BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF ARCH PETROLEUM INC.
AND WESTBROOK OIL CORPORATION
FOR APPROVAL OF TWO NON-STANDARD
GAS SPACING AND PRORATION UNITS IN
THE JALMAT GAS POOL, LEA COUNTY, NEW MEXICO. Case No. 13,274

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 eighteen, and have personal knowledge of the matters stated herein.

2. I am an attorney for applicant.

3. Applicant has conducted a diligent, good faith 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 7th day of April, 2005, by James Bruce.

Notary Public

My Commission Expires:
3/14/09

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 2

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

March 17, 2005

To: Royalty and overriding royalty owners in the S½ §20-23S-37E, NMPM, Lea County, New Mexico

Ladies and gentlemen:

Enclosed is a copy of an application for approval of two non-standard gas spacing and proration units in the Jalmat Gas Pool, filed with the New Mexico Oil Conservation Division by Arch Petroleum Inc. and Westbrook Oil Corporation, regarding the above acreage. Currently the S½ §20 is dedicated solely to the Steeler A Well No. 1, located in the NW¼SW¼ §20. Applicants seek to form two Jalmat units: The SW¼ §20, to be dedicated to Westbrook's Steeler A Well No. 1; and the SE¼ §20, to be dedicated to Arch's Resler B Well No. 1, drilled but not completed in the NW¼SE¼ §20. The county records indicate that your interests in the SW¼ §20 may differ from your interests in the SE¼ §20. As a result, the Division has required that notice of this application be given to you.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 7, 2005, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the two well units, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, April 1, 2005 if you intend to participate in the hearing.

Very truly yours,

James Bruce

James Bruce

Attorney for Applicants

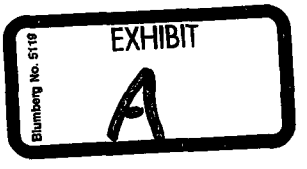


EXHIBIT A

FORTSON OIL COMPANY
301 COMMERCE STREET STE 3301
FORT WORTH TX 76102

GEODYNE NOMINEE CORPORATION
GEODYNE RESOURCES INC
P O BOX 972290
DALLAS TX 75397-2290

OTTIS JONES GRAY - DCSD
P O BOX 3725
MIDLAND TX 79702

URSULA JONES GOSS
P O BOX 431
CHRISTOVAL TX 76935

OTIS LEONARD JONES
44191 NORTHWEST WOOLLEN
BANKS OR 97106

GLADYS PETRILLA
1517 MARTIN
SAN ANGELO TX 76901

ALBERT C JONES
4424 KINGSTON
AMARILLO TX 79109

RALPH SHELBY JONES
14777 WUNDERLICH DR #807
HOUSTON TX 77069-2822

RUSSELL KING JONES
3509 W SHANDON
MIDLAND TX 79707

THE TOLES COMPANY
P O DRAWER 1300
ROSWELL NM 88202

OKLAHOMA MEDICAL RESEARCH
FOUNDATION - BANK OF OKLAHOMA
N A AS AGENT
P O BOX 1588
TULSA OK 74101

OXY USA WTP LP
P O BOX 841735
DALLAS TX 75284-1735

MAP00-NET
C/O MINERAL ACQUISITION PRTNRS
ATTN LESLIE HALLMARK
P O BOX 268947
OKLAHOMA CITY OK 73126

GORDON DONALD GAYLE
P O BOX 113
WASHINGTON DC 20013

GRETCHEN B NEARBURG A WIDOW
1129 CHALLENGER
AUSTIN TX 78734

ANNA A NEARBURG REISCHMAN
SEPARATE PROPERTY
1320 W 4TH STREET
ROSWELL NM 88201-1029

HEIRS OF WANDA GRACE JONES
RUSSELL K JONES POA
3404 ALICIA CT
MIDLAND TX 79707-6636

VERNELL C ANTHONY A WIDOW
P O BOX 1874
KINGSLAND TX 78639

WILLS ROYALTY INC
P O BOX 1658
CARLSBAD NM 88221-1658

FIRST ROSWELL COMPANY
P O BOX 1797
ROSWELL NM 88202-1797

TRUST AGREEMENT DATED 6/18/77
BANK OF OKLAHOMA & RITA LOUISE
WILLIS CO-TRUSTEES

MARION W DEFORD A WIDOW
AND HEIRS OF MARY ANNA DEFORD
6509 MESA DRIVE
AUSTIN TX 78731-2703

MARY LEE SAUNDERS
SEPARATE PROPERTY
P O BOX 58531
SALT LAKE CITY UT 84158

RICHARD BLOTTER REVOCABLE TR
UTA DATED 6/24/1991
CATHY BLOTTER TRUSTEE
P O BOX 3546
LAKE JACKSON TX 77566-3546

ROBERT L GRAHAM JR
JIMI S GADZIA LIMITED POA
2508 CORTEZ CT
ROSWELL NM 88201

JIMI S GADZIA
2508 CORTEZ CT
ROSWELL NM 88201

BROOK H GRAHAM
4600 WEST 63RD STREET
ARVADA CO 80003

NANCY KAY JONES HARGROVE
SEPARATE PROPERTY
P O BOX 460294
HOUSTON TX 77056-8294

CYNTHIA HARPER MURCHISON
SEPARATE PROPERTY
P O BOX 1637
DRIPPING SPRINGS TX 78620

LEMOYNE HARPER ODELL
SEPARATE PROPERTY
802 RIVERCREST DRIVE
ABILENE TX 79605-2841

U/W/O ELYSE SAUNDERS PATTERSON
EDWARD T MATHENY JR & COMMERCE
BANK OF KANSAS CITY TRUSTEES
P O BOX 1588
TULSA OK 74101-1588

THE ESTATE OF CURTIS S GRAHAM
JIMI S GADZIA PERSONAL REPRESENTATIVE
2508 CORTEZ CT
ROSWELL NM 88201

JIMMY D EVANS AND WIFE
LINDA B EVANS
P O BOX 1855
EUNICE NM 88231-1855

MARGARET TODD SHERRILL
4920 N CARRIAGE ROAD
HOBBS NM 88242

THOMAS E TODD JR
P O BOX 338
RUIDOSO NM 88345

MARY ANNE TODD
P O BOX 2381
WIMBERLEY TX 78676-7281

HARRY L TODD JR
14017 TANGLEWOOD
DALLAS TX 75234

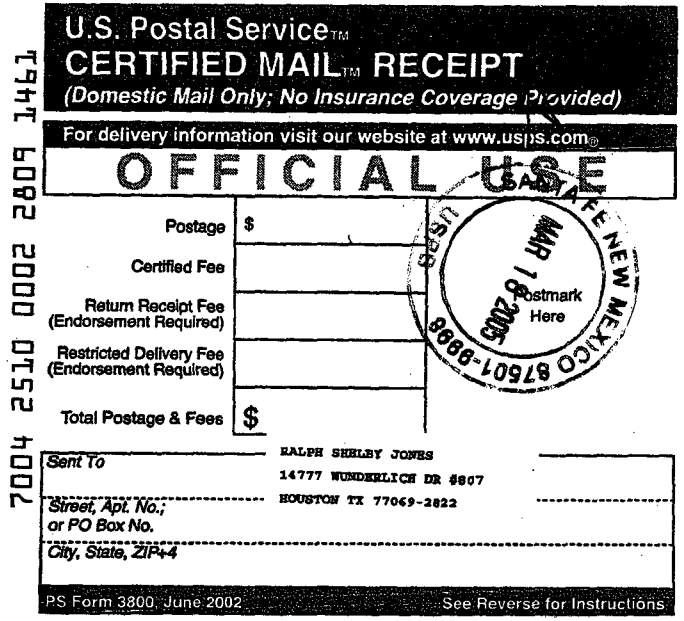
RAYMOND L TODD
1107 SHAWNEE TRAIL
CARROLLTON TX 75007

TOMMY T TODD
6722 E NORTHWEST HIGHWAY
DALLAS TX 75231

ANNE T BARFIELD
P O BOX 738
WIMBERLEY TX

BONNIE RESLER KARLSRUD
840 CRESCENT
BOULDER CO 80303

WAYNE RESLER AKA
JOSEPH WAYNE
795 WOODLAND AVENUE
EL PASO TX 79922



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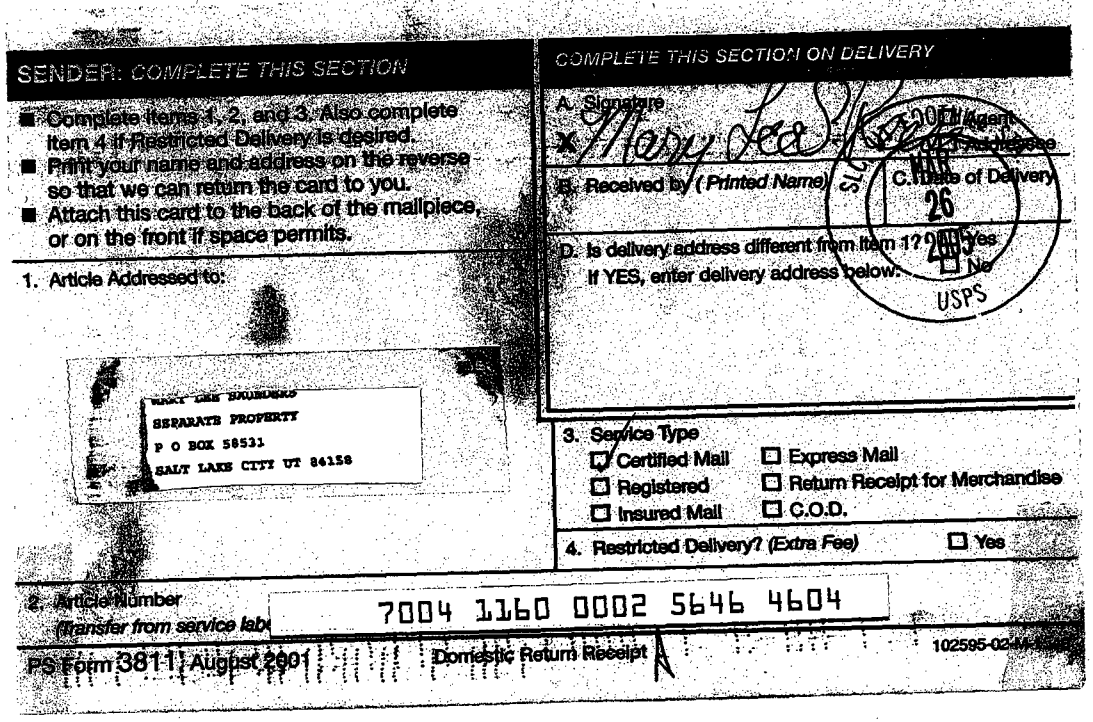
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

USPS SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 Postmark Here

Sent To RALPH SHELBY JONES
Street, Apt. No.; or PO Box No. 14777 WUNDERLICH DR #807
City, State, ZIP+4 HOUSTON TX 77069-2822

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 2809 1461



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 LEE SAUNDERS
SEPARATE PROPERTY
P O BOX 58531
SALT LAKE CITY UT 84158

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Lee Saunders Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 26 2005

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

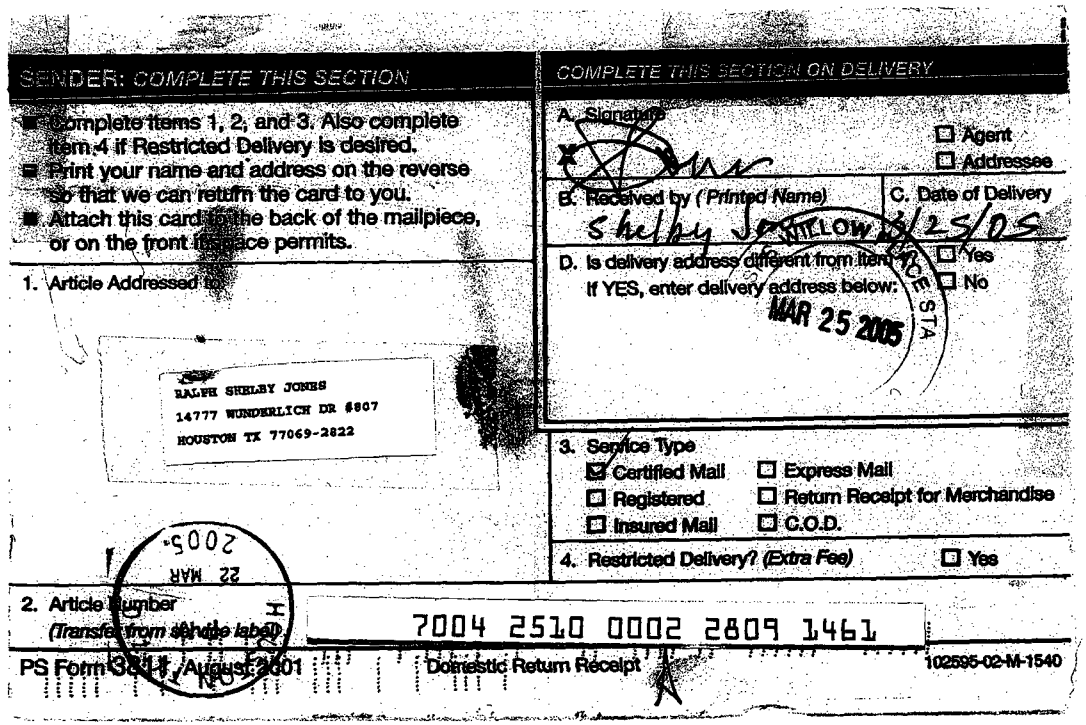
USPS SANTA FE NEW MEXICO 87501-9998

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 1160 0002 5646 4604

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:

RALPH SHELBY JONES
14777 WUNDERLICH DR #807
HOUSTON TX 77069-2822

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Shelby Jones 3/25/05

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

MAR 25 2005

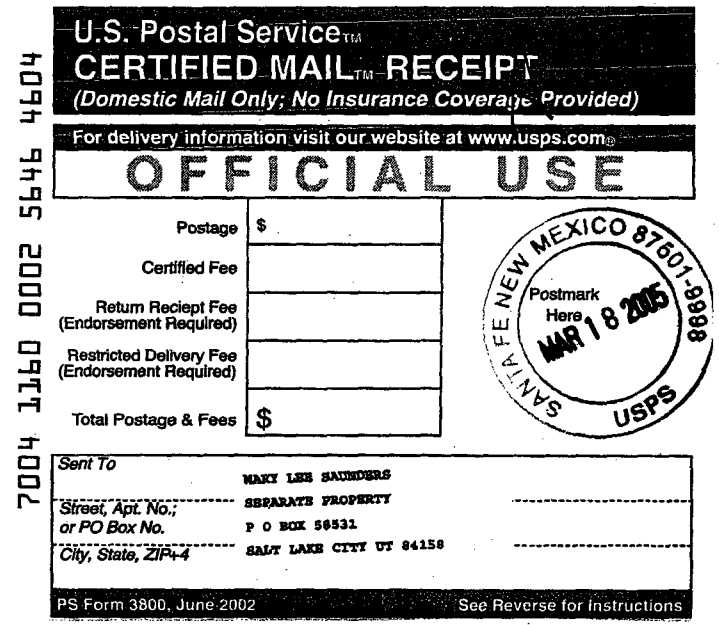
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 2510 0002 2809 1461

22 MAR 2005

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



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

USPS SANTA FE NEW MEXICO 87501-9998 Postmark Here MAR 18 2005

Sent To MARY LEE SAUNDERS
Street, Apt. No.; or PO Box No. SEPARATE PROPERTY
P O BOX 58531
City, State, ZIP+4 SALT LAKE CITY UT 84158

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0002 5646 4604

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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
MAR 18 2005
USPS SANTA FE NEW MEXICO 87501-9988
7004 1160 0002 5646 4734
Sent To
JIMMY D EVANS AND WIFE
Street, Apt. No.; or PO Box No.
LINDA B EVANS
P O BOX 1855
City, State, ZIP+4
EUNICE NM 88231-1855
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:
HEIRS OF WANDA GRACE JONES
RUSSELL K JONES POA
3404 ALICIA CT
MIDLAND TX 79707-6636

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Katherine
B. Received by (Printed Name) Katherine Jones
C. Date of Delivery 3/22/05
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
☒ Agent ☐ Addressee

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 1160 0002 5646 4543
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:
JIMMY D EVANS AND WIFE
LINDA B EVANS
P O BOX 1855
EUNICE NM 88231-1855

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Jimmy Evans
B. Received by (Printed Name)
C. Date of Delivery 3-21-05
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
☐ Agent ☒ Addressee

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 1160 0002 5646 4734
S Form 3811, February 2004 Domestic Return Receipt
102595-02-M-1540

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
MAR 18 2005
USPS SANTA FE NEW MEXICO 87501-9988
7004 1160 0002 5646 4543
Sent To
HEIRS OF WANDA GRACE JONES
Street, Apt. No.; or PO Box No.
RUSSELL K JONES POA
3404 ALICIA CT
City, State, ZIP+4
MIDLAND TX 79707-6636
PS Form 3800, June 2002
See Reverse for Instructions

7004 2510 0002 2809 1454

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

SANTA FE NEW MEXICO 87501-9998
MAR 18 2005
Postmark Here

Sent To ALBERT C JONES
Street, Apt. No.; or PO Box No. 4424 KINGSTON
City, State, ZIP+4 AMARILLO TX 79109

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:

MARY ANNE TODD
P O BOX 2381
WIMBERLEY TX 78676-7281

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANNE BARFIELD | C. Date of Delivery 3/22/05

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 1160 0002 5646 4765

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:

ALBERT C JONES
4424 KINGSTON
AMARILLO TX 79109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] | C. Date of Delivery 3/23/5

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 2510 0002 2809 1454

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

7004 1160 0002 5646 4765

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

SANTA FE NEW MEXICO 87501-9998
MAR 18 2005
Postmark Here
USPS

Sent To MARY ANNE TODD
Street, Apt. No.; or PO Box No. P O BOX 2381
City, State, ZIP+4 WIMBERLEY TX 78676-7281

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4505

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

USPS SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 Postmark Here

Sent To	OXY USA WTP LP
Street, Apt. No.; or PO Box No.	P O BOX 841735
City, State, ZIP+4	DALLAS TX 75284-1735

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:

OKLAHOMA MEDICAL RESEARCH FOUNDATION - BANK OF OKLAHOMA N A AS AGENT P O BOX 1588 TULSA OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Debra [illegible] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 21 2005

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

TULSA OK 741 03 MAR 21 2005 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 1160 0002 5646 4482

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 LP P O BOX 841735 DALLAS TX 75284-1735

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A Vasquez ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 21 2005

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 1160 0002 5646 4505

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

7004 1160 0002 5646 4482

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

USPS SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 Postmark Here

Sent To	OKLAHOMA MEDICAL RESEARCH FOUNDATION - BANK OF OKLAHOMA
Street, Apt. No.; or PO Box No.	N A AS AGENT P O BOX 1588
City, State, ZIP+4	TULSA OK 74101

PS Form 3800, June 2002 — See Reverse for Instructions

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SANTA FE NEW MEXICO 87501-9998 USPS MAR 18 2005 Postmark Here

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

7004 2510 0002 2809 1409

Sent To	GEODYNE NOMINEE CORPORATION GEODYNE RESOURCES INC
Street, Apt. No.; or PO Box No.	P O BOX 972290
City, State, ZIP+4	DALLAS TX 75397-2290

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:

GRETCHEN B NEARBURG A WIDOW
1129 CHALLENGER
AUSTIN TX 78734

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

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 1160 0002 5646 4529

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:

GEODYNE NOMINEE CORPORATION
GEODYNE RESOURCES INC
P O BOX 972290
DALLAS TX 75397-2290

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 20 2005

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 2510 0002 2809 1409

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

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SANTA FE NEW MEXICO 87501-9998 USPS MAR 18 2005 Postmark Here

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

7004 1160 0002 5646 4529

Sent To	GRETCHEN B NEARBURG A WIDOW
Street, Apt. No.; or PO Box No.	1129 CHALLENGER AUSTIN TX 78734
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	$

USPS SANTA FE NEW MEXICO 87501-9998 MAR 10 2005 Postmark Here

Sent To: URSULA JONES GOSS
Street, Apt. No.; or PO Box No.: P O BOX 431
City, State, ZIP+4: CHRISTOVAL TX 76935

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1423

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:

CYNTHIA HARPER MURCHISON
SEPARATE PROPERTY
P O BOX 1637
DRIPPING SPRINGS TX 78620

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Cynthia H Murchison ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 3/23/05

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 1160 0002 5646 4697

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:

URSULA JONES GOSS
P O BOX 431
CHRISTOVAL TX 76935

COMPLETE THIS SECTION ON DELIVERY

A. Signature: ☑ Agent ☐ Addressee

B. Received by (Printed Name) MERILYNE GIBSON | C. Date of Delivery: 3-23-05

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 2510 0002 2809 1423

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

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

USPS SANTA FE NEW MEXICO 87501-9998 MAR 28 2005 Postmark Here

Sent To: CYNTHIA HARPER MURCHISON
Street, Apt. No.; or PO Box No.: SEPARATE PROPERTY P O BOX 1637
City, State, ZIP+4: DRIPPING SPRINGS TX 78620

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4697

7004 1160 0002 5646 4598

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

USPS SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 Postmark Here

Sent To: MARION W DEFORD A WIDOW AND HEIRS OF MARY ANNA DEFORD
Street, Apt. No.; or PO Box No.: 6509 MESA DRIVE
City, State, ZIP+4: AUSTIN TX 78731-2703

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:

LEMOYNE HARPER ODELL
SEPARATE PROPERTY
802 RIVERCREST DRIVE
ABILENE TX 79605-2841

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X W. W. Odell ☐ Agent ☐ Addressee

B. Received by (Printed Name): W. W. ODELL C. Date of Delivery: 3/26/05

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 la): 7004 1160 0002 5646 4703

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:

MARION W DEFORD A WIDOW
AND HEIRS OF MARY ANNA DEFORD
6509 MESA DRIVE
AUSTIN TX 78731-2703

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Marion DeFord ☐ Agent ☐ Addressee

B. Received by (Printed Name): MARION DEFORD 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 lab): 7004 1160 0002 5646 4598

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

78731 42703 36

7004 1160 0002 5646 4703

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

USPS SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 Postmark Here

Sent To: LEMOYNE HARPER ODELL
SEPARATE PROPERTY
Street, Apt. No.; or PO Box No.: 802 RIVERCREST DRIVE
City, State, ZIP+4: ABILENE TX 79605-2841

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1430

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

NEW MEXICO 87501-9888 Postmark Here MAR 18 2005 USPS

Sent To: OTIS LEONARD JONES
Street, Apt. No.; or PO Box No.: 44101 NORTHWEST WOOLLEN
City, State, ZIP+4: BANKS OR 97106

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:

BONNIE RESLER KARLSRUD
840 CRESCENT
BOULDER CO 80303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Resler Karlsrud ☐ Agent ☐ Addressee

B. Received by (Printed Name): B Karlsrud
C. Date of Delivery: 3/21/05

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 1160 0002 5646 4666

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:

OTIS LEONARD JONES
44101 NORTHWEST WOOLLEN
BANKS OR 97106

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Otis Jones ☐ Agent ☑ Addressee

B. Received by (Printed Name): OTIS JONES
C. Date of Delivery: 3-22-5

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 2510 0002 2809 1430

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

7004 1160 0002 5646 4666

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

NEW MEXICO 87501-9888 Postmark Here MAR 18 2005 USPS

Sent To: BONNIE RESLER KARLSRUD
Street, Apt. No.; or PO Box No.: 840 CRESCENT
City, State, ZIP+4: BOULDER CO 80303

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4802

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TULSA, OK 74101

Postage	$ 0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT TULSA OK 74101-9998
Postmark Here
MAR 29 2005
Clerk: KTBJD3
03/29/05
USPS

Sent To
Street, Apt. No.; or PO Box No. P.O. Box 1588
City, State, ZIP+4 Tulsa, OK 74101

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:

MAP00-MET
C/O MINERAL ACQUISITION PRTNRS
ATTN LESLIE HALLMARK
P O BOX 268947
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
MAR 25 2005
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 1160 0002 5646 4499

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:

Bank of Okla., Trustee
u/t/a d. 6/15/77
P.O. Box 1588
Tulsa, Ok 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mike Garcia ☐ Agent ☐ Addressee

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

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

TULSA OK 741
APR 04 2005
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 1160 0002 5646 4802

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

7004 1160 0002 5646 4499

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

SANTA FE NEW MEXICO 87501-9998
Mar 29 2005
Postmark Here
USPS

Sent To MAP00-MET
C/O MINERAL ACQUISITION PRTNRS
Street, Apt. No.; or PO Box No. ATTN LESLIE HALLMARK
City, State, ZIP+4 P O BOX 268947
OKLAHOMA CITY OK 73126

PS Form 3800, June 2002 See Reverse for Instructions

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OFFICIAL USE

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

NEW MEXICO 87501-9998 Postmark Here MAR 16 2005 USPS

7004 1160 0002 5646 4659

Sent To: ANNE T BARFIELD
Street, Apt. No.; or PO Box No.: P O BOX 738
City, State, ZIP+4: WIMBERLEY TX

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:

PORTSON OIL COMPANY
301 COMMERCE STREET STE 3301
PORT WORTH TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: MAR 21 2005

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 2510 0002 2809 1393

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:

ANNE T BARFIELD
P O BOX 738
WIMBERLEY TX

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANNE BARFIELD | C. Date of Delivery 3/22/05

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 1160 0002 5646 4659

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

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OFFICIAL USE

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

NEW MEXICO 87501-9998 Postmark Here MAR 2 2005 USPS

7004 2510 0002 2809 1393

Sent To: PORTSON OIL COMPANY
Street, Apt. No.; or PO Box No.: 301 COMMERCE STREET STE 3301
City, State, ZIP+4: PORT WORTH TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0002 5646 4567

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

SANTA FE NEW MEXICO 87501-9998
Postmark Here
MAR 18 2005
USPS

Sent To
WILLS ROYALTY INC
Street, Apt. No.; or PO Box No.
P O BOX 1658
City, State, ZIP+4
CARLSBAD NM 88221-1658

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 L GRAHAM JR
JIMI S GADZIA LIMITED POA
2508 CORTEZ CT
ROSWELL NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jimi S Gadzia ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 3/21/05

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 1160 0002 5646 4628

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:

WILLS ROYALTY INC
P O BOX 1658
CARLSBAD NM 88221-1658

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

CARLSBAD NM 88220 MAR 2005

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 1160 0002 5646 4567

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

7004 1160 0002 5646 4628

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OFFICIAL USE

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

SANTA FE NEW MEXICO 87501-9998
Postmark Here
MAR 18 2005
USPS

Sent To
ROBERT L GRAHAM JR
Street, Apt. No.; or PO Box No.
JIMI S GADZIA LIMITED POA
2508 CORTEZ CT
City, State, ZIP+4
ROSWELL NM 88201

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	$

Postmark: NEW MEXICO 87501-9998 MAR 18 2005 USPS

7004 1160 0002 5646 4772

Sent To: HARRY L TODD JR
Street, Apt. No.; or PO Box No.: 14017 TANGLEWOOD
City, State, ZIP+4: DALLAS TX 75234

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:

JIMI S GADSIA
2508 CORTEZ CT
ROSWELL NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Jimi Gadsia ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery: 3-21-05

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 1160 0002 5646 4635

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:

HARRY L TODD JR
14017 TANGLEWOOD
DALLAS TX 75234

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Harry Todd ☐ 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) 7004 1160 0002 5646 4772

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

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OFFICIAL USE

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

Postmark: NEW MEXICO 87501-9998 MAR 18 2005 USPS

7004 1160 0002 5646 4635

Sent To: JIMI S GADSIA
Street, Apt. No.; or PO Box No.: 2508 CORTEZ CT
City, State, ZIP+4: ROSWELL NM 88201

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4796

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OFFICIAL USE

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

NEW MEXICO 87501-9998
MAR 18 2005
Postmark Here
SANTA FE USPS

Sent To: TOMMY T TODD
Street, Apt. No.; or PO Box No.: 6722 E NORTHWEST HIGHWAY
City, State, ZIP+4: DALLAS TX 75231

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:

RAYMOND L TODD
1107 SHAWNEE TRAIL
CARROLLTON TX 75007

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery 4-4-05

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 1160 0002 5646 4789

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:

TOMMY T TODD
6722 E NORTHWEST HIGHWAY
DALLAS TX 75231

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery 3/21/05

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 1160 0002 5646 4796

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1546

7004 1160 0002 5646 4789

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

NEW MEXICO 87501-9998
MAR 18 2005
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SANTA FE USPS

Sent To: RAYMOND L TODD
Street, Apt. No.; or PO Box No.: 1107 SHAWNEE TRAIL
City, State, ZIP+4: CARROLLTON TX 75007

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4611

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

NEW MEXICO 87501-9998 Postmark Here MAR 18 2005 USPS

Sent To	RICHARD BLOTTER REVOCABLE TR. UTA DATED 6/24/1991 CATHY BLOTTER TRUSTEE
Street, Apt. No.; or PO Box No.	P O BOX 3546
City, State, ZIP+4	LAKE JACKSON TX 77566-3546

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:

MARGARET TODD SHERRILL
4920 N CARRIAGE ROAD
HOBBS NM 88242

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Margaret Sherrill ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARGARET SHERRILL C. Date of Delivery 3 10 05

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 lab 7004 1160 0002 5646 4741

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:

RICHARD BLOTTER REVOCABLE TR
UTA DATED 6/24/1991
CATHY BLOTTER TRUSTEE
P O BOX 3546
LAKE JACKSON TX 77566-3546

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cathy Blotter ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cathy Blotter C. Date of Delivery

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

JACKSON, TX 77566 MAR 21 2005 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 lab 7004 1160 0002 5646 4611

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

7004 1160 0002 5646 4741

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

NEW MEXICO 87501-9998 Postmark Here MAR 18 2005 USPS

Sent To	MARGARET TODD SHERRILL
Street, Apt. No.; or PO Box No.	4920 N CARRIAGE ROAD HOBBS NM 88242
City, State, ZIP+4	

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 2809 1485

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

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Sent To
Street, Apt. No.; or PO Box No. THE TOLES COMPANY P O DRAWER 1300
City, State, ZIP+4 ROSWELL NM 88202

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:

THOMAS E TODD JR
P O BOX 338
RIUDOSO NM 88345

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cecile Todd ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Cecile Todd C. Date of Delivery

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

USPS RIUDOSO NM 883 MAR 22 2005

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 1160 0002 5646 4758

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:

THE TOLES COMPANY
P O DRAWER 1300
ROSWELL NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 3-22-05

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 la* 7004 2510 0002 2809 1485

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

7004 1160 0002 5646 4758

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

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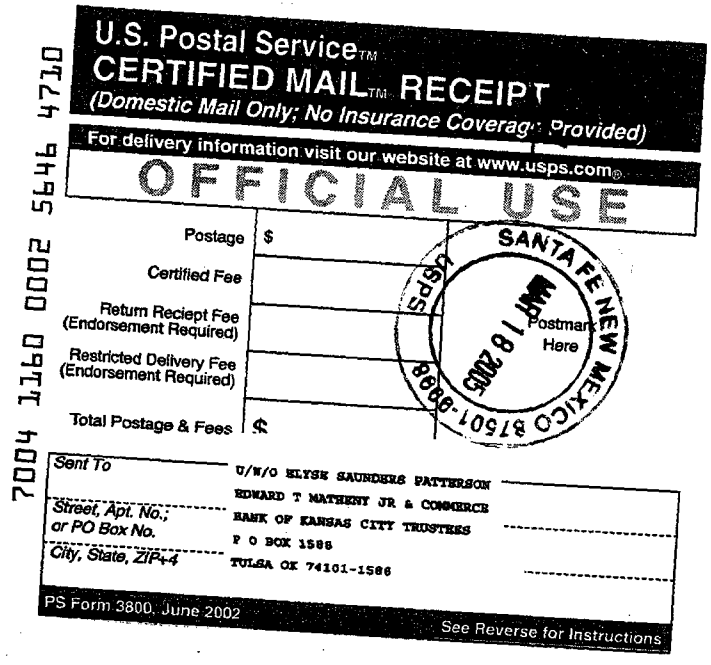
Sent To
Street, Apt. No.; or PO Box No. THOMAS E TODD JR P O BOX 338
City, State, ZIP+4 RIUDOSO NM 88345

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	$

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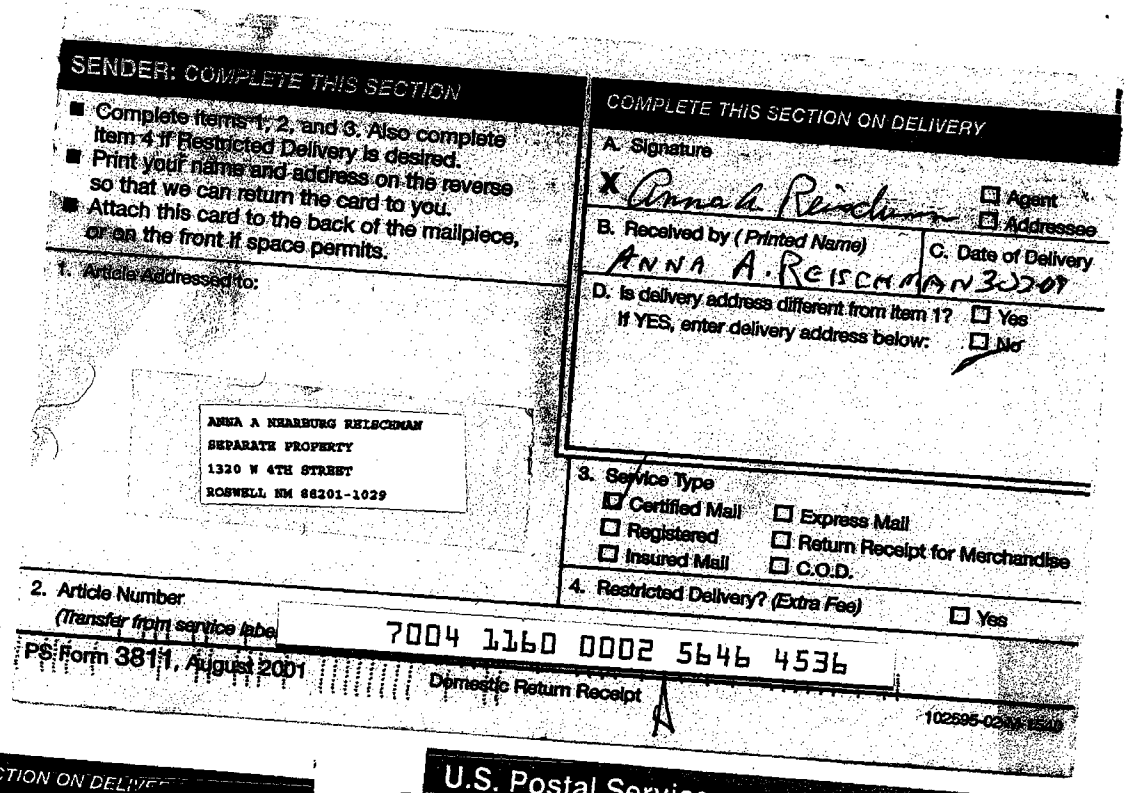
7004 1160 0002 5646 4710

Sent To: U/W/O ELYSE SAUNDERS PATTERSON
EDWARD T MATHENY JR & COMMERCE
Street, Apt. No.; or PO Box No.: BANK OF KANSAS CITY TRUSTEES
City, State, ZIP+4: P O BOX 1586
TULSA OK 74101-1586

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:

ANNA A NEARBURG REISCHMAN
SEPARATE PROPERTY
1320 W 4TH STREET
ROSWELL NM 88201-1029

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anna A. Reischman ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANNA A. REISCHMAN C. Date of Delivery 3/7/07

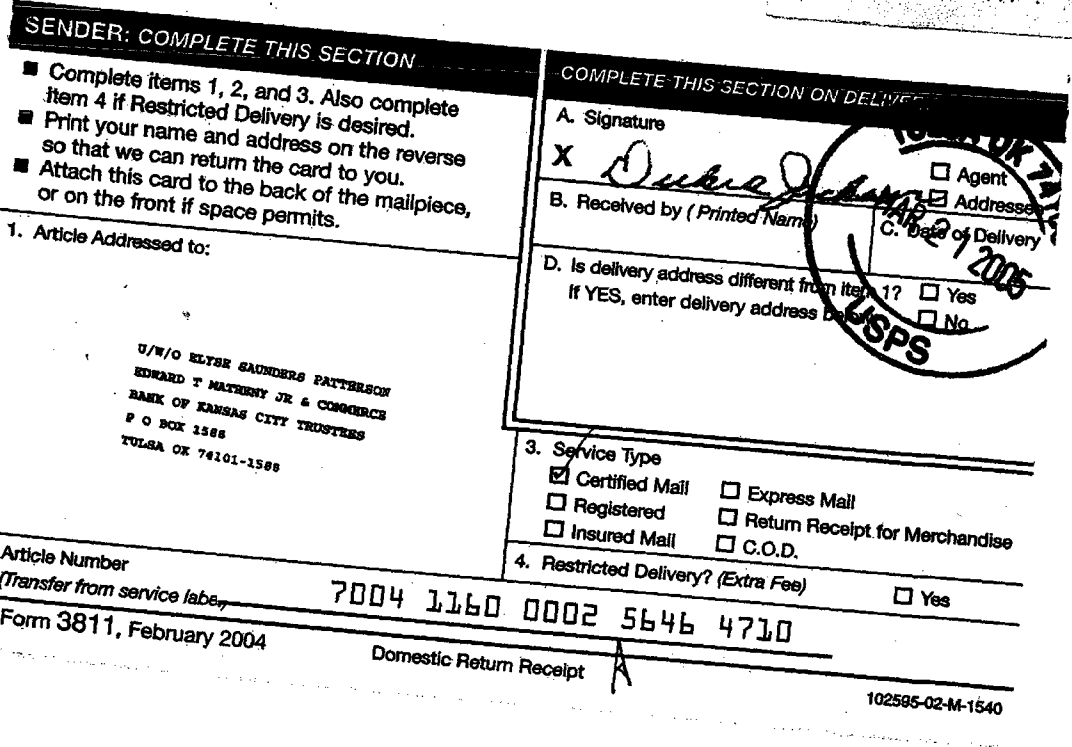
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 1160 0002 5646 4536

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:

U/W/O ELYSE SAUNDERS PATTERSON
EDWARD T MATHENY JR & COMMERCE
BANK OF KANSAS CITY TRUSTEES
P O BOX 1586
TULSA OK 74101-1586

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery MAR 2 1 2005

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

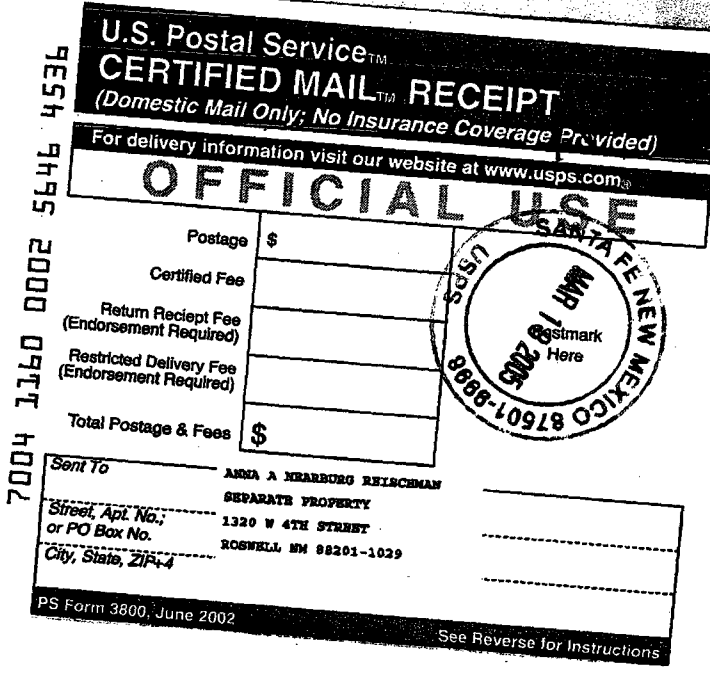
USPS

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 (Transfer from service label) 7004 1160 0002 5646 4710

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



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

USPS SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 Postmark Here

7004 1160 0002 5646 4536

Sent To: ANNA A NEARBURG REISCHMAN
SEPARATE PROPERTY
Street, Apt. No.; or PO Box No.: 1320 W 4TH STREET
City, State, ZIP+4: ROSWELL NM 88201-1029

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	$

Postmark Here: MAR 18 2005 USPS SANTA FE NEW MEXICO 87501-9998

7004 1160 0002 5646 4574

Sent To: FIRST ROSWELL COMPANY
Street, Apt. No.; or PO Box No.: P O BOX 1797
City, State, ZIP+4: ROSWELL NM 88202-1797

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:

THE ESTATE OF CURTIS S GRAHAM
JIMI S GADEIA PERSONAL REPRESENTATIVE
2508 CORTEZ CT
ROSWELL NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Jimi S Gadeia ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 3/21/05

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 lab): 7004 1160 0002 5646 4727

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:

FIRST ROSWELL COMPANY
P O BOX 1797
ROSWELL NM 88202-1797

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Kay Srader ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kay Srader | 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): 7004 1160 0002 5646 4574

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

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

Postmark Here: MAR 18 2005 USPS SANTA FE NEW MEXICO 87501-9998

7004 1160 0002 5646 4727

Sent To: THE ESTATE OF CURTIS S GRAHAM
Street, Apt. No.; or PO Box No.: JIMI S GADEIA PERSONAL REPRESENTATIVE
2508 CORTEZ CT
City, State, ZIP+4: ROSWELL NM 88201

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1416

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

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Sent To
OTTIS JONES GRAY - DCSD
Street, Apt. No.; or PO Box No. P O BOX 3725
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:

[redacted] WEST 63RD STREET
[redacted]ADA CO 80003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 3-21-05

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 1160 0002 5646 4642

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:

OTTIS JONES GRAY - DCSD
P O BOX 3725
MIDLAND TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Everett Gray C. Date of Delivery 4-1-05

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 2510 0002 2809 1416

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

7004 1160 0002 5646 4642

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

USPS SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 Postmark Here

Sent To
BROCK H GRAHAM
Street, Apt. No.; or PO Box No. 4600 WEST 63RD STREET
City, State, ZIP+4 ARVADA CO 80003

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0002 5646 4550

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

MEXICO 87501-9998
Postmark Here
MAR 18 2005
SANTA USPS

Sent To VERNELL C ANTHONY A WIDOW
Street, Apt. No.; or PO Box No. P O BOX 1874
City, State, ZIP+4 KINGSLAND TX 78369

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:

VERNELL C ANTHONY A WIDOW
P O BOX 1874
KINGSLAND TX 78369

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3-28-05

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

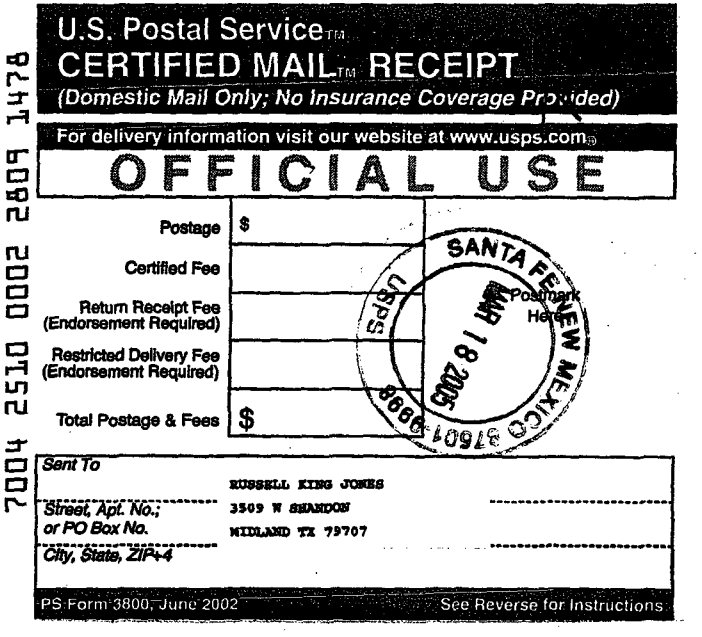
KINGSLAND TX 78639 USPS MAR 28 2005

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 1160 0002 5646 4550

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540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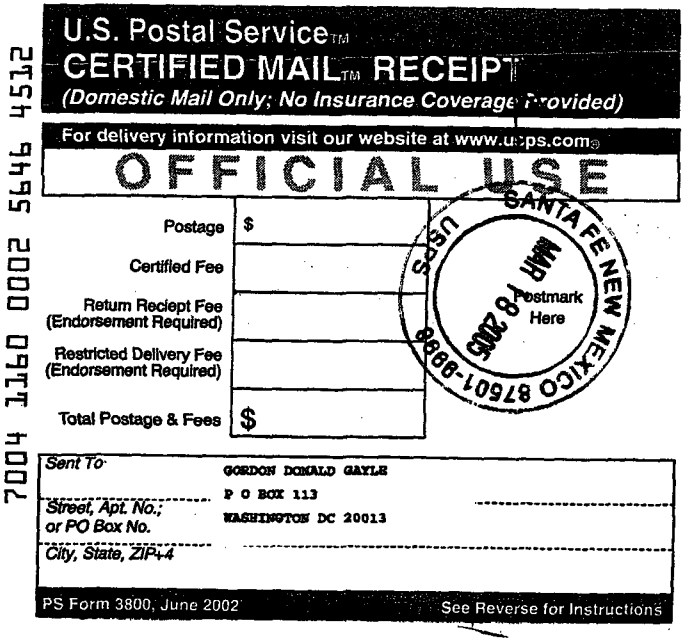
Total Postage & Fees $
SANTA FE NEW MEXICO 87501
MAR 18 2005
USPS
Postmark Here
7004 2510 0002 2809 1478
Sent To
RUSSELL KING JONES
Street, Apt. No.; or PO Box No.
3509 W SHANDON
MIDLAND TX 79707
City, State, ZIP+4
PS Form 3800, June 2002
See Reverse for Instructions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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
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SANTA FE NEW MEXICO 87501-9998
MAR 28 2005
Postmark Here
Sent To GORDON DONALD GAYLE
Street, Apt. No.; or PO Box No. P O BOX 113
City, State, ZIP+4 WASHINGTON DC 20013
PS Form 3800, June 2002
See Reverse for Instructions

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

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:

GLADYS PETRILLA
1517 MARTIN
SAN ANGELO TX 76901

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 ☐ 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) 7004 2510 0002 2809 1447

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

7004 2510 0002 2809 1447

U.S. Postal Service™
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OFFICIAL USE

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

USPS SANTA FE NEW MEXICO 87501-9998 MAR 18 2003 Postmark Here

Sent To	GLADYS PETRILLA
Street, Apt. No.; or PO Box No.	1517 MARTIN
City, State, ZIP+4	SAN ANGELO TX 76901

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0002 5646 4680

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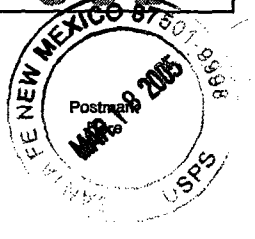
Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

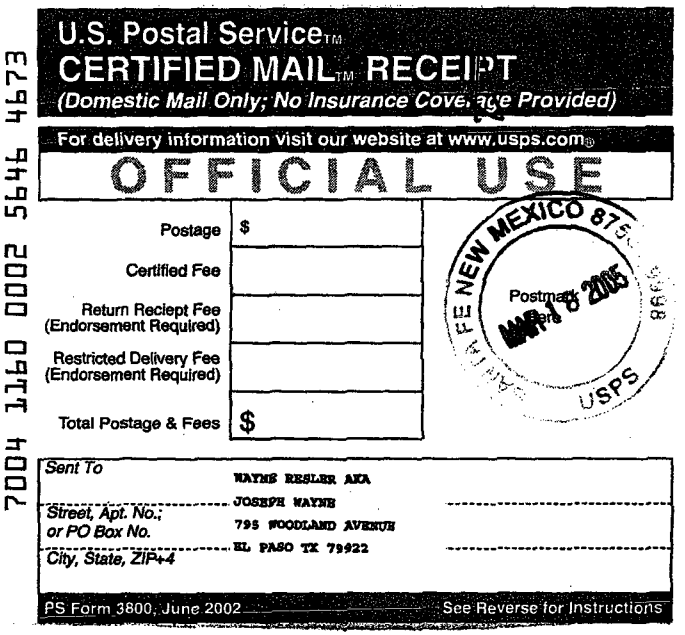


Sent To NANCY KAY JONES HARGROVE
SEPARATE PROPERTY

Street, Apt. No.; or PO Box No. P O BOX 460294

City, State, ZIP+4 HOUSTON TX 77056-8294

PS Form 3800, June 2002 See Reverse for Instructions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MAR 18 2005
USPS
Sent To WAYNE RESLER AKA JOSEPH WAYNE
Street, Apt. No.; or PO Box No. 795 WOODLAND AVENUE
City, State, ZIP+4 EL PASO TX 79922
PS Form 3800, June 2002
See Reverse for Instructions