

Affidavit of Publication

STATE OF NEW MEXICO)
) ss.
COUNTY OF LEA)

LEGAL NOTICE
NOTICE OF PUBLICATION

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

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON DAILY LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of 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 June 2, 2005, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. The Division requires that if you intend to participate at this hearing, you must file a pre-hearing statement not later than May 27, 2005. 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 27, 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.

That the notice which is hereto attached, entitled

Notice of Publication

was published in a regular and entire issue of **THE LOVINGTON DAILY LEADER** and not in any supplement thereof, for one (1) day, beginning with the issue of May 18, 2005 and ending with the issue of May 18, 2005.

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 Meridia whether or not so stated.)

CASE 13504: Application of Apache Corporation for statutory unitization, Lea County, New Mexico. Applicant seeks an order unitizing, for the purpose of establishing an enhanced oil recovery project, all mineral interest in the unitized formations the vertical limits of which extend from an upper limit being 75 feet above the stratigraphic Blinbry marker to a lower limit at the top of the Abo formation as seen on the type log from the Continental Lockhart B-11 #17 well located 1980 feet FNL and 1980 feet FEL Section 11, T21S, R37E and is that interval which is correlative to the interval from 5615 feet to 6795 feet below the surface measured from the derrick floor as shown on this type log. The Blinbry marker has been defined by the NMOCD at a depth of 545 feet (elevation 3380, sub-sea datum 2077) in Exxon State S#30 well located in the SW/4NW/4 of Section 2, T22S, R37E, Lea County, New Mexico, underlying 2080.07 acres, more or less, of Federal and Fee lands in the following acreage:

Township 21 South, Range 37 East, NMPM

Section 1: Lots 11 thru 15, SW/4 and W/2SE/4
Section 11: E/2 and NW/4
Section 12: W/2NE/4, NW/4, W/2SE/4, SW/4
Section 13: W/2, W/2NE/4 and NW/4SE/4
Section 14: NE/4 and E/2SE/4

And that the cost of publishing said notice is the sum of \$ 90.08 which sum has been (Paid) as Court Costs.

This unit is to be designated as the East Blinbry-Drinkard Unit. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the designation of horizontal and vertical limits of the unit area; the determination of the fair, reasonable and equitable allocation of production and costs of production, including a participation formula, capital investment to each of the various tracts in the unit area; the determination of credit and charges to be made among the various owners in the unit area for their investment in wells and equipment 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. Applicant also request that any such order issued in this case include 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. This Unit is located approximately 4 miles Northeast of Eunice, New Mexico.

Joyce Clemens
Subscribed and sworn to before me this 18th day of May 2005.

Debbie Schilling
Debbie Schilling
Notary Public, Lea County, New Mexico
My Commission Expires June 22, 2006

Given under the Seal of the State of New Mexico Oil Conservation Commission a Santa Fe, New Mexico.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Mark E. Fesmire, P.E., Director

Published in the Lovington Daily Leader May 18, 2005.

BEFORE THE
OIL CONSERVATION DIVISION
Case No. 13503 & 04 Exhibit No. **75**
Submitted By:
Apache Corporation
Hearing Date: June 16, 2005

7004 2510 0001 1870 8868

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

OKLAHOMA CITY, OK 73101

Postage	\$ 6.05	UNIT ID:	
Certified Fee	2.30	Post Hk	
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KNI	
Restricted Delivery Fee (Endorsement Required)			
Total Postage	10.10	03/22/05	

Sent To
AMCO Resources
P.O. Box 3025
Oklahoma City, OK 73101

PS Form 3811, February 2004

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:

AMCO Resources
P.O. Box 3025
Oklahoma City, OK 73101

2. Article Number (Transfer from service label) **7004 2510 0001 1870 8868**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Addressee
B. Received by (Printed Name) *Allen G...* C. Date of Delivery **MAR 22 2005**

D. Is delivery address different from item 1? Yes
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 2510 0001 1870 9254

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RIO RANCHO, NM 87124

Postage	\$ 6.05	UNIT ID:	
Certified Fee	2.30	Clerk:	
Return Receipt Fee (Endorsement Required)	1.75		
Restricted Delivery Fee (Endorsement Required)			
Total Postage	10.10	03/22/05	

Sent To
Frank H. Hults
500 Eastlake
Rio Rancho, NM 87124

PS Form 3811, February 2004

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 H. Hults
500 Eastlake
Rio Rancho, NM 87124

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9254**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Addressee
B. Received by (Printed Name) *R. Hults* C. Date of Delivery **MAR 22 2005**

D. Is delivery address different from item 1? Yes
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 2510 0001 1870 9674

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SANTA FE, NM 87508

Postage	\$ 6.05	UNIT ID:	
Certified Fee	2.30	Clerk:	
Return Receipt Fee (Endorsement Required)	1.75		
Restricted Delivery Fee (Endorsement Required)			
Total Postage	10.10	03/22/05	

Sent To
Sally Rodgers
152B Arroyo Honda Road
Santa Fe, NM 87508

PS Form 3811, February 2004

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:

Sally Rodgers
152B Arroyo Honda Road
Santa Fe, NM 87508

2. Article Number (Transfer from service label) _____

COMPLETE THIS SECTION ON DELIVERY

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

D. Is delivery address different from item 1? Yes
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 2510 0001 1870 9391

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OFFICIAL USE

ALBUQUERQUE, NM 87110

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	

UNIT ID: _____

Post Office

Jo Ann Long
1744 Blume NE
Albuquerque, NM-87110

Clerk: KMM

Total Postage \$ 10.10 03/22/05

Sent To
Jo Ann Long
1744 Blume NE
Albuquerque, NM 87110

PS Form 3811, February 2004

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:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9391

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jo Ann Long* Agent Addressee

B. Received by (Printed Name)
Jo Ann Long

C. Date of Delivery
3/12/05

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



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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 8936

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OFFICIAL USE

BRAWLEY, CA 92227

Postage	\$ 6.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	

UNIT ID: _____

Post Office

Trubee Buford
P.O. Box 1059
Brawley, CA 92227

Clerk: KMM

Total Postage \$ 10.90 03/22/05

Sent To
Trubee Buford
P.O. Box 1059
Brawley, CA 92227

PS Form 3811, February 2004

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:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8936

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Trubee Buford* Agent Addressee

B. Received by (Printed Name)
TRUBEE BUFORD

C. Date of Delivery
3/31/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9780

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OFFICIAL USE

LAS CRUCES, NM 88001

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	

UNIT ID: _____

Post Office

Smith-Todd Properties Ltd. Company
4810 Sage Road
Las Cruces, NM 88001

Clerk: KMM

Smith-Todd Properties Ltd. Company
4810 Sage Road
Las Cruces, NM 88001

PS Form 3811, February 2004

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:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9780

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mark Smith* Agent Addressee

B. Received by (Printed Name)
MARK SMITH

C. Date of Delivery
3/22/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

2758 0797 7000 0752 4007

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OFFICIAL US

ARLESIA, NM 88211

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	8.80

UNIT ID: 0

Postmaster Here

Clerk: KMM

03/22/05

June S. Brown
 P.O. Box 1505
 Carlsbad, NM 88211

Sent To: P.O. Box 1505
 Carlsbad, NM 88211

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

June S. Brown
 P.O. Box 1505
 Carlsbad, NM 88211

2. Article Number (Transfer from service label) 7004 2510 0001 1870 8912

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
June S. Brown

B. Received by (Printed Name) C. Date of Delivery
 June S. Brown

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

MAR 22 2005

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OFFICIAL US

SCOTTSDALE, AZ 85260

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.10

UNIT ID: 05

Postmaster Here

Clerk: KMM

03/22/05

Clifford J. Roth
 8647 East Davenport Drive
 Scottsdale, AZ 85260

Sent To: 8647 East Davenport Drive
 Scottsdale, AZ 85260

PS Form 3811, February 2004

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:

Clifford J. Roth
 8647 East Davenport Drive
 Scottsdale, AZ 85260

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9681

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Pamela Roth

B. Received by (Printed Name) C. Date of Delivery
 Pamela Roth MAR 25 2005

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

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

4. Restricted Delivery? (Extra Fee) Yes

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OFFICIAL US

BARTLESVILLE, OK 74006

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.10

UNIT ID: 07

Postmaster Here

Clerk: KMM

03/22/05

Lynn Reeves
 P.O. Box 3312
 Bartlesville, OK 74006

Sent To: P.O. Box 3312
 Bartlesville, OK 74006

PS Form 3811, February 2004

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:

Lynn Reeves
 P.O. Box 3312
 Bartlesville, OK 74006

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9643

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Lynn Reeves

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

WILDLAND, TX DOWNLO

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OFFICIAL US

HOBBS, NM 88240

Postage	4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	0.80
Total	9.60

UNIT ID: 03/22/05
 Clerk: KN

Roy G. Barton, Sr. and Opal Barton Revocable Trust
 1919 South Turner Street
 Hobbs, NM 88240-2712

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Roy G. Barton, Sr. and Opal Barton Revocable Trust
 1919 South Turner Street
 Hobbs, NM 88240-2712

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Joan Isbell Agent Addressee

B. Received by (Printed Name) Joan Isbell C. Date of Delivery 3-23-05

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9704

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OFFICIAL US

ROSWELL, NM 88202

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	0.80
Total	9.60

UNIT ID: 03/22/05
 Clerk: KN

Charles H. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Charles H. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Hay Coll Agent Addressee

B. Received by (Printed Name) Hay Coll C. Date of Delivery 3-23-05

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 2510 0001 1870 8998

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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OFFICIAL US

LOVINGTON, NM 88260

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	0.80
Total	9.60

UNIT ID: 03/22/05
 Clerk: KN

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 June D. Speight
 P.O. Drawer 1687
 Lovington, NM 88260-1687

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Joan Clemens Agent Addressee

B. Received by (Printed Name) Joan Clemens C. Date of Delivery 3-23-05

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9797

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9797

7004 2510 0001 1870 9322

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LOVINGTON, NM 88260

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Pos	H
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KN
Restricted Delivery (Endorsement)			
Total Postage	8.80		03/22/05

Sent To: Patricia D. Lee
 176 Lee Ranch Road
 Lovington, NM 88260

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Patricia D. Lee
 176 Lee Ranch Road
 Lovington, NM 88260

2. Article Number
 (Transfer from service label) 7004 2510 0001 1870 9322

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Patricia D. Lee

C. Date of Delivery
 3-23-05

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9018

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OFFICIAL USE

ROSWELL, NM 88202

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Pos	H
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	K
Restricted Delivery (Endorsement)			
Total Postage	8.80		03/22/05

Sent To: Eric J. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

PS Form 3811, February 2004

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:
 Eric J. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

2. Article Number
 (Transfer from service label) 7004 2510 0001 1870 9018

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Eric J. Coll

C. Date of Delivery
 3-23-05

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9001

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

ROSWELL, NM 88201

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Pos	H
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KI
Restricted Delivery (Endorsement)			
Total Postage	8.80		03/22/05

Sent To: Clarke C. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

PS Form 3811, February 2004

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:
 Clarke C. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

2. Article Number
 (Transfer from service label) 7004 2510 0001 1870 9001

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Clarke C. Coll

C. Date of Delivery
 3-23-05

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9568

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

Postage	\$ 4.75	UNIT ID
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total	8.80	

Res (End) USPS
 To Betty Ann Philley 8.80 03/22/05
 P.O. Box 132
 San Jon, NM 88434

Sent Street or PO City

PS Form 3800, June 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Betty Ann Philley
 P.O. Box 132
 San Jon, NM 88434

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9568**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Betty Philley
 B. Received by (Printed Name) Betty Philley
 C. Date of Delivery 4-22-05
 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 2510 0001 1870 9605

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.75	UNIT 1
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total	8.80	

Res (End) USPS
 To John Redfern 8.80 03/22/05
 P.O. Box 50890
 Midland, TX 79710

Sent Street or PO City

PS Fo

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 Redfern
 P.O. Box 50890
 Midland, TX 79710

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9605**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Jay McHenry
 B. Received by (Printed Name)
 C. Date of Delivery 3-24-05
 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 2510 0001 1870 9667

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.75	UNIT 1
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total	8.80	

Res (End) USPS
 To A.V. Rodgers 8.80 03/22/05
 P.O. Box 1891
 Eunice, NM 88231

Sent Street or PO City

PS

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:
 A.V. Rodgers
 P.O. Box 1891
 Eunice, NM 88231

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9667**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X A.V. Rodgers
 B. Received by (Printed Name)
 C. Date of Delivery 3/24/05
 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

Domestic Return Receipt

102595-02-M-154

7091 J09 J09 8837

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

For delivery information visit our website at www.usps.

OFFICIAL US

MESA, AZ 85203

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement R	
Total Postage	10.10

UNIT ID: ()

Post: Her

Clerk: KMM

03/22/05

Sent To: Cindy Ann Allen
1218 East Indigo Street
Mesa, AZ 85203

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

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:

Cindy Ann Allen
1218 East Indigo Street
Mesa, AZ 85203

2. Article Number (Transfer from service label) 7004 2510 0001 1870 8837

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Cindy Allen* Agent Addressee

B. Received by (Printed Name) Cindy Allen C. Date of Delivery 3/22/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

9606 0291 1870 1000 0155 4000

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

For delivery information visit our website at www.usps.

OFFICIAL US

MESA, AZ 85214

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement	
Total Post	10.10

UNIT ID: ()

Post: He

Clerk: KMM

03/22/05

Sent To: Judith Lee Taylor
P.O. Box 8537
Mesa, AZ 85214

Street, Apt. N or PO Box Nc
City, State, Zi

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:

Judith Lee Taylor
P.O. Box 8537
Mesa, AZ 85214

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9803

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Robert S. Taylor* Agent Addressee

B. Received by (Printed Name) ROBERT S. TAYLOR C. Date of Delivery 3/22/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

9599 0291 1870 1000 0155 4000

U.S. Postal Service™
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For delivery information visit our website at www.usps.

OFFICIAL US

MIDLAND, TX 79701

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement R	
Total Post	8.80

UNIT ID: ()

Post: t

Clerk: KN

03/22/05

Sent To: Pure Resources, L.P.
500 West Illinois
Midland, TX 79701

Street, Apt. N or PO Box Nc
City, State, Zi

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:

Pure Resources, L.P.
500 West Illinois
Midland, TX 79701

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9599

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *J Reyes* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9810

U.S. Postal Service™
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For delivery information visit our website at www.usps.gov

OFFICIAL U

HOBBS, NM 88241

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	8.80
Total	17.60

UNIT ID: _____

Restricted (Endorsement) **MAR 22 2005**

Sent To
 The Black Trust
 P.O. Box 278
 Hobbs, NM 88241-0278

Street, Apt. or PO Box
 City, State

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:
 The Black Trust
 P.O. Box 278
 Hobbs, NM 88241-0278

2. Article Number
 (Transfer from service label) **7004 2510 0001 1870 9810**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Claudia Young

B. Received by (Printed Name)
CLAUDIA YOUNG

C. Date of Delivery
MAR 22 2005

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9094

U.S. Postal Service™
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For delivery information visit our website at www.usps.gov

OFFICIAL U

ODESSA, TX 79762

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	8.00
Total	16.80

UNIT ID: _____

Restricted (Endorsement) **MAR 22 2005**

Sent To
 Laquita Rodgers Cross
 1802 East 43rd Street
 Odessa, TX 79762

Street, Apt. or PO Box
 City, State

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:
 Laquita Rodgers Cross
 1802 East 43rd Street
 Odessa, TX 79762

2. Article Number
 (Transfer from service label) **7004 2510 0001 1870 9094**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Gary Cross

B. Received by (Printed Name)
GARY CROSS

C. Date of Delivery
MAR 22 2005

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9698

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.gov

OFFICIAL U

SCOTTSDALE, AZ 85267

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	10.10
Total	20.20

UNIT ID: _____

Restricted (Endorsement) **MAR 22 2005**

Sent To
 Glen Warren Roth
 P.O. Box 13861
 Scottsdale, AZ 85267

Street, Apt. or PO Box
 City, State

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:
 Glen Warren Roth
 P.O. Box 13861
 Scottsdale, AZ 85267

2. Article Number
 (Transfer from service label) **7004 2510 0001 1870 9698**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Glen Warren Roth

B. Received by (Printed Name)
T. Roth

C. Date of Delivery
MAR 25 2005

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9230

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

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

OFFICIAL USE

DALLAS, TX 75225
Postage \$ 6.05
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required) 10.10
Total 20.20
Ronald O. Holman
5949 Sherry Lane, Suite 1700
Dallas, TX 75225

UNIT ID:
Post Headline:
Clerk: KN
03/22/05

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:

Ronald O. Holman
5949 Sherry Lane, Suite 1700
Dallas, TX 75225

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9230**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *AM Holman*

B. Received by (Printed Name) *SM ROBERTSON* C. Date of Delivery *03-25-05*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9315

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

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

OFFICIAL USE

ODESSA, TX 79761
Postage \$ 4.75
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Total 8.80
Dorothy Leathers
1806 Patton Drive
Odessa, TX 79761

UNIT ID:
Post Headline:
Clerk: KN
03/22/05

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dorothy Leathers
1806 Patton Drive
Odessa, TX 79761

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9315**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *C Leathers*

B. Received by (Printed Name) *D LEATHERS* C. Date of Delivery *3-23-05*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9223

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.gov

OFFICIAL USE

ODESSA, TX 79761
Postage \$ 4.75
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Total Po 8.80
Roberta Herron
2523 Roper
Odessa, TX 79761

UNIT ID:
Post Headline:
Clerk: !
03/22/05

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:

Roberta Herron
2523 Roper
Odessa, TX 79761

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9223**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Roberta Herron*

B. Received by (Printed Name) *Roberta Herron* C. Date of Delivery *3-23-05*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9520

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

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

OFFICIAL USE

FORT WORTH, TX 76101

Postage	\$ 4.75	UNIT ID
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restr (Endo) Clerk: I

Tot: National Finance Credit Corporation 8.80 03/22/05
 P.O. Box 1897
 Fort Worth, TX 76101

Sent: P.O. Box 1897
 Fort Worth, TX 76101

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:
 National Finance Credit Corporation
 P.O. Box 1897
 Fort Worth, TX 76101

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9520**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Pat Simmons* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 MAR 25 2005

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9261

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

RINGWOOD, OK 73768

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restr (Endo) Clerk: Ki

Tot: Ilene Gulick Living Trust 10.10 03/22/05
 RR2, Box 2
 Ringwood, OK 73768

Sent: RR2, Box 2
 Ringwood, OK 73768

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:
 Ilene Gulick Living Trust
 RR2, Box 2
 Ringwood, OK 73768

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9261**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ilene Gulick* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 3-24-05

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9049

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

SANTA FE, NM 87505

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restr (Endo) Clerk: KM

Total Pos: Max W. Coll 10.10 03/22/05
 83 La Barberia Trail
 Santa Fe, NM 87505

Sent To: 83 La Barberia Trail
 Santa Fe, NM 87505

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:
 Max W. Coll
 83 La Barberia Trail
 Santa Fe, NM 87505

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9049**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Max W. Coll* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 MAR 25 2005

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9292

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.gov

OFFICIAL USE

BOULDER, CO 80304

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Total Postage	10.10

UNIT ID: _____
Clerk: KN
03/22/05

Tate Byrne Jennings
3535 23rd Street
Boulder, CO 80304

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:

Tate Byrne Jennings
3535 23rd Street
Boulder, CO 80304

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9292**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) **MAR 24 2005** C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 See Reverse

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 8905

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

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

OFFICIAL USE

MORRISON, CO 80465

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Total Postage	10.10

UNIT ID: _____
Clerk: K
03/22/05

BMCM Partnership, L.P.
5661 South Crestbrook Drive
Morrison, CO 80465

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:

BMCM Partnership, L.P.
5661 South Crestbrook Drive
Morrison, CO 80465

2. Article Number (Transfer from service label) **7004 2510 0001 1870 8905**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) **3-24-05** C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 See Reverse

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9728

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

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

OFFICIAL USE

FORT MCCOY, FL 32134

Postage	\$ 7.15
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Total Postage	11.20

UNIT ID: _____
Clerk: _____
03/22/05

Charles D. Sands
12801 NE 139th Place
Ft. McCoy, FL 32134

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles D. Sands
12801 NE 139th Place
Ft. McCoy, FL 32134

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9728**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) **3-24-05** C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 See Reverse

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9247

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

ROBERT LEE, TX 76945

Postage \$	4.75	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KM
Restricted Delivery Fee (Endorsement Required)			
Total	8.80		03/22/05

Sent To: Wayman Weldon Holmes
 P.O. Box 158
 Robert Lee, TX 76945

Street, or PO Box: _____
 City, State, ZIP+4: _____

PS Form 3811, February 2004 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:

Wayman Weldon Holmes
 P.O. Box 158
 Robert Lee, TX 76945

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9247

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Wayman Holmes* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery: 3-24

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 2510 0001 1870 9452

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

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

OFFICIAL USE

LUBBOCK, TX 79401

Postage \$	4.75	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KM
Restricted Delivery Fee (Endorsement Required)			
Total	8.80		03/22/05

Sent To: Jack Markham
 1500 Broadway, Suite 1212
 Lubbock, TX 79401

Street, or PO Box: _____
 City, State, ZIP+4: _____

PS Form 3811, February 2004 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:

Jack Markham
 1500 Broadway, Suite 1212
 Lubbock, TX 79401

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9452

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Markham* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery: 3/22/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9032

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

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

OFFICIAL USE

SAN ANTONIO, TX 78280

Postage \$	4.75	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KM
Restricted Delivery Fee (Endorsement Required)			
Total	8.80		03/22/05

Sent To: Jon F. Coll
 7335 Walla Walla
 San Antonio, TX 78280-5242

Street, or PO Box: _____
 City, State, ZIP+4: _____

PS Form 3811, February 2004 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:

Jon F. Coll
 7335 Walla Walla
 San Antonio, TX 78280-5242

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9032

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jon Coll* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9483

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

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

OFFICIAL USE

Postage	\$ 6.05	UNIT ID:	
Certified Fee	2.30	P	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	
Restrict (Endorse)			
Total	10.10		03/22/05

Sent To
Street or PO Box
City, State

Mitchell Minerals, L.L.C.
P.O. Box 488
Henrietta, OK 74437

PS Form 3811, February 2004

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:

Mitchell Minerals, L.L.C.
P.O. Box 488
Henrietta, OK 74437

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9483

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

7004 2510 0001 1870 9575

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

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

OFFICIAL USE

Postage	\$ 6.05	UNIT ID:	
Certified Fee	2.30	P	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	
Restrict (Endorse)			
Total P	10.10		03/22/05

Sent To
Street, A or PO Box
City, State

Virginia Denalta Phillips
1460 East 52nd Street
Tulsa, OK 74105

PS Form 3811, February 2004

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:

Virginia Denalta Phillips
1460 East 52nd Street
Tulsa, OK 74105

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9575

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

7004 2510 0001 1870 9544

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	P	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	
Restrict (Endorse)			
Total	8.80		03/22/05

Sent To
Street, A or PO Box
City, State

Norma D. Owen
RR3 4102 La Joya Road
Roswell, NM 88201

PS Form 3811, February 2004

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:

Norma D. Owen
RR3 4102 La Joya Road
Roswell, NM 88201

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9544

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

7004 2510 0001 1870 8820

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL U.S. MAIL

LUBBOCK, TX 79424

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	8.80

UNIT ID: C

Postmaster: Kay Parker Adkins
 5733 67th Street
 Lubbock, TX 79424

Clerk: KNN
 03/22/05

Sent To: Kay Parker Adkins
 5733 67th Street
 Lubbock, TX 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:
 Kay Parker Adkins
 5733 67th Street
 Lubbock, TX 79424

2. Article Number
 (Transfer from service label) **7004 2510 0001 1870 8820**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Kay Adkins

B. Received by (Printed Name) **KAY ADKINS** C. Date of Delivery **3-23**

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 2510 0001 1870 9537

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

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

OFFICIAL U.S. MAIL

ROSWELL, NM 88202

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	8.80

UNIT ID: C

Postmaster: New Mexico Western Minerals, Inc.
 P.O. Box 1738
 Roswell, NM 88202

Clerk: KNN
 03/23/05

Sent To: New Mexico Western Minerals, Inc.
 P.O. Box 1738
 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:
 New Mexico Western Minerals, Inc.
 P.O. Box 1738
 Roswell, NM 88202

2. Article Number
 (Transfer from service label) **7004 2510 0001 1870 9537**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Sandra Berico

B. Received by (Printed Name) **Sandra Berico** C. Date of Delivery **3-27-05**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9308

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

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

OFFICIAL U.S. MAIL

EL CENTRO, CA 92243

Postage	\$ 6.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.90

UNIT ID: P

Postmaster: Lynn Lawrence
 1710 West Euclid, SPC 2
 El Centro, CA 92243

Clerk: I
 03/22/05

Sent To: Lynn Lawrence
 1710 West Euclid, SPC 2
 El Centro, CA 92243

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:
 Lynn Lawrence
 1710 West Euclid, SPC 2
 El Centro, CA 92243

2. Article Number
 (Transfer from service label) **7004 2510 0001 1870 9308**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Lynn Lawrence

B. Received by (Printed Name) **Lynn Lawrence** C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9841

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

NEWALLA, OK 74857

Postage \$ 6.05 UNIT ID: _____
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery (Endorsement Required) _____
 Total Postage \$ 10.10

Ethan A. Walker
 203 Red Oak Lane
 Newalla, OK 74857

Sent To: _____
 Street, Apt. No., 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:
 Ethan A. Walker
 203 Red Oak Lane
 Newalla, OK 74857

2. Article Number 7004 2510 0001 1870 9841
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9063

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 For delivery information visit our website at www.usps.gov

OFFICIAL USE

LUBBOCK, TX 79406

Postage \$ 4.75 UNIT ID: _____
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery (Endorsement Required) _____
 Total Postage \$ 8.80

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

Sent To: _____
 Street, Apt. No., 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:
 J. R. Cone
 P.O. Box 10217
 Lubbock, TX 79408

2. Article Number 7004 2510 0001 1870 9063
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) JANE CONE C. Date of Delivery _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9858

U.S. Postal Service™
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OFFICIAL USE

LUBBOCK, TX 79464

Postage \$ 4.75 UNIT ID: _____
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery (Endorsement Required) _____
 Total Postage \$ 8.80

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

Sent To: _____
 Street, Apt. No., 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:
 Edith Coppedge Wheeler
 P.O. Box 64035
 Lubbock, TX 79464

2. Article Number 7004 2510 0001 1870 9858
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) EDITH WHEELER C. Date of Delivery _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0001 1870 9414

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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

OFFICIAL USE

UNIT ID: P
Clerk: K
03/22/05

Postage \$ 6.05
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement) 0.10
Total P 10.10

Sent To: Earl W. Lyon
5215 Foothills Drive
Berthoud, CO 80513

PS Form 3811, February 2004

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 W. Lyon
5215 Foothills Drive
Berthoud, CO 80513

2. Article Number (Transfer from service label)
7004 2510 0001 1870 9414

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Earl W. Lyon*
B. Received by (Printed Name): Earl W. Lyon
C. Date of Delivery: 3/24/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 8929

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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

OFFICIAL USE

UNIT ID: P
Clerk: K
03/22/05

Postage \$ 4.75
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement) 0.10
Total P 8.80

Sent To: Charlene Bruhn
P.O. Box 38
Logan, NM 88426

PS Form 3811, February 2004

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:
Charlene Bruhn
P.O. Box 38
Logan, NM 88426

2. Article Number (Transfer from service label)
7004 2510 0001 1870 8929

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Bill Bruhn*
B. Received by (Printed Name): Bill Bruhn
C. Date of Delivery: 3/24/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 8813

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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

OFFICIAL USE

UNIT ID: P
Clerk: K
03/22/05

Postage \$ 6.05
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement) 0.10
Total Postage & Fee 10.10

Sent To: John Abney
P.O. Box 4428
Tulsa, OK 74159-0428

PS Form 3800, June

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 Abney
P.O. Box 4428
Tulsa, OK 74159-0428

2. Article Number (Transfer from service label)

PS

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John Abney*
B. Received by (Printed Name): John Abney
C. Date of Delivery: 3/24/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9179

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

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

ALVIN, TX 77511

Postage	\$ 6.05	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KN
Restr. (Endo.)			
Total	10.10		03/22/05

Sent To: Janice Rodgers Griffith
1402 Fairview Drive
Alvin, TX 77511

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:

Janice Rodgers Griffith
1402 Fairview Drive
Alvin, TX 77511

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9179**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9124

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

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

LUBBOCK, TX 79490

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KN
Restr. (Endo.)			
Total F	8.80		03/22/05

Sent To: Estate of R.H. Fulton
P.O. Box 16860
Lubbock, TX 79490

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9124**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9872

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

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

FORT WORTH, TX 76155

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KN
Restr. (Endo.)			
Total	8.80		03/22/05

Sent To: Joy M. Winn
P.O. Box 155093
Fort Worth, TX 76155

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:

Joy M. Winn
P.O. Box 155093
Fort Worth, TX 76155

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9872**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9865

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

FORT WORTH, TX 76108

Postage	4.75	UNIT I
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Post	8.80	

Postmark: MAR 22 2005

Sent To: Dennis A. Whorton
 10512 Bing Drive
 Fort Worth, TX 76108

PS Form 3811, February 2004

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:
 Dennis A. Whorton
 10512 Bing Drive
 Fort Worth, TX 76108

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9865

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *D. Whorton* Agent Addressee

B. Received by (Printed Name): J Whorton

C. Date of Delivery: 3/24/05

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 2510 0001 1870 8974

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

ALBUQUERQUE, NM 87111

Postage	6.05	UNIT
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Post	10.10	

Postmark: MAR 22 2005

Sent To: Pat R. Chandler
 12301 Manitoba NE
 Albuquerque, NM 87111

PS Form 3811, February 2004

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:
 Pat R. Chandler
 12301 Manitoba NE
 Albuquerque, NM 87111

2. Article Number (Transfer from service label): 7004 2510 0001 1870 8974

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Pat Chandler* Agent Addressee

B. Received by (Printed Name): PAT CHANDLER

C. Date of Delivery: 3/24

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 2510 0001 1870 9742

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

TUCUMCARI, NM 88401

Postage	4.75	UNIT
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Post	8.80	

Postmark: MAR 22 2005

Sent To: Dorothy Scribner
 6395 Quay Road AL
 Tucumcari, NM 88401

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Dorothy Scribner
 6395 Quay Road AL
 Tucumcari, NM 88401

2. Article Number (Transfer from service label): 7004 2510 0001 1870 9742

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Dorothy Scribner* Agent Addressee

B. Received by (Printed Name): Dorothy Scribner

C. Date of Delivery: 3/25/05

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 2510 0001 1870 9148

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Permitted)

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

OFFICIAL USE

WARSAW, MO 65355

Postage	\$ 6.85	UNIT ID:	
Certified Fee	2.30	Pos	H
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KN
Restricted (Endorsement)			
Total Post	10.90		03/22/05

Sent To: Mary Anne Fauble
815 Seminary Street
Warsaw, MO 65355

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:

Mary Anne Fauble
815 Seminary Street
Warsaw, MO 65355

2. Article Number
(Transfer from service label)

7004 2510 0001 1870 9148

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9551

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Permitted)

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

OFFICIAL USE

EUNICE, NM 88231

Postage	\$ 4.75	UNIT	
Certified Fee	2.30	Clerk:	
Return Receipt Fee (Endorsement Required)	1.75		
Restricted (Endorsement)			
Total Post	8.75		03/22

Sent To: Margie Pearl Patterson
P.O. Box 1966
Eunice, NM 88231

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:

Margie Pearl Patterson
P.O. Box 1966
Eunice, NM 88231

2. Article Number
(Transfer from service label)

7004 2510 0001 1870 9551

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
MARGIE PATTERSON 3/28/05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9834

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Permitted)

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

OFFICIAL USE

MIDLAND, TX 79702

Postage	\$ 4.75	UNIT	
Certified Fee	2.30	Clerk:	
Return Receipt Fee (Endorsement Required)	1.75		
Restricted (Endorsement)			
Total Post	8.80		03/22

Sent To: Waikiki Partners, L.P.
P.O. Box 2127
Midland, TX 79702-2127

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:

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

2. Article Number
(Transfer from service label)

7004 2510 0001 1870 9834

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Virginia Busbee 3-23-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9087

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

Postage	\$ 6.85	UNIT I
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restrict (Endor)		Clerk:
Total	10.90	03/22/

Sent To: James E. Coppedge
P.O. Box 43
Spencer, IN 47460

Street or PO: _____
City, S: _____

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:

James E. Coppedge
P.O. Box 43
Spencer, IN 47460

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9087

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *James E. Coppedge* Agent Addressee
 B. Received by (Printed Name) JAMES T. COPPEDGE C. Date of Delivery 3/25/05
 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 2510 0001 1870 9582

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

Postage	\$ 6.85	UNIT I
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restrict (Endor)		Clerk:
Total	10.90	03/2

Sent To: John Morris Plumlee
2902 Lincoln Road, #16
Hattiesburg, MS 39402-3072

Street or PO: _____
City, S: _____

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:

John Morris Plumlee
2902 Lincoln Road, #16
Hattiesburg, MS 39402-3072

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9582

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John M Plumlee* Agent Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery MAR 26 2005
 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 2510 0001 1870 9216

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

Postage	\$ 4.75	UNIT I
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restrict (Endor)		Clerk:
Total	8.80	03/2

Sent To: Bill Herron
4654 Lemonwood Lane
Odessa, TX 79761

Street or PO: _____
City, S: _____

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:

Bill Herron
4654 Lemonwood Lane
Odessa, TX 79761

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9216

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bill Herron* Agent Addressee
 B. Received by (Printed Name) Bill Herron C. Date of Delivery 3/23/05
 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 2510 0001 1870 8851

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

OFFICIAL USE

LUBBOCK, TX 79464

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	8.80

UNIT ID: _____
 Clerk: K
 03/22/05

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

Street, Apt. No., 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:
 Ann Dennard Allison
 P.O. Box 64035
 Lubbock, TX 79464

2. Article Number (Transfer from service label) **7004 2510 0001 1870 8851**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *RAVISON* C. Date of Delivery _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9827

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

OFFICIAL USE

MIDLAND, TX 79701

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	8.80

UNIT ID: _____
 Clerk: _____
 03/22/05

Sent To: Daniel L. Viers
 1209 Cuthbert
 Midland, TX 79701

Street, Apt. No., 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:
 Daniel L. Viers
 1209 Cuthbert
 Midland, TX 79701

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9827**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *DAN VIER* C. Date of Delivery *3-23-05*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 8899

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

OFFICIAL USE

HOBBS, NM 88240

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	8.80

UNIT ID: _____
 Clerk: _____
 03/22/05

Sent To: Ina Bell Berryman
 2221 North Cielo Drive
 Hobbs, NM 88240

Street, Apt. No., 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:
 Ina Bell Berryman
 2221 North Cielo Drive
 Hobbs, NM 88240

2. Article Number (Transfer from service label) **7004 2510 0001 1870 8899**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Carol Randall* Agent Addressee

B. Received by (Printed Name) *CAROL RANDALL* C. Date of Delivery *03-24-05*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9070

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

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

OFFICIAL USE

RICHARDSON, TX 75081

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total F	10.10

UNIT ID: _____ Pos H _____

Clerk: KJ

03/22/05

Sent To: Davis E. Coppedge
466 Goodwin Drive
Richardson, TX 75081

PS Form 3811, February 2004

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:

Davis E. Coppedge
466 Goodwin Drive
Richardson, TX 75081

2. Article Number: **7004 2510 0001 1870 9070**
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent Addressee
X Elizabeth Coppedge

B. Received by (Printed Name): *Elizabeth Coppedge*

C. Date of Delivery: *3/24/05*

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, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9513

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

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

OFFICIAL USE

LINCOLN CITY, OR 97367

Postage	\$ 7.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total F	11.90

UNIT ID: _____ Pos H _____

Clerk: _____

03/22/05

Sent To: N.B. Bunin Properties
P.O. Box 65
Lincoln City, OR 97367

PS Form 3811, February 2004

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:

N.B. Bunin Properties
P.O. Box 65
Lincoln City, OR 97367

2. Article Number: **7004 2510 0001 1870 9513**
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent Addressee
X David B. Kru

B. Received by (Printed Name): *David B. Kru*

C. Date of Delivery: *3/24/05*

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, February 2004 Domestic Return Receipt 102595-02-M-154

7004 2510 0001 1870 9117

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

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

OFFICIAL USE

RICHARDSON, TX 75081

Postage	\$ 7.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total F	11.90

UNIT ID: 0702

Postmark Here

Clerk: KMW03

03/22/05

To: Gilbert J. Eaton
461 Rittenhouse Boulevard
Jeffersonville, PA 19403

PS Form 3811, February 2004

Reverse for Instructions

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

MEDFORD, OR 97501

Postage	\$ 7.15	UNIT ID: 0702
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
Clerk: KNMWQ3

Total Postage: 10.90
Stacia Ann Lentz
655 West 13th Street
Medford, OR 97501

Sent To: _____
Street, Apt or PO Box: _____
City, State: _____

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

MIDLAND, TX 79702

Postage	\$ 4.75	UNIT ID: 0702
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
Clerk: KNMWQ3

Total Postage: 8.80
Chevron U.S.A., Inc.
P.O. Box 1150
Midland, TX 79702

Sent To: _____
Street, Apt or PO Box: _____
City, State: _____

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OFFICIAL USE

CHESTERFIELD, MO 63017

Postage	\$ 6.85	UNIT ID: 0702
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
Clerk: KNMWQ3

Total Postage: 10.90
Bruce Reeves
904 Peach Hill Lane, #105
Chesterfield, MO 63017

Sent To: _____
Street, Apt or PO Box: _____
City, State: _____

PS Form 3800, June 2002 See Reverse for Instructions

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OFFICIAL USE

OKLAHOMA CITY, OK 73120

Postage	\$ 6.05	UNIT ID: 0702
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
Clerk: KNMWQ3

Total Postage: 10.10
Frances B. Reeves
2416 NW 111st
Oklahoma City, OK 73120

Sent To: _____
Street, Apt or PO Box: _____
City, State: _____

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OFFICIAL USE

SANTA ROSA BEACH, FL 32459

Postage	\$ 6.85	UNIT ID: 0702
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
Clerk: KNMWQ3

Total Postage: 10.90
Michael H. Moore
P.O. Box 1669
Santa Rosa Beach, FL 32459

Sent To: _____
Street, Apt or PO Box: _____
City, State: _____

PS Form 3800, June 2002 See Reverse for Instructions

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OFFICIAL USE

DALLAS, TX 75360

Postage	\$ 6.05	UNIT ID: 0702
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
Clerk: KNMWQ3

Total Postage: 10.10
Montgomery Petroleum, Inc.
P.O. Box 600490
Dallas, TX 75360-0490

Sent To: _____
Street, Apt or PO Box: _____
City, State: _____

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0001 1870 9735

CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

POWAY, CA 92074

Postage	\$ 6.85	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMWD3
Total Post	10.90	03/22/05

Sent To: Edith A. Schmidt
P.O. Box 431
Poway, CA 92074-0431

Street, Apt. or PO Box
City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0001 1870 9346

CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

PONCA CITY, OK 74601

Postage	\$ 6.05	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMWD3
Total Post	10.10	03/22/05

Sent To: Medora M. Lemaster
814 South 5th Street
Ponca City, OK 74601

Street, Apt. or PO Box
City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0001 1870 8950

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

ODESSA, TX 79768

Postage	\$ 4.75	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMWD3
Total	8.80	03/22/05

Sent To: CCTC Ltd., Successor Trust for
P.O. Box 13570
Odessa, TX 79768-3570

Street, Apt. or PO Box
City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0001 1870 9353

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OFFICIAL USE

HUNTINGTON BEACH, CA 92648

Postage	\$ 6.85	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMWD3
Total	10.90	03/22/05

Sent To: Richard Grant Lemaster
711 Pacific Coast Highway, #431
Huntington Beach, CA 92648

Street, Apt. or PO Box
City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0001 1870 9056

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

OFFICIAL USE

LAS CRUCES, NM 88012

Postage	\$ 4.75	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMWD3
Total	8.80	03/22/05

Sent To: Max W. Coll
7625-2 El Centro Boulevard
Las Cruces, NM 88012

Street, Apt. or PO Box
City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions