

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF SAMSON RESOURCES  
COMPANY FOR COMPULSORY POOLING  
AND AN UNORTHODOX GAS WELL LOCATION,  
LEA COUNTY, NEW MEXICO.

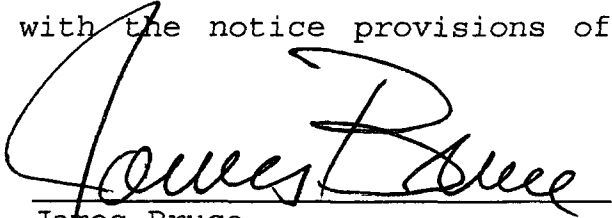
Case No. 13,353

AFFIDAVIT REGARDING NOTICE

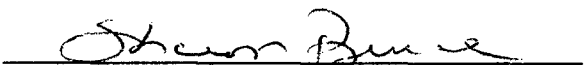
STATE OF NEW MEXICO            )  
  ) ss.  
COUNTY OF SANTA FE            )

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 owner at its correct address by certified mail. Copies of the notice letter and certified return receipt 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 3rd day of November, 2004, by James Bruce.

  
Notary Public

My Commission Expires:  
3/14/05

OIL CONSERVATION DIVISION  
CASE NUMBER  
EXHIBIT NUMBER 5

**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

October 14, 2004

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

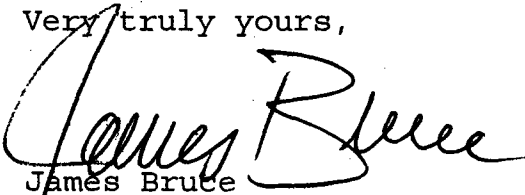
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and an unorthodox gas well location, filed with the New Mexico Oil Conservation Division by Samson Resources Company, regarding the E $\frac{1}{2}$  of Section 17, Township 18 South, Range 30 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, November 4, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, October 29, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

  
James Bruce

Attorney for Samson Resources Company

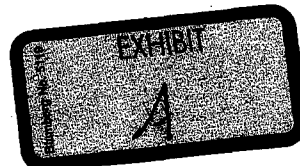


EXHIBIT A

Jalapeno Corporation  
P.O. Box 1608  
Albuquerque, NM 87103

Cibola Energy Corporation  
P.O. Box 1668  
Albuquerque, NM 87103

Mr. Fred Yates  
Yates Energy Corporation  
P.O. Box 2323  
Roswell, NM 88202

Harvey E. Yates Company  
P.O. Box 1608  
Albuquerque, NM 87103

Mr. Phillip R. Bass  
Bass Mineral Trust d 10/22/2001  
P.O. Box 278  
Steelville, MO 65565

Ms. Wirtaine Sparks  
5430 Jackwood  
HOUSTON, TX 77096

Ms. Virginia Schuitema Hair  
Hair Family Trust d. 3/20/2001  
5700 N. Moccasin Tr.  
Tucson, AZ 85750

Mrs. Margaret Rhea  
8917 Livenshire  
Dallas, TX 75238

Ms. Jo Sue Starkweather  
6976 CR 3219  
Lone Oak, TX 75453

Ms. Betty Jean Neighbors  
404 South Susan Ave.  
Wagoner, OK 74467

Fair Oil, LC  
P.O. Box 689  
Tyler, TX 75710

Mr. Terence P. Perkins  
7501 Lynwood NM  
Albuquerque, NM 87120

Ms. Paula Dooley  
Estate of William Dooley  
P.O. Box 37  
Loco Hills, NM 88255

Mr. and Mrs. Paul Slayton  
P.O. Box 2035  
Roswell, NM 88202

Sharbro Oil Ltd. Co.  
P.O. Box 840  
Artesia, NM 88211

Sacramento Partners Limited  
Partnership  
105 S. 4th  
Artesia, NM 88210

Mr. John A. Yates  
104 S. 4th  
Artesia, NM 88210

Mr. John A. Yates  
Trust Q u/w/o Peggy A. Yates  
104 S. 4th  
Artesia, NM 88210

Mr. Robert G. Armstrong  
Co-Trustee of Todd Memorial Trust  
P.O. Box 1973  
Roswell, NM 88202

Rialto Production Company  
P.O. Box 61206  
Houston, Texas 77208

Westway Petro  
500 N. Akard St., Lock Box 70  
Dallas, TX 75201

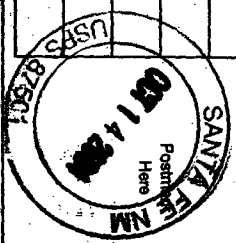
Mr. Robert Watson  
Read & Stevens, Inc.  
P.O. Box 1518  
Roswell, NM 80202

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

**OFFICIAL USE**

7001 2510 0006 5987 5459

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



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

Postmark (January 2001)  
See Reverse for Restrictions

**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:

Sacramento Partners Limited  
Partnership  
105 S. 4th  
Artesia, NM 88210

2. Article Number  
*(Transfer from service label)*

PS Form 3811, February 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature of Addressee  
*Kathy Donald*  
B. Received by (Printed Name)  
KATHY DONAGHE  
C. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes  No

7001 2510 0006 5987 5459  
Domestic Return Receipt S-17-2

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:

Mr. John A. Yates  
Trust Q w/w/o Peggy A. Yates  
104 S. 4th  
Artesia, NM 88210

2. Article Number  
*(Transfer from service label)*

PS Form 3811, February 2004

7001 2510 0006 5987 5602

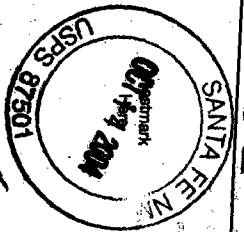
Domestic Return Receipt S-17-2

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

4. Restricted Delivery? (Extra Fee)  Yes  No

A. Signature of Addressee  
*Kathy Donald*  
B. Received by (Printed Name)  
KATHY DONAGHE  
C. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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



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

Mr. John A. Yates  
Trust Q w/w/o Peggy A. Yates  
104 S. 4th  
Artesia, NM 88210

PS Form 3811, February 2004

See Reverse for Restrictions

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

**OFFICIAL USE**

7001 2510 0006 5987 5602

102595-02-M-1540

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

**OFFICIAL USE**

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



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

PS Form 3800, January 2003  
See Reverse for Instructions

7001 2510 0006 5987 5572

**SENDER: COMPLETE THIS SECTION**

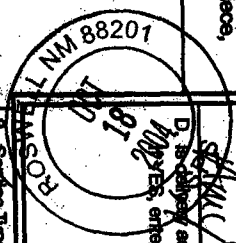
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

*Harvey E. Yates Co.  
P.O. Box 1933  
Roswell, NM  
88202*

1. Article Addressed to:  
2. Article Number (Transfer only advice if PS Form 3811, February 2004)

**COMPLETE THIS SECTION ON DELIVERY**

- Signature  Agent  Addressee
- Received by (Printed Name)  Date of Delivery
- Is delivery address different from item 1?  Yes  No
- If YES, enter delivery address below:



3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail

4. Restricted Delivery? (Extra Fee)  Yes  No

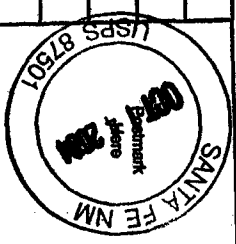
102595-02-M-1540

7004 0750 0000 9053 4488

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

**OFFICIAL USE**

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



Sent To  
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.

Ms. Jo Sue Starkweather  
6976 CR 3219  
Lone Oak, TX 75453

- 1. Article Addressed to:
- 2. Article Number (Transfer from service label)
- 3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail
- 4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3811, February 2004  
Domestic Return Receipt

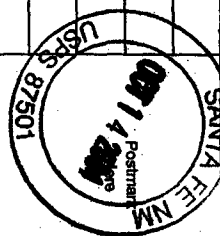
102595-02-M-1540

7001 2510 0006 5987 5572

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

**OFFICIAL USE**

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



Sent To  
 Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_  
 Ms. Betty Jean Neighbors  
 404 South Susan Ave.  
 Wagoner, OK 74467

7001 2510 0006 5987 5435

PS Form 3811, January 2004 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:

Ms. Writinas Sparks  
 5430 Jackwood  
 HOUSTON, TX 77096

2. Article Number (Transfer from service label) **7001 2510 0006 5987 5565**  
 Domestic Return Receipt **5-17-2**

102506-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  
 B. Received By (Printed Name) Victoria Sparks 10-18-04  
 C. Date of Delivery \_\_\_\_\_  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

**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.

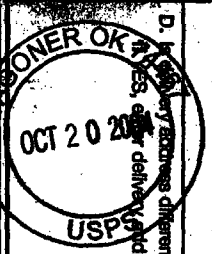
1. Article Addressed to:

Ms. Betty Jean Neighbors  
 404 South Susan Ave.  
 Wagoner, OK 74467

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  
 B. Received By (Printed Name) \_\_\_\_\_  
 C. Date of Delivery \_\_\_\_\_  
 Agent  Addressee

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



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

4. Restricted Delivery? (Extra Fee)  Yes

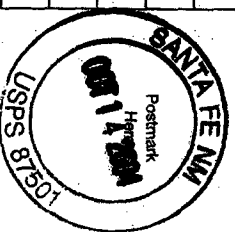
2. Article Number (Transfer from service label) **7001 2510 0006 5987 5435**  
 Domestic Return Receipt **5-17-2**

102506-02-M-1540

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

**OFFICIAL USE**

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



Sent To  
 Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_  
 Ms. Writinas Sparks  
 5430 Jackwood  
 HOUSTON, TX 77096

7001 2510 0006 5987 5565

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

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

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



**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:

Mr. and Mrs. Paul Slayton  
 P.O. Box 2035  
 Roswell, NM 88202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Paul Slayton*  Agent  
 B. Received by (Printed Name) *Paul Slayton*  Addressee  
 C. Date of Delivery *10-14-04*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
*Box 2035*

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) *7001 2510 0006 5167 5527*

PS Form 3811, February 2004 Domestic Return Receipt *5-17-2* 10255-02-11-1540

**SENDER: COMPLETE THIS SECTION**

- Complete item 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.

Addressed to:

Mr. Virginia Sebastian Hart  
 Hart Family Trust d. 3/20/2001  
 5700 N. Measasin Tr.  
 Tucson, AZ 85750

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Paul Slayton*  Agent  
 B. Received by (Printed Name) *Paul Slayton*  Addressee  
 C. Date of Delivery *10/16/04*  
 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

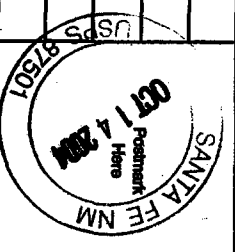
2. Article Number (Transfer from service label) *7004 0750 0000 9053 4464*

PS Form 3811, February 2004 Domestic Return Receipt *5-17-2* 10255-02-11-1540

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

**OFFICIAL USE**

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



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

Mr. Virginia Sebastian Hart  
 Hart Family Trust d. 3/20/2001  
 5700 N. Measasin Tr.  
 Tucson, AZ 85750

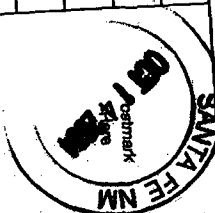
PS Form 3801, June 2002 See Reverse for Instructions

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

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$



Sent To: Mr. Robert Watson  
 Road & Stevens, Inc.  
 P.O. Box 1518  
 Roswell, NM 80202  
 City, State, ZIP+4: Roswell, NM 80202

PS Form 3811, January 2004

7001 2510 0006 5987 5473

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 the front if space permits.

1. Article addressed to:

Mr. Fred Yates  
 Yates Energy Corporation  
 P.O. Box 2323  
 Roswell, NM 80202

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Pat Escalante*  Agent  Addressee
- B. Received by (Printed Name): *Pat Escalante*  Agent  Addressee
- C. Date of Delivery: *10-18-04*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

- 3. Service Type:  Certified Mail  Express Mail  Return Receipt for Merchandise  Registered  C.O.D.  Insured Mail
- 4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service label)  
 PS Form 3811, February 2004

7001 2510 0006 5987 5558  
 Domestic Return Receipt \$: (7.12)

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 the front if space permits.

1. Article addressed to:

Mr. Robert Watson  
 Road & Stevens, Inc.  
 P.O. Box 1518  
 Roswell, NM 80202

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Robert Watson*  Agent  Addressee
- B. Received by (Printed Name): *Robert Watson*
- C. Date of Delivery: *10-18-04*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

- 3. Service Type:  Certified Mail  Express Mail  Return Receipt for Merchandise  Registered  C.O.D.  Insured Mail
- 4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service label)  
 PS Form 3811, February 2004

7001 2510 0006 5987 5473  
 Domestic Return Receipt \$: (7.12)

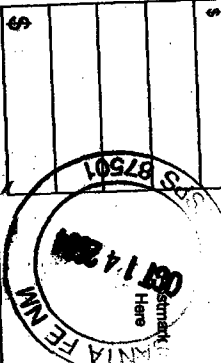
102595-02-M-1540

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

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$



Sent To: Mr. Fred Yates  
 Yates Energy Corporation  
 P.O. Box 2323  
 Roswell, NM 80202  
 City, State, ZIP+4: Roswell, NM 80202

PS Form 3811, January 2004

7001 2510 0006 5987 5558

102595-02-M-1540



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

**OFFICIAL USE**

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

Sent To: \_\_\_\_\_  
 Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

Postmark Here: **SANTA FE NM 03/14/2004**

PS Form 3800, January 2001  
 See Reverse for Instructions

**DEER: 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:

Shapiro Oil Ltd. Co.  
 P.O. Box 840  
 Ardena, NM 88211

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  
 B. Received by (Printed Name) \_\_\_\_\_  
 C. Date of Delivery \_\_\_\_\_  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

**3. Service Type**

Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number

Transfer from service label 7001 2510 0006 5987 5596  
 PS Form 3811, February 2004  
 Domestic Return Receipt \$-17.2

**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:

Mr. John A. Yates  
 104 S. 4th  
 Ardena, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  
 B. Received by (Printed Name) **KATHLEEN DONAGH**  
 C. Date of Delivery \_\_\_\_\_  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

**3. Service Type**

Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number

Transfer from service label 7001 2510 0006 5987 5534  
 PS Form 3811, February 2004  
 Domestic Return Receipt \$-17.2

102935-02-14-1540

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

**OFFICIAL USE**

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

Sent To: \_\_\_\_\_  
 Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

Postmark Here: **03/14/2004**

PS Form 3800, January 2001  
 See Reverse for Instructions

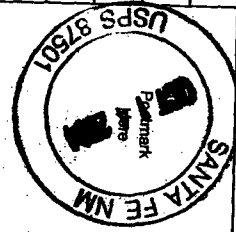
PS Form 3811, February 2004

102935-02-14-1540

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

**OFFICIAL USE**

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



Sent To: **Chobla Energy Corporation**  
 Street Apt. No., P.O. Box 1668  
 or PO Box No. Albuquerque, NM 87103  
 City, State, Zip+4

PS Form 3811, January 2001 See Reverse for Instructions

7001 2510 0006 5987 5480

**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:

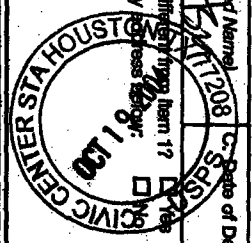
**Radio Production Company**  
 P.O. Box 61206  
 Houston, Texas 77208

2. Article Number (Transfer from service if applicable)  
 7001 2510 0006 5987 5441

PS Form 3811, February 2004 Domestic Return Receipt 5-17-2 102595-02-M-1640

**COMPLETE THIS SECTION ON DELIVERY**

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



- 3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
- 4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3811, January 2001 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

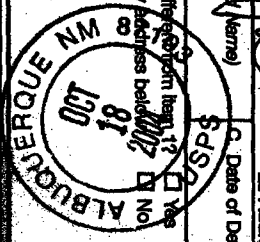
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Chobla Energy Corporation**  
 P.O. Box 1668  
 Albuquerque, NM 87103

**COMPLETE THIS SECTION ON DELIVERY**

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



- 3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
- 4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service if applicable)  
 7001 2510 0006 5987 5440

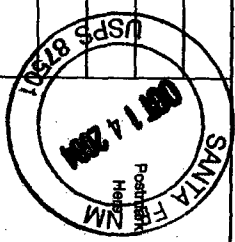
PS Form 3811, February 2004 Domestic Return Receipt 5-17-2

102595-02-M-1640

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

**OFFICIAL USE**

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



Sent To: **Radio Production Company**  
 Street Apt. No., P.O. Box 61206  
 or PO Box No. Houston, Texas 77208  
 City, State, Zip+4

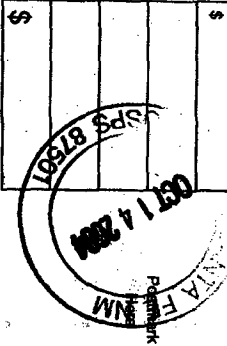
PS Form 3811, January 2001 See Reverse for Instructions

7001 2510 0006 5987 5441

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

**OFFICIAL USE**

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



Sent To  
Street Apt. No. or PO Box No. City, State, Zip+4  
Fdr Oil, LC  
P.O. Box 689  
Tyler, TX 75710

PS Form 3800, January 2003 See Reverse for Instructions

7001 2510 0006 5987 5510

**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:

Mr. Margaret Jones  
8917 Laverdale  
Dallas, TX 75238

2. Article Number (Transfer from service label)  
PS Form 3811, February 2004

7001 2510 0006 5987 5503  
Domestic Return Receipt 5-17-L

102885-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

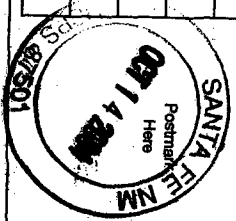
A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  
if YES, enter delivery address below:  No

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

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

**OFFICIAL USE**

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



Sent To  
Street, Apt. No., or PO Box No. City, State, Zip+4  
Mr. Margaret Jones  
8917 Laverdale  
Dallas, TX 75238

PS Form 3800, January 2003 See Reverse for Instructions

7001 2510 0006 5987 5503

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
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

Fdr Oil, LC  
P.O. Box 689  
Tyler, TX 75710

2. Article Number (Transfer from service label)  
PS Form 3811, February 2004

102885-02-M-1540

7001 2510 0006 5987 5510

Domestic Return Receipt 5-TTC

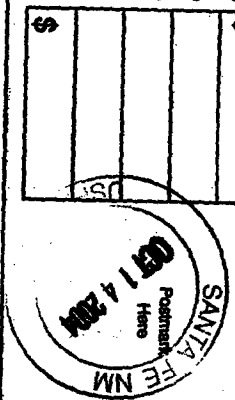
7004 0750 0000 9053 4495

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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



Sent To  
Street, Apt. No., or PO Box No. Jalisco Corporation, P.O. Box 1608, Albuquerque, NM 87103  
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 flap, if space permits.

1. Article Addressed to:

Jalisco Corporation  
P.O. Box 1608  
Albuquerque, NM 87103

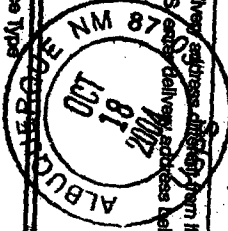
COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
 B. Received by (Printed Name)  
 C. Date of Delivery

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

2. Article Number

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No



2. Article Number (Transfer from service label) 7004 0750 0000 9053 4495  
 PS Form 3811, February 2004 Domestic Return Receipt 5-17-2

102595-02-44-1540

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:

Mr. Robert G. Armstrong  
Co-Treasurer of Todd Memorial Trust  
P.O. Box 1973  
Roswell, NM 88202

2. Article Number (Transfer from service label) 7001 2510 0006 5987 5466  
 PS Form 3811, February 2004 Domestic Return Receipt 5-17-2

102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
 B. Received by (Printed Name)  
 C. Date of Delivery 10/16/04

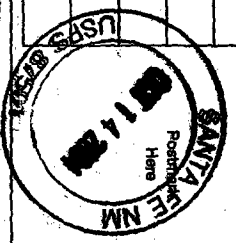
D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

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

**OFFICIAL USE**

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



Sent To  
 Street, Apt. No., or PO Box No. Mr. Robert G. Armstrong, Co-Treasurer of Todd Memorial Trust, P.O. Box 1973, Roswell, NM 88202  
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0006 5987 5466

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

**OFFICIAL USE**

7001 2510 0006 5987 5619

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

Sent To: Western Piedmont  
500 N. Akard St., Lock Box 70  
Dallas, TX 75201

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

Postmark Here  
SANITA, TX  
OCT 14 2004

PS Form 3811, February 2004 See Reverse for Restrictions

**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:

Western Piedmont  
500 N. Akard St., Lock Box 70  
Dallas, TX 75201

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  
B. Received by (Printed Name) *[Name]*  Addressee  
C. Date of Delivery *10-22-04*  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

2. Article Number

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

7001 2510 0006 5987 5619

PS Form 3811, February 2004

Domestic Return Receipt

102935-02-44-15-00

**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:

Mr. Phillip R. Bass  
Bass Medical Trust d 102222901  
P.O. Box 278  
Steelville, MO 65565

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  
B. Received by (Printed Name) *[Name]*  Addressee  
C. Date of Delivery *10-18-04*  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

2. Article Number

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

7001 2510 0006 5987 5497

PS Form 3811, February 2004

Domestic Return Receipt

102935-02-44-15-00

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

**OFFICIAL USE**

7001 2510 0006 5987 5497

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

Sent To: Mr. Phillip R. Bass  
Bass Medical Trust d 102222901  
P.O. Box 278  
Steelville, MO 65565

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

Postmark Here  
SANITA, TX  
OCT 14 2004

PS Form 3811, February 2004 See Reverse for Restrictions

**SENDER COMPLETE THIS SECTION**

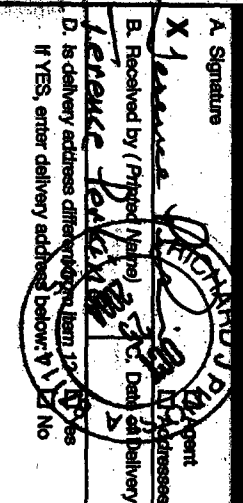
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Mr. Terrence P. Perkins  
 7501 Lywood NM  
 Albuquerque, NM 87120

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *X Terrence Perkins*
- B. Received by (Printed Name) *Terrence Perkins* Date of Delivery *10/14/2004*
- C. Is delivery address different from item 1?  Yes  No
- D. If YES, enter delivery address below: *None*



- 3. Service Type
  - Certified Mail
  - Registered
  - Insured Mail
  - Express Mail
  - Return Receipt for Merchandise
  - C.O.D.
- 4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number **7001 2510 0006 5987 5589**  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

5-07-2

102585-02-16-0000

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

**OFFICIAL USE**

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

Sent To: *Mr. Terrence P. Perkins*  
 Street Apt. No. *7501 Lywood NM*  
 or PO Box No. *Albuquerque, NM 87120*  
 City, State, ZIP+4 *Albuquerque, NM 87120*

7001 2510 0006 5987 5589

PS Form 3800, January 2001

See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE  
PO BOX 1056  
SANTA FE, NM 87501

7001 2510 0006 5987 5442

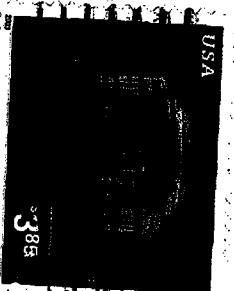
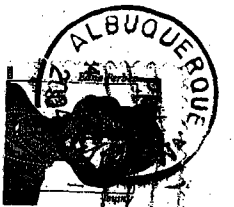
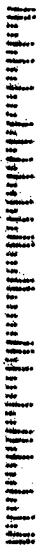
1ST NOTICE  
2ND NOTICE  
RETURN

RETURNED TO SENDER

MOVED, LEFT NO ADDRESS  
 FORWARDED, LEFT NO ADDRESS  
 UNCLAIMED ORDER EXPIRED  
 NO SUCH STREET  
 NO SUCH NUMBER

Ms. Paula Doolley  
Estate of William Doolley  
P.O. Box 37  
Loco Hills, NM 88255

95055+0037

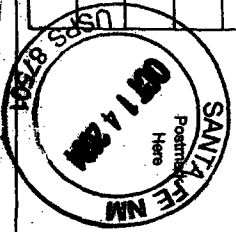


7001 2510 0006 5987 5442

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

OFFICIAL USE

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



Sent To

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

City, State, ZIP+4

Ms. Paula Doolley  
Estate of William Doolley  
P.O. Box 37  
Loco Hills, NM 88255