BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF ARCH PETROLEUM INC. FOR A NON-STANDARD GAS SPACING AND PRORATION UNIT AND AN UNORTHODOX GAS WELL LOCATION IN THE JALMAT GAS POOL AND AN UNORTHODOX LANGLIE-MATTIX LOCATION, LEA COUNTY, NEW MEXICO.

Case No. 13343

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 6th day of October, 2004, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 4

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

August 26, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Offset operators or interest owners

Re: Arch Petroleum Inc.
Kelly State Well No. 5
910 feet FSL & 1230 feet FWL
SW¼ of Section 16, Township 24 South, Range 37 East, NMPM, Lea County, New Mexico

Ladies and gentlemen:

You previously received a copy of an application for administrative approval of a non-standard gas spacing unit and an unorthodox well location in the Jalmat Gas Pool for the above well. Due to an objection by one interest owner, the New Mexico Oil Conservation Division has set this matter for hearing on September 16, 2004 at the Division's office at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You have the right to appear at the hearing and participate in the case. Failure to object will preclude you from contesting this matter at a later date. (Please note that the well's location has changed since the original application was filed.)

You are required to notify the Division, and the undersigned, by Friday, September 10, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

James Bruce

Attorney for Arch Petroleum Inc.

7002 2410 0003 1546 8643

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Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: SANTA FE NM 87501-9998 AUG 25 2004 USPS

Sent To: William Walton Saunders
c/o Roma Oil & Gas Inc.
8620 North New Braunfels
San Antonio, TX 78217

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Edge Petroleum Corporation
Suite 2000
1301 Travis
Houston, Texas 77002
Attention: Jeff Sikora

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Tina Chrisse — C. Date of Delivery: 8-31-4

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7004 0750 0000 9054 4562

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William Walton Saunders
c/o Roma Oil & Gas Inc.
8620 North New Braunfels
San Antonio, TX 78217

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] — C. Date of Delivery: AUG 30 2004

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7002 2410 0003 1546 8643

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7004 0750 0000 9054 4562

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Total Postage & Fees	$

Postmark Here: SANTA FE NM 87501-9998 AUG 25 2004 USPS

Sent To: Edge Petroleum Corporation
Suite 2000
1301 Travis
Houston, Texas 77002
Attention: Jeff Sikora

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 9015

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Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
The Long Trusts
Street, Apt. No.; or PO Box No. P.O. Box 3096
City, State, ZIP+4 Kilgore, TX 75663

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

June D. Speight
P.O. Drawer 1687
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/31/04

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

[signature]

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8704

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Long Trusts
P.O. Box 3096
Kilgore, TX 75663

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELISABETH STOUT B. Date of Delivery 8/31/04

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7002 2410 0003 1546 9015

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7002 2410 0003 1546 8704

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Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
June D. Speight
Street, Apt. No.; or PO Box No. P.O. Drawer 1687
City, State, ZIP+4 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 25 2004
SANTA FE NM 87501-9998
USPS
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Estate of Max R. Chudy, Sr.
50 South Meadow Drive
Orchard Park, NY 14127
See Reverse for Instructions
PS Form 3800, June 2002
7002 2410 0003 1546 8841

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Elson Oil Company
Suite 1404
20 East 5th Street
Tulsa, OK 74103

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Jerry Barbee
☐ Agent
☐ Addressee
B. Received by (Printed Name) Gregene Barbee
C. Date of Delivery 8/30/04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 0750 0000 9054 4593
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Estate of Max R. Chudy, Sr.
50 South Meadow Drive
Orchard Park, NY 14127

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Max R. Chudy Jr.
☐ Agent
☐ Addressee
B. Received by (Printed Name) MAX R. CHUDY
C. Date of Delivery SEP 09 2004
D. Is delivery address different from item 1? ☐ No
If YES, enter delivery address below:
14127
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7002 2410 0003 1546 8841
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 25 2004
SANTA FE NM 87501-9998
USPS
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Elson Oil Company
Suite 1404
20 East 5th Street
Tulsa, OK 74103
See Reverse for Instructions
PS Form 3800, June 2002
7004 0750 0000 9054 4593

7002 2410 0003 1546 8735

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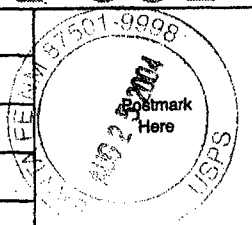
Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$



Sent To
Ingrid Powell
Street, Apt. No.; or PO Box No. P.O. Box 416
City, State, ZIP+4 Los Altos, CA 94022

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

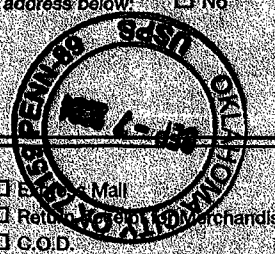
BNW, Inc.
P.O. Box 892044
Oklahoma City, OK 73189

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Debbie Brooks ☐ Agent ☐ Addressee

B. Received by (Printed Name) Debbie Brooks C. Date of Delivery

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



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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 2410 0003 1546 8889

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ingrid Powell
P.O. Box 416
Los Altos, CA 94022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ingrid Powell ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6/9/04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 2410 0003 1546 8735

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8889

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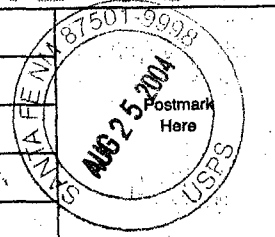
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$



Sent To
BNW, Inc.
Street, Apt. No.; or PO Box No. P.O. Box 892044
City, State, ZIP+4 Oklahoma City, OK 73189

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Postage $
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 25 2004
SANTA FE NM 87501
USPS
Sent To
Saunders Family Enterprises Ltd.
Suite 220
8620 North New Braunfels
San Antonio, TX 78217
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
See Reverse for Instructions
PS Form 3800, June 2002
7002 2410 0003 1546 8605

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Betty Kyte Dreessen Irrevocable Trust
P.O. Box 1665
Los Altos, CA 94022
2. Article Number (Transfer from service label) 7002 2410 0003 1546 8667
PS Form 3811, August 2001
Domestic Return Receipt
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Cheryl Powell
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery 9/7/04
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
☑ Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Saunders Family Enterprises Ltd.
Suite 220
8620 North New Braunfels
San Antonio, TX 78217
2. Article Number (Transfer from service label) 7002 2410 0003 1546 8605
PS Form 3811, August 2001
Domestic Return Receipt
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Beverly Feb
Agent
Addressee
B. Received by (Printed Name) Beverly Feo
C. Date of Delivery 8/30/04
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
☑ Certified Mail
Express Mail
Registered
Return Receipt for Merchandise
Insured Mail
C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

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Total Postage & Fees $
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AUG 25 2004
SANTA FE NM 87501
USPS
Sent To
Betty Kyte Dreessen Irrevocable Trust
P.O. Box 1665
Los Altos, CA 94022
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
See Reverse for Instructions
PS Form 3800, June 2002
7002 2410 0003 1546 8667

7002 2410 0003 1546 8957

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Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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Sent To
Leila McConnell Gadbois
Street, Apt. No.; or PO Box No. 2525 Stanmore Drive
City, State, ZIP+4 Houston, TX 79019

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael Gidwitz
Suite 1705
208 South LaSalle Street
Chicago, IL 60604

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-30-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8902

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Leila McConnell Gadbois
2525 Stanmore Drive
Houston, TX 79019

COMPLETE THIS SECTION ON DELIVERY

A. Signature Leila Gadbois ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 9/3/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8957

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 8902

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Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Michael Gidwitz
Street, Apt. No.; or PO Box No. Suite 1705
208 South LaSalle Street
City, State, ZIP+4 Chicago, IL 60604

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0003 1546 9121

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Cissy R. Travis, Trustee
Street, Apt. No.; or PO Box No. 135 Coral Cay Drive
City, State, ZIP+4 Palm Beach Gardens, FL 33418

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BMNW Resources, L.L.C.
P.O. Box 180573
Dallas, TX 75218

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-31-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8988

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cissy R. Travis, Trustee
135 Coral Cay Drive
Palm Beach Gardens, FL 33418

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Maria E. Jimenez ☐ 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 Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 72 2410 0003 1546 9121

eipt 102595-02-M-1540

7002 2410 0003 1546 8988

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here

Sent To
BMNW Resources, L.L.C.
Street, Apt. No.; or PO Box No. P.O. Box 180573
City, State, ZIP+4 Dallas, TX 75218

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0003 1546 6977

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

NM 87501-9998
AUG 2 2004
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Sent To
Beverly Felts
Street, Apt. No.; or PO Box No. Suite 220
8620 North New Braunfels
City, State, ZIP+4 San Antonio, TX 78217

PS Form 3800, June 2002 See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Laura Beth Nissenbaum
Jennifer Travis Nissenbaum
135 Coral Cay Drive
Palm Beach Gardens, FL 33418

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Maria C. Jennings ☐ 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 Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8872

PS Form 3811, August 2001 102596-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Beverly Felts
Suite 220
8620 North New Braunfels
San Antonio, TX 78217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beverly Felts ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Beverly Felts AUG 20 2004

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 6977

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 8872

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

NM 87501-9998
AUG 2 2004
Postmark Here
USPS

Sent To
Laura Beth Nissenbaum
Jennifer Travis Nissenbaum
Street, Apt. No.; or PO Box No. 135 Coral Cay Drive
City, State, ZIP+4 Palm Beach Gardens, FL 33418

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0003 1546 8674

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE NM 87501-9998 AUG 27 2004 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Nielson & Associates Inc.
P.O. Box 2850
Cody, WY 82414

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wynn-Crosby Energy, Inc.
Suite 200
5500 West Plano Parkway
Plano, TX 75093

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x J Myers ☐ Agent ☐ Addressee

B. Received by (Printed Name) J. Myers
C. Date of Delivery 8-31-04

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

COLT STATION SANTA FE NM 87501-9998 AUG 30 2004 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8629

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nielson & Associates Inc.
P.O. Box 2850
Cody, WY 82414

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Liz Vail ☐ Agent ☐ Addressee

B. Received by (Printed Name) LIZ VAIL
C. Date of Delivery 8-30-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8674

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 8698

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE NM 87501-9998 AUG 5 2004 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Wynn-Crosby Energy, Inc.
Suite 200
5500 West Plano Parkway
Plano, TX 75093

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0003 1546 6991

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Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

87501-9998

Sent To
Street, Apt. No.; or PO Box No.
MAPOO-NET
P.O. Box 268946
Oklahoma City, OK 73126
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James P. Boldrick
P.O. Box 10605
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lauri Merriman ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Loree Merriman
C. Date of Delivery 8-31-04

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

MIDLAND TX 79701 AUG 30 2004 USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 2410 0003 1546 6984

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MAPOO-NET
P.O. Box 268946
Oklahoma City, OK 73126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mike Martz ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Mike Martz
C. Date of Delivery

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

OKLAHOMA CITY OK 731 AUG 31 2004 USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 2410 0003 1546 6991

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 6984

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

87501-9998

Sent To
Street, Apt. No.; or PO Box No.
James P. Boldrick
P.O. Box 10605
Midland, TX 79702
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 25 2004
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Patricia Galt Stevens
501 Grandview Place
San Antonio, TX 78209
PS Form 3800, June 2002
See Reverse for Instructions
7002 2410 0003 1546 8698

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Nortex Corporation
Suite 3100
1415 Louisiana
Houston, TX 77002
2. Article Number (Transfer from service label) 7002 2410 0003 1546 8773
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
B. Received by (Printed Name) C. Date of Delivery 8/30/04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Patricia Galt Stevens
501 Grandview Place
San Antonio, TX 78209
2. Article Number (Transfer from service label) 7002 2410 0003 1546 8698
PS Form 3811, August 2001 Domestic Return Receipt 102
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
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 Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merc
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Y
7002 2410 0003 1546 8698

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
AUG 25 2004
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Nortex Corporation
Suite 3100
1415 Louisiana
Houston, TX 77002
PS Form 3800, June 2002
See Reverse for Instructions
7002 2410 0003 1546 8773

7002 2410 0003 1546 9053

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 2 2004 USPS Postmark Here

Sent To
Randy Lee Cone
Street, Apt. No.; or PO Box No. P.O. Box 552
City, State, ZIP+4 Jay, OK 74346

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Yarbrough Oil, LP
P.O. Box 1769
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 9-01-04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 2410 0003 1546 7042

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Randy Lee Cone
P.O. Box 552
Jay, OK 74346

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Tom Cone | B. Date of Delivery 9/1/04

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7002 2410 0003 1546 9053

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7002 2410 0003 1546 7042

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

7501-9998 Postmark Here

Sent To
Yarbrough Oil, LP
Street, Apt. No.; or PO Box No. P.O. Box 1769
City, State, ZIP+4 Eunice, NM 88231

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 8940

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
F. Bennett Watts
P.O. Box 231
Breckenridge, TX 76424

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lenox Partners
P.O. Box 3096
Mill River, MA 01244

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery

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

MILL RIVER MA 01244 AUG 31 2004 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8858

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

F. Bennett Watts
P.O. Box 231
Breckenridge, TX 76424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bennett Watts C. Date of Delivery 9-1-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8940

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 8858

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 5 2004 Postmark Here USPS

Sent To
Lenox Partners
P.O. Box 3096
Mill River, MA 01244

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9054 4531

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Ross Travis
Street, Apt. No.; or PO Box No. P.O. Box 1202
City, State, ZIP+4 Ojai, CA 93024

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cecil Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-31-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 7035

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ross Travis
P.O. Box 1202
Ojai, CA 93024

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/31/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 0750 0000 9054 4531

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 7035

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Cecil Bond Kyte
Street, Apt. No.; or PO Box No. P.O. Box 30864
City, State, ZIP+4 Santa Barbara, CA 93105

PS Form 3800, June 2002 See Reverse for Instructions

7002 9451 E000 0142 2002

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SAN ANTONIO TX 78201-9998 AUG 25 2004 Postmark Here USPS

Sent To: Mary Jon Bryan
Street, Apt. No.; or PO Box No.: P.O. Box 1358
City, State, ZIP+4: Lindale, TX 75771

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert B. Mitchell Trust
Suite 270
2323 South Voss
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Augusta Levine — ☒ Agent ☐ Addressee

B. Received by (Printed Name): AUGUSTA LEVINE — C. Date of Delivery: 8/30/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 8742

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Jon Bryan
P.O. Box 1358
Lindale, TX 75771

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Bobby McClenny — ☒ Agent ☐ Addressee

B. Received by (Printed Name): Bobby McClenny 9/3/04 — C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 9107

PS Form 3811, August 2001 — Domestic Return Receipt — 2595-02-M-1540

7002 9451 E000 0142 2428

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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Robert B. Mitchell Trust
Street, Apt. No.; or PO Box No.: Suite 270
2323 South Voss
City, State, ZIP+4: Houston, TX 77057

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 9138

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SANTA FE NM 87501-9998 AUG 25 2004 USPS Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Sent To
Robert Miles Travis
Street, Apt. No.; or PO Box No. P.O. Box 25156
City, State, ZIP+4 Seattle, WA 98125

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fulfer Oil & Cattle, LLC
P.O. Box 578
Jal, NM 88252

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Budget D. Fulfer ☐ Agent ☐ Addressee

B. Received by (Printed Name) Budget D. Fulfer C. Date of Delivery 9-2

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 7011

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Miles Travis
P.O. Box 25156
Seattle, WA 98125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robt Travis C. Date of Delivery 8/21/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 9138

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

46

7002 2410 0003 1546 7011

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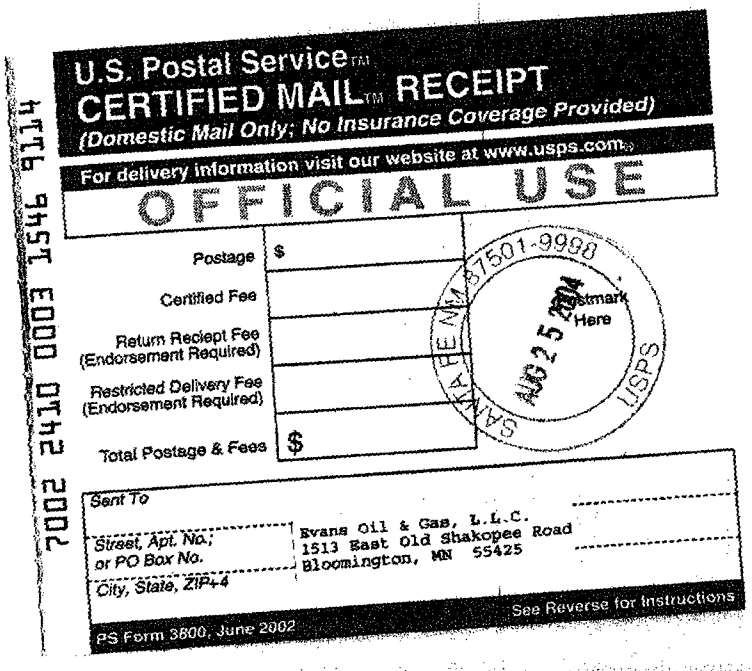
AUG 25 2004 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Sent To
Fulfer Oil & Cattle, LLC
Street, Apt. No.; or PO Box No. P.O. Box 578
City, State, ZIP+4 Jal, NM 88252

PS Form 3800, June 2002 See Reverse for Instructions



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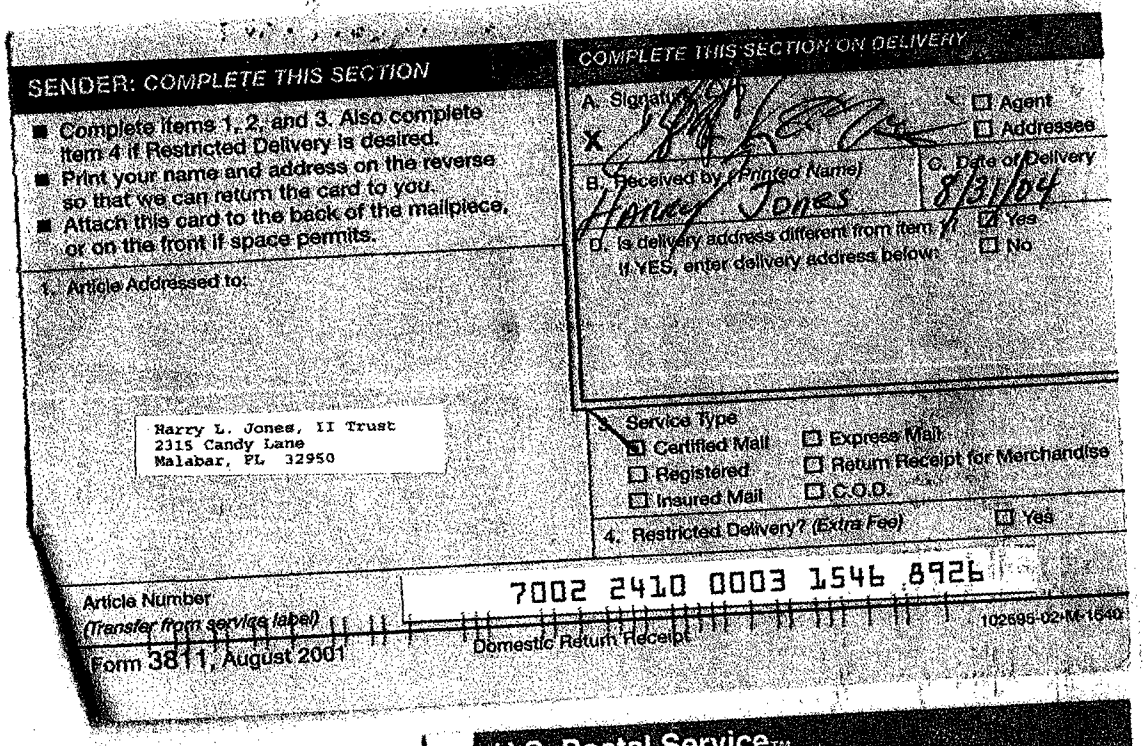
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Evans Oil & Gas, L.L.C.
Street, Apt. No.; or PO Box No. 1513 East Old Shakopee Road
City, State, ZIP+4 Bloomington, MN 55425

PS Form 3800, June 2002 See Reverse for Instructions

4116 9457 E000 0142 2002



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Harry L. Jones, II Trust
2315 Candy Lane
Malabar, FL 32950

COMPLETE THIS SECTION ON DELIVERY

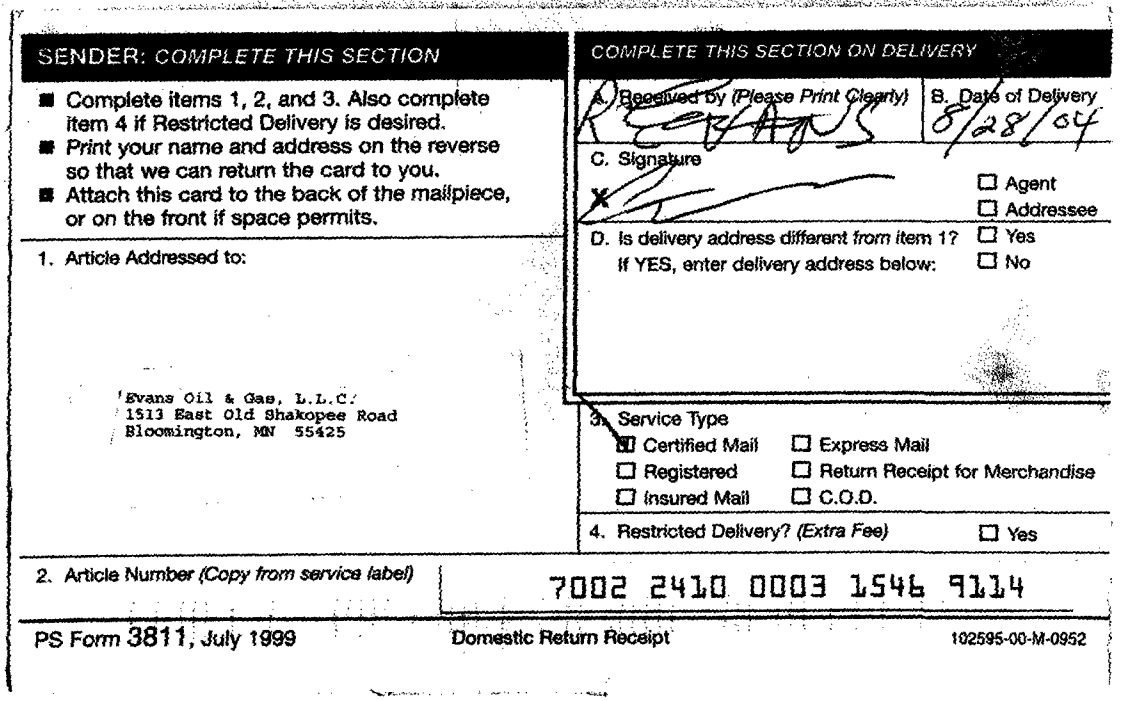
A. Signature X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Harry Jones C. Date of Delivery 8/31/04
D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7002 2410 0003 1546 8926

Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Evans Oil & Gas, L.L.C.
1513 East Old Shakopee Road
Bloomington, MN 55425

COMPLETE THIS SECTION ON DELIVERY

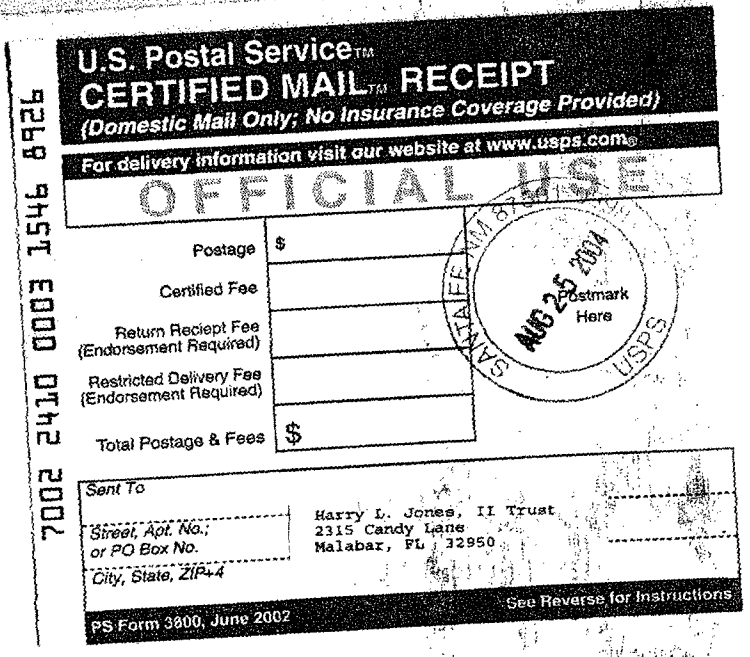
A. Received by (Please Print Clearly) [illegible] B. Date of Delivery 8/28/04
C. Signature X ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7002 2410 0003 1546 9114

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952



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Postage $
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

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Sent To
Harry L. Jones, II Trust
Street, Apt. No.; or PO Box No. 2315 Candy Lane
City, State, ZIP+4 Malabar, FL 32950

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0003 1546 8926

7004 0750 0000 9054 4524

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Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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Sent To
Street, Apt. No.; or PO Box No.: Lawrence I. Travis, 424 Lombard Avenue
City, State, ZIP+4: Pacific Palisades, CA 90272

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Edward Dreessen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Ed Dreessen C. Date of Delivery 8/30/04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 2410 0003 1546 8711

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lawrence I. Travis
424 Lombard Avenue
Pacific Palisades, CA 90272

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) E TRAVIS C. Date of Delivery 8/30/04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7004 0750 0000 9054 4524

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8711

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Edward Dreessen, Jr. P.O. Box 830
City, State, ZIP+4: Palo Cedro, CA 96073

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 8865

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Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE NM 87501-9998
AUG 25 2004
USPS

Sent To
Betty Dreessen Revocable Living Trust
Street, Apt. No.; or PO Box No.
27447 Edgerton Drive
City, State, ZIP+4
Los Altos, CA 94022

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Normarth Corporation
404 Hilda Street
East Meadow, NY 11554

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ 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 Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8919

PS Form 3811, August [redacted] — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Betty Dreessen Revocable Living Trust
27447 Edgerton Drive
Los Altos, CA 94022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty M. Dreessen ☐ Agent ☑ Addressee

B. Received by (Printed Name) B. DREESSEN — C. Date of Delivery 9-1-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8865

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8919

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE NM 87501-9998
AUG 25 2004
USPS

Sent To
Normarth Corporation
Street, Apt. No.; or PO Box No.
404 Hilda Street
City, State, ZIP+4
East Meadow, NY 11554

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 7004

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 2 2004

Sent To
Samedan Oil Corp.
P.O. Box 909
Ardmore, OK 73402

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gary W. Palmer
13711 Oak Pebble
San Antonio, TX 78232

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Gary Palmer
C. Date of Delivery 9/08/04

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

SEP 8 2004

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8636

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Samedan Oil Corp.
P.O. Box 909
Ardmore, OK 73402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bob Cline
C. Date of Delivery 8/30/04

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

ARDMORE OK AUG 30 2004 USPS 73401

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 7004

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8628

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 25 2004

Sent To
Gary W. Palmer
13711 Oak Pebble
San Antonio, TX 78232

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 9152

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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Sent To

Street, Apt. No.; or PO Box No.: Carole A. Travis, Trustee
P.O. Box 2870

City, State, ZIP+4: Jackson, WY 83001

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

JV Royalty Group
P.O. Box 2035
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): J. Andrews — C. Date of Delivery: 8-30-04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7002 2410 0003 1546 8766

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Carole A. Travis, Trustee
P.O. Box 2870
Jackson, WY 83001

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): CAROLE A. TRAVIS — C. Date of Delivery: 9/3

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

JACKSON WY 83001 SEP 3 2004 DOWNTOWN STATION

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7002 2410 0003 1546 9152

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8766

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here AUG 2 2004 USPS

Sent To

Street, Apt. No.; or PO Box No.: JV Royalty Group
P.O. Box 2035

City, State, ZIP+4: Roswell, NM 88202

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 9022

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here AUG 2 2004 USPS

Sent To
Tom R. Cone
Street, Apt. No.; or PO Box No. P.O. Box 778
City, State, ZIP+4 Jay, OK 74346

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* SHAPIRA B. Date of Delivery SEP 2004

C. Signature
X K Shapira ☐ Agent ☑ Addressee

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

MIDLAND, TX DOWNTOWN STA

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7002 2410 0003 1546 9039

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Tom Cone B. Date of Delivery 9/1/04

C. Signature
X Tom Cone ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7002 2410 0003 1546 9022

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7002 2410 0003 1546 9039

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here AUG 5 2004 USPS

Sent To
Kenneth G. Cone
Kenneth G. Cone, Trustee
Street, Apt. No.; or PO Box No. P.O. Box 11310
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0003 1546 8964

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Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: John E. McConnell, 1318 Briar Bayou, Houston, TX 77077
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dorothy Campbell, Trustee
Suite 203
2323 South Voss
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: AUGUSTA LEVINE — B. Date of Delivery: 8/30/04

C. Signature: x Augusta Levine — ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*: 7002 2410 0003 1546 9091

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John E. McConnell
1318 Briar Bayou
Houston, TX 77077

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x John E. McConnell — ☐ 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

AUG 31 2004 77077 USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7002 2410 0003 1546 8964

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 9091

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Dorothy Campbell, Trustee, Suite 203, 2323 South Voss, Houston, TX 77057
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 8803

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: SANTA FE NM 87501 AUG 25 2004 USPS

Sent To: Charles T. Gallaher, II
Street, Apt. No.; or PO Box No.: No. 103
5080 Harmony Circle
City, State, ZIP+4: Vero Beach, FL 32967

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joseph Wesley Gallaher, II
19008 Quail Valley Boulevard
Gaithersburg, MD 20879

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Janice Gallaher — C. Date of Delivery: 8-28-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 8797

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles T. Gallaher, II
No. 103
5080 Harmony Circle
Vero Beach, FL 32967

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Gallaher — C. Date of Delivery: 8/30/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 8803

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8797

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: SANTA FE NM 87501-9998 AUG 25 2004

Sent To: Joseph Wesley Gallaher, II
Street, Apt. No.; or PO Box No.: 19008 Quail Valley Boulevard
City, State, ZIP+4: Gaithersburg, MD 20879

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 7028

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE NM 87501-9998 AUG 25 2004 USPS

Sent To: Miles Boldrick
Street, Apt. No.; or PO Box No.: P.O. Box 10668
City, State, ZIP+4: Midland, TX 79702

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Bond Kyte 1997 Trust
P.O. Box 576
Santa Barbara, CA 93102

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): DAVID M KYTE — C. Date of Delivery: AUG 30 2004

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

POST OFFICE SANTA BARBARA CA 93101 AUG 30 2004

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 8728

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Miles Boldrick
P.O. Box 10668
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): — C. Date of Delivery: AUG 30 2004

MIDLAND TX DOMESTIC USPS

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 7028

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8728

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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE NM 87501-9998 AUG 25 2004 USPS

Sent To: David Bond Kyte 1997 Trust
Street, Apt. No.; or PO Box No.: P.O. Box 576
City, State, ZIP+4: Santa Barbara, CA 93102

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 9046

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Cathie Cone McCown
Cathie Cone McCown, Trustee
P.O. Box 507
Dripping Springs, TX 78620

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Bank of Oklahoma, Trustee for
the children of Tom R. Cone
P.O. Box 3499
Tulsa, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: AUG 30 2004

C. Signature
X Cathie McCown ☐ Agent ☐ Addressee

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

USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7002 2410 0003 1546 9060

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Cathie Cone McCown
Cathie Cone McCown, Trustee
P.O. Box 507
Dripping Springs, TX 78620

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Cathie McCown — B. Date of Delivery 8/31/04

C. Signature
X Cathie McCown ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7002 2410 0003 1546 9046

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7002 2410 0003 1546 9060

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Bank of Oklahoma, Trustee for
the children of Tom R. Cone
P.O. Box 3499
Tulsa, OK 74101

PS Form 3800, June 2002 — See Reverse for Instructions

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Sheridan Family Trust, 2711 West Calle de Dali, Tucson, AZ 85745
City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 8995

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Frank Seeton
1815 Union Drive
Lakewood, CO 80215

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 8/28/04

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

DENVER CO LAKEWOOD BR AUG 28 2004

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7002 2410 0003 1546 9008

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sheridan Family Trust
2711 West Calle de Dali
Tucson, AZ 85745

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 9-8-04

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7002 2410 0003 1546 8995

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Frank Seeton, 1815 Union Drive, Lakewood, CO 80215
City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 9008

7004 0750 0000 9054 4579

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Pure Energy Group, Inc.
Suite 220
153 Treeline Park
City, State, ZIP+4: San Antonio, TX 78209-1880

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Stroube Energy Corporation
No. 123, LB 249
17194 Preston Road
Dallas, TX 75248

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): Janiece Warren C. Date of Delivery: 8-28-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 8971

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Pure Energy Group, Inc.
Suite 220
153 Treeline Park
San Antonio, TX 78209-1880

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Tasha M. Castillo B. Date of Delivery: 8/30/04

C. Signature
X Tasha M. Castillo ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): 7004 0750 0000 9054 4579

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7002 2410 0003 1546 8971

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Stroube Energy Corporation
No. 123, LB 249
17194 Preston Road
City, State, ZIP+4: Dallas, TX 75248

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 8780

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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: OXY USA WTP Limited Partnership
City, State, ZIP+4: P.O. Box 4294, Houston, Texas 77210

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kirby Minerals
P.O. Box 268947
Oklahoma City, OK 73125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery

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

OKLAHOMA CITY OK 731259997 AUG 30 2004

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 8810

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, Texas 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery AUG 30 2004

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7002 2410 0003 1546 8780

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8810

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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here AUG 25 2004

Sent To
Street, Apt. No.; or PO Box No.: Kirby Minerals P.O. Box 268947
City, State, ZIP+4: Oklahoma City, OK 73125

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 9084

U.S. Postal Service™
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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 25 2004
SANTA FE NM 87501 9998 USPS

Sent To
Audrey M. Curry Baker
Street, Apt. No.; or PO Box No. P.O. Box 1263
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Blackstone Minerals Company, LP
P.O. Box 201709
Houston, TX 77216

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery AUG 30 2004

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7002 2410 0003 1546 9084

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Audrey M. Curry Baker
P.O. Box 1263
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert F. Baker ☑ Agent ☐ Addressee

B. Received by (Printed Name) ROBERT F. BAKER C. Date of Delivery

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

MIDLAND TX DOWNTOWN AUG 30 2004

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8681

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 9084

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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
AUG 25 2004
SANTA FE NM 87501 9998 USPS

Sent To
Blackstone Minerals Company, LP
Street, Apt. No.; or PO Box No. P.O. Box 201709
City, State, ZIP+4 Houston, TX 77216

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9054 4586

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To	Apache Corporation
Street, Apt. No.; or PO Box No.	Two Warren Place Suite 1500 6120 South Yale
City, State, ZIP+4	Tulsa, OK 74136
	Attention: Mario R. Moreno, Jr.

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Occidental Permian, Ltd.
P.O. Box 4294
Houston, TX 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery AUG 30 2004

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 0750 0000 9054 4548

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, OK 74136

Attention: Mario R. Moreno, Jr.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) C. Brasuell B. Date of Delivery AUG 30 2004

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7004 0750 0000 9054 4586

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7004 0750 0000 9054 4548

U.S. Postal Service™
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To	Occidental Permian, Ltd.
Street, Apt. No.; or PO Box No.	P.O. Box 4294 Houston, TX 77210
City, State, ZIP+4	

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 8612

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

SENTA FE NM 87501-9998 AUG 15 USPS

Sent To
Bureau of Land Management
2909 West Second Street
Roswell, NM 88201

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74136

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Felicia Simon ☐ 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 Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 7059

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bureau of Land Management
2909 West Second Street
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 9/30/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8612

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 7059

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

SANTA FE NM 87501-9998 AUG 25 2014 USPS

Sent To
Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74136

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0003 1546 8933

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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
AUG 25 2004
Postmark Here
USPS

Sent To
Roy G. Barton, Jr., Trustee
1919 North Turner Street
Hobbs, NM 88240

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fortson Oil Company
Suite 3301
301 Commerce Street
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
AUG 30 2004

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 2410 0003 1546 8650

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roy G. Barton, Jr., Trustee
1919 North Turner Street
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) T. ISBELL | C. Date of Delivery 8-30-04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 2410 0003 1546 8933

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7002 2410 0003 1546 8650

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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
AUG 25 2004
Postmark Here
USPS

Sent To
Fortson Oil Company
Suite 3301
301 Commerce Street
Fort Worth, TX 76102

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9054 4555

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
SANTA FE NM 87501-9998 AUG 25 2004 USPS

Sent To
Street, Apt. No.; or PO Box No.: Chisos, Ltd.
670 Dona Ana Road S.W.
City, State, ZIP+4: Deming, NM 88030

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Avalanche Royalty Partners LLC
Suite 1390
475 17th Street
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joni Lee Ramirez C. Date of Delivery 8-30-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8759

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chisos, Ltd.
670 Dona Ana Road S.W.
Deming, NM 88030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ 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

DEMING NM 88030 AUG 30 2004 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 0750 0000 9054 4555

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 8759

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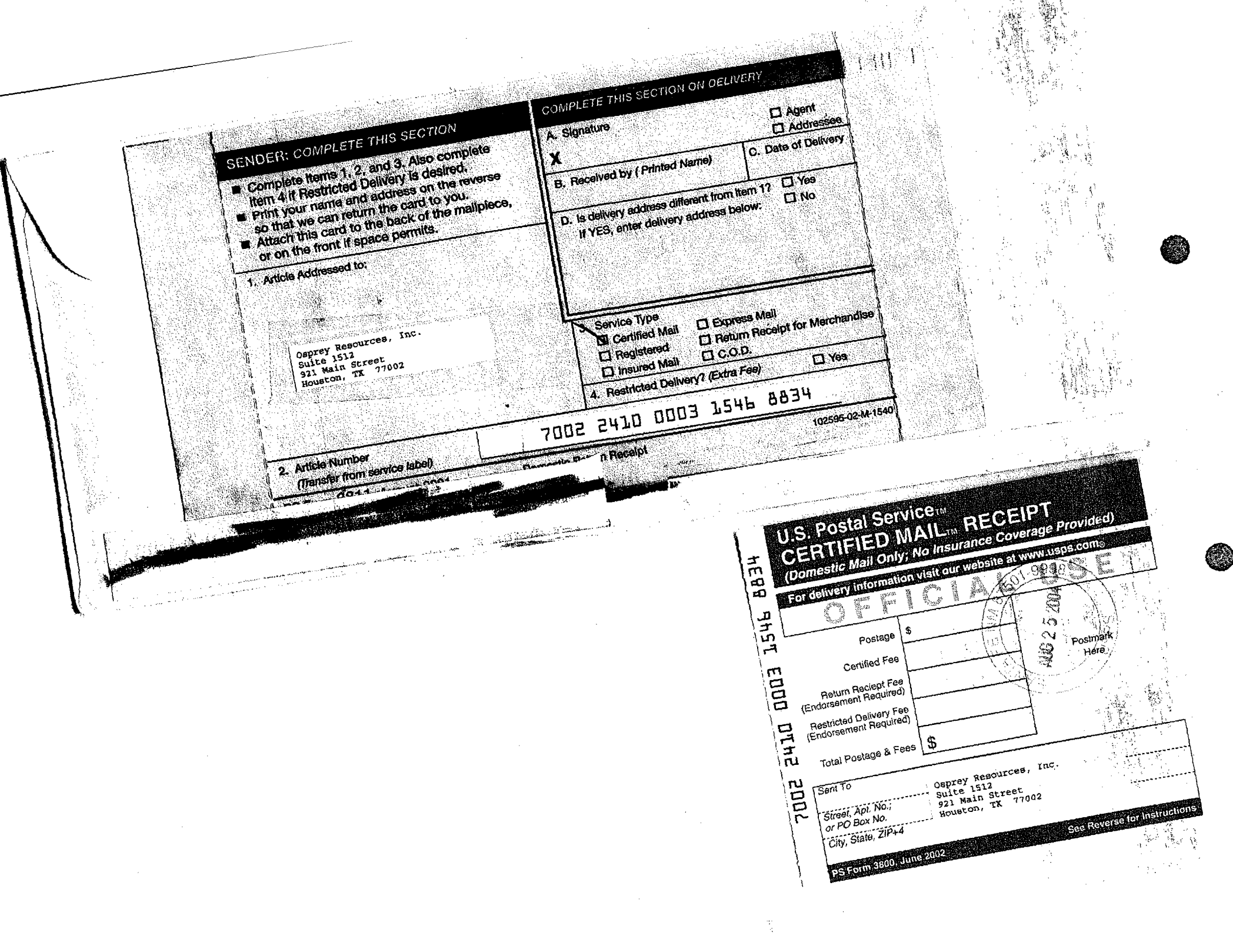
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
USPS

Sent To
Street, Apt. No.; or PO Box No.: Avalanche Royalty Partners LLC
Suite 1390
475 17th Street
City, State, ZIP+4: Denver, CO 80202

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Osprey Resources, Inc.
Suite 1512
921 Main Street
Houston, TX 77002

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7002 2410 0003 1546 8834

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 8834

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

AUG 25 2004
Postmark Here

Sent To: Osprey Resources, Inc.
Street, Apt. No., or PO Box No.: Suite 1512, 921 Main Street
City, State, ZIP+4: Houston, TX 77002

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of John L. Brady
5220 West Barry Avenue
Chicago, IL 60641

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0003 1546 8827

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2410 0003 1546 8827

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

AUG 25 2004 Postmark Here

Sent To
Estate of John L. Brady
Street, Apt. No.; or PO Box No. 5220 West Barry Avenue
City, State, ZIP+4 Chicago, IL 60641

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0003 1546 8896

U.S. Postal Service™

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 0998
AUG 25 2004
Postmark Here
USPS

Sent To

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

Marjo Operating Co., Inc.
P.O. Box 729
Tulsa, OK 74101

PS Form 3800, June 2002 — See Reverse for Instructions

Mr. James Bruce
PO Box 1056
Santa Fe, NM 87504

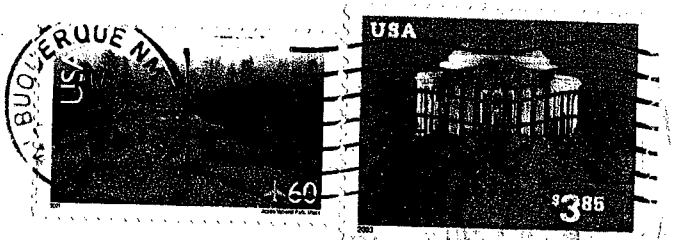
1ST NOTICE 9-17
2ND NOTICE
RETURN

RETURNED TO SENDER
☐ Not Deliverable As Addressed
Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Refused
☐ Unclaimed
☐ Attempted, Not Known
☐ Number
☐ Street
☐ Illegible
☐ Receptacle
☐ No Order
☐ Letter Address

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7002 2410 0003 1546 9077



8/30
9/9
9/13

Clifford Cone
P.O. Drawer 1629
Lovington, NM 88260

[redacted]

7002 2410 0003 1546 9077

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

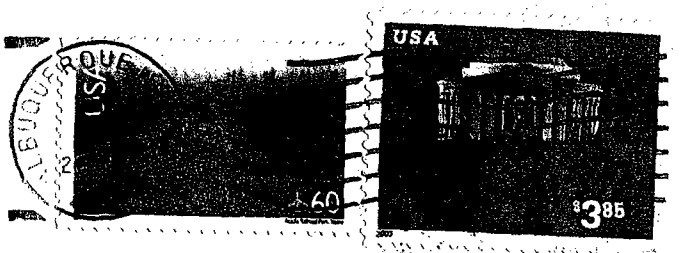
Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 AUG 25 2004 Postmark Here USPS

Sent To
Clifford Cone
Street, Apt. No.; or PO Box No. P.O. Drawer 1629
City, State, ZIP+4 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504



UNCLAIMED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™

7002 2410 0003 1546 9145

George G. Travis Trust
1712 Palisades Drive
Pacific Palisades, CA 90272

1ST NOTICE 10-5
2ND NOTICE
RETURN

7002 2410 0003 1546 9145

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OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
AUG 29 2004
USPS

Sent To
George G. Travis Trust
Street, Apt. No.; or PO Box No. 1712 Palisades Drive
City, State, ZIP+4 Pacific Palisades, CA 90272

PS Form 3800, June 2002 See Reverse for Instructions