

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

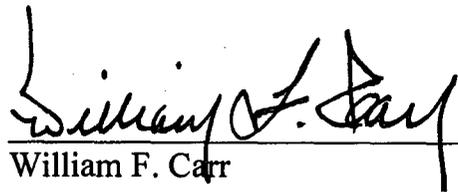
**APPLICATION OF MCQUADRANGLE, LC, FOR
STATUTORY UNITIZATION OF THE SOUTH
REDLAKE II UNIT AREA, EDDY COUNTY, NEW
MEXICO.**

CASE NO. 13489

AFFIDAVIT

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

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



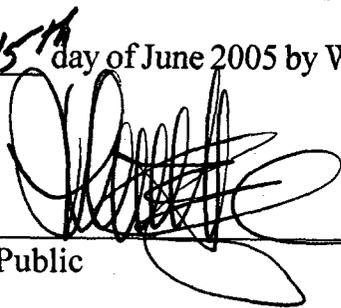
William F. Carr

SUBSCRIBED AND SWORN to before me this 15th day of June 2005 by William F.

Carr.



**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 1/14/07



Notary Public

My Commission Expires: January 14, 2007

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 13489 Exhibit No. 11
Submitted by:
MCQUADRANGLE, LC
Hearing Date: June 16, 2005

APPLICATION OF
MCQUADRANGLE, LC
FOR STATUTORY UNITIZATION
EDDY COUNTY, NEW MEXICO

EXHIBIT A

NOTICE LIST

Yates Brothers
105 South Fourth
Artesia, NM 88210

Jack Funk
(Ruth O. Hill Trust Successor)
10679 Nathanson Avenue
Cupertino, CA 95014-1330

Johney Cockburn Estate
Maggie Suetta Cockburn
c/o Thomas Cockburn
P. O. Box 50013
Austin, TX 78763

Leland Price Inc.
P. O. Box 508
Artesia, NM 88210-0508

Colaro Corporation
400 One Energy Square
4925 Greenville Avenue
Dallas, Texas 75206-4012

John W. Gates LLC
706 W. Grand Avenue
Artesia, NM 88210-1935

Everett R. Jones, Jr.
8080 North Central Expressway
Suite 1420 LB #12
Dallas, TX 75206

Thomas W. Pettit
151 W. Trinity Road
Glen Ellen, CA 95442

Florence Dooley Estate
Patrick T. Dooley, Personal Rep.
1006 S. 2nd Street
Artesia, NM 88210

Joan Hudson Moore
81 North Street
Naples, FL 34108

Mary Dorothea Duggan
15 E. Greenway Plaza #12G
Houston, TX 77046-1504

Jonel Susan Grasso
11 Ocean Ridge
Laguna Niguel, CA 92677

Francis F. Hawley, successor in title
for Frank E. Hawley Life Est.
21 Goldenridge Court
San Mateo, CA 94402-3717

Jane Ann Hudson Davis
6770 Wolf Creek Court
Rio Rancho, NM 87124

Myrna Sue Zumwalt
101 N. Filmore Street
Cortez, CO 81321-3311

John Bedingfield
P. O. Box 630
Artesia, NM 88211-0630

Judy N. Deans
409 Commerce Road
Artesia, NM 88210-9432

Everett R. Jones
c/o Everett R. Jones, Jr.
8080 North Central Expressway
Suite 1420 LB #12
Dallas, TX 75206

Marbob Oil Corporation
2208 West Main Street
P. O. Box 227
Artesia, NM 88211-0227

Rockwell Energy Corporation
Jon J. Nelson, interest
P. O. Box 885
Seguin, TX 78156-0885

Rockwell Energy Corporation
Jon J. Nelson, Jr., interest
P. O. Box 885
Seguin, TX 78156-0885

Trigg Oil & Gas Limited Partnership
P. O. Box 520
Roswell, NM 88202-0520

Sandra Terry Tolliver
P. O. Box 12617
El Paso, TX 79912-0617

Sue Lynn Terry
6112 N. Mesa PMB 216
El Paso, TX 79912-4516

Paul Slayton
P. O. Box 2035
Roswell, NM 88202-2035

M. L. Boling Development LLC
P. O. Box 768
Artesia, NM 88211-0768

Lillie M. Yates Estate
S.P. Yates, Frank Yates Jr., and B. W.
Harper Co., Personal Representatives
P. O. Box 840
Artesia, NM 88211-0840

William P. Dooley Estate
Patrick Dooley, Personal
Representative
1006 S. 2nd Street
Artesia, NM 88210-2808

Jim and Pearl Hawley Family Living
Trust
5857 Westhaven Drive
Fort Worth, TX 76132

Katherine K. McIntyre
620 Camino Real Avenue
El Paso, TX 79922-2008

Summit Overseas Exploration Inc.
Post Office Box 260590
Lakewood, CO 80226-0590

Michael McDowell
326 South 5th
Shelton, WA 98584

Sharbro Oil Ltd. Co.
P. O. Box 840
Artesia, NM 88211-0840

PAM Inc.
P. O. Box 508
Artesia, NM 88211-0508

Nancy King
P. O. Box 385
Artesia, NM 88210

Edward B. Stewart
2005 Hessian Road
Charlottesville, VA 22903

Boling Enterprises Ltd.
Robert Michael Boling Manager
P. O. Box 2563
Roswell, NM 88202

Frank C. Miller and Mary Russell
Miller Revocable Living Trust
P. O. Box 203
Roswell, NM 88202-0203

Randolph M. Richardson
P. O. Box 2423
Roswell, NM 88202-2423

Steve Fitt
1180 Mercury Drive
Lafayette, Colorado 80026

Rolla R. Hinkle III
P. O. Box 2292
Roswell, NM 88202-2292

Pamela June Krueger
Post Office Box 551023
Jacksonville, FL 32255-1023

Madison M. Hinkle
P. O. Box 2292
Roswell, NM 88202-2292

James F. Roberts
Post Office Box 504
Key Colony, FL 33051

Morris E. Schertz
Post Office Drawer 2588
Roswell, NM 88202-2588

TMTM Joint Venture
7008 Salem Avenue
Lubbock, Texas 79424

Howard B. Wright Estate
B. Kent Pomeroy Anc. Pr.
Ste 101, 3839 N. 3rd Street
Phoenix, AZ 85012-2068

Losee Investments LLC
P. O. Box 1720
Artesia, NM 88211-1720

Wilma Donohue Moleen Foundation
Chase Bank, NA, Trustee

El Paso, TX 79702-0966

Fenix Royalty, LLC

Pitch Energy Corp.
P. O. Box 304
Artesia, NM 88211-0304

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

David W. Jamison
418 73rd NE
Olympia, WA 98506-9707

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

Barbara Kruse Frankenfield
12 Laura Elizabeth Court
Mansfield, TX 76063



April 28, 2005

CERTIFIED MAIL - RETURN RECEIPT REQUESTED**TO: ALL AFFECTED INTEREST OWNERS IN THE SOUTH REDLAKE II UNIT AREA.****Re: Application of McQuadrangle, LC for statutory unitization of the South RedLake II Unit Area, Eddy County, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that McQuadrangle, LC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order statutorily unitizing for the purpose of a secondary recovery project, and at a later date a tertiary recovery project, all mineral interests from an upper limit described as 100 feet below mean sea level or at the top of the Grayburg formation, whichever is higher, to a lower limit at the base of the San Andres formation; the geologic markers having been previously found to occur at 1,430 feet and the base of the San Andres which is found at 1,762 feet in the Carper-Sivley Joint Account Magruder Well No. 13, located 330 feet from the South line and 480 feet from the East line of Section 35, Township 17 South, Range 27 East, NMPM, Eddy County, New Mexico, as recorded on Welex Electric log taken on March 28, 1960, said log being measured from a Kelly bushing elevation of 3,654 feet above sea level, underlying 961.61 acres, more or less, of Federal, and State of New Mexico lands comprised of the following described acreage:

TOWNSHIP 17 SOUTH, RANGE 27 EAST, NMPMSection 35: E/2, E/2 SW/4, SE/4 NW/4,
Section 36: W/2, SW/4 NE/4**TOWNSHIP 18 SOUTH, RANGE 27 EAST, NMPM**Section 1: Lot 4
Section 2: Lots 1, 2, 3

A copy of the proposed Unit Agreement and Operating Agreement are enclosed. Said unit is to be designated the South RedLakes II Unit.

Among the matters to be considered at the hearing on this application will be the necessity of unit operations; the designation of a unit operator; the determination of the horizontal and vertical limits of the unit area; the determination of the fair, reasonable and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the

HOLLAND & HART



various owners in the unit area for their investments in wells and equipment; a non-consent penalty for risk to be charged against carried working interest owners within the unit area upon such terms and conditions to be determined by the Division as just and reasonable; and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including, but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations.

This application has been set for hearing before a Division Examiner on **May 19, 2005** at the Oil Conservation Division Hearing Room in its Santa Fe office located at 1220 South Saint Francis Drive, Santa Fe, NM 87505. You are not required to attend this hearing but, as the owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a **Pre-hearing Statement** four days in advance of a scheduled hearing at the Division's Santa Fe Office. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

William F. Carr
Attorney for McQuadrangle, LC

Enclosure

cc: Mr. Delbert McDougal
Mr. Jim Pierce
David R. Vandiver, Esq.

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

OFFICIAL

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To Boling Enterprises Ltd.
 Robert Michael Boling Manager
 P. O. Box 2563
 Roswell, NM 88202

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 Boling Enterprises Ltd.
 Robert Michael Boling Manager
 P. O. Box 2563
 Roswell, NM 88202

2. Article Number (Copy from previous label) **7001 1140 0002 9558 0777**

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Robt Michael Boling** B. Date of Delivery **5/2/05**
 C. Signature **Robt Michael Boling**
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To William P. Dooley Estate
 Patrick Dooley, Personal Representative
 1006 S. 2nd Street
 Artesia, NM 88210-2808

PS Form 3800

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

1. Article Addressed to:

 William P. Dooley Estate
 Patrick Dooley, Personal Representative
 1006 S. 2nd Street
 Artesia, NM 88210-2808

2. Article Number (Copy from previous label) **7001 1140 0002 9558 0968**

PS Form 3811, July 1999

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To Jim and Pearl Hawley Family Living Trust
 5857 Westhaven Drive
 Fort Worth, TX 76132

PS Form 3800

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

1. Article Addressed to:

 Jim and Pearl Hawley Family Living Trust
 5857 Westhaven Drive
 Fort Worth, TX 76132

2. Article Number (Copy from previous label) **7001 1140 0002 9558 0975**

PS Form 3811, July 1999

A. Received by (Please Print Clearly) **Pearl Hawley** B. Date of Delivery **5-2-05**
 C. Signature **Pearl Hawley**
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-00-M-095

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL MAIL

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
 Barbara Kruse Frankenfield
 12 Laura Elizabeth Court
 Mansfield, TX 76063

- 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:
 Barbara Kruse Frankenfield
 12 Laura Elizabeth Court 7333
 Mansfield, TX 76063 Wooded Acres

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

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

Article Number (Cop) **7001 1140 0002 9558 0869**

Form 3811, July 1999

Domestic Return Receipt

102595

- 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.

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

OFFICIAL MAIL

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
 Jack Funk
 (Ruth O. Hill Trust Successor)
 10679 Nathanson Avenue
 Cupertino, CA 95014-1330

1. Article Addressed to:
 Jack Funk
 (Ruth O. Hill Trust Successor)
 10679 Nathanson Avenue
 Cupertino, CA 95014-1330

Ernest J. Funk 5/7/05
 C. Signature *Ernest J. Funk*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

2. Article Number (Cc) **7001 1140 0002 9558 0876**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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.

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

OFFICIAL MAIL

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
 John W. Gates LLC
 706 W. Grand Avenue
 Artesia, NM 88210-1935

1. Article Addressed to:
 John W. Gates LLC
 706 W. Grand Avenue
 Artesia, NM 88210-1935

MARGARET J. GATES 2-05
 C. Signature *Margaret J. Gates*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

2. Article Number (Cop) **7001 1140 0002 9558 0890**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To
 David W. Jamison
 418 73rd NE
 Olympia, WA 98506-9707

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David W. Jamison
 418 73rd NE
 Olympia, WA 98506-9707

2. Article Number (Co) 7001 1140 0002 9558 0852

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Nancy Jamison* Agent Address

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)

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To
 Nancy King
 P. O. Box 385
 Artesia, NM 88210

PS Form 3800

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

1. Article Addressed to:

Nancy King
 P. O. Box 385
 Artesia, NM 88210

2. Article Number (Co) 7001 1140 0002 9558 1033

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

A. Received by (Please Print Clearly) B. Date of Delivery
Nancy King 5-2-05

C. Signature *Nancy King* Agent Address

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)

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To
 Leland Price Inc.
 P. O. Box 508
 Artesia, NM 88210-0508

PS Form 3800

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

1. Article Addressed to:

Leland Price Inc.
 P. O. Box 508
 Artesia, NM 88210-0508

2. Article Number (Cop) 7001 1140 0002 9558 0883

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-092

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

BETTY PRICE 5-2-05

C. Signature *Betty Price* Agent Address

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

Sent To
 Michael McDowell
 Street, Apt. No.; or PO Box No. 326 South 5th
 City, State, ZIP+ Shelton, WA 98584

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael McDowell
 326 South 5th
 Shelton, WA 98584

2. Article Number / 7001 1140 0002 9558 1002

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

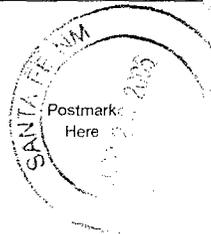
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

OFFICIAL USE

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

Sent To
 Katherine K. McIntyre
 Street, Apt. No.; or PO Box No. 620 Camino Real Avenue
 City, State, ZIP+ El Paso, TX 79922-2008

PS Form 3800



MAIL RETURNED

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PAM Inc.
 P. O. Box 508
 Artesia, NM 88211-0508

2. Article Number (Copy from se) 7001 1140 0002 9558 1026

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

Sent To
 PAM Inc.
 Street, Apt. No. or PO Box No. P. O. Box 508
 City, State, ZIP+ Artesia, NM 88211-0508

PS Form 3800



Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

50971 Postage \$ 3.85
0001 Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 7.90



Sent To
Pitch Energy Corp.
P. O. Box 304
Artesia, NM 88211-0304

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:

Pitch Energy Corp.
P. O. Box 304
Artesia, NM 88211-0304

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Amy Reid B. Date of Delivery 5-2-05

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: **7001 1140 0002 9558 0845**

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

- 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:

Sharbro Oil Ltd. Co.
P. O. Box 840
Artesia, NM 88211-0840

A. Received by (Please Print Clearly) Mer Bennett B. Date of Delivery 5-2-05

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

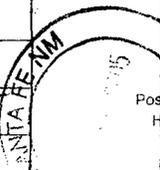
2. Article Number (Copy) **7001 1140 0002 9558 1019**

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

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

OFFICIAL

50971 Postage \$ 3.85
0001 Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 7.90



Sent To
Edward B. Stewart
2005 Hessian Road
Charlottesville, VA 22903

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

1. Article Addressed to:

Edward B. Stewart
2005 Hessian Road
Charlottesville, VA 22903

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

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy) **7001 1140 0002 9558 1040**

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

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

OFFICIAL MAIL

56971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To
Summit Overseas Exploration Inc.
Post Office Box 260590
Lakewood, CO 80226-0590

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

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Summit Overseas Exploration Inc.
Post Office Box 260590
Lakewood, CO 80226-0590

2. Article Number (Copy from service label) 7001 1140 0002 9558 099

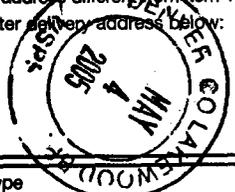
PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **GARY NAVIS** B. Date of Delivery **5/4/05**

C. Signature *[Signature]* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

56971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To
Lillie M. Yates Estate
S.P. Yates, Frank Yates Jr., and
Harper Co., Personal Representatives
P. O. Box 840
Artesia, NM 88211-0840

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

Form 3800

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

1. Article Addressed to:

Lillie M. Yates Estate
S.P. Yates, Frank Yates Jr., and B. W. Harper Co., Personal Representatives
P. O. Box 840
Artesia, NM 88211-0840

2. Article Number (Copy from service label) 7001 1140 0002 9558 0951

PS Form 3811, July 1999 Domestic Return Receipt

A. Received by (Please Print Clearly) **Neil Bennett** B. Date of Delivery **5-3-05**

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

102595-00-M-0952

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

OFFICIAL USE	
50971 0001	Postage \$ 3.85
	Certified Fee 2.30
	Return Receipt Fee (Endorsement Required) 1.75
	Restricted Delivery Fee (Endorsement Required)
	Total Postage & Fees \$ 7.90

Sent To
John Bedingfield
P. O. Box 630
Artesia, NM 88211-0630

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John Bedingfield
P. O. Box 630
Artesia, NM 88211-0630

2. Article Number (Copy from) 7001 1140 0002 9558 0944

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) John E. Bedingfield
B. Date of Delivery 5/2/05
C. Signature X John E. Bedingfield
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	
50971 10001	Postage \$ 3.85
	Certified Fee 2.30
	Return Receipt Fee (Endorsement Required) 1.75
	Restricted Delivery Fee (Endorsement Required)
	Total Postage & Fees \$ 7.90

Sent To
M. L. Boling Development LLC
P. O. Box 768
Artesia, NM 88211-0768

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from) 7001 1140 0002 9558 1132

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery 5/2/05
C. Signature X [Signature]
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

MAIL RETURNED

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

OFFICIAL USE	
50971 0001	Postage \$ 3.85
	Certified Fee 2.30
	Return Receipt Fee (Endorsement Required) 1.75
	Restricted Delivery Fee (Endorsement Required)
	Total Postage & Fees \$ 7.90

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

PS Form 3800

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

Sent To **Johney Cockburn Estate**
Maggie Suetta Cockburn
 c/o Thomas Cockburn
 P. O. Box 50013
 Austin, TX 78763

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Johney Cockburn Estate
 Maggie Suetta Cockburn
 c/o Thomas Cockburn
 P. O. Box 50013
 Austin, TX 78763

2. Article Number (C)

7001 1140 0002 9558 0609

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Colaro Corporation
 400 One Energy Square
 4925 Greenville Avenue
 Dallas, Texas 75206-4012

2. Article Num

7001 1140 0002 9558 0616

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

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

2. Article Number (

7001 1140 0002 9558 1125

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

Tom Cockburn

C. Signature

X [Signature] Agent Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

Sent To **Colaro Corporation**
 400 One Energy Square
 4925 Greenville Avenue
 Dallas, Texas 75206-4012

PS Form 3800

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

OFFICIAL USE

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

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

PS Form 3800

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

Silver Thomas 5/2

C. Signature

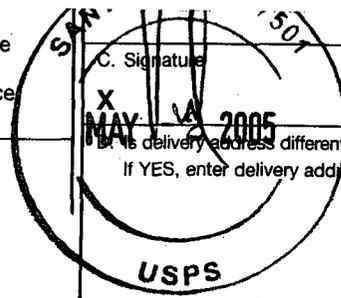
X [Signature] Agent Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes



C. Signature

X [Signature] Agent Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90



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

A. Received by (Please Print Clearly) **Lawrence Davis** B. Date of Delivery **5/18/05**

C. Signature *Lawrence P. Davis*

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

Sent To
Jane Ann Hudson Davis
6770 Wolf Creek Court
Rio Rancho, NM 87124

1. Article Addressed to:

Jane Ann Hudson Davis
6770 Wolf Creek Court
Rio Rancho, NM 87124

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3800

2. Article Number (Certified Mail) **7001 1140 0002 9558 0937**

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

- 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.

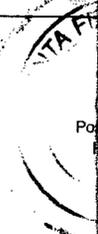
C. Signature *Judy N. Deans*

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

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

OFFICIAL

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90



Sent To
Judy N. Deans
409 Commerce Road
Artesia, NM 88210-9432

1. Article Addressed to:

Judy N. Deans
409 Commerce Road
Artesia, NM 88210-9432

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3800

2. Article Number (Certified Mail) **7001 1140 0002 9558 0678**

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

- 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.

C. Signature *Paula Dooley*

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

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

OFFICIAL

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90



Sent To
Florence Dooley Estate
Patrick T. Dooley, Personal Rep.
1006 S. 2nd Street
Artesia, NM 88210

1. Article Addressed to:

Florence Dooley Estate
Patrick T. Dooley, Personal Rep.
1006 S. 2nd Street
Artesia, NM 88210

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3800

2. Article Number (Certified Mail) **7001 1140 0002 9558 0630**

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

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL USE

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

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

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

C. Signature *HARRY RICHARDSON* Agent Addressee

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

Sent To
 Mary Dorothea Duggan
 15 E. Greenway Plaza #12G
 Houston, TX 77046-1504

1. Article Addressed to:
 Mary Dorothea Duggan
 15 E. Greenway Plaza #12G
 Houston, TX 77046-1504

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

PS Form 3800

2. Article Number (C) 7001 1140 0002 9558 0647

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

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

A. Received by (Please Print Clearly) *JUDY LEBUS* B. Date of Delivery *5-2-05*

C. Signature *Judy Lebus* Agent Addressee

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

Sent To
 Fenix Royalty, LLC
 P.O. Box # 2818
 Midland TX 79702-2818

1. Article Addressed to:
 Fenix Royalty, LLC
 P.O. Box 2818
 Midland, TX 79702-2818

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

PS Form 3800

2. Article Number (Copy) 7001 1140 0002 9558 1118

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
 Steve Fitt
 1180 Mercury Drive
 Lafayette, Colorado 80026

MAIL
 RETURNED

PS Form 3800

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

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

APR 28 2005

Sent To
 Jonel Susan Grasso
 11 Ocean Ridge
 Laguna Niguel, CA 92677

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 Jonel Susan Grasso
 11 Ocean Ridge
 Laguna Niguel, CA 92677

2. Article Number 7001 1140 0002 9558 0920

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

 Francis F. Hawley, successor in title
 for Frank E. Hawley Life Est.
 21 Goldenridge Court
 San Mateo, CA 94402-3717

2. Article Number (7001 1140 0002 9558 0654

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

 Madison M. Hinkle
 P. O. Box 2292
 Roswell, NM 88202-2292

2. Article Number (Cop 7001 1140 0002 9558 0807

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
 Francis F. Hawley, successor in
 for Frank E. Hawley Life Est.
 21 Goldenridge Court
 San Mateo, CA 94402-3717

PS Form 3800,

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

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
 Madison M. Hinkle
 P. O. Box 2292
 Roswell, NM 88202-2292

PS Form 3800,

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

C. Signature X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

C. Signature X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL RECEIPT

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
Rolla R. Hinkle III
P. O. Box 2292
Roswell, NM 88202-2292

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rolla R. Hinkle III
P. O. Box 2292
Roswell, NM 88202-2292

2. Article Number (Copy from receipt label)
7001 1140 0002 9558 0791

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **4.30.05**

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL RECEIPT

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
Everett R. Jones
c/o Everett R. Jones, Jr.
8080 North Central Expressway
Suite 1420 LB #12
Dallas, TX 75206

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Everett R. Jones
c/o Everett R. Jones, Jr.
8080 North Central Expressway
Suite 1420 LB #12
Dallas, TX 75206

2. Article Number (Copy from receipt label)
7001 1140 0002 9558 0685

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL RECEIPT

50971 Postage	\$ 3.85
0001 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
Everett R. Jones, Jr.
8080 North Central Expressway
Suite 1420 LB #12
Dallas, TX 75206

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Everett R. Jones, Jr.
8080 North Central Expressway
Suite 1420 LB #12
Dallas, TX 75206

2. Article Number (Copy from receipt label)
7001 1140 0002 9558 0623

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

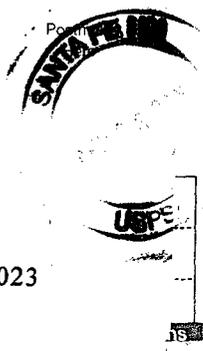
OFFICIAL USE

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 7.90

Sent To
Pamela June Krueger
Post Office Box 551023
Jacksonville, FL 32255-1023

PS Form 3800

MAIL RETURNED



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

OFFICIAL USE

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 7.90

Sent To
Losee Investments LLC
P. O. Box 1720
Artesia, NM 88211-1720

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Losee Investments LLC
P. O. Box 1720
Artesia, NM 88211-1720

2. Article Number (C) **7001 1140 0002 9558 1101**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

Elida Junz 5-1-05

Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 7.90

Sent To
Marbob Oil Corporation
2208 West Main Street
P. O. Box 227
Artesia, NM 88211-0227

PS Form 3800

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

1. Article Addressed to:
Marbob Oil Corporation
2208 West Main Street
P. O. Box 227
Artesia, NM 88211-0227

2. Article Number (C) **7001 1140 0002 9558 0692**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Amy Reed 5-2-05

C. Signature
Amy Reed Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To: Frank C. Miller and Mary Russell
 Miller Revocable Living Trust
 P. O. Box 203
 Roswell, NM 88202-0203

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Frank C. Miller and Mary Russell
 Miller Revocable Living Trust
 P. O. Box 203
 Roswell, NM 88202-0203

2. Article Number (Cc) 7001 1140 0002 9558 1057

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 5/10/05

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To: Wilma Donohue Moleen Foundation
 Chase Bank, NA, Trustee
 P.O. Drawer 140
 El Paso, TX 79702-0966

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wilma Donohue Moleen Foundation
 Chase Bank, NA, Trustee
 P.O. Drawer 140
 El Paso, TX 79702-0966

2. Article Number (Cc) 7001 1140 0002 9558 0838

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery MAY 03 2005

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To: Joan Hudson Moore
 81 North Street
 Naples, FL 34108

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joan Hudson Moore
 81 North Street
 Naples, FL 34108

2. Article Number (Cc) 7001 1140 0002 9558 0913

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

COMPLETE THIS SECTION ON DELIVERY

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL USE

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 7.90

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

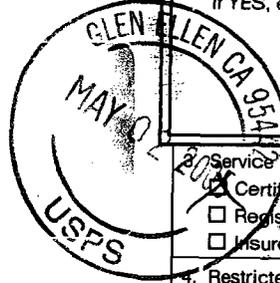
A. Received by (Please Print Clearly) *Ed Sal* B. Date of Delivery _____

C. Signature
 X *E.H. Salamone* Agent
 Addressee

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

1. Article Addressed to:

 Thomas W. Pettit
 151 W. Trinity Road
 Glen Ellen, CA 95442



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy to) 7001 1140 0002 9558 0906

PS Form 3800, July 1999 Domestic Return Receipt 102595-00-M-0952

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

A. Received by *R.M. Richardson* 5-2-05

C. Signature
 X *R.M. Richardson* Agent
 Addressee

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

1. Article Addressed to:

 Randolph M. Richardson
 P. O. Box 2423
 Roswell, NM 88202-2423

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

4. Restricted Delivery? (Extra Fee) Yes

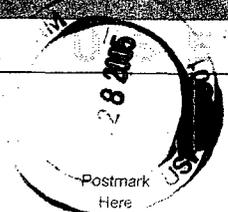
2. Article Number (C) 7001 1140 0002 9558 0784

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

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

OFFICIAL USE

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 7.90

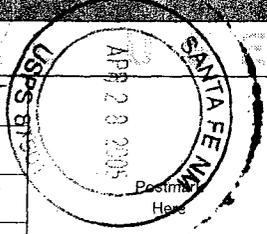


Sent To
 James F. Roberts
 Post Office Box 504
 Key Colony, FL 33051

MAIL RETURNED

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

50971 Postage \$ 3.85
6001 Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 7.90



MAIL RETURNED

Sent To **Rockwell Energy Corporation**
Street, Apt. or PO Box **Jon J. Nelson, interest
P. O. Box 885**
City, State **Seguin, TX 78156-0885**

PS Form 3811

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

50971 Postage \$ 3.85
0001 Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 7.90



Sent To **Rockwell Energy Corporation**
Street, Apt. No., or PO Box No. **Jon J. Nelson, Jr., interest
P. O. Box 885**
City, State, ZIP+ **Seguin, TX 78156-0885**

PS Form 3811

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**Rockwell Energy Corporation
Jon J. Nelson, Jr., interest
P. O. Box 885
Seguin, TX 78156-0885**

2. Article Number (C)

7001 1140 0002 9558 0715

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X *Jon Nelson* 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

- 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:

**Morris E. Schertz
Post Office Drawer 2588
Roswell, NM 88202-2588**

2. Article Number (C)

7001 1140 0002 9558 0814

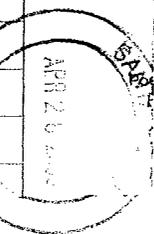
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

50971 Postage \$ 3.85
0001 Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 7.90



Sent To **Morris E. Schertz**
Street, Apt. No., or PO Box No. **Post Office Drawer 2588**
City, State, ZIP+ **Roswell, NM 88202-2588**

PS Form 3811

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

Morris E. Schertz **5-2-05**

C. Signature X *Morris E. Schertz* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

Sent To
 Paul Slayton
 P. O. Box 2035
 Roswell, NM 88202-2035

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Paul Slayton
 P. O. Box 2035
 Roswell, NM 88202-2035

2. Article Number (C) 7001 1140 0002 9558 0753

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Jane Andrews* B. Date of Delivery 5-2-05
 C. Signature *Jane Andrews* Agent Addressee
 X Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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

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

OFFICIAL USE

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

Sent To
 Sue Lynn Terry
 6112 N. Mesa PMB 216
 El Paso, TX 79912-4516

PS Form 3800

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

MAIL RETURNED

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 TMTM Joint Venture
 7008 Salem Avenue
 Lubbock, Texas 79424

2. Article Number (C) 7001 1140 0002 9558 1095

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *T. Arnold* B. Date of Delivery 5/2/05
 C. Signature *T. Arnold* Agent Addressee
 X Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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

50971 Postage \$ 3.85
 0001 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.90

Sent To
 TMTM Joint Venture
 7008 Salem Avenue
 Lubbock, Texas 79424

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 TMTM Joint Venture
 7008 Salem Avenue
 Lubbock, Texas 79424

2. Article Number (C) 7001 1140 0002 9558 1095

PS Form 3811, July 1999

Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL USE

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
Sandra Terry Tolliver
P. O. Box 12617
El Paso, TX 79912-0617

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sandra Terry Tolliver
P. O. Box 12617
El Paso, TX 79912-0617

2. Article Number (Co

7001 1140 0002 9558 0739

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Trigg Oil & Gas Limited Partnership
P. O. Box 520
Roswell, NM 88202-0520

2. Article Number (Co

7001 1140 0002 9558 0722

PS Form 3811, July 1999

Domestic Return Receipt

88202#0520

102595-00-M-0952

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

OFFICIAL USE

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
Trigg Oil & Gas Limited Partners
P. O. Box 520
Roswell, NM 88202-0520

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) S. R. Tolliver B. Date of Delivery 5/3/5 PM

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

50971
0001

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

Sent To
Howard B. Wright Estate
B. Kent Pomeroy Anc. Pr.
Ste 101, 3839 N. 3rd Street
Phoenix, AZ 85012-2068

PS Form 3811, July 1999

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

MAIL RETURNED

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

OFFICIAL RECEIPT

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To
 Yates Brothers
 105 South Fourth
 Artesia, NM 88210

Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Yates Brothers
 105 South Fourth
 Artesia, NM 88210

2. Article Number (C) 7001 1140 0002 9558 0593

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **X** *KATHY DONAGHE* 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

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

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

OFFICIAL RECEIPT

50971 0001	Postage	\$ 3.85
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90

Sent To
 Myrna Sue Zumwalt
 101 N. Filmore Street
 Cortez, CO 81321-3311

Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Myrna Sue Zumwalt
 101 N. Filmore Street
 Cortez, CO 81321-3311

2. Article Number (Copy) 7001 1140 0002 9558 0661

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **X** *Myrna Zumwalt* 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

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



HOLLAND & HART

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

1ST NOTICE
2ND NOTICE
RETURN

MCIN620 799222007 IN 03 05/02/05
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER



RETURN RECEIPT
REQUESTED

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:

Katherine K. McIntyre
620 Camino Real Avenue
El Paso, TX 79922-2008

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

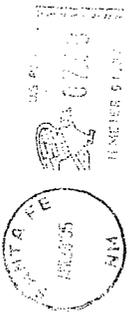
2. Article Number Copy 7003 3J40 0002 9558 0982

FS Form 3811, July 1999

Domestic Return Receipt

102508-00-4-0982

7001 1140 0002 9558 0746



HOLLAND & HART

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



Sue Lynn Terry
6112 N. Mesa PMB 216
El Paso, TX 79912-4516



RETURN RECEIPT
REQUESTED

LET
NOTICE
RETURN
MAILING
ADDRESS

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:

Sue Lynn Terry
6112 N. Mesa PMB 216
El Paso, TX 79912-4516

2. Article Number (Copy #) **7001 1140 0002 9558 0746**

PS Form 3811, July 1989

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____

D. Is delivery address different from item 1? 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

10285-01-0082

7001 1140 0002 9558 1088



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

IN NOTICE
AND NOTICE
RETURN

UNABLE TO FORWARD

UNABLE TO FORWARD

**RETURN RECEIPT
REQUESTED**

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James H. Roberts
Post Office
Key Colony

UNABLE TO FORWARD

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X

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

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

2. Article Number: 7001 1140 0002 9558 1088

PS Form 3811, July 1989

Domestic Return Receipt

10298-00-14-0832

7001 1140 0002 9556 0700



HOLLAND & HART

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

1ST NOTICE
2ND NOTICE
RETURN



Rockwell Energy Corporation
Jon J. Nelson, interest
P. O. Box 885
Seguin, TX 78156-0885

1st Notice 5-21
2nd Notice 5-21

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:

Rockwell Energy Corporation
Jon J. Nelson, interest
P. O. Box 885
Seguin, TX 78156-0885

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent Address Yes No

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

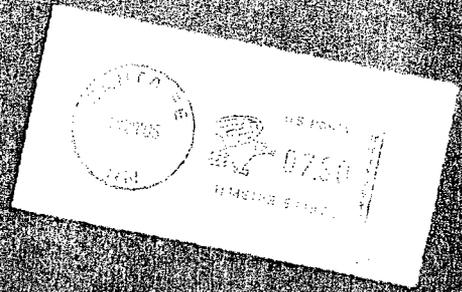
2. Article Number: 7001 1140 0002 9556 0700

PS Form 3811, July 1999

Domestic Return Receipt

102566-00-10-0592

1140 0002 9558 0760



HOLLAND & HART

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

1ST NOTICE _____
2ND NOTICE _____
RETURN _____

~~M. L. Boling Development LLC
P. O. Box 768
Artesia, NM 88211-0768~~

- RETURNED TO SENDER**
- MOVED, LEFT NO ADDRESS
 - NOT DELIVERABLE AS ADDRESSEE
 - UNABLE TO FORWARD
 - ATTEMPTED - NOT PERMITTED
 - UNCLAIMED RETURNED TO SENDER
 - NO SUCH STREET OR NUMBER
 - DO NOT REMAIN IN THIS COUNTRY
 - INSUFFICIENT ADDRESS
 - NO MAIL RECEIPT
 - BOX CLOSED

RETURN RECEIPT REQUESTED

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:

M. L. Boling Development LLC
P. O. Box 768
Artesia, NM 88211-0768

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____
 Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **J01 1140 0002 9558 0760**

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:

Steve Pitt
1180 Mercury Dr.
Lafayette, CO

2. Article Number (Required from September 1999)
PS Form 3811, July 1999

7001 1140 0002 9558 1064

Domestic Return Receipt

10295-01-4-0992

COMPLETE THIS SECTION ON DELIVERY

Agent
 Addressee

8. Date of Delivery

Yes
 No

Address
 No

Yes
 No

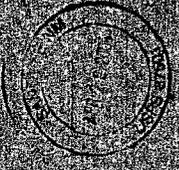
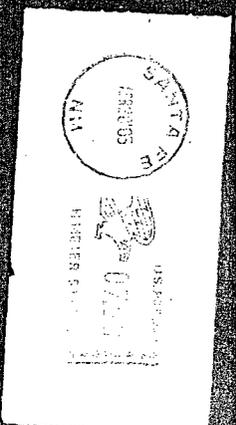
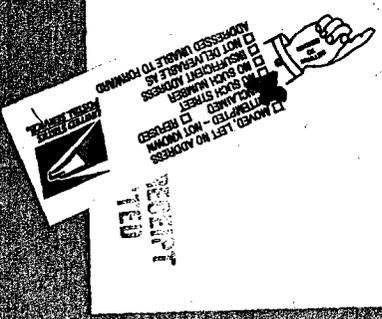
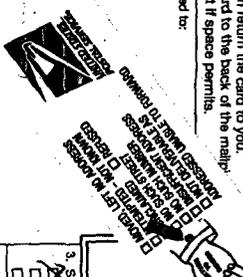
Yes
 No

Yes
 No

HOLLAND & HART

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

Steve Pitt
1180 Mercury Dr.
Lafayette, Colorado



CERTIFIED MAIL



McBarrige

HOLLAND & SHART

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

Forwarding Order Requested
 Insured, up to Address
 Restricted Delivery - Not Return
 No Return Receipt
 No Return Receipt
 Insured

Pamela June Krueger
Post Office Box 102
Jacksonville, FL 32255-1022

RETURN RECEIPT
REQUESTED

Fwd

CF5
*Opened and
checked*

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Pamela June Krueger
Post Office Box 551023
Jacksonville, FL 32255-1023

2. Article Number (or ZIP Code)
7001 1140 0002 9558 1071

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *SLB*

B. Date of Delivery *5/13*

C. Signature *[Signature]*

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

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

4. Restricted Delivery? (Extra Fee) Yes No



[Redacted]

[Redacted]

HOLLAND & SHARP

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

RETURN TO SENDER
NO NOTICE
RETURN

Howard B. Wright Estate
B. Kent Forman, Attorney
P.O. Box 3850 N. 3rd Street
Phoenix, AZ 85018-2068

Address *Return to Sender*
This address *is not correct*

**RETURN RECEIPT
REQUESTED**



POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Affidavit of Publication

NO. 18853

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott being duly

sworn, says: That he is the Publisher of The

Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and county and state, and that the here to attached

Legal Notice

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

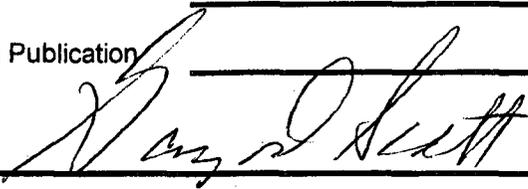
day as follows:

First Publication May 3 2005

Second Publication _____

Third Publication _____

Fourth Publication _____



Subscribed and sworn to before me this

9th Day May 2005



Notary Public, Eddy County, New Mexico

My Commission expires September :23, 2007

Copy of Publicatio

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on May 19, 2005, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by May 9, 2005. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or

claim in the following cases and notice to the public.

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

CASE 13489:

Application of McQuadrangle, LC for statutory unitization of the South RedLake II Unit Area, Eddy County, New Mexico. Applicant in the above-styled cause, seeks an order unitizing, for the purpose of establishing an enhanced recovery project, all mineral interest in the Grayburg and San Andres formations; Red Lake Queen-Grayburg-San Andres Pool, underlying 961.61 acres, more or less, of Federal and State lands in the following acreage:
TOWNSHIP 17 SOUTH, RANGE 27 EAST, NMPM
 Section 35: E / 2, E / 2, SW/4, SE/4 NWM, Section 36: W / 2, S W / 4, NE/4
TOWNSHIP 18 SOUTH, RANGE 27 EAST, NMPM
 Section 1: Lot 4
 Section 2: Lots 1, 2, 3
 Said unit to be designated the South RedLake II Unit.

Among the matters considered at hearing will be the necessity of unit operations; the designation of a unit operator; the designation of horizontal vertical limits of the area; the determination of the fair, reasonable and equitable allocation of production, including capital investment, each of the various tracts in the unit area; the termination of credits charges to be made among the various tracts in the unit area; their investment in well and equipment and other matters as may be necessary and appropriate for carrying on efficient unit operations, including but not limited to unit voting procedure selection, removal substitution of unit operator, and time of commencement and termination of unit operation. Applicant also requests that any such order issued in this case include a non-consent penalty or risk to be charged against carried working interests within the unit area upon such terms and conditions to be determined by the Division as just and reasonable. Said unit area is located approximately 16 miles southeast of Artesia, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 29th day of April, 2005.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E. Director

Published in the Artesia Daily Press, Artesia N.M. May 3, 2005.

Legal 1885: