1? Yes  
If YES, enter delivery address below: No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To  
MEXCO Energy Corporation  
P. O. Box 10502  
Midland, TX 79702

PS Form 3800, January 2001

A. Received by (Please Print Clearly) B. Date of Delivery  
Martha Starek 9-21-04  
C. Signature X Martha Starek  
D. Is delivery address different from item 1? Yes  
If YES, enter delivery address below: No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

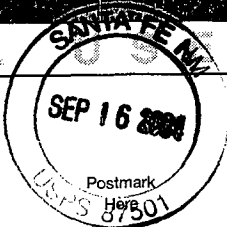
4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



MAIL  
RETURNED

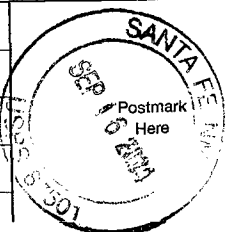
**Sent To** Bill L. Miller  
P. O. Box 17432  
Ft. Worth, TX 76102

PS Form 3800, January 1999

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To** David M. Munson, Jr.  
Post Office Box 310  
Paris, TX 75461-0310

PS Form 3800, January 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David M. Munson, Jr.  
P. O. Box 671096  
Dallas, TX 75367-1096

2. Article Number (Copy from label)

7001 1140 0002 5602 5910

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) DAVID MUNSON B. Date of Delivery 9-21-04  
C. Signature [Signature] ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To** David M. Munson, Jr.  
P. O. Box 671096  
Dallas, TX 75367-1096

PS Form 3800, January 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Robert Clark B. Date of Delivery 9/1/04  
C. Signature R. Clark ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

S. E. Murphree Jr.  
Apt. 103  
9333 Memorial Drive  
Houston, TX 77024-5735

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from

7001 1140 0002 5602 5866

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Antonio B. Date of Delivery 9/1/04  
C. Signature Antonio ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

New Mexico Boys and Girls Ranches, Inc.  
formerly New Mexico Boys Ranch Inc.  
Business Office  
6209 Hendrix Rd NE  
Albuquerque, NM 87110-1334

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from

7001 1140 0002 5602 5286

PS Form 381

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Morris E. Schenck B. Date of Delivery 9-25-04  
C. Signature Morris E. Schenck ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

1. Article Addressed to:

Nuevo Seis Ltd Partnership  
P. O. Box 2588  
Roswell, NM 88202-2588

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from

7001 1140 0002 5602 6023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees 8.00

Sent To S. E. Murphree Jr.  
Apt. 103  
9333 Memorial Drive  
Houston, TX 77024-5735

PS Form 3800, January 2001

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees 8.00

Sent To New Mexico Boys and Girls Inc.  
formerly New Mexico Boys Ranch Inc.  
Business Office  
6209 Hendrix Rd NE  
Albuquerque, NM 87110-1334

PS Form 3800, July 1999

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 8.00  
Total Postage & Fees 8.00

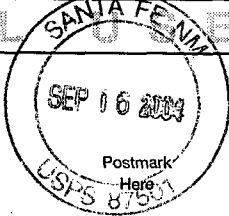
Sent To Nuevo Seis Ltd Partnership  
P. O. Box 2588  
Roswell, NM 88202-2588

PS Form 3800, January 2001

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00



Sent To  
Sylvia H. Oliver  
Street, Apt. No., or PO Box No. 2431 Condor  
City, State, ZIP+ Colorado Springs, CO 80909  
PS Form 3800, 1-99

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00



Sent To  
Sylvia H. Oliver  
Street, Apt. No., or PO Box No. 618 Oakwood Place NE  
City, State, ZIP+ Albuquerque, NM 87123  
PS Form 3800, 1-99

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sylvia H. Oliver  
618 Oakwood Place NE  
Albuquerque, NM 87123

2. Article Number (Copy from)

7001 1140 0002 5602 5774

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OOPS Inc.  
Attn: Anne D. Owen  
5120 Woodway Drive, Suite 9001  
Houston, TX 77056-1724

2. Article Number (Copy from)

7001 1140 0002 5602 5903

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Sylvia H. Oliver 9/21/04  
C. Signature X Sylvia H. Oliver ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

C. Signature X Anne D. Owen ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

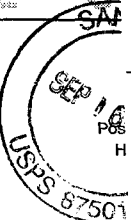
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Blaffer Owen  
Blaffer Agency Min Sec Acct No 1013067  
JP Morgan Chase Bank Agent & AIF  
P. O. Box 200336  
Houston, TX 77216-0336

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature SEP 24 2004  
D. Is delivery address different from item 1? ☐ Agent  
If YES, enter delivery address below: ☐ Addressee  
☐ Yes  
☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Sent To James Blaffer Owen  
Blaffer Agency Min Sec Acct No 101  
JP Morgan Chase Bank Agent & AIF  
P. O. Box 200336  
Houston, TX 77216-0336

PS Form 3811

2. Article Number (Cc

7001 1140 0002 5602 6177

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00



- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roger Penske  
Penske Corporation  
2555 S. Telegraph road  
Bloomfield Hills, MI 48302-0954

A. Received by (Please Print Clearly) B. Date of Delivery  
Charles Kane 9-22-04

C. Signature X Charles Kane ☐ Agent  
D. Is delivery address different from item 1? ☐ Addressee  
If YES, enter delivery address below: ☒ Yes  
☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Sent To Roger Penske  
Penske Corporation  
2555 S. Telegraph road  
Bloomfield Hills, MI 48302-0954

PS Form 3811

2. Article Number (Copy 1

7001 1140 0002 5602 6115

PS Form 3811, July 1999

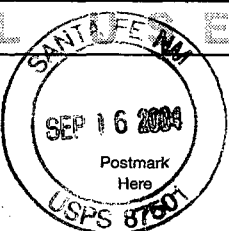
Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00



- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roger Penske  
Penske Corporation  
187 Highway 36  
West Long Branch, NJ 07764-1304

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Mail Returned* ☐ Agent  
D. Is delivery address different from item 1? ☐ Addressee  
If YES, enter delivery address below: ☐ Yes  
☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Sent To Roger Penske  
Penske Corporation  
187 Highway 36  
West Long Branch, NJ 07764-1304

PS Form 3800, January 2002

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

**Sent To**  
Petco Limited  
Post Office Box 911  
Breckenridge, TX 76424-09

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Petco Limited  
Post Office Box 911  
Breckenridge, TX 76424-0911

2. Article Number (Copy from

7001 1140 0002 5602 5781

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pitch Energy Corporation  
Post Office Box 304  
Artesia, NM 88211-0304

2. Article Number (Copy from sender)

7001 1140 0002 5602 5699

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Regents, University of New Mexico  
Leonard Trust  
UNM Pre-Audit Dept.  
Scholes Hall Room #260  
Albuquerque, NM 87131-3111

2. Article Number (Copy from sender)

7001 1140 0002 5602 5477

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Christie Sp...* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Misti McLurg* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

**Sent To**  
Regents, University of New Mexico  
Leonard Trust  
UNM Pre-Audit Dept.  
Scholes Hall Room #260  
Albuquerque, NM 87131-3111

PS Form 3800



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Mary Evelyn Roberts  
Street, Apt. No., or PO Box No. 1111 North Pennsylvania Avenue  
City, State, ZIP+ Roswell, NM 88201-5046

PS Form 3800, January 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Evelyn Roberts  
1111 North Pennsylvania Avenue  
Roswell, NM 88201-5046

2. Article Number (Co)

7001 1140 0002 5602 5248

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Mary Roberts* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Stanley William Rosenfield Trust  
Street, Apt. No. or PO Box No. Stanley W. Rosenfield Trust  
City, State, ZIP+ 2029 Century Park East  
Los Angeles, CA 90667

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stanley William Rosenfield Trust  
Stanley W. Rosenfield Trustee  
2029 Century Park East  
Los Angeles, CA 90667

2. Article Number (Copy from service)

7001 1140 0002 5602 5675

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Stanley* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Shattuck-St. Mary's School  
Street, Apt. No. or PO Box No. Post Office Box 218  
City, State, ZIP+ Faribault, MN 55021-02185

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shattuck-St. Mary's School  
Post Office Box 218  
Faribault, MN 55021-02185

2. Article Number (Copy from service)

7001 1140 0002 5602 5293

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Shattuck* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Melissa Lyon Fuller Simon Tr  
Compass Bank Co. TRE #021  
P. O. Box 4886  
Houston, TX 77210-4886

PS Form 3811

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Melissa Lyon Fuller Simon Tr  
Compass Bank Co. TRE #0213  
P. O. Box 4886  
Houston, TX 77210-4886

2. Article Number (Copy from carrier label)

7001 1140 0002 5602 5798

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature  
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
4. Restricted Delivery? (Extra Fee)

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To SOOL, Ltd.  
Post Office Box 2237  
Midland, TX 79702-2237

PS Form 3811

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SOOL, Ltd.  
Post Office Box 2237  
Midland, TX 79702-2237

2. Article Number (Copy from:

7001 1140 0002 5602 6092

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature  
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
4. Restricted Delivery? (Extra Fee)

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
605 S. 15th  
Artesia, NM 88210

PS Form 3811

MAIL  
RETURNED

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To  
Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

2. Article Number (Copy from service label)

7001 1140 0002 5602 6146

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marilyn Jean Van Petten  
1555 Alabama Street  
Amarillo, TX 79102-2226

2. Article Number (Copy from service label)

7001 1140 0002 5602 5422

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joyce Blaffer Von Bother  
c/o Lawson & Holland & Hart LLP  
One Linden Place  
Great Neck, NY 11021

2. Article Number (Copy from service label)

7001 1140 0002 5602 6184

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Sara C Garretson 9/28/99

C. Signature

X Sara C Garretson Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery

MARILYN VAN PETTEN

C. Signature

X Marilyn Van Petten Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

C. Signature

X Joan Foreman Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Joyce Blaffer Von Bother  
Chase Bank  
P. O. Box 200336  
Houston, TX 77216-0336

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

SEP 28 2004

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**OFFICIAL MAIL**

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Joyce Blaffer Von Bother  
c/o Lawson & Holland & Har  
One Linden Place  
Great Neck, NY 11021

PS Form 3800, January 2001

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

2. Article Number (Copy from 7001 1140 0002 5602 6122

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Webb Oil  
2409 Cerro Road  
Artesia, NM 88210

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

9-22-04

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**OFFICIAL MAIL**

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To Webb Oil  
2409 Cerro Road  
Artesia, NM 88210

PS Form 3800, January 2001

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Bishop Whipple Schools  
Shattuck-St. Mary's School  
Post Office Box 218  
Faribault, MN 55021-02185

C. Signature

X Ronnie Helmerg ☒ Agent  
☐ Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes  
☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**OFFICIAL MAIL**

Postage \$ 3.95  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 8.00

Sent To The Bishop Whipple Schools  
Shattuck-St. Mary's School  
Post Office Box 218  
Faribault, MN 55021-02185

PS Form 3800, January 2001

2. Article Number (Copy from

7001 1140 0002 5602 6160

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.76
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Carolyn B. Wood Trustee  
Wood Heritage Trust  
P. O. Drawer 1011  
Refugio, TX 78377-1011

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carolyn B. Wood Trustee  
Wood Heritage Trust  
P. O. Drawer 1011  
Refugio, TX 78377-1011

A. Received by (Please Print Clearly) Margaret Wysocki B. Date of Delivery 9-23-04

C. Signature X Margaret Wysocki ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from )

7001 1140 0002 5602 5941

PS Form 381

102595-99-M-1789

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.76
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Margaret Wysocki  
721 Robins Road  
Lansing, MI 48917-2022

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Margaret Wysocki  
721 Robins Road  
Lansing, MI 48917-2022

A. Received by (Please Print Clearly) Margaret Wysocki B. Date of Delivery 9/22/04

C. Signature X Margaret Wysocki ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from )

7001 1140 0002 5602 5460

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

# Affidavit of Publication

NO. 18608

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott being duly

sworn, says: That he is the Publisher of The  
Artesia Daily Press, a daily newspaper of general  
circulation, published in English at Artesia, said county  
and county and state, and that the here to attached

## Legal Notice

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

day as follows:

First Publication September 19 2004

Second Publication

Third Publication

Fourth Publication

Gary D. Scott  
Subscribed and sworn to before me this

20th Day September 2004

Barbara Ann Boans  
Notary Public, Eddy County, New Mexico

My Commission expires September : 23, 2007

Copy of

## NOTICE OF PUBLICATION STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RE- SOURCE DEPART- MENT OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on October 7, 2004, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by September 28, 2004. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

## STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

## CASE 13349:

Application of Marbob Energy Corporation for authorization of unorthodox well locations within its Dodd Federal Unit, Eddy County, New Mexico. Applicant seeks authority to drill producing wells at unorthodox locations within its Dodd Federal Unit located in portions of Township 17 South, Range 29 East, NMPM, provided said locations shall be no closer than 330 feet to the outer boundary of the Unit Area nor closer than 25 feet to any quarter section line or quarter-quarter section line. Said unit to be designated the Dodd Federal Unit.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 16th day of September 2004.

STATE OF NEW  
MEXICO  
OIL CONSERVATION  
DIVISION  
Mark E. Fesmire, P.E.,  
Director

Published in the Artesia  
Daily Press, Artesia

# Affidavit of Publication

NO. 18609

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott being duly

sworn, says: That he is the Publisher of The  
Artesia Daily Press, a daily newspaper of general  
circulation, published in English at Artesia, said county  
and county and state, and that the here to attached

## Legal Notice

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

First Publication September 19 2004

Second Publication

Third Publication

Fourth Publication

Subscribed and sworn to before me this

20th Day September 2004

Notary Public, Eddy County, New Mexico

My Commission expires September 23, 2007

# Copy of Publication:

## LEGAL NOTICE

project, all mineral interest in the Seven Rivers, Queen Grayburg, San Andres, formations, Grayburg-Jackson (Seven Rivers-Queen-Grayburg-San Andres) Pool and the Glorieta and Yeso/Paddock formations, East Empire-Yeso Pool, underlying 2400.00 acres, more or less, of Federal lands in the following acreage:

**TOWNSHIP 17 SOUTH,  
RANGE 29 EAST,**

**NMPM**

Section 10:

E/2,  
E/2 W/2

Section 11:

All

Section 14:

All

Section 15:

E/2

Section 22:

S E / 4  
SE/4 SW/4, E/2 NE/4,  
SW/4 NE/4

Said unit to be designated the Dodd Federal Unit.

Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the designation of horizontal and vertical limits of the unit area; the determination of the fair, reasonable, and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investment in wells and equipment and such other matters as may be necessary and appropriate for carrying on efficient unit operations, including but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations. Said unit area is located approximately 3.3 miles West of Loco Hills, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 16th day of September 2004.

**STATE OF NEW MEXICO  
OIL CONSERVATION  
DIVISION**

**Mark E. Fesmire, P.E.,  
Director**

Published in the Artesia Daily Press, Artesia, N.M. September 19, 2004.

Legal 18609

## NOTICE OF PUBLICATION STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on October 7, 2004, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by September 28, 2004. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

## STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian, whether or not so stated.)

## CASE 13350:

Application of Marbob Energy Corporation for statutory unitization of the Dodd Federal Unit Area, Eddy County, New Mexico. Applicant in the above-styled cause, seeks an order unitizing, for the purpose of an enhanced recovery

NOTICE  
NOTICE  
RETURN

# HOLLAND & HART

JEFFERSON PLACE  
110 NORTH GUADALUPE  
SUITE 1  
SANTA FE, NEW MEXICO 87501  
MAILING ADDRESS  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
605 S. 15th  
Artesia, NM 88210

8821027 1503 09/23/04  
FORWARD TIME EXP RTN TO SENDER  
CURTIS  
PO BOX 2208  
PLANO TX 75026-1427

RETURN TO SENDER  
HOLLAND & HART

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
605 S. 15th  
Artesia, NM 88210

## COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature ☒ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from) 7001 1140 0002 5602 6153

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



93066  
1st Notice  
2nd Notice  
Return

HOLLAND & HART, INC.

DEPARTMENT OF POSTAL SERVICE  
SAN ANTONIO, TEXAS 78201  
MAIL ROOM  
P.O. BOX 100  
SANTA FE, NEW MEXICO 87501  
97504-2208

RETURNED TO POSTAL SERVICE  
UNDELIVERABLE  
RETURNED TO POSTAL SERVICE  
UNDELIVERABLE

Betty J. Haire  
116 Travis Drive  
Euliss, TX 76039

RETURN RECEIPT  
REQUESTED

Name  
1st Notice  
2nd Notice  
Return

Handwritten: 8/10/16, 21, 20

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Betty J. Haire  
116 Travis Drive  
Euliss, TX 76039

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from) **7001 1140 0002 5602 5842**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

1ST NOTICE 9/29  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

**HOLLAND & HART, INC.**

JEFFERSON PLACE  
110 NORTH GUADALUPE  
SUITE 1  
SANTA FE, NEW MEXICO 87501  
MAILING ADDRESS  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

☐ INSUFFICIENT ADDRESS  
☐ ATTEMPTED NOT KNOWN  
☐ NO SUCH NUMBER/ STREET  
☒ NOT DELIVERABLE AS ADDRESSED  
☐ UNABLE TO FORWARD

**RTS**  
RETURN TO SENDER

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roger Penske  
Penske Corporation  
187 Highway 36  
West Long Branch, NJ 07764-1304

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from : 7001 1140 0002 5602 5316)

PS Form 3811, July 1999 Domestic Return Receipt 102595-98-M-1789

RETURN RECEIPT  
REQUESTED

**HOLLAND & HART**

JEFFERSON PLACE  
110 NORTH GUADALUPE  
SUITE 1  
SANTA FE, NEW MEXICO 87501  
MAILING ADDRESS  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

**NOT DELIVERABLE  
AS ADDRESSED  
RETURNABLE TO FORWARDER**  
**RETURN RECEIPT  
REQUESTED**  
Bill L. Miller  
P.O. Box 17432  
Ft. Worth, TX 76102

1ST NOTICE  
2ND NOTICE  
3RD NOTICE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if no permits.</p> <p>1. Article Addressed to:</p> <p>Bill L. Miller P.O. Box 17432 Ft. Worth, TX 76102</p>		<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b> _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>2. Article Number (Copy from _____)</p> <p>7001 1140 0002 5602 6207</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 1999</p>		<p>Domestic Return Receipt</p> <p>102595-99-M-1789</p>	