

**KELLAHIN & KELLAHIN**  
**Attorney at Law**

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

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

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

May 12, 2005

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

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

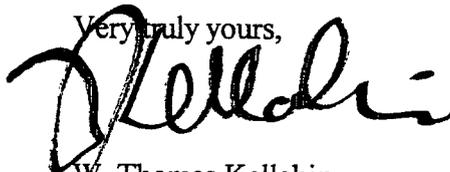
**Re: *Application of Apache Corporation for  
Statutory Unitization, Lea County, New Mexico  
(East Blinebry-Drinkard Unit)***

Dear Interest Owner:

I am assisting with Apache Corporation's efforts to obtain approval from the New Mexico Oil Conservation Division ("Division") for its proposed East Blinebry-Drinkard Waterflood Project including an application for statutory unit and an application for the associated waterflood. As part of that approval process, I am required to send this notice to all interest owners. You are not required to attend this hearing, but failure to appear at the hearing and become a party of record will preclude you from challenging the matter at a later date. This referenced application will be heard by a Division Examiner on a docket scheduled to start at 8:15 am on June 2, 2005. The hearing will be held at the Division hearing room located in the Pinon Building, 1220 South St. Francis Drive, Santa Fe, New Mexico, 87502 (phone 505-472-3458).

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Pursuant to Division Rule 1208.B, you are further notified that if you desire to appear in this case, then you are required to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, May 27, 2005, with a copy delivered to the undersigned. This statement must include: the names of the parties and attorneys; a concise statement of your position in this case; the names of all witnesses you will call to testify at the hearing, the approximate time you will need to present your case and identification of any procedural matters that area to be resolve prior to the hearing. If you have any questions please call Mario Moreno, Apache Corporation (918) 491-4963.

Very truly yours,



W. Thomas Kellahin

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Case No. Exhibit No. — 13  
Submitted By:  
Apache Corporation  
Hearing Date: June 16, 2005

**RECEIVED**

**MAY 06 2005**

**TULSA  
LAND DEPT.**

**KELLAHIN & KELLAHIN**  
**Attorney at Law**

**W. Thomas Kellahin**  
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May 12, 2005

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

**RECEIVED**

MAY 06 2005

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

TULSA  
LAND DEPT.

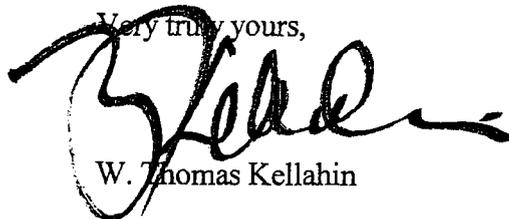
*Re: Application of Apache Corporation for  
Approval of its East Blinebry-Drinkard Unit Waterflood Project  
and to qualify this project for the recovered oil tax rate,  
Lea County, New Mexico  
(East Blinebry-Drinkard Unit)*

Dear Interest Owner:

I am assisting with Apache Corporation's efforts to obtain approval from the New Mexico Oil Conservation Division ("Division") for its proposed East Blinebry-Drinkard Waterflood Project including an application for statutory unit and an application for the associated waterflood. As part of that approval process, I am required to send this notice to all interest owners. You are not required to attend this hearing, but failure to appear at the hearing and become a party of record will preclude you from challenging the matter at a later date. This referenced application will be heard by a Division Examiner on a docket scheduled to start at 8:15 am on June 2, 2005. The hearing will be held at the Division hearing room located in the Pinon Building, 1220 South St. Francis Drive, Santa Fe, New Mexico, 87502 (phone 505-472-3458).

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Very truly yours,



W. Thomas Kellahin

**East Blinebry-Drinkard Unit  
Hearing Notices sent out  
5/10/05 via Certified Mail.**

Habell Trust dtd 11/15/84  
6507 N. Lober Place  
San Gabriel, CA 91775

Robin G. Lemaster  
P.O. Box 1281  
Brawley, CA 92227

Margaret C. Lemaster  
1400 S. Sun Kist St, Space 43  
Anaheim, CA 92806-5616

J. Hiram Moore Trust  
P.O. Box 910833  
Dallas, TX 75391-0833

National Finance Credit Corp.  
P.O. Box 1897  
Ft. Worth, TX 76101

The Black Trust  
419 W. Cain  
P.O. Box 278  
Hobbs, NM 88241-0278

Shriners Hospitals for Children  
c/o The Northern Trust Bank of TX  
P.O. Box 226270  
Dallas, TX 75222-6270

Gilbert J. Eaton  
461 Rittenhouse Blvd.  
Jeffersonville, PA 19403

Kenneth Noel Headley  
P.O. Box 1q359  
Tijeras, NM 87059

Dorothy Scribner  
6395 Quay Road AL  
Tucumcari, NM 88401

Virginia Denalta Phillips  
1460 E. 52<sup>nd</sup> St.  
Tulsa, OK 74105

Margie Pearl Patterson  
c/o Paul Patterson  
P.O. Box 1966  
Eunice, NM 88231

Tierra Exploration, Inc.  
P.O. Box 2188  
Hobbs, NM 88241

Waikiki Partners LP  
P.O. Box 2127  
Midland, TX 79702-2127

Edith Coppedge Wheeler  
P.O. Box 64035  
Lubbock, TX 79464

Francis R. Reeves  
2416 NW 111th St.  
Oklahoma City, OK 73120

Jack Markham  
1500 Broadway, Suite 1212  
Lubbock, TX 79401

Ann Dennard Allison  
P.O. Box 64035  
Lubbock, TX 79464

Frank A. Glispin  
P.O. Box 12564  
Dallas, TX 75225

J.R. Cone et ux  
P.O. Box 10217  
Lubbock, TX 79408

Maura Smyrl Jennings  
1810 S. Breton PL  
Tucson, AZ 85748

Fairway Oil & Gas Co.  
P.O. Box 845  
Sparta, NM 07871

Ora Lee Jones  
P.O. Box 1993  
Plainview, TX 79072

R.H. Fulton Estate  
P.O. Box 16860  
Lubbock, TX 79490-6860

M.H. McGrail Test. Trust  
P.O. Box 840738  
Dallas, TX 75284-0738

Boys Ranch Foundation  
P.O. Box 1890  
Amarillo, TX 79140-0001

Benischek Properties LLC  
3600 N. Harvey Pkwy.  
Oklahoma City, OK 73118

Ann Elizabeth Romer  
1616 Montmorency Dr.  
Vienna, VA 22182

Mary J. McWhorter  
769 Canyon RD  
Logan, UT 84321-4316

Exxon Mobil Corporation  
P.O. Box 4697  
Houston, TX 77210-4697  
Attn: Dan Barber

Kenneth Long  
1547 Ringe  
Las Vegas, NV 89110

Rosser Schwarz  
c/o Mrs. Schwarz  
324 W. Ramona Ave.  
Colorado Springs, CO 80906

Donna Rodgers Collins  
816 Trailing Heart  
Roswell, NM 88201

Patricia D. Lee  
176 Lee Ranch Road  
Lovington, NM 88260

Ruby Rodgers  
816 Trailing Heart  
Roswell, NM 88201

BP America Production Co.  
501 Westlake Park Blvd  
Houston, TX 77079  
Attn: Thomas Furtwangler

Freda Long  
P.O. Box 1342  
Lake Isabella, CA 93240

David H. Arrington  
P.O. Box 2071  
Midland, TX 79702

Duce Bivins  
c/o William Bivins  
8479 Sexton Rd  
Pasadena, MD 21122-2913

P.L. Lawrence Jr. Estate  
P.O. Box L  
Crowley, LA 70526

Elizabeth Eaton  
2121 East Biscayne Court  
Highlands Ranch, CO 80126

Donald Long  
1514 Martin Ave.  
Aztec, NM 87410

Lettunich Oil Company  
P.O. Box 925  
Fabens, TX 79838

Earl Malone MD  
2801 N. Kentucky, Apt. 122  
Roswell, NM 88201-0607

Baynard W. Malone, Trustee of  
the Andersen-Malone Trust  
P.O. Box 87  
Roswell, NM 88202-0087

Lawrence Dale Long  
11704 Piño Ave NE, NBU 22004  
Albuquerque, NM 87122

Marsha Cockrell  
313 County Road 2900  
Aztec, NM 87410

Chevron USA, Inc.  
11111 South Wilcrest  
Houston, TX 77099  
Attn: James Baca

7004 2890 0001 6128 0697

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Beverly Elizabeth Somerville  
 1504 Dartmouth  
 Albuquerque, NM 87106  
 (MH - East Blinby-Drinkard)

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

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

PS Form 3800, June 2002 See Reverse

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Beverly Elizabeth Somerville  
 1504 Dartmouth  
 Albuquerque, NM 87106  
 (MH - East Blinby-Drinkard)

2. Article Number (Copy from service label) \_\_\_\_\_

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 \_\_\_\_\_  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: *deceased - sent pkg to heir Ann E. Romer*

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0697

7002 2410 0004 2680 8628

Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

John H. Hendrix Corporation  
 P.O. Box 3040  
 Midland, TX 79702  
 (MH-EB-DU Agreements)

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

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

PS Form 3800, June 2002 See Reverse

**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 H. Hendrix Corporation  
 P.O. Box 3040  
 Midland, TX 79702  
 (MH-EB-DU Agreements)

2. Article Number (Copy from service label) \_\_\_\_\_

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *J.H. Hendrix* B. Date of Delivery \_\_\_\_\_

C. Signature  
 X *J.H.*  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

7002 2410 0004 2680 8628

**RECEIVED**  
 MAY 31 2005  
 TULSA LAND DEPT.

7002 2410 0004 2680 8635

U.S. Postal Service™  
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**OFFICIAL USE**

Audrey M. Baker  
 P.O. Box 1263  
 Midland, TX 79702  
 (MH-EB-DU Agreements)

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

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

PS Form 3800, June 2002 See Reverse

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Audrey M. Baker  
 P.O. Box 1263  
 Midland, TX 79702  
 (MH-EB-DU Agreements)

2. Article Number (Copy from service label) \_\_\_\_\_

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 *Audrey Baker*  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

7002 2410 0004 2680 8635

**RECEIVED**  
 JUN 03 2005  
 TULSA LAND DEPT.

7004 2890 0001 6128 0680

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**OFFICIAL USE**

Lawrence Dale Long  
 3203 Embudito Dr. NE  
 Albuquerque, NM 87111  
 (MH - East Blineby-Drinkard)

Postage

\$

*wrong a*

City, State, ZIP+4®

PS Form 3800, June 2002 See Reverse

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Lawrence Dale Long  
 3203 Embudito Dr. NE  
 Albuquerque, NM 87111  
 (MH - East Blineby-Drinkard)

2. Article Number (Copy from service label) **7004 2890 0001 6128 0680**

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  Agent  Addressee

*wrong address*

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

7004 2890 0001 6128 0772

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**OFFICIAL USE**

Lawrence Dale Long  
 1704 Pino Ave NE, MBU 2204  
 Albuquerque, NM 871  
 (MH-East Blineby-Drinkard Unit)

Postage

\$

*4/5*

City, State, ZIP+4®

PS Form 3800, June 2002 See Reverse

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Lawrence Dale Long  
 1704 Pino Ave NE, MBU 2204  
 Albuquerque, NM 871  
 (MH-East Blineby-Drinkard Unit)

2. Article Number (Copy from service label) **7004 2890 0001 6128 0772**

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  Agent  Addressee

*Also wrong address*

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

7004 2890 0001 6128 0703

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Kenneth Long  
 1547 Ringe  
 Las Vegas, NV 89110  
 (MH - East Blineby-Drinkard)

Postage

\$

*3/23*

City, State, ZIP+4®

PS Form 3800, June 2002 See Reverse

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Kenneth Long  
 1547 Ringe  
 Las Vegas, NV 89110  
 (MH - East Blineby-Drinkard)

2. Article Number (Copy from service label) **7004 2890 0001 6128 0703**

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  Agent  Addressee

*reset his pkg uncertified.*

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

7004 2890 0001 6128 0666

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City, State, ZIP+4

PS Form 3800, June 2002

Cathy Ruth Chapman  
 P.O. Box 5428  
 Hobbs, NM 88241  
 (MH - E ast Blineby-Drinkard)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

3

**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:

Cathy Ruth Chapman  
 P.O. Box 5428  
 Hobbs, NM 88241  
 (MH - E ast Blineby-Drinkard)

2. Article Number (Copy from service label)

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X  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

7004 2890 0001 6128 0666

Domestic Return Receipt 102595-00-M-095

**Not Deliverable as Addressed - Unable to deliver to sender**

**Not Deliverable as Addressed - Unable to deliver to sender**

7004 2890 0001 6128 0710

U.S. Postal Service™  
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**OFFICIAL USE**

City, State, ZIP+4

PS Form 3800, June 2002

Donald Long  
 1514 Martin Ave.  
 Aztec, NM 87410  
 (MH - E ast Blineby-Drinkard)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**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:

Donald Long  
 1514 Martin Ave.  
 Aztec, NM 87410  
 (MH - E ast Blineby-Drinkard)

2. Article Number (Copy from service label)

PS Form 3811, July 1999

**RECEIVED**

**MAR 31 2005**

**TULSA LAND DEPT.**

**COMPLETE THIS SECTION ON DELIVERY**

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

Bobbi Long

C. Signature

X  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

7004 2890 0001 6128 0710

Domestic Return Receipt 102595-00-M-095

7004 2890 0001 6128 0673

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City, State, ZIP+4

PS Form 3800, June 2002

Hubert A. Rogers  
 1201 S. Second St.  
 Lovington, NM 88260  
 (MH - E ast Blineby-Drinkard)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**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:

Hubert A. Rogers  
 1201 S. Second St.  
 Lovington, N  
 (MH - E ast Bli)

2. Article Number (Copy from service label)

PS Form 3811, July 1999

**RECEIVED**

**APR 29 2005**

**TULSA LAND DEPT.**

RODGERS  
 816 TRAILING HEART RD  
 ROSWELL NM 88201-7858

**COMPLETE THIS SECTION ON DELIVERY**

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

4-21-05

C. Signature

X  Agent  
 Address

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

RODG356 T882602033 1205 19 04/18/05

7004 2890 0001 6128 1113

U.S. Postal Service™  
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 No Insurance Coverage Protection  
 visit our website at www.usps.com

**OFFICIAL U.S. MAIL**

Postage Here

Res (End)

To (End)

Tob

Sent

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

City, State, ZIP+4

P.L. Lawrence Jr. Estate  
 P.O. Box L  
 Crowley, LA 70526  
 (MH - East Blineby - Drinkard)

PS Form 3800, June 2002 See Reverse

**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:

P.L. Lawrence Jr. Estate  
 P.O. Box L  
 Crowley, LA 70526  
 (MH - East Blineby - Drinkard)

2. Article Number (Copy from service label)

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  
 Lucy Hayes 4-4-05

C. Signature  
 X Lucy Hayes  Agent  Address

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

**RECEIVED**  
 APR 06 2005  
 TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 1113

7004 2890 0001 6128 1106

U.S. Postal Service™  
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**OFFICIAL U.S. MAIL**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & I

Sent To

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

City, State, ZIP+4

Boys Ranch Foundation  
 P.O. Box 1890  
 Amarillo, TX 79140-00  
 (MH - East Blineby - Drinkard)

PS Form 3800, June 2002 See Reverse

**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:

Boys Ranch Foundation  
 P.O. Box 1890  
 Amarillo, TX 79140-0001  
 (MH - East Blineby - Drinkard)

2. Article Number (Copy from service label)

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  
 For (Name) MAR 22 2005

C. Signature  
 X [Signature]  Agent  Address

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

**RECEIVED**  
 MAR 25 2005  
 TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 1106

7004 2890 0001 6128 1090

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & I

Sent To

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

City, State, ZIP+4

Ora Lee Jones  
 P.O. Box 1993  
 Plainview, TX 79072  
 (MH - East Blineby - Drinkard)

PS Form 3800, June 2002 See Reverse

**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:

Ora Lee Jones  
 P.O. Box 1993  
 Plainview, TX 79072  
 (MH - East Blineby - Drinkard)

2. Article Number (Copy from service label)

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  
 [Signature] 3/22

C. Signature  
 X [Signature]  Agent  Address

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

**RECEIVED**  
 MAR 25 2005  
 TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 1090

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**CIAL US**

Triple H Resources, Inc.  
 P.O. Box 10463  
 Midland, TX 79702  
 (MH - East Blineby -Drinkard)

Postm  
 Hen

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Triple H Resources, Inc.  
 P.O. Box 10463  
 Midland, TX 79702  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) H.R. Holcomb B. Date of Delivery 3-30-05

C. Signature [Signature]  Agent  Address

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

7004 2890 0001 6128 1038

RECEIVED APR 04 2005 TULSA LAND DEPT.

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**CIAL US**

Watson Truck & Supply  
 P.O. Box 10  
 Hobbs, NM 88240  
 (MH - East Blineby -Drinkard)

Postm  
 Hen

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Watson Truck & Supply  
 P.O. Box 10  
 Hobbs, NM 88240  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) E. MANASS B. Date of Delivery 3/28/05

C. Signature [Signature]  Agent  Address

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

7004 2890 0001 6128 1137

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**CIAL US**

Ken McPeters  
 502 W. Gold  
 Hobbs, NM 88240  
 (MH - East Blineby -Drinkard)

Postm  
 He

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Ken McPeters  
 502 W. Gold  
 Hobbs, NM 88240  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) K.D. McPeters B. Date of Delivery 3/28/05

C. Signature [Signature]  Agent  Address

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

7004 2890 0001 6128 1120

RECEIVED MAR 28 2005 TULSA LAND DEPT.

7004 2890 0001 6128 1076

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**OFFICIAL USE**

Ruth D. Brown  
 6705 1<sup>st</sup> St.  
 Terra Estates North  
 Lubbock, TX 79416  
 (MH - East Blineby -Drinkard)

Post Office

PS Form 3800, June 2002 See Reverse

**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.

Ruth D. Brown  
 6705 1<sup>st</sup> St.  
 Terra Estates North  
 Lubbock, TX 79416  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label) **7004 2890 0001 6128 1076**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) W BROWN B. Date of Delivery 3-22-05

C. Signature X W. B. Brown  Agent  Address

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

**RECEIVED**  
 MAR 24 2005  
 TULSA LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 1045

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**OFFICIAL USE**

Tierra Exploration, Inc.  
 P.O. Box 1354  
 Roswell, NM 88201  
 (MH - East Blineby -Drinkard)

Bad Address

PS Form 3800, June 2002 See Reverse

**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.

Tierra Exploration, Inc.  
 P.O. Box 1354  
 Roswell, NM 88201  
 (MH - East Blineby -Drinkard)

changed address -resent 3/29/05

2. Article Number (Copy from service label) **7004 2890 0001 6128 1045**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) See Sanica B. Date of Delivery 3-22-05

C. Signature X Sanica  Agent  Address

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

**RECEIVED**  
 MAR 29 2005  
 TULSA LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0734

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**OFFICIAL USE**

Tierra Exploration, Inc.  
 P.O. Box 2188  
 Hobbs, NM 88241  
 (MH-East Blineby-Drinkard Unit)

3/4

PS Form 3800, June 2002 See Reverse

**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:

Tierra Exploration, Inc.  
 P.O. Box 2188  
 Hobbs, NM 88241  
 (MH-East Blineby-Drinkard Unit)

2. Article Number (Copy from service label) **7004 2890 0001 6128 0734**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) See Sanica B. Date of Delivery 3/27/05

C. Signature X Goot Sanica  Agent  Address

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

**RECEIVED**  
 APR 04 2005  
 TULSA LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 1144

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**ICIAL USE**

Rosser E. Schwarz  
P.O. Box 969  
Trinidad, CO 81082  
(MH - East Blineby -Drinkard)

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

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION**

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

Rosser E. Schwarz  
P.O. Box 969  
Trinidad, CO 81082  
(MH - East Blineby -Drinkard)

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature \_\_\_\_\_  Agent  
 Addressed to Addressee

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

MAR 28 2005  
TULSA  
LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 7004 2890 0001 6128 1144

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

7004 2890 0001 6128 0727

**MAIL™ RECEIPT**  
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**ICIAL USE**

Rosser E. Schwarz  
324 W. Ramona Ave  
Colorado Springs, CO 80906  
(MH - East Blineby-Drinkard)

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

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Rosser E. Schwarz  
324 W. Ramona Ave  
Colorado Springs, CO 80906  
(MH - East Blineby-Drinkard)

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature \_\_\_\_\_  Agent  
 Addressed to Addressee

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

MAR 31 2005  
TULSA  
LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 7004 2890 0001 6128 0727

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

7004 2890 0001 6128 1083

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**ICIAL USE**

J.L. & Jessie M. Reynolds  
648 N. RO Ave  
Stockton, CA  
(MH - East Blineby -Drinkard)

Postmark Here

PS Form 3800, June 2002 See Reverse for Instructions

7004 2890 0001 6128 1021

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**ICIAL U**

David H. Arrington  
 P.O. Box 2071  
 Midland, TX 79702  
 (MH - East Blineby -Drinkard)

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

David H. Arrington  
 P.O. Box 2071  
 Midland, TX 79702  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

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

MAR 24 2005  
 TULSA  
 LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 1021

7004 2890 0001 6128 1014

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**ICIAL U**

Anne S. Johnson  
 6529 High 42 South  
 Fort Valley, GA 31030  
 (MH - East Blineby -Drinkard)

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Anne S. Johnson  
 6529 High 42 South  
 Fort Valley, GA 31030  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

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

MAR 24 2005  
 TULSA  
 LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 1014

7004 2890 0001 6128 1007

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**ICIAL U**

Baynard W. Malone, Trustee of  
 the Andersen-Malone Trust  
 P.O. Box 87  
 Roswell, NM 88202-0087  
 (MH - East Blineby -Drinkard)

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Baynard W. Malone, Trustee of  
 the Andersen-Malone Trust  
 P.O. Box 87  
 Roswell, NM 88202-0087  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

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

MAR 25 2005  
 TULSA  
 LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 1007

7004 2890 0001 6128 0956

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**OFFICIAL USE**

Duce D. & Ruth Cobb Bivins Rev Trust  
 414 NE 3<sup>rd</sup> St.  
 Wagoner, OK 74467-3802  
 (MH - East Blineby - Drinkard)

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Duce D. & Ruth Cobb Bivins Rev Trust  
 8479 Sexton Rd  
 Pasadena, MD 21122-2913

Article number (Copy from service label)

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  
 X MARY K. BIVINS 3/22

C. Signature  
 X Mary K Bivins  Agent  Addressee

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

**RECEIVED**  
 MAR 28 2005

TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0956

7004 2890 0001 6128 0758

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**OFFICIAL USE**

Duce D. & Ruth Cobb Bivins Rev Trust  
 8479 Sexton Rd  
 Pasadena, MD 21122-2913  
 (MH-East Blineby-Drinkard Unit)

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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:  
 Duce D. & Ruth Cobb Bivins Rev Trust  
 8479 Sexton Rd  
 Pasadena, MD 21122-2913  
 (MH-East Blineby-Drinkard Unit)

2. Article Number (Copy from service label)

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  
 X MARY K. BIVINS 4/2/05

C. Signature  
 X Mary K. Bivins  Agent  Addressee

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

**RECEIVED**  
 APR 06 2005

TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0758

7004 2890 0001 6128 0932

U.S. Postal Service™  
**MAIL™ RECEIPT**  
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 Visit our website at www.usps.gov

**OFFICIAL USE**

Christopher R. Wilkinson & Christine A. Wilkinson  
 26 Warren Ave.  
 Plymouth, MA 02360  
 (MH - East Blineby - Drinkard)

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Christopher R. Wilkinson & Christine A. Wilkinson  
 26 Warren Ave.  
 Plymouth, MA 02360  
 (MH - East Blineby - Drinkard)

2. Article Number (Copy from service label)

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  
 X [Signature] 3/25/05

C. Signature  
 X [Signature]  Agent  Addressee

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

**RECEIVED**  
 MAR 30 2005

TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0932

7004 2890 0001 6128 0963

U.S. Postal Service<sup>TM</sup>  
**MAIL<sup>TM</sup> RECEIPT**  
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on visit our website at [www.usps.com](http://www.usps.com)

**LET TUNICH OIL COMPANY**  
P.O. Box 925  
Fabens, TX 79838  
(MH - East Blineby -Drinkard)

Postmark Here

PS Form 3800, June 2002 See Reverse

7004 2890 0001 6128 0970

U.S. Postal Service<sup>TM</sup>  
**MAIL<sup>TM</sup> RECEIPT**  
*(No Insurance Coverage Provided)*  
on visit our website at [www.usps.com](http://www.usps.com)

**LET TUNICH OIL COMPANY**  
P.O. Box 925  
Fabens, TX 79838  
(MH - East Blineby -Drinkard)

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.

**LET TUNICH OIL COMPANY**  
P.O. Box 925  
Fabens, TX 79838  
(MH - East Blineby -Drinkard)

**RECEIVED**  
MAR 25 2005  
TULSA  
LAND DEPT.

2. Article Number (Copy from service label)

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Bill Thomas** B. Date of Delivery **3-21**

C. Signature **Bill Thomas**  Agent  Address

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

**RECEIVED**  
MAR 22 2005  
TULSA  
LAND DEPT.

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

7004 2890 0001 6128 0963

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

7004 2890 0001 6128 0949

U.S. Postal Service<sup>TM</sup>  
**MAIL<sup>TM</sup> RECEIPT**  
*(No Insurance Coverage Provided)*  
on visit our website at [www.usps.com](http://www.usps.com)

**CHEVRON USA INC.**  
11111 South Wilcrest  
Houston, TX 77099  
(MH - East Blineby -Drinkard)

Postmark Here

PS Form 3800, June 2002 See Reverse

**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.

**CHEVRON USA INC.**  
11111 South Wilcrest  
Houston, TX 77099  
(MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **M Ramos** B. Date of Delivery **3-21**

C. Signature **M Ramos**  Agent  Address

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

**RECEIVED**  
MAR 25 2005  
TULSA  
LAND DEPT.

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

7004 2890 0001 6128 0949

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

7004 2890 0001 6128 0840

U.S. Postal Service™

MAIL™ RECEIPT

Only; No Insurance Coverage

For more information visit our website at www.usps.gov

OFFICIAL USE

BP America Production Co.  
501 Westlake Park Blvd  
Houston, TX 77079  
(MH - East Blineby -Drinkard)

Postage meter stamp area with grid lines.

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.

BP America Production Co.  
501 Westlake Park Blvd  
Houston, TX 77079  
(MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

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: \_\_\_\_\_

MAR 24 2005

TULSA LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0840

PS Form 3800, June 2002

See Reverse

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0994

U.S. Postal Service™

MAIL™ RECEIPT

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For more information visit our website at www.usps.gov

OFFICIAL USE

Frank A. Glispin  
P.O. Box 12564  
Dallas, TX 75225  
(MH - East Blineby -Drinkard)

Postage meter stamp area with grid lines.

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.

Frank A. Glispin  
P.O. Box 12564  
Dallas, TX 75225  
(MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Frank A. Glispin* B. Date of Delivery **MAR 22 2005**

C. Signature *[Signature]*  Agent  Addressee

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

MAR 24 2005

TULSA LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0994

PS Form 3800, June 2002

See Reverse

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0987

U.S. Postal Service™

MAIL™ RECEIPT

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OFFICIAL USE

Exxon Mobil Corporation  
P.O. Box 4697  
Houston, TX 77210-4697  
(MH - East Blineby -Drinkard)

Postage meter stamp area with grid lines.

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.

Exxon Mobil Corporation  
P.O. Box 4697  
Houston, TX 77210-4697  
(MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **MAR 21 2005**

C. Signature *GEE*  Agent  Addressee

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

MAR 23 2005

TULSA LAND DEPT

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0987

PS Form 3800, June 2002

See Reverse

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 No Insurance Coverage Provided  
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**OFFICIAL USE**

Elliott-Hall Company Ltd. Prt.  
 P.O. Box 1231  
 Ogden, UT 84402  
 (MH - East Blineby -Drinkard)

Postmark Here

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.

Elliott-Hall Company Ltd. Prt.  
 P.O. Box 1231  
 Ogden, UT 84402  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Jacobson* B. Date of Delivery *3-23-05*

C. Signature *Jacobson*  Agent  Addressee

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

**RECEIVED**  
 MAR 25 2005  
 TULSA

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0864

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Earl Malone MD  
 310 W. Mescalero Rd., Apt. 11  
 Roswell, NM 88201-5830  
 (MH - East Blineby -Drinkard)

Postmark Here

*Wrong address*

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.

Earl  
 310  
 Ros  
 (MH)

MALO310 882013019 1204 06 03/23/05  
 FORWARD TIME EXP RIN TO SEND  
 MALONE MD EARL L  
 2801 N KENTUCKY AVE APT 122  
 ROSWELL NM 88201-0607

**RETURN TO SENDER**

*resent*

2. Article Number (Copy from service label)

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*  Agent  Addressee

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

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0857

U.S. Postal Service™  
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**OFFICIAL USE**

Earl Malone MD  
 2801 N. Kentucky, Apt. 122  
 Roswell, NM 88201-0607  
 (MH-East Blineby-Drinkard Unit)

Postmark Here

*3/30/05*

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:

Earl Malone MD  
 2801 N. Kentucky, Apt. 122  
 Roswell, NM 88201-0607  
 (MH-East Blineby-Drinkard Unit)

2. Article Number (Copy from service label)

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

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *Dance Anderson*  Agent  Addressee

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

**RECEIVED**  
 APR 07 2005  
 TULSA  
 LAND DEPT.

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 071

7004 2890 0001 6128 0888

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**OFFICIAL USE**

Elizabeth Eaton  
 2121 East Biscayne Court  
 Highlands Ranch, CO 80126  
 (MH - East Blineby -Drinkard)

Post Office

3/18

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Elizabeth Eaton  
 2121 East Biscayne Court  
 Highlands Ranch, CO 80126  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 3/21/05

C. Signature  
 X [Signature]  Agent  Address

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

RECEIVED  
 MAR 25 2005  
 TULSA DEPT. OF HEALTH

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0888

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

7004 2890 0001 6128 0895

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**OFFICIAL USE**

Mary J. McWhorter  
 769 Canyon RD  
 Logan, UT 84321-4316  
 (MH - East Blineby -Drinkard)

Post Office

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Mary J. McWhorter  
 769 Canyon RD  
 Logan, UT 84321-4316  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 J. McWhorter 3-21-05

C. Signature  
 X [Signature]  Agent  Address

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

RECEIVED  
 MAR 23 2005  
 TULSA

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2890 0001 6128 0895

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

7004 2890 0001 6128 0871

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**OFFICIAL USE**

Elliott Industries Ltd. Partners  
 P.O. Box 1355  
 Roswell, NM 88201  
 (MH - East Blineby -Drinkard)

Post Office

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

**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.

Elliott Industries Ltd. Partners  
 P.O. Box 1355  
 Roswell, NM 88201  
 (MH - East Blineby -Drinkard)

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 [Signature] 3-22-05

C. Signature  
 X [Signature]  Agent  Address

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

RECEIVED  
 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

7004 2890 0001 6128 0871

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

