

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

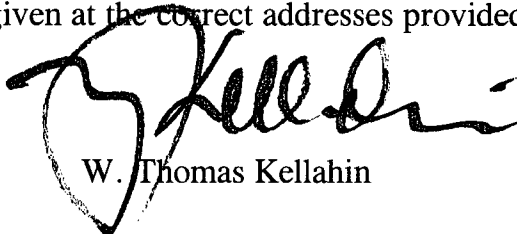
APPLICATION OF BURLINGTON RESOURCES
OIL & GAS COMPANY LP
FOR SURFACE COMMINGLING
RIO ARRIBA COUNTY, NEW MEXICO.

CASE NO. 13314


CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

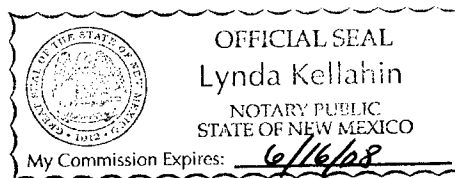
STATE OF NEW MEXICO)
) SS.
COUNTY OF SANTA FE)

W. Thomas Kellahin, being first duly sworn, hereby certifies that he is an attorney for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on September 16, 2004, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case set for October 7, 2004 and continued to October 21, 2004, to the parties shown in said application and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 18th day of October 2004, by W. Thomas Kellahin.


Lynda Kellahin, Notary Public
My Commission Expires: June 16, 2004



BEFORE THE
OIL CONSERVATION DIVISION
Case 13314 Exhibit No. - **A**
Submitted By:
Burlington Resources
Hearing Date: October 21, 2004

KELLAHIN & KELLAHIN
Attorney at Law

W. Thomas Kellahin
Recognized Specialist in the Area of
Natural Resources-oil and gas law-
New Mexico Board of Legal Specialization

P.O. Box 2265
Santa Fe, New Mexico 87504
117 North Guadalupe
Santa Fe, New Mexico 87501

Telephone 505-982-4285
Facsimile 505-982-2047
kellahin@earthlink.net

September 16, 2004

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

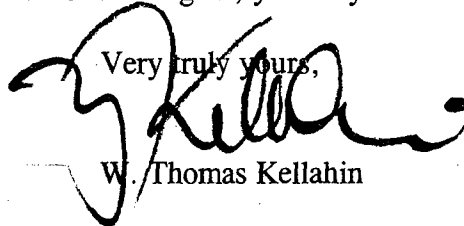
**TO: NOTICE OF THE HEARING OF THE FOLLOWING
NEW MEXICO OIL CONSERVATION DIVISION CASE:**

***Re: NMMOCD Case 13314. Reopened
Second Amended Application of Burlington Resources
Oil & Gas Company LP for surface commingling,
Rio Arriba County, New Mexico***

On behalf of Burlington Resources Oil & Gas Company LP, ("Burlington") this letter is to notify you that Burlington has requested that the referenced case be re-opened to correct the county from San Juan County to Rio Arriba County. Please see the enclosed description of this matter. This matter will be heard by the New Mexico Oil Conservation Division Examiner on October 7, 2004. The hearing will be held at the Division hearing room located in the Pinon Building, 1220 South St. Francis Drive, Santa Fe, New Mexico, 87502 (phone 505-472-3458).

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. You are not required to attend this hearing, but failure to appear at the hearing and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 1208.B, you are further notified that if you desire to appear in this case, then you are required to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, October 1, 2004, with a copy delivered to the undersigned. This statement must include: the names of the parties and attorneys; a concise statement of your position in this case; the names of all witnesses you will call to testify at the hearing; the approximate time you will need to present your case and identification of any procedural matters that are to be resolved prior to the hearing. If you have any question for Burlington, you may call Mr. Alan Alexander (505) 326-9757.

Very truly yours,

W. Thomas Kellahin

INTEREST OWNERS

San Juan 29-7 Unit

A W RUTTER JR ALAN G ENGBERG	DIRK VANHORN REEMTSMA
A W RUTTER JR TRUSTEE	DOLORES BOLIN TRUSTS
ALICE RAINS	DONALD S IRONSIDE
ALVIN JERMAN FAMILY TRUST	DORA PARKER
AMCORE BANK N A TRUSTEE	DOUGLAS CAMERON MCLEOD
AMCORE BANK NA TRUSTEE	DR JOHN F PETTUS
ANDREW J HOMBURGER	DUGAN PRODUCTION CORPORATION
ATKO PARTNERS LTD	EDGAR CLAY GRIFFIN JR
ATNA/SJ 1993-A	EILEEN MEDINA GARRIDO
ATNA/SJFC 1993-A	ELIZABETH H LUND ROYALTY TRUST
BANK OF AMERICA NA AGENT	ELIZABETH WHITE FAMILY TRUST
BARBARA EVANS	EMILIE M HARDIE ROYALTY TRUST
BARBARA N KOONS TRUSTEE	EMILY D GRAMBLING
BARBARA WALL JOHNSON	EST GEORGE ANN BERGH
BEN DANSBY JR ESTATE	ETHELYNN Y CLARK
BEN HOWELL LANGFORD	EULA MAY JOHNSTON TRUST
BEN R HOWELL TRUST	EVELYN BLANCHE SIMMONS TRSTEE
BETSY H BRYANT	FLORENCIA EXPLORATION INC
BETTY LOU LONG	FOUR STAR OIL & GAS COMPANY
BETTY S PETTUS LIFE ESTATE	GARY A JERMAN & SUSAN J JERMAN
BETTY T JOHNSTON/LYLE E	GARY L SMITH
BHCH MINERAL LTD	GENEVA T JOHNSON
BILL AND JANICE LANE	GERALD G & ALTA JANE WILLIAMS
BLANCHE DANSBY ESTATE	GORDON L GOTTSTEIN
BOLACK MINERALS CO	GREGORY WALL
BOLIN PAT S	GURDON RANSON MILLER III
BONANZA CREEK MINERALS LLC	HAROLD RICHARD COOPER
BOW PETROLEUM INC	HARRIET M BUCHENAU LIVING TRUST
BP AMERICA PRODUCTION COMPANY	HORIZON ROYALTIES LLC
BRIAN DOWNING GIBSON	HOWELL GRANDCHILDRENS TRUST
BRUCE H C HILL	IDA O HANCOCK
BRYAN E JENKS	INITIAL CO-TRSTEEES JAFFA D WAHLBERG
BUREAU OF LAND MANAGEMENT (hand delivered)	INTERNAL REVENUE SERVICE
C W BOLIN PROPERTIES	J & M RAYMOND LTD
CAROLYN J ROSS DECLARATION	JAMES BEATTY NOLAND AND R
CAROLYNN CLARK WIGGIN	JAMES HOHENSTEIN
CARYN JEFFREY	JAMES J RUBOW & NICKOLA A RUBOW JT
CATHY J WALL POUND	JAMES R PAYNE & JEAN PAYNE
CHARLES W GAY	JANE BARBARA BAER TRUST
CL NORDSTROM FAMILY LLC	JANE MANNING PITKIN ESTATE
CLAUDIA MARCIA LUNDELL GILMER	JANET PATRICIA BRANNEN
CONOCOPHILLIPS COMPANY	JAY GOTTSTEIN TRUSTEE
CROFF OIL CO	JEAN F LOEPKEY
D PHIL BOLIN	JEAN WORTHINGTON BENNETT
DAN H BOLIN	JERRY J ANDREW
DAVID A PIERCE	JILL SOENS
DAVID SCHMIDT	JOANNE C LORENCE
DENNIS R STAAL	JOE E LOPEZ

JOHN A GRAMBLING
 JOHN A WALL
 JOHN C DAWSON JR & ROBBIN R
 JOHN PATRICK WILLIAMS TRUSTEE
 JOHN S CATRON
 JOSEPH C JASTRZEMBSKI
 JUDITH DIANNE DUFF LEACH TRTEE
 K & W GAS PARTNERS LP
 KATHLYN NORA BLACK-TRUSTEE
 KENN SCHMIDT
 KENNETH ROBERT SCHMIDT
 KIM MCKIM DUNN
 L KEITH WAYT
 LANCE REEMTSMA
 LAURA DICHTER
 LELAND STANFORD JR UNIVERSITY
 LESLIE HARDWICK OSHEA
 LINDA JANE WILLIAMS TRUSTEE
 LINDA JEANNE LUNDELL LINDSEY
 LINDA L WHITE
 LINDA MARIE MCCARTNEY
 LINDA STROBEL LIFE ESTATE
 LOLA I ODENDAHL PRESIDENT
 LORIE GORDON
 LORRAYN GAY HACKER
 MABELLE H SOWERS ROYALTY TRUST
 MANSFIELD FAMILY 2001 REV TRUST
 MAP 1992-A PARTNERS LP
 MARGARET E HOUSER-SILVA
 MARIE A SCHAEFER
 MARY ESTHER BROWN
 MARY J MILLER
 MAYDELL MILLER MAST
 MCCORMICK & CO INC
 MCKAY OIL & GAS LLC
 MEDICINE BOW LAND COMPANY LLC
 MELODIE GIGER TOOHEY
 MEREDITH INGRAM GARTNER TRUSTEE
 MERLAND EUGENE BUTTOLPH
 MICHAEL A WILLIAMS &
 MICHAEL D BROWN
 MICHAEL W HOUSTON
 MILDRED I BERTSCH
 MILO D SMITH
 MIRIAM WASHBURN TRUST
 MITZI ANN HENDERSON EASLEY
 MOORE LOYAL TRUST
 MRS MARGARITA ARCHULETA
 MURIEL ANDREWS BOSSERT LIFE
 NELLIE JOHNSON LIFE ESTATE
 NELLIE JUANITA RUTHERFORD

NFF LTD
 ODYSSEY ROYALTIES LLC
 ORVILLE C ROGERS
 PAMELA POLLOCK BRUNS
 PATRICIA G HARVEY
 PATTERSON GROUP
 PAUL SLAYTON
 PERRY H POLLOCK
 PETROGULF CORPORATION
 PHILIP G DEMEREE
 PHILIP L HOMBURGER & DEBRA L
 PHILLIPS-SAN JUAN PARTNERS
 PURE RESOURCES LP
 R H FEUILLE
 R L BOLIN PROPERTIES LTD
 RALPH W GILMORE
 RICHARD PARKER LANGFORD
 ROBERT G HANAGAN SUCC TRUSTEE
 ROBERT P SOENS
 ROBERT WALTER LUNDELL
 RODERICK A IRONSIDE
 ROGER J LOWE
 ROSEMARY WARNER HALL
 SAM G WALL III
 SAN JUAN 1990-A LP
 SHIRLEY M WALL GAULDIN
 SILVERADO OIL & GAS LLP
 STATE OF NEW MEXICO
 STOREY-LINCOLN PARTNERSHIP
 SUSAN H RITTER
 SUVIAN RUTH DAVES
 SYLVIA F LITTLE
 T H MCELVAIN OIL & GAS LTD
 TED EDWARD DUFF SOLE TRUSTEE
 THE WRIGHT BROS TRUST
 THOMAS B CATRON III
 THOMAS B CATRON III & JUNE
 THOMAS D CITRANGOLA &
 THOMAS N & LOUISE D MANDRY TRUST
 THOMAS POLLOCK
 THORNTON HARDIE III TRUSTEE
 TOM K MARTELLA
 TROUT LIMITED PARTNERSHIP
 V A JOHNSTON FAMILY TRUST
 VIRGINIA G NEW
 VIRGINIA HUGGINS
 VIRGINIA M WALL GORET
 VIRGINIA R HATFIELD
 W E COOPER
 WENDY DALE JOHNSON
 WILLIAM B HARDIE SR ROYALTY TRUST

WILLIAM L MADSEN OR SARAH S
WILLIAM W BRAMLETT
WILLIAMS PRODUCTION COMPANY
XTO ENERGY INC
YELLOW QUEEN URANIUM CO

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2378		A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>RW BARRIE</i> C. Date of Delivery <i>02-20-2004</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to: A W RUTTER JR ALAN G ENGBERG AND CHARLES F KALTEYER TRSTEE A WILLIAM RUTTER TRUST U/W/O A WILLIAM RUTTER DECD PO BOX 3186 MIDLAND, TX 79702 9/15/2004 5:09 PM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Surface Commingling			

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2385		A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>RW BARRIE</i> C. Date of Delivery <i>09-20-2004</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to: A W RUTTER JR TRUSTEE DOROTHY T RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702 9/15/2004 5:00 PM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Surface Commingling			

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2392		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name) C. Date of Delivery <i>9-22-04</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to: ALICE RAINS 2125 E MULBERRY ST TRLR 55 ANGLETON, TX 77515 9/15/2004 5:09 PM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Surface Commingling			

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2408		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9-20-04
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
ALVIN JERMAN FAMILY TRUST GARY A JERMAN SUCCESSOR TRUSTEE 1645 COURT PLACE STE 326 DENVER, CO 80202		3. Service Type <input checked="" type="checkbox"/> Certified	
9/15/2004 5:09 PM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Surface Commingling			

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2415		A. Signature X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>M.D. Hargis</i>	C. Date of Delivery 9-20-04
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
AMCORE BANK N A TRUSTEE & A C ANDERSON TRUST 2 PO BOX 4599 ROCKFORD, IL 61110-4599		3. Service Type <input checked="" type="checkbox"/> Certified	
9/15/2004 5:09 PM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Surface Commingling			

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2422		A. Signature X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>M.D. Hargis</i>	C. Date of Delivery 9-20-04
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
AMCORE BANK NA TRUSTEE & A C ANDERSON TRUST 1 PO BOX 4599 ROCKFORD, IL 61110-4599		3. Service Type <input checked="" type="checkbox"/> Certified	
9/15/2004 5:09 PM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Surface Commingling			

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2446		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>R. Mackey</i>	
1. Article Addressed to:		B. Received by (Printed Name) <i>R. Mackey</i>	C. Date of Delivery <i>9-20-04</i>
ATKO PARTNERS LTD 260 I-45 STE A HUNTSVILLE, TX 77340		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2453		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>W. H. Winter</i>	
1. Article Addressed to:		B. Received by (Printed Name) <i>W. H. Winter</i>	C. Date of Delivery
ATNA/SJ 1993-A PO BOX 268946 OKLAHOMA CITY, OK 73126		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2460		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>W. H. Winter</i>	
1. Article Addressed to:		B. Received by (Printed Name) <i>W. H. Winter</i>	C. Date of Delivery
ATNA/SJFC 1993-A PO BOX 268946 OKLAHOMA CITY, OK 73125		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 950 0009 2477</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>H. Phelbo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery SEP 18 2004 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: BANK OF AMERICA NA AGENT CHARLES W MCCARTY TRUST TRUST DIVISION PO BOX 840738 DALLAS, TX 75284-0738 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 950 0009 2484</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Barbara Evans</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery Barbara Evans 9-15-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No
1. Article Addressed to: BARBARA EVANS PO BOX 582 PALACIOS, TX 77465-0582 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 950 0009 2491</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Tom Koons</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery Tom Koons D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: BARBARA N KOONS TRUSTEE BARBARA N KOONS TRUST 1514 LAS LOMAS NE ALBUQUERQUE, NM 87106 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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2. Article Number <div style="border: 1px solid black; padding: 2px; text-align: center;">7110 6605 9590 0009 2507</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>Barbara Johnson</i> <i>9/20/04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below:
1. Article Addressed to: BARBARA WALL JOHNSON 10240 BOYLES RD GENTRY, AR 72734-9095 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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2. Article Number <div style="border: 1px solid black; padding: 2px; text-align: center;">7110 6605 9590 0009 2514</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below:
1. Article Addressed to: BEN DANSBY JR ESTATE MICHAEL FITZGERALD & JAMES FITZGERALD III CO INDEP EXECUTORS PO BOX 710 MIDLAND, TX 79702 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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2. Article Number <div style="border: 1px solid black; padding: 2px; text-align: center;">7110 6605 9590 0009 2521</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below:
1. Article Addressed to: BEN HOWELL LANGFORD C/O EDI FINANCIAL INC 415 N MESA ST STE 207 EL PASO, TX 79901-1244 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2538</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery SEP 20 2004 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: BEN R HOWELL TRUST JPMORGAN CHASE BANK TRUSTEE PO BOX 200486 HOUSTON, TX 77216-0486 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2545</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 9-21-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: BETSY H BRYANT 2201 BROOKHOLLOW DR ABILENE, TX 79605-5507 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2552</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery [Signature] D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: BETTY LOU LONG 1685 BERKLEY CT DEERFIELD, IL 60015-2030 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2569</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Betty Pettus</i>
1. Article Addressed to: BETTY S PETTUS LIFE ESTATE PO BOX 419 BLANCO, NM 87412 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) BETTY PETTUS
	C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2576</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X C. Johnson</i>
1. Article Addressed to: BETTY T JOHNSTON/LYLE E CARBAUGH/PAUL M HARDWICK CO-TRUSTEES BETTY T JOHNSTON MARITAL TRUST 245 COMMERCE GREEN BLVD STE 280 SUGAR LAND, TX 77478 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) C. Johnson
	C. Date of Delivery 9/16/04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2583</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X J. E. [Signature]</i>
1. Article Addressed to: BHCH MINERAL LTD PO BOX 1817 SAN ANTONIO, TX 78296-1817 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) J. E.
	C. Date of Delivery SEP 20 2004 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2590		A. Signature X <i>Janice M. Lane</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name) <i>Janice M. Lane</i>	C. Date of Delivery <i>9-22-04</i>
BILL AND JANICE LANE PO BOX 43055 BROOKLYN PARK, MN 55443		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2606		A. Signature X <i>Blanche Dansby Estate</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery <i>SEP 21 2004</i>
BLANCHE DANSBY ESTATE MICHAEL FITZ GERALD & JAMES FITZ GERALD III TRUSTEES PO BOX 710 MIDLAND, TX 79702		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0009 2613		A. Signature X <i>Chris Groomer</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name) <i>Chris Groomer</i>	C. Date of Delivery
BOLACK MINERALS CO ATTN TOMMY BOLACK 3901 BLOOMFIELD HWY RT 3 BOX 47 FARMINGTON, NM 87401		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 2620

1. Article Addressed to:

BOLIN PAT S
1 PARKER SQ
STE 510
2525 KELL BLVD
WICHITA FALLS, TX 76308

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lacey Newman

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lacey Newman

C. Date of Delivery

9-20-04

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

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 2637

1. Article Addressed to:

BONANZA CREEK MINERALS LLC
C/O RICHARD HUGHES
2321 CANDELARIA NW

ALBUQUERQUE, NM 87107

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

R. Bonanza

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 2644

1. Article Addressed to:

BOW PETROLEUM INC
5911 S MIDDLEFIELD RD STE 100
LITTLETON, CO 80123-2877

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ada Christian

☐ Agent☐ Addressee

B. Received by (Printed Name)

IDA CHRISTIAN

C. Date of Delivery

9/20/04

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

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 2651		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: BP AMERICA PRODUCTION COMPANY ATTN BRYAN ANDERSON OSO ENGINEER SAN JUAN BU WEST LAKE 1 ROOM 19-114 501 WESTLAKE PARK BLVD HOUSTON, TX 77079 9/15/2004 5:09 PM		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9-20-04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: Surface Commingling

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 2675		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: BRUCE H C HILL PO BOX 1817 SAN ANTONIO, TX 78296-1817		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9-20-04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

9/15/2004 5:09 PM
Code: Surface Commingling

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Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 2682		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: BRYAN E JENKS 20940 W 124TH ST OLATHE, KS 66061		A. Signature X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9/24/04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

9/15/2004 5:09 PM
Code: Surface Commingling

PS

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 2705

1. Article Addressed to:

C W BOLIN PROPERTIES
813 8TH ST STE 1120

WICHITA FALLS, TX 76301-3354

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jo Anne Luckinbill* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

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Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 2712

1. Article Addressed to:

CAROLYN J ROSS DECLARATION
OF TRUST DTD 10/24/91
CAROLYN J ROSS TRUSTEE
PO BOX 94
MONMOUTH, IL 61462

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carolyn J Ross* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 2729

1. Article Addressed to:

CAROLYNN CLARK WIGGIN
5013 RIDGE RD

EDINA, MN 55436-1013

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carolynn Clark Wiggin* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
[Redacted] 7110 6605 9590 0009 2736	A. Signature X [Signature]	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) T.H. Jeffrey	C. Date of Delivery 9/15/04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
CARYN JEFFREY 4694 DUVAL DR FRISCO, TX 75034		
9/15/2004 5:09 PM Code: Surface Commingling		
PS Form 3811 Domestic Return Receipt		

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
[Redacted] 7110 6605 9590 0009 2743	A. Signature X [Signature]	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) Ashley R. Dond	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
CATHY J WALL POUND PO BOX 9 SOCORRO, NM 87801		
9/15/2004 5:09 PM Code: Surface Commingling		
PS Form 3811 Domestic Return Receipt		

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
[Redacted] 7110 6605 9590 0009 2750	A. Signature X [Signature]	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) Bob Valderan	C. Date of Delivery 9-21-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
CHARLES W GAY C/O JAMES M RAYMOND-POA PO BOX 291445 KERRVILLE, TX 78029-1445		
9/15/2004 5:09 PM Code: Surface Commingling		
PS Form 3811 Domestic Return Receipt		

2. Article Number 7110 6605 9590 0009 2767		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: CL NORDSTROM FAMILY LLC 1645 COURT PL STE 326 DENVER, CO 80202 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9-20-04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 2774		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: CLAUDIA MARCIA LUNDELL GILMER ATTN CAPITAL JIB 101 OAK MEADOW ST GEORGETOWN, TX 78628 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>Anjela Throat</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Anjela Throat</i>	C. Date of Delivery 9-22-04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


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Domestic Return Receipt

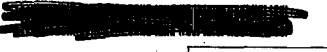
2. Article Number 7110 6605 9590 0009 2774		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: CROFF OIL CO 621 17TH ST STE 830 DENVER, CO 80293 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9/22/04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 2804	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Lacey Newman</i>	
	B. Received by (Printed Name) <i>Lacey Newman</i>	C. Date of Delivery <i>9-20-04</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: D PHIL BOLIN 2525 KELL BLVD S - 510 WICHITA FALLS, TX 76308 9/15/2004 5:09 PM Code: Surface Commingling		

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2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 2811	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Lacey Newman</i>	
	B. Received by (Printed Name) <i>Lacey Newman</i>	C. Date of Delivery <i>9-20-04</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: DAN H BOLIN 1 PARKER SQ STE 510 2525 KELL BLVD WICHITA FALLS, TX 76308-1061 9/15/2004 5:09 PM Code: Surface Commingling		

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2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 2828	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>L. Smithson</i>	
	B. Received by (Printed Name) <i>L. Smithson</i>	C. Date of Delivery <i>9/20/04</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: DAVID A PIERCE CITIZENS BANK AGENT FOR PO BOX 4140 FARMINGTON, NM 87499 9/15/2004 5:09 PM Code: Surface Commingling		

PS Form 3811 Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[Redacted]		A. Signature X [Signature]	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
7110 6605 9590 0009 2835		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
DAVID SCHMIDT 9244 CLIFFMERE DR DALLAS, TX 75238 9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[Redacted]		A. Signature X [Signature]	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
7110 6605 9590 0009 2842		B. Received by (Printed Name) Dennis Staal	C. Date of Delivery 9-20-04
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
DENNIS R STAAL PO BOX 1110 CHADRON, NE 69337 9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[Redacted]		A. Signature X [Signature]	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
7110 6605 9590 0009 2859		B. Received by (Printed Name) DIRK REEMTSMA	C. Date of Delivery 9-20-04
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
DIRK VANHORN REEMTSMA 556 CRESTWOOD DR OCEANSIDE, CA 92054 9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9540 0009 2866</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jo Anne Tucker</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 9-20-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: DOLORES BOLIN TRUSTS 813 8TH ST S - 1120 WICHITA FALLS, TX 76301-3321 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9540 0009 2873</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Donald S Ironside</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 9/21/04 DONALD S IRONSIDE D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: DONALD S IRONSIDE 3300 DARBY RD APT 1312 HAVERFORD, PA 19041-1097 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9540 0009 2880</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dora Parker</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 9-20-04 DORA PARKER D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No
1. Article Addressed to: DORA PARKER PO BOX 2141 BLOOMFIELD, NM 87413 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[REDACTED]		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
7110 6605 9590 0009 2897		B. Received by (Printed Name)	C. Date of Delivery 9-2004
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
DOUGLAS CAMERON MCLEOD 518 17TH ST STE 1455 DENVER, CO 80202		3. Service Type <input checked="" type="checkbox"/> Certified	
9/15/2004 5:09 PM Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[REDACTED]		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
7110 6605 9590 0009 2903		B. Received by (Printed Name) J. PETTUS MS	C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
DR JOHN F PETTUS 800 S CAMINO DEL RIO DURANGO, CO 81301		3. Service Type <input checked="" type="checkbox"/> Certified USPS	
9/15/2004 5:09 PM Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[REDACTED]		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
7110 6605 9590 0009 2910		B. Received by (Printed Name) Tom Dugan	C. Date of Delivery 9-18-04
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
DUGAN PRODUCTION CORPORATION PO BOX 420 FARMINGTON, NM 87499-0420		3. Service Type <input checked="" type="checkbox"/> Certified USPS	
9/15/2004 5:09 PM Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 2927</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Edgar Clay Griffin Jr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>Edgar Clay Griffin Jr</i> <i>10/1/04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: EDGAR CLAY GRIFFIN JR 5422 MAPLE ST BELLAIRE, TX 77401-4705 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 2934</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Eileen Medina Garrido</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>OCT 4 2004</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: EILEEN MEDINA GARRIDO 14545 N FRANK LLOYD WRIGHT APT 122 SCOTTSDALE, AZ 85260 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 2941</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Elizabeth H Lund</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <i>ELIZABETH LUND</i> <i>9-20-04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: ELIZABETH H LUND ROYALTY TRUST ELIZABETH H LUND TRUSTEE 6128 SIERRA VALLE LN EL PASO, TX 79912 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2958</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Linda Payne</i>
1. Article Addressed to: ELIZABETH WHITE FAMILY TRUST LINDA PAYNE TRUSTEE PO BOX 780099 DALLAS, TX 75378-0099 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) <i>Linda Payne</i>
	C. Date of Delivery <i>9-23-04</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2965</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Morayma Nunez</i>
1. Article Addressed to: EMILIE M HARDIE ROYALTY TRUST EMILIE M HARDIE TRUSTEE 1065 LOS JARDINES EL PASO, TX 79912 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) <i>Nunez</i>
	C. Date of Delivery <i>9/23</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 2972</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Mrs. John L.</i>
1. Article Addressed to: EMILY D GRAMBLING 916 CHERRY HILL LN EL PASO, TX 79912 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) <i>SEP 20 2004</i>
	C. Date of Delivery <i>SEP 20 2004</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 2989</div>		A. Signature X <i>Beth Panak</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery <i>9-20-04</i>	
EST GEORGE ANN BERGH C/O L J BERGH EXEC 3206 AIRPORT RD FAIRBANKS, AK 99709 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES enter delivery address below:	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 2996</div>		A. Signature X <i>B. HAGNE</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
ETHELYNN Y CLARK (EDYTHE M CLARK) 1187 COAST VILLAGE RD STE ONE-495 MONTECITO, CA 93108-2004 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES enter delivery address below:	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3054</div>		A. Signature X <i>Gary L Smith</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery <i>9/23/04</i>	
GARY L SMITH 829 HOLMES ST BETTENDORF, IA 52722 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES enter delivery address below:	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3009</div>	COMPLETE THIS SECTION ON DELIVERY <table style="width: 100%;"> <tr> <td style="width: 60%;"> A. Signature X <i>Ed Lortus</i> </td> <td style="width: 40%;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td> B. Received by (Printed Name) <i>Ed Lortus</i> </td> <td> C. Date of Delivery SEP 20 2004 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature X <i>Ed Lortus</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Ed Lortus</i>	C. Date of Delivery SEP 20 2004	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
A. Signature X <i>Ed Lortus</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
B. Received by (Printed Name) <i>Ed Lortus</i>	C. Date of Delivery SEP 20 2004						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: EULA MAY JOHNSTON TRUST BANK OF AMERICA NA TRUSTEE PO BOX 2546 FT WORTH, TX 76113-2546 9/15/2004 5:09 PM Code: Surface Commingling	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 3. Service Type </td> <td style="width: 40%;"> <input checked="" type="checkbox"/> Certified </td> </tr> <tr> <td colspan="2"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </td> </tr> </table>	3. Service Type	<input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
3. Service Type	<input checked="" type="checkbox"/> Certified						
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3016</div>	COMPLETE THIS SECTION ON DELIVERY <table style="width: 100%;"> <tr> <td style="width: 60%;"> A. Signature X <i>Evelyn Simmons</i> </td> <td style="width: 40%;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td> B. Received by (Printed Name) </td> <td> C. Date of Delivery 9-20-04 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <i>Evelyn Simmons</i> </td> </tr> </table>	A. Signature X <i>Evelyn Simmons</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery 9-20-04	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <i>Evelyn Simmons</i>	
A. Signature X <i>Evelyn Simmons</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
B. Received by (Printed Name)	C. Date of Delivery 9-20-04						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <i>Evelyn Simmons</i>							
1. Article Addressed to: EVELYN BLANCHE SIMMONS TRSTEE EVELYN BLANCHE SIMMONS TRUST U/T/A 7/28/87 PO BOX 1819 BETHANY, OK 73008-1819 9/15/2004 5:09 PM Code: Surface Commingling	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 3. Service Type </td> <td style="width: 40%;"> <input checked="" type="checkbox"/> Certified </td> </tr> <tr> <td colspan="2"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </td> </tr> </table>	3. Service Type	<input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
3. Service Type	<input checked="" type="checkbox"/> Certified						
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							



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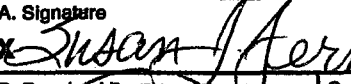
Domestic Return Receipt


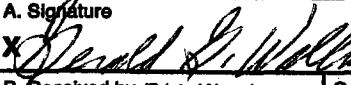
2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3023</div>	COMPLETE THIS SECTION ON DELIVERY <table style="width: 100%;"> <tr> <td style="width: 60%;"> A. Signature X <i>Florence</i> </td> <td style="width: 40%;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td> B. Received by (Printed Name) </td> <td> C. Date of Delivery SEP 20 2004 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature X <i>Florence</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery SEP 20 2004	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
A. Signature X <i>Florence</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
B. Received by (Printed Name)	C. Date of Delivery SEP 20 2004						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: FLORENCIA EXPLORATION INC PO BOX 1817 SAN ANTONIO, TX 78296-1817 9/15/2004 5:09 PM Code: Surface Commingling	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 3. Service Type </td> <td style="width: 40%;"> <input checked="" type="checkbox"/> Certified </td> </tr> <tr> <td colspan="2"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </td> </tr> </table>	3. Service Type	<input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
3. Service Type	<input checked="" type="checkbox"/> Certified						
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							


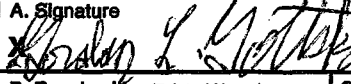
PS Form 3811

Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 3030		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: FOUR STAR OIL & GAS COMPANY ATTN BARBARA NELMS PO BOX 36366 HOUSTON, TX 77236 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811 Domestic Return Receipt			



2. Article Number  7110 6605 9590 0009 3047		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: GARY A JERMAN & SUSAN J JERMAN JT TENANTS 4194 S VALENTIA ST DENVER, CO 80237 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811 Domestic Return Receipt			

2. Article Number  7110 6605 9590 0009 3078		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: GERALD G & ALTA JANE WILLIAMS TRUSTEES U/T/A DATED 9-12-91 315 N CLARK DR AZTEC, NM 87410 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name) GERALD G WILLIAMS	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811 Domestic Return Receipt			

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3085	A. Signature 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9-20
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: GORDON L GOTTSTEIN 9433 NORTH EAST 14TH BELLEVUE, WA 98004 9/15/2004 5:09 PM Code: Surface Commingling		



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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3092	A. Signature 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) Greg W. Wall	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: GREGORY WALL 629 SHANNON LN GRAND JUNCTION, CO 81504 9/15/2004 5:09 PM Code: Surface Commingling		

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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3108	A. Signature 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) Gurdon Ranson Miller III	C. Date of Delivery 9-20
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: GURDON RANSON MILLER III 704 CANYON CREST SIERRA MADRE, CA 91024 9/15/2004 5:09 PM Code: Surface Commingling		

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3115</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td style="width: 50%;"> B. Received by (Printed Name) Lwn </td> <td style="width: 50%;"> C. Date of Delivery 9-20-04 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee		B. Received by (Printed Name) Lwn	C. Date of Delivery 9-20-04	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee							
B. Received by (Printed Name) Lwn	C. Date of Delivery 9-20-04						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: HAROLD RICHARD COOPER 9013 FOREST DR FAIRVIEW HEIGHTS, IL 62208-1010 9/15/2004 5:09 PM Code: Surface Commingling							
3. Service Type <input checked="" type="checkbox"/> Certified							
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							

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2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3122</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td style="width: 50%;"> B. Received by (Printed Name) Lwn BUCHENAU </td> <td style="width: 50%;"> C. Date of Delivery 9-21-04 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee		B. Received by (Printed Name) Lwn BUCHENAU	C. Date of Delivery 9-21-04	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee							
B. Received by (Printed Name) Lwn BUCHENAU	C. Date of Delivery 9-21-04						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: HARRIET M BUCHENAU LIVING TRUST DTD 8/30/94 HARRIET M BUCHENAU TRUSTEE PO BOX 867585 PLANO, TX 75086-7585 9/15/2004 5:09 PM Code: Surface Commingling							
3. Service Type <input checked="" type="checkbox"/> Certified							
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							

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2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3139</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td style="width: 50%;"> B. Received by (Printed Name) M. Bradshaw </td> <td style="width: 50%;"> C. Date of Delivery 9-21 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee		B. Received by (Printed Name) M. Bradshaw	C. Date of Delivery 9-21	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee							
B. Received by (Printed Name) M. Bradshaw	C. Date of Delivery 9-21						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: HORIZON ROYALTIES LLC 1490 W CANAL CT STE 3000 LITTLETON, CO 80120 9/15/2004 5:09 PM Code: Surface Commingling							
3. Service Type <input checked="" type="checkbox"/> Certified							
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							

PS Form 3811 Domestic Return Receipt

2. Article Number <div style="text-align: center; border: 1px solid black; padding: 5px;"> 7110 6605 9590 0009 3146 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>H. Green</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: HOWELL GRANDCHILDRENS TRUST JPMORGAN CHASE BANK TRUSTEE PO BOX 200486 HOUSTON, TX 77216-0486 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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SENDER: COMPLETE THIS SECTION <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: <i>Hancock</i> <i>81631-3272</i>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Ida Hancock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <i>9/20/04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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
2. Article Number (Transfer from service label) <i>7110 6605 9590 0009 3153</i>	

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2. Article Number <div style="text-align: center; border: 1px solid black; padding: 5px;"> 7110 6605 9590 0009 3160 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Donna Scharhag</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>DONNA SCHARHAG</i> C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: INITIAL CO-TRUSTEES JAFFA D WAGNER & GEORGE ANNE SCHARHAG GIBSON FAMILY TRUST PO BOX 546 TESUQUE, NM 87574 9/15/2004 5:09 PM Code: Surface Commingling	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 3177</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <div style="text-align: center;">SEP 20 2004</div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <div style="text-align: center;">SEP 20 2004</div> <div style="text-align: center;">COVINGTON, KY</div> <div style="text-align: center;">MAIL UNIT # []</div> 3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: INTERNAL REVENUE SERVICE F/A/O STEPHANIE ANN CANDELARIA ACCT #585823434 PO BOX 145566 CINCINNATI, OH 45250-5566 9/15/2004 5:09 PM Code: Surface Commingling	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 3184</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <div style="text-align: center;">Bob Valderraz</div> <div style="text-align: center;">9/20/04</div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: J & M RAYMOND LTD RAYMOND & SONS I LLC GEN PARTNER PO BOX 291445 KERRVILLE, TX 78029-1445 9/15/2004 5:09 PM Code: Surface Commingling	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 3191</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <div style="text-align: center;">James B. Noland</div> <div style="text-align: center;">22 Sep 04</div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <div style="text-align: center;">SEP 22 2004</div> <div style="text-align: center;">RICHARDSON, TX 75081</div> <div style="text-align: center;">USPS</div> 3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: JAMES BEATTY NOLAND AND R KARLENE NOLAND JT 1 ARCO CT NW ALBUQUERQUE, NM 87120 9/15/2004 5:09 PM Code: Surface Commingling	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3207</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Nancy Hohenstein</i> B. Received by (Printed Name) C. Date of Delivery <i>Nancy Hohenstein</i> <i>9/18/04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No
1. Article Addressed to: JAMES HOHENSTEIN 7773 ARLINGTON DR BOULDER, CO 80303-3207 <i>9/15/2004 5:09 PM</i> Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3214</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>James J Rubow</i> B. Received by (Printed Name) C. Date of Delivery <i>James J Rubow</i> <i>9/23/04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: JAMES J RUBOW & NICKOLA A RUBOW JT 200 MAIN ST AZTEC, NM 87410 <i>9/15/2004 5:09 PM</i> Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes


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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3221</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Jean Payne</i> B. Received by (Printed Name) C. Date of Delivery [Circular Postmark: ALBUQUERQUE, NM, SEP 21 2004] <i>Jean Payne</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: JAMES R PAYNE & JEAN PAYNE 614 PASEO DEL BOSQUE NW ALBUQUERQUE, NM 87114-2277 <i>9/15/2004 5:09 PM</i> Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

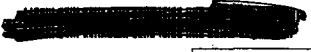
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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3238		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JANE BARBARA BAER TRUST WELLS FARGO OGM C7300-07D PO BOX 5383 DENVER, CO 80217			
9/15/2004 5:09 PM Code: Surface Commingling			


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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3245		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JANE MANNING PITKIN ESTATE GURDON MILLER EXECUTOR 704 CANYON CREST DR SIERRA MADRE, CA 91024-1312			
9/15/2004 5:09 PM Code: Surface Commingling			

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3252		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JANET PATRICIA BRANNEN 1761 E SECOND DURANGO, CO 81301			
9/15/2004 5:09 PM Code: Surface Commingling			


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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3269		A. Signature X <i>J. S. Gottstein</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Jay S. Gottstein</i>	C. Date of Delivery <i>9/20/09</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JAY GOTTSTEIN TRUSTEE JAY GOTTSTEIN TRUST 12230 SAGAMORE RD LEAWOOD, KS 66209-1269 9/15/2004 5:09 PM Code: Surface Commingling			

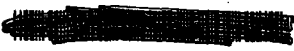
PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3276		A. Signature X <i>Jeannette Loepkey</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery <i>9/20/09</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JEAN F LOEPKEY 21 CHARLESTON SQUARE ORMOND BEACH, FL 32174 9/15/2004 5:09 PM Code: Surface Commingling			

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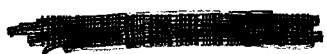
Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3290		A. Signature X <i>M. Parley</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery <i>9/20/08</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JERRY J ANDREW 408 LONGWOODS LN HOUSTON, TX 77024 9/15/2004 5:09 PM Code: Surface Commingling			

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Domestic Return Receipt

REC-114

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3306	A. Signature X <u>Stil M. Soens</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery <u>9/20/04</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: JILL SOENS 728 E 4TH AVE DURANGO, CO 81301 9/15/2004 5:09 PM Code: Surface Commingling		


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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3313	A. Signature X <u>Connie E. Pierce</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <u>Connie E. Pierce</u>	C. Date of Delivery <u>9-20-04</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: JOANNE C LORENCE 520 CHESTNUT ATLANTIC, IA 50022 9/15/2004 5:09 PM Code: Surface Commingling		

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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3320	A. Signature X <u>Maria Lopez</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <u>MARIA LOPEZ</u>	C. Date of Delivery <u>9-20-04</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: JOE E LOPEZ 634 CR 4599 BLANCO, NM 87412 9/15/2004 5:09 PM Code: Surface Commingling		

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3337</div>		A. Signature X <i>John A. Grambling</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9/15/2004
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JOHN A GRAMBLING 916 CHERRY HILL LN EL PASO, TX 79912			
9/15/2004 5:09 PM Code: Surface Commingling			
PS Form 3811 Domestic Return Receipt			

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3344</div>		A. Signature X <i>Anna Mad Wall</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Anna Mae Wall</i>	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JOHN A WALL PO BOX 915 SOCORRO, NM 87801			
9/15/2004 5:09 PM Code: Surface Commingling			
PS Form 3811 Domestic Return Receipt			

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3368</div>		A. Signature X <i>John P. Williams</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>John P. Williams</i>	C. Date of Delivery 9/15/04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JOHN PATRICK WILLIAMS TRUSTEE JOHN PATRICK WILLIAMS LIVING TRUST 321 CLARK DR AZTEC, NM 87410			
9/15/2004 5:09 PM Code: Surface Commingling			
PS Form 3811 Domestic Return Receipt			

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3375</div>		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>JOHN S CATRON</i>	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JOHN S CATRON 219 CAMINO ENCANTADO SANTA FE, NM 87501			
9/15/2004 5:09 PM			
Code: Surface Commingling			

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3382</div>		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Joseph C. Jastrzembski</i>	C. Date of Delivery <i>SEP 22 2004</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JOSEPH C JASTRZEMBSKI 911 1ST ST NE MINOT, ND 58703			
9/15/2004 5:09 PM			
Code: Surface Commingling			

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3399</div>		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Susan [Signature]</i>	C. Date of Delivery <i>SEP 22 2004</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
JUDITH DIANNE DUFF LEACH TRTEE DUFF LEACH FAM TR DTD 4/20/84 PO BOX 30396 ALBUQUERQUE, NM 87190			
9/15/2004 5:09 PM			
Code: Surface Commingling			

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div>7110 6605 9590 0009 3405</div> 1. Article Addressed to: K & W GAS PARTNERS LP C/O CHASE MANHATTAN BANK PO BOX 910864 DALLAS, TX 75391-0864		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery SEP 18 2004
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
9/15/2004 5:09 PM Code: Surface Commingling			
PS Form 3811 Domestic Return Receipt			

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div>7110 6605 9590 0009 3412</div> 1. Article Addressed to: KATHLYN NORA BLACK-TRUSTEE MABEL GLENN HAM REVOC TRUST 921 GRECIAN NW ALBUQUERQUE, NM 87107		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) Tom Black	C. Date of Delivery 9-17-4
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
9/15/2004 5:09 PM Code: Surface Commingling			
PS Form 3811 Domestic Return Receipt			

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<div>7110 6605 9590 0009 3429</div> 1. Article Addressed to: FROM: (TURN LOUSEY) KENN SCHMIDT 930 N PALM AVE APT #244 WEST HOLLYWOOD, CA 90069		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
9/15/2004 5:09 PM Code: Surface Commingling			
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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[REDACTED] 7110 6605 9590 0009 3436		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: KENNETH ROBERT SCHMIDT 7466 FIREWEED CIR CITRUS HEIGHTS, CA 95610-3284 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[REDACTED] 7110 6605 9590 0009 3443		A. Signature X <i>Kim Dunn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Kim Dunn</i>	C. Date of Delivery <i>9-23-04</i>
1. Article Addressed to: KIM MCKIM DUNN 302 HUMPHRIES EDGEWOOD, TX 75117 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[REDACTED] 7110 6605 9590 0009 3450		A. Signature X <i>Marion Wayt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: L KEITH WAYT 5000 BOARDWALK DR #32 FORT COLLINS, CO 80525 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3481</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">[Signature]</div> <div style="width: 30%;">SEP 18 2004</div> </div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: LELAND STANFORD JR UNIVERSITY THE BOARD OF TRUSTEE C/O BANK OF AMERICA PO BOX 840738 DALLAS, TX 75284 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3498</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">[Signature]</div> <div style="width: 30%;">9-20-04</div> </div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: LESLIE HARDWICK OSHEA 120 E 79TH ST APT 11E NEW YORK, NY 10021 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes




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2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3504</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Linda Williams</div> <div style="width: 30%;">9-18-04</div> </div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: LINDA JANE WILLIAMS TRUSTEE LINDA JANE WILLIAMS LIVING TRUST 802 BAIRD CIR AZTEC, NM 87410 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



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2. Article Number	COMPLETE THIS SECTION ON DELIVERY
 7110 6605 9590 0009 3511	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X  B. Received by (Printed Name)  C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: LINDA JEANNE LUNDELL LINDSEY PO BOX 631565 NACOGDOCHES, TX 75963-1565 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes


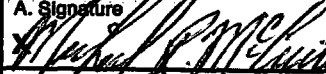
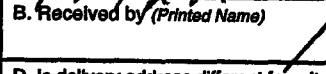
PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
 7110 6605 9590 0009 3528	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X  B. Received by (Printed Name) Linda J White C. Date of Delivery 9/21/04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: LINDA L WHITE 24197 IVES AVE GLENWOOD, IA 51534 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes


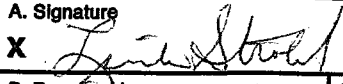
PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
 7110 6605 9590 0009 3535	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X  B. Received by (Printed Name)  C. Date of Delivery 9-21-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes


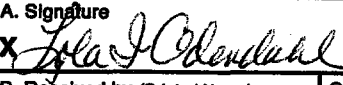
PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3542	A. Signature X 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9-20
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: LINDA STROBEL LIFE ESTATE 12872 GLEN CIRCLE RD POWAY, CA 92064 9/15/2004 5:09 PM Code: Surface Commingling		



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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3559	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9-20-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: LOLA I ODENDAHL PRESIDENT F J ODENDAHL INVESTMENTS INC 110 E SEVENTH AVE COLONA, IL 61241-9128 9/15/2004 5:09 PM Code: Surface Commingling		

PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3566	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9/18/04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: LORIE GORDON 10858 E BERRY PL ENGLEWOOD, CO 80111 9/15/2004 5:09 PM Code: Surface Commingling		

PS Form 3811

Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3573</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature <input checked="" type="checkbox"/> <i>Bob Valderan</i> </td> <td> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td> B. Received by (Printed Name) <i>Bob Valderan</i> </td> <td colspan="2"> C. Date of Delivery <i>9-21-07</i> </td> </tr> <tr> <td colspan="3"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No </td> </tr> </table>	A. Signature <input checked="" type="checkbox"/> <i>Bob Valderan</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Bob Valderan</i>	C. Date of Delivery <i>9-21-07</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No		
A. Signature <input checked="" type="checkbox"/> <i>Bob Valderan</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee								
B. Received by (Printed Name) <i>Bob Valderan</i>	C. Date of Delivery <i>9-21-07</i>									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No										
1. Article Addressed to: LORRAYN GAY HACKER C/O JAMES M RAYMOND-POA PO BOX 291445 KERRVILLE, TX 78029-1445	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> 3. Service Type </td> <td> <input checked="" type="checkbox"/> Certified </td> </tr> <tr> <td> 4. Restricted Delivery? (Extra Fee) </td> <td> <input type="checkbox"/> Yes </td> </tr> </table>	3. Service Type	<input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes					
3. Service Type	<input checked="" type="checkbox"/> Certified									
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes									

9/15/2004 5:09 PM
Code: Surface Commingling

PS Form 3811

Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3580</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature <input checked="" type="checkbox"/> <i>Belle Bramhall</i> </td> <td> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td> B. Received by (Printed Name) </td> <td colspan="2"> C. Date of Delivery <i>9-20-04</i> </td> </tr> <tr> <td colspan="3"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature <input checked="" type="checkbox"/> <i>Belle Bramhall</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery <i>9-20-04</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
A. Signature <input checked="" type="checkbox"/> <i>Belle Bramhall</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee								
B. Received by (Printed Name)	C. Date of Delivery <i>9-20-04</i>									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No										
1. Article Addressed to: MABELLE H SOWERS ROYALTY TRUST MABELLE S BRAMHALL TRUSTEE 5026 AUGUSTA CIR COLLEGE STATION, TX 77845	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> 3. Service Type </td> <td> <input checked="" type="checkbox"/> Certified </td> </tr> <tr> <td> 4. Restricted Delivery? (Extra Fee) </td> <td> <input type="checkbox"/> Yes </td> </tr> </table>	3. Service Type	<input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes					
3. Service Type	<input checked="" type="checkbox"/> Certified									
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes									

9/15/2004 5:09 PM
Code: Surface Commingling

PS Form 3811

Domestic Return Receipt


2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 3597</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature <input checked="" type="checkbox"/> <i>Nancy C. Mansfield</i> </td> <td> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td> B. Received by (Printed Name) </td> <td colspan="2"> C. Date of Delivery </td> </tr> <tr> <td colspan="3"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature <input checked="" type="checkbox"/> <i>Nancy C. Mansfield</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
A. Signature <input checked="" type="checkbox"/> <i>Nancy C. Mansfield</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee								
B. Received by (Printed Name)	C. Date of Delivery									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No										
1. Article Addressed to: MANSFIELD FAMILY 2001 REV TRUST DTD OCT 12 2001 BENJAMIN J MANSFIELD & NANCY CAROL CUTLER MANSFIELD TRUSTEES 2615 EVERETT DR RENO, NV 89503	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> 3. Service Type </td> <td> <input checked="" type="checkbox"/> Certified </td> </tr> <tr> <td> 4. Restricted Delivery? (Extra Fee) </td> <td> <input type="checkbox"/> Yes </td> </tr> </table>	3. Service Type	<input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes					
3. Service Type	<input checked="" type="checkbox"/> Certified									
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes									


9/15/2004 5:09 PM
Code: Surface Commingling

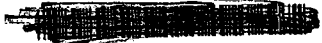
PS Form 3811

Domestic Return Receipt

2. Article Number <div style="text-align: center; border: 1px solid black; padding: 5px;">  7110 6605 9590 0009 3603 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i> SEP 15 2004 B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: MAP 1992-A PARTNERS LP C/O TX COMMERCE CO NA PO BOX 910864 DALLAS, TX 75391-0864 9/15/2004 5:09 PM Code: Surface Commingling	
PS Form 3811 Domestic Return Receipt	


2. Article Number <div style="text-align: center; border: 1px solid black; padding: 5px;">  7110 6605 9590 0009 3610 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i> B. Received by (Printed Name) _____ C. Date of Delivery _____ <i>[Signature]</i> 9-17 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: MARGARET E HOUSER-SILVA 9729 CAMINO DEL SOL NE ALBUQUERQUE, NM 87111-1509 9/15/2004 5:09 PM Code: Surface Commingling	
PS Form 3811 Domestic Return Receipt	

2. Article Number <div style="text-align: center; border: 1px solid black; padding: 5px;">  7110 6605 9590 0009 3627 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i> B. Received by (Printed Name) _____ C. Date of Delivery _____ 9/20/04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: MARIE A SCHAEFER 4134 NORTHWEST BLVD APT 303 DAVENPORT, IA 52806 9/15/2004 5:09 PM Code: Surface Commingling	
PS Form 3811 Domestic Return Receipt	

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3634	A. Signature X <i>Mary Esther Brown</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: MARY ESTHER BROWN 1857 55TH AVE ALEDO, IL 61231 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) MARY ESTHER BROWN	C. Date of Delivery 9-20-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		


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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3641	A. Signature X <i>Mary J Miller</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: MARY J MILLER 23680 W 289TH TER PAOLA, KS 66071 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) Mary J. Miller	C. Date of Delivery 9/22/04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3658	A. Signature X <i>Bob Valderrama</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: MAYDELL MILLER MAST C/O JAMES M RAYMOND PO BOX 291445 KERRVILLE, TX 78029-1445 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) Bob Valderrama	C. Date of Delivery 9-21-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 3665		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: MCCORMICK & CO INC C/O CHASE BANK OF TEXAS NA PO BOX 910864 DALLAS, TX 75391-0864 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery SEP 18 2004
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 3672		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, NM 87191-4738 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) W S M A / 1200	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


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Domestic Return Receipt


2. Article Number 7110 6605 9590 0009 3689		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: MEDICINE BOW LAND COMPANY LLC PO BOX 888 LITTLETON, CO 80160-0888 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) M. Bradshaw	C. Date of Delivery SEP 20 2004
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811


Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 3696	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Kelly Toohey</i>
1. Article Addressed to: MELODIE GIGER TOOHEY 3800 FLORA PL ST LOUIS, MO 63110 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) C. Date of Delivery 9/20/04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811 Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 3702	COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Meredith L. Gartner</i>
1. Article Addressed to: MEREDITH INGRAM GARTNER TRUST MARY DOLL INGRAM MANAGEMENT TRUST 483 N POST OAK LN HOUSTON, TX 77024 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) C. Date of Delivery Meredith L. Gartner 9-22-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811 Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 3719	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Darlene Buttolph</i>
1. Article Addressed to: MERLAND EUGENE BUTTOLPH 101 AUGUSTA DR APT # 1 LOWDEN, IA 52255-9597 9/15/2004 5:09 PM Code: Surface Commingling	B. Received by (Printed Name) C. Date of Delivery Darlene Buttolph 9-20-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811 Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[Redacted]		A. Signature X <i>Gloria Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
7110 6605 9590 0009 3726		B. Received by (Printed Name) <i>Gloria Williams</i> C. Date of Delivery <i>9/18/04</i>	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
MICHAEL A WILLIAMS & GLORIA WILLIAMS TRUSTEES MICHAEL A AND GLORIA WILLIAMS LIVING TRUST 114 N 7TH ST BLOOMFIELD, NM 87413 9/15/2004 5:09 PM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[Redacted]		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
7110 6605 9590 0009 3733		B. Received by (Printed Name) C. Date of Delivery <i>9-18-04</i>	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
MICHAEL D BROWN 8089 PIERSON CT ARVADA, CO 80005 9/15/2004 5:09 PM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


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Domestic Return Receipt


2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
[Redacted]		A. Signature X <i>Mike Houston</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
7110 6605 9590 0009 3740		B. Received by (Printed Name) C. Date of Delivery <i>10-4-04</i>	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
MICHAEL W HOUSTON PO BOX 980 BUFFALO, MO 65622 9/15/2004 5:09 PM		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3757		A. Signature X <i>M. Bertsch</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MILDRED I BERTSCH 260 CARISSA DR SATELLITE BEACH, FL 32937 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PS Form 3811		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Domestic Return Receipt			

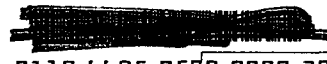
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3764		A. Signature X <i>Milo Smith</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name) <i>Milo SMITH</i>	C. Date of Delivery <i>9-22-04</i>
MILO D SMITH 1536 W GARFIELD DAVENPORT, IA 52804 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PS Form 3811		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Domestic Return Receipt			

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3771		A. Signature X <i>Miriam Washburn</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name) <i>Miriam Washburn</i>	C. Date of Delivery
MIRIAM WASHBURN TRUST WELLS FARGO OGM C7300-07D PO BOX 5383 DENVER, CO 80217 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
PS Form 3811		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Domestic Return Receipt			

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3788	A. Signature X <i>Chutaly</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9/24
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: MITZI ANN HENDERSON EASLEY 1203 ARRONIMINK CIR AUSTIN, TX 78746-6301 9/15/2004 5:09 PM Code: Surface Commingling		


PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3795	A. Signature X <i>P. Bane</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>P. BANE</i>	C. Date of Delivery 9-20-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: MOORE LOYAL TRUST LEE WAYNE MOORE TRUSTEE 403 N MARIENFELD MIDLAND, TX 79701 9/15/2004 5:09 PM Code: Surface Commingling		


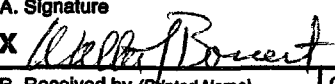
PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3801	A. Signature X <i>Rufelio Archuleta</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Rufelio Archuleta</i>	C. Date of Delivery 9-20-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: MRS MARGARITA ARCHULETA 636 CR 4599 BLANCO, NM 87412 9/15/2004 5:09 PM Code: Surface Commingling		


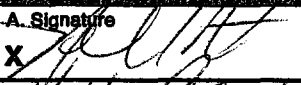
PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3818	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 4-20-04
MURIEL ANDREWS BOSSERT ESTATE 10606 VISTA LAGO PLACE SAN DIEGO, CA 92131	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811

Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3825	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-23-04
NELLIE JOHNSON LIFE ESTATE C/O NELLIE RUTHERFORD 5615 DEERTIMBERS TRL HUMBLE, TX 77346	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


PS Form 3811

Domestic Return Receipt


2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3832	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 7-23-04
NELLIE JUANITA RUTHERFORD 5615 DEER TIMBER TRL HUMBLE, TX 77346	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
9/15/2004 5:09 PM	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811


Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3849	A. Signature X <i>Melanie T. Names</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) M. Names	C. Date of Delivery 9-18-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
NFF LTD 1738 W CHOKECHERRY DR LOUISVILLE, CO 80027 9/15/2004 5:09 PM Code: Surface Commingling		



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2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3856	A. Signature X <i>J Jones</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) J Jones	C. Date of Delivery 9-22-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
ODYSSEY ROYALTIES LLC 8261 S MONACO CT CENTENNIAL, CO 80112 9/15/2004 5:09 PM Code: Surface Commingling		

PS Form 3811 Domestic Return Receipt


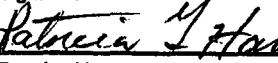
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 3863	A. Signature X <i>Orville C Rogers</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) ORVILLE ROGERS	C. Date of Delivery 9/21/04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
ORVILLE C ROGERS 3840 W BAY CIR DALLAS, TX 75214-2925 9/15/2004 5:09 PM Code: Surface Commingling		

PS Form 3811 Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 3870		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: PAMELA POLLOCK BRUNS 1130 FISKE PACIFIC PALISADE, CA 90272 9/15/2004 5:00 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9-19-04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 3887		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: PATRICIA G HARVEY 1545 LONDON RD CHARLOTTESVILLE, VA 22901 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) Patricia G Harvey	C. Date of Delivery 9/25/04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 3894		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: PATTERSON GROUP 6237 S DOVER ST LITTLETON, CO 80123 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 3917

1. Article Addressed to:

PERRY H POLLOCK
PO BOX 950

ASPEN, CO 81612-0950

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 3900

1. Article Addressed to:

PAUL SLAYTON
PO BOX 2035

ROSWELL, NM 88202-2035

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 3924

1. Article Addressed to:

PETROGULF CORPORATION
518 17TH ST STE 1455

DENVER, CO 80202

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 3948

1. Article Addressed to:

PHILIP L HOMBURGER & DEBRA L
HOMBURGER JTWROS
2160 S JACKSON

DENVER, CO 80210-4931

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

P. HOMBURGER

C. Date of Delivery

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

SEP 18 2004

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 3931

1. Article Addressed to:

PHILIP G DEMEREE
SEPARATE PROPERTY
7561 VIA CAMELLO DEL SUR

SCOTTSDALE, AZ 85258

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Philip Demeree

C. Date of Delivery

9.20

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

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 3962

1. Article Addressed to:

PURE RESOURCES LP
ATTN OBO ACCOUNTING
500 W ILLINOIS AVE

MIDLAND, TX 79701

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lynn M

C. Date of Delivery

9.2004

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

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 3979</div>	COMPLETE THIS SECTION ON DELIVERY <table style="width: 100%;"> <tr> <td colspan="2">A. Signature X <i>Chau P. Haoin</i></td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td colspan="2">C. Date of Delivery 9/18/04</td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Signature X <i>Chau P. Haoin</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery 9/18/04		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
A. Signature X <i>Chau P. Haoin</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee								
B. Received by (Printed Name)	C. Date of Delivery 9/18/04									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No										
1. Article Addressed to: R H FEUILLE C/O SCOTT & HULSE 11TH FLOOR CHASE BANK BLDG EL PASO, TX 79901 9/15/2004 5:09 PM Code: Surface Commingling										
3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes										

PS Form 3811

Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 3986</div>	COMPLETE THIS SECTION ON DELIVERY <table style="width: 100%;"> <tr> <td colspan="2">A. Signature X <i>Shauna Smith</i></td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name) <i>Shauna Smith</i></td> <td colspan="2">C. Date of Delivery 9-20-04</td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Signature X <i>Shauna Smith</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Shauna Smith</i>	C. Date of Delivery 9-20-04		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
A. Signature X <i>Shauna Smith</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee								
B. Received by (Printed Name) <i>Shauna Smith</i>	C. Date of Delivery 9-20-04									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No										
1. Article Addressed to: R L BOLIN PROPERTIES LTD 4245 KEMP BLVD STE 316 WICHITA FALLS, TX 76308 9/15/2004 5:09 PM Code: Surface Commingling										
3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes										

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 3993</div>	COMPLETE THIS SECTION ON DELIVERY <table style="width: 100%;"> <tr> <td colspan="2">A. Signature X <i>Ralph W Gilmore</i></td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name) <i>Ralph W Gilmore</i></td> <td colspan="2">C. Date of Delivery 9-20-04</td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Signature X <i>Ralph W Gilmore</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Ralph W Gilmore</i>	C. Date of Delivery 9-20-04		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
A. Signature X <i>Ralph W Gilmore</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee								
B. Received by (Printed Name) <i>Ralph W Gilmore</i>	C. Date of Delivery 9-20-04									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No										
1. Article Addressed to: RALPH W GILMORE 177 STATE HWY 94 ALED0, IL 61231 9/15/2004 5:09 PM Code: Surface Commingling										
3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes										

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 4006

1. Article Addressed to:

RICHARD PARKER LANGFORD
6513 TARASCAS

EL PASO, TX 79912-2513

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 4013

1. Article Addressed to:

ROBERT G HANAGAN SUCC TRUST
MMH TRUST U/TA DTD 10/2/89
PO BOX 1887

SANTA FE, NM 87504-1887

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 4037

1. Article Addressed to:

ROBERT WALTER LUNDELL
2450 FONDREN #304

HOUSTON, TX 77063

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 4051		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: ROGER J LOWE 762 CORONA ST DENVER, CO 80218 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>Roger J. Lowe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) ROGER J. LOWE	C. Date of Delivery 9/15/2004
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 4068		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: ROSEMARY WARNER HALL 7736 E 30TH PL TULSA, OK 74129 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>Rosemary W Hall</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery 10/3/14
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0009 4044		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: RODERICK A IRONSIDE 349 WESLEY DR CHAPEL HILL, NC 27516 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>RA Ironside</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery 9-20
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811

Domestic Return Receipt

2. Article Number  7110 6605 950 0009 4075		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SAM G WALL III PO BOX 182418 ARLINGTON, TX 76096-2418 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name) SAM G WALL III	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

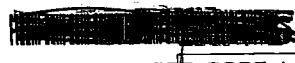

PS Form 3811

Domestic Return Receipt

2. Article Number  7110 6605 950 0009 4099		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SHIRLEY M WALL GAULDIN PO BOX 825 BURNET, TX 78611-0825 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9/20/04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes


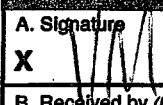
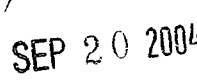
PS Form 3811

Domestic Return Receipt

2. Article Number  7110 6605 950 0009 4105		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SILVERADO OIL & GAS LLP PO BOX 51338 MIDLAND, TX 79710 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
		B. Received by (Printed Name) Owen McCabe	C. Date of Delivery 9/27
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes


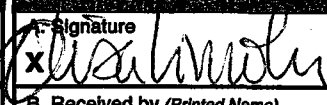
PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4112		A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
STATE OF NEW MEXICO PO BOX 1148 SANTA FE, NM 87504-1148 9/15/2004 5:09 PM Code: Surface Commingling		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No 	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


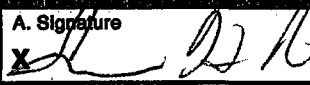
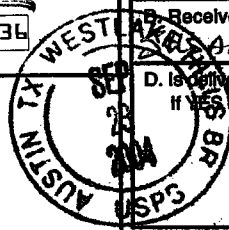
PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4129		A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
STOREY-LINCOLN PARTNERSHIP 21205 5TH AVE S DES MOINES, WA 98198 9/15/2004 5:09 PM Code: Surface Commingling		LISA S. LINCOLN 9-20-04	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4136		A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
 SUSAN H RITTER 4700 VIA MEDIA AUSTIN, TX 78746 9/15/2004 5:09 PM Code: Surface Commingling		KATHAN H. RITTER 	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


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Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 4143		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SUVIAN RUTH DAVES 21239 COUNTY RD W LEWIS, CO 81327 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>Suvian Daves</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9-24-04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

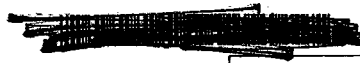
PS Form 3811

Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 4150		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SYLVIA F LITTLE SYLVIA F LITTLE TRSTE U/T/A 5-25-90 PO BOX 1258 FARMINGTON, NM 87499 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>Cheri Whiting</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Cheri Whiting</i>	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 4167		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: T H MCELVAIN OIL & GAS LTD PARTNERSHIP 1050 17TH ST STE 1800 DENVER, CO 80265 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X <i>M. Johnson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9/20/04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4174		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) TED DUFF	
TED EDWARD DUFF SOLE TRUSTEE OF T E DUFF TRUST PO BOX 398 RUIDOSO, NM 88345		C. Date of Delivery 9/12/04	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
9/15/2004 5:09 PM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Surface Commingling			


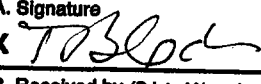
PS Form 3811

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4181		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) STANLEY M. WRIGHT	
THE WRIGHT BROS TRUST C/O STANLEY M WRIGHT 2157 HWY 130 BENNETT, IA 52721-9801		C. Date of Delivery 9-27-04	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
9/15/2004 5:09 PM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Surface Commingling			


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Domestic Return Receipt


2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4198		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) T.B. CATRON	
THOMAS B CATRON III TRUSTEE U/W/O SUE C BERGERE PO BOX 788 SANTA FE, NM 87501		C. Date of Delivery	
9/15/2004 5:09 PM		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Surface Commingling		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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Domestic Return Receipt

2. Article Number <div style="text-align: center;">  7110 6605 9590 0009 4204 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>T.B. Catron</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <hr/> B. Received by (Printed Name) C. Date of Delivery <i>T.B. CATRON</i> <hr/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <hr/> 3. Service Type <input checked="" type="checkbox"/> Certified <i>20</i> <hr/> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <i>2004</i>
1. Article Addressed to: THOMAS B CATRON III & JUNE ELLIS CATRON TRUST C/O CATRON CATRON & POTTOW PO BOX 788 SANTA FE, NM 87504 9/15/2004 5:09 PM Code: Surface Commingling	
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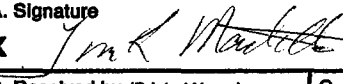
2. Article Number <div style="text-align: center;">  7110 6605 9590 0009 4228 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Thomas Mandy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <hr/> B. Received by (Printed Name) C. Date of Delivery <i>Martinez</i> <i>9/20</i> <hr/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <hr/> 3. Service Type <input checked="" type="checkbox"/> Certified <hr/> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: THOMAS N & LOUISE D MANDRY TRUST THOMAS N & LOUISE D MANDRY TRUSTEES 1011 LOS JARDINES CIR EL PASO, TX 79912 9/15/2004 5:09 PM Code: Surface Commingling	
PS Form 3811 Domestic Return Receipt	

2. Article Number <div style="text-align: center;">  7110 6605 9590 0009 4235 </div>	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Thomas Pollock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <hr/> B. Received by (Printed Name) C. Date of Delivery <i>Thomas Pollock</i> <i>9-23-04</i> <hr/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <hr/> 3. Service Type <input checked="" type="checkbox"/> Certified <hr/> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: THOMAS POLLOCK 1614 TORRANCE ST SAN DIEGO, CA 92103-3719 9/15/2004 5:09 PM Code: Surface Commingling	
PS Form 3811 Domestic Return Receipt	

2. Article Number  7110 6605 9590 0009 4242		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: THORNTON HARDIE III TRUSTEE MARY ELIZABETH HARDIE ROY TRST 1700 PACIFIC AVE STE 3300 DALLAS, TX 75201 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9-22-04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

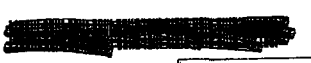

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Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 4259		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: TOM K MARTELLA 16754 W 75 PL ARVADA, CO 80007 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9/23/04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number  7110 6605 9590 0009 4266		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: TROUT LIMITED PARTNERSHIP 7500 S HWY 83 SCOTT CITY, KS 67871 9/15/2004 5:09 PM Code: Surface Commingling		A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery 9/20/04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 4273</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery Sherry Hewitt 9/20/04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: V A JOHNSTON FAMILY TRUST C/O DAVID A PREWITT & M A CHESLER CO-TRUSTEES PO BOX 825 RALLS, TX 79357 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 4280</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery Virginia New 9/20/04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: VIRGINIA G NEW 6910 HEARTHSIDE DR SUGARLAND, TX 77479 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7110 6605 9590 0009 4297</div>	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery Michael Byrnes 9-21-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: VIRGINIA HUGGINS HCR 78 BOX 246A INGRAM, TX 78025 9/15/2004 5:09 PM Code: Surface Commingling	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 4303

1. Article Addressed to:

VIRGINIA M WALL GORET
PO BOX 282

SOCORRO, NM 87801

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

E.H. GORET

C. Date of Delivery

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

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

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Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 4310

1. Article Addressed to:

VIRGINIA R HATFIELD
3616 GARDEN BROOK DR APT 131

DALLAS, TX 75234-2407

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-22

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

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

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Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 4327

1. Article Addressed to:

W E COOPER
1301 CR 406

TAYLOR, TX 76574-5445

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Ann M. Cooper

C. Date of Delivery

9-22

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

3. Service Type



Certified


4. Restricted Delivery? (Extra Fee)



Yes


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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4334		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Nellie Rutherford</i>	C. Date of Delivery <i>9-23-04</i>
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
WENDY DALE JOHNSON C/O NELLIE RUTHERFORD 5615 DEERTIMBERS TRL HUMBLE, TX 77346 9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	


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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4341		A. Signature X <i>William B Hardie Sr</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Nurice</i>	C. Date of Delivery <i>9/20</i>
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
WILLIAM B HARDIE SR ROYALTY TRUST JANE HARDIE TRUSTEE 1065 LOS JARDINES EL PASO, TX 79912 9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7110 6605 9590 0009 4372		A. Signature X <i>Stanley Allen</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>STANLEY ALLEN</i>	C. Date of Delivery <i>SEP 20 2004</i>
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, OK 74101 9/15/2004 5:09 PM Code: Surface Commingling		3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 4358</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div> </td> </tr> <tr> <td> B. Received by (Printed Name) Wm Madsen </td> <td> C. Date of Delivery 9/24/04 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div>		B. Received by (Printed Name) Wm Madsen	C. Date of Delivery 9/24/04	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div>							
B. Received by (Printed Name) Wm Madsen	C. Date of Delivery 9/24/04						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: WILLIAM L MADSEN OR SARAH S MIMS COTRUSTEES SARAH S MIMS REVOCABLE TRUST PO BOX 111846 CARROLLTON, TX 75011-1846 9/15/2004 5:09 PM Code: Surface Commingling							
3. Service Type <input checked="" type="checkbox"/> Certified							
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 4365</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div> </td> </tr> <tr> <td> B. Received by (Printed Name) Charles Houx </td> <td> C. Date of Delivery MD 9-20-04 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No </td> </tr> </table>	A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div>		B. Received by (Printed Name) Charles Houx	C. Date of Delivery MD 9-20-04	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div>							
B. Received by (Printed Name) Charles Houx	C. Date of Delivery MD 9-20-04						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No							
1. Article Addressed to: WILLIAM W BRAMLETT PO BOX 3273 MIDLAND, TX 79702 9/15/2004 5:09 PM Code: Surface Commingling							
3. Service Type <input checked="" type="checkbox"/> Certified							
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							

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Domestic Return Receipt

2. Article Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; padding: 2px;">7110 6605 9590 0009 4389</div>	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div> </td> </tr> <tr> <td> B. Received by (Printed Name) SMERRIMAN </td> <td> C. Date of Delivery 9-20-04 </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div>		B. Received by (Printed Name) SMERRIMAN	C. Date of Delivery 9-20-04	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div>							
B. Received by (Printed Name) SMERRIMAN	C. Date of Delivery 9-20-04						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: XTO ENERGY INC 810 HOUSTON ST STE 2000 FORT WORTH, TX 76102-6298 9/15/2004 5:09 PM Code: Surface Commingling							
3. Service Type <input checked="" type="checkbox"/> Certified							
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							

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Domestic Return Receipt

2. Article Number

7110 6605 9590 0009 4396

1. Article Addressed to:

YELLOW QUEEN URANIUM CO
1645 COURT PL STE 326

DENVER, CO 80202

9/15/2004 5:09 PM

Code: Surface Commingling

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

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