

KELLAHIN & KELLAHIN
Attorney at Law

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

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

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

May 12, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

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

RECEIVED

MAY 06 2005

TULSA
LAND DEPT.

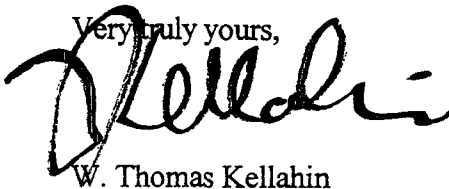
*Re: Application of Apache Corporation for
Statutory Unitization, Lea County, New Mexico
(East Blinebry-Drinkard Unit)*

Dear Interest Owner:

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

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

Very truly yours,



W. Thomas Kellahin

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

KELLAHIN & KELLAHIN
Attorney at Law

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

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

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

May 12, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

RECEIVED

MAY 06 2005

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

**TULSA
LAND DEPT.**

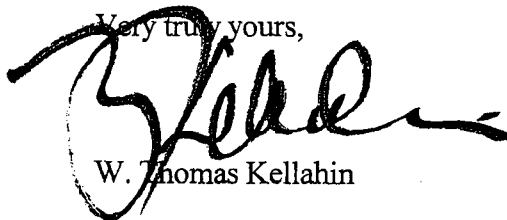
**Re: Application of Apache Corporation for
Approval of its East Blinebry-Drinkard Unit Waterflood Project
and to qualify this project for the recovered oil tax rate,
Lea County, New Mexico
(East Blinebry-Drinkard Unit)**

Dear Interest Owner:

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

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Very truly yours,



W. Thomas Kellahin

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

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

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

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

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

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

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

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

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

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

Dorothy Scribner
6395 Quay Road AL
Tucumcari, NM 88401

Virginia Denalta Phillips
1460 E. 52nd St.
Tulsa, OK 74105

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

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

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

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

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

Jack Markham
1500 Broadway, Suite 1212
Lubbock, TX 79401

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

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

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

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

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

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

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

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

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

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

Ann Elizabeth Romer
1616 Montmorency Dr.
Vienna, VA 22182

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

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

Kenneth Long
1547 Ringe
Las Vegas, NV 89110

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

Donna Rodgers Collins
816 Trailing Heart
Roswell, NM 88201

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

Ruby Rodgers
816 Trailing Heart
Roswell, NM 88201

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

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

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

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

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

Elizabeth Eaton
2121 East Biscayne Court
Highlands Ranch, CO 80126

Donald Long
1514 Martin Ave.
Aztec, NM 87410

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

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

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

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

Marsha Cockrell
313 County Road 2900
Aztec, NM 87410

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

7004 2890 0001 6128 0697

U.S. Postal Service™

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OFFICIAL USE

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

\$
\$

Only, please, enter

PS Form 3800, June 2002

See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

deceased - sent pkg
to heir Ann E. Roman

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2890 0001 6128 0697

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 8628

Service™

MAIL™ RECEIPT

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OFFICIAL USE

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

\$
\$

or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

J. H. Hendrix

B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

MAY 31 2005

TULSA
LAND DEPT.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 2410 0004 2680 8628

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 8635

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OFFICIAL USE

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

Sent To

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

PS Form 3800, June 2002

See Reverse

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:

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Audrey M. Baker

B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

MAY 27 2005

TULSA
LAND DEPT.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 2410 0004 2680 8635

PS Form 3811, July 1999

7004 2890 0001 6128 0703

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

Postage and Insurance Coverage Protection

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	
Lawrence Dale Long 3203 Embudito Dr. NE Albuquerque, NM 87111 (MH - E ast Blineby-Drinkard)	
2. Article Number (<i>Copy from service label</i>)	
PS Form 3811, July 1999 Domestic Return Receipt	

COMPLETE THIS SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="checked" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No Wrong address	
3. Service Type	
<input checked="checked" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
004 2890 0001 6128 0680	

U.S. Postal Service <small>TM</small>							
CERTIFIED MAIL <small>TM</small> RECEIPT							
Only; No Insurance Coverage Provided							
For more information visit our website at www.usps.com							
OFFICIAL USE							
Lawrence Dale Long 1704 Pino Ave NE, MBU 2204 Albuquerque, NM 871 (MH-East Blinebry-Drinkard Unit)	<table border="1"><tr><td>\$</td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td>\$</td></tr></table> <p>Post Office 4/5</p>	\$					\$
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PS Form 3800, June 2002							
See Reverse							

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	
Lawrence Dale Long 1704 Pino Ave NE, MBU 2204 Albuquerque, NM 871 (MH-East Blinebry-Drinkard Unit)	
2. Article Number (<i>Copy from service label</i>)	
PS Form 3811, July 1999 Domestic Rate	

A. Received by (Please Print Clearly)		B. Date of Delivery
C. Signature <div> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>		
D. Is delivery address different from item 1?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, enter delivery address below:		
Also wrong address		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes
7004 2890 0001 6128 077		

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
<i>Only; No Insurance Coverage Provided</i>	
For more information visit our website at www.usps.gov	
OFFICIAL USE	
Kenneth Long 1547 Ridge Las Vegas, NV 89110 (MH - East Blinney-Drinkard)	\$
	\$
3/23	
See Reverse	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

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

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	
resent his pkg uncertified.	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7004 2890 0001 6128 0703	

7004 2890 0001 6128 0666

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OFFICIAL

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent☐ Address

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

City, State, ZIP+4

PS Form 3800, June 2002

See F

PS Form 3811, July 1999

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102595-00-M-095

7004 2890 0001 6128 0666

7004 2890 0001 6128 0710

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OFFICIAL

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

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\$	
\$	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Bobbi Long

☐ Agent☐ Address

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3800, June 2002

See F

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102595-00-M-095

7004 2890 0001 6128 0710

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LAND DEPT.

7004 2890 0001 6128 0673

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OFFICIAL

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

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\$	
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\$	
\$	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Ruby Rodgers

☐ Agent☒ Address

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

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APR 29 2005
TULSA
LAND DEPT.

RODG356 T882602033 1205 19 04/18/05

RODGERS
816 TRAILING HEART RD
ROSWELL NM 88201-7858

City, State, ZIP+4

PS Form 3800, June 2002

See F

PS Form 3811, July 1999

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

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

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

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
P.L. Lawrence Jr. Estate
P.O. Box L
Crowley, LA 70526
(MH - East Blinemy -Drinkard)

2. Article Number (Copy from service label)
7004 2890 0001 6128 1113

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0957

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Lucy Hayes
B. Date of Delivery 4-4-05
C. Signature X Lucy Hayes
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
APR 06 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 1106

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

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

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

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

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Boys Ranch Foundation
P.O. Box 1890
Amarillo, TX 79140-0001
(MH - East Blinemy -Drinkard)

2. Article Number (Copy from service label)
7004 2890 0001 6128 1106

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0957

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Roy Hayes
B. Date of Delivery MAR 22 2005
C. Signature X Roy Hayes
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAR 25 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 1090

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OFFICIAL USE

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

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

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

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Ora Lee Jones
P.O. Box 1993
Plainview, TX 79072
(MH - East Blinemy -Drinkard)

2. Article Number (Copy from service label)
7004 2890 0001 6128 1090

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0957

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Ora Lee Jones
B. Date of Delivery 3-22
C. Signature X Ora Lee Jones
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAR 25 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
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For Triple H Resources, Inc.
 P.O. Box 10463
 Midland, TX 79702
 (MH – East Blineby -Drinkard)

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **H.R. Holcomb** B. Date of Delivery **3-30-05**
- C. Signature **H.R. Holcomb**
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7004 2890 0001 6128 1038

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For Watson Truck & Supply
 P.O. Box 10
 Hobbs, NM 88240
 (MH – East Blineby -Drinkard)

City, State, ZIP+4

PS Form 3811, July 1999 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **E. MANASS** B. Date of Delivery **3-28-05**
- C. Signature **E. Manass**
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7004 2890 0001 6128 1137

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **K.D. McPeters** B. Date of Delivery **3/27/05**
- C. Signature **K.D. McPeters**
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7004 2890 0001 6128 1120

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7004 2890 0001 6128 1076

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OFFICIAL USE

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

Post Office
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Copy from service label)

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *W. B. Brown* ☒ Agent ☐ Address

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

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MAR 24 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 1076

7004 2890 0001 6128 1045

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OFFICIAL USE

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

Post Office
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

Bad Address
changed address
-resent 3/29/05

2. Article Number (Copy from service label)

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Joe Sanica* ☐ Agent ☐ Address

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

RECEIVED
MAR 29 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 1045

7004 2890 0001 6128 0734

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OFFICIAL USE

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

Post Office
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from service label)

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Joe Sanica* ☐ Agent ☐ Address

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

RECEIVED
APR 04 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 0734

7004 2890 0001 6128 1144

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Official Use

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

Postmark Here

PS Form 3800, June 2002

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Official Use

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

PS Form 3800, June 2002

7004 2890 0001 6128 1144

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Official Use

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

PS Form 3800, June 2002

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0727

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Official Use

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

Postmark Here

PS Form 3800, June 2002

7004 2890 0001 6128 0727

U.S. Postal Service™
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Official Use

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

PS Form 3800, June 2002

7004 2890 0001 6128 0727

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Official Use

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

PS Form 3800, June 2002

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 1021

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ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 3-22-05
- C. Signature
 x *David H. Arrington* Agent
☐ Address
- D. Is delivery address different from item 1? ☐ Yes
 YES, enter delivery address below: ☐ No

MAR 24 2005

TULSA
LAND DEPT

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

2. Article Number (Copy from service label)

7004 2890 0001 6128 1021

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7004 2890 0001 6128 1014

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ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 JOHNSON 3-21-05
- C. Signature
 x *Anne S. Johnson* Agent
☐ Address
- D. Is delivery address different from item 1? ☐ Yes
 YES, enter delivery address below: ☐ No

MAR 24 2005

TULSA
LAND DEPT

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

2. Article Number (Copy from service label)

7004 2890 0001 6128 1014

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7004 2890 0001 6128 1007

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ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 B.W. Malone 3-21-05
- C. Signature
 x *B.W. Malone* Agent
☐ Address
- D. Is delivery address different from item 1? ☐ Yes
 YES, enter delivery address below: ☐ No

MAR 25 2005

TULSA
LAND DEPT

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

2. Article Number (Copy from service label)

7004 2890 0001 6128 1007

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0956

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ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

Duce D. & Ruth Cobb Bivins Rev
 Trust

8479 Sexton Rd
 PASADENA, MD
 21122-2913

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 X MARY K. BIVINS 3/22
- C. Signature
 X Mary K. Bivins Agent Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

RECEIVED
 MAR 28 2005

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 0956

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0758

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ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 X MARY K. BIVINS 4/2/05
- C. Signature
 X Mary K. Bivins Agent Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

RECEIVED
 APR 06 2005
 TULSA
 LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 0758

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0932

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ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 X [Signature] 3/25/05
- C. Signature
 X [Signature] Agent Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

RECEIVED
 MAR 30 2005
 TULSA
 LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 0932

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0963

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ICIAL USE

City, State, ZIP+4

Postmark Here

PS Form 3800, June 2002 See Reverse

Lettunich Oil Company
 P.O. Box 925
 Fabens, TX 79838
 (MH – East Blineby -Drinkard)

SENDER: COMPLETE THIS SECTION

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

Lettunich Oil Company
 P.O. Box 925
 Fabens, TX 79838
 (MH – East Blineby -Drinkard)

RECEIVED
 MAR 25 2005
 TULSA
 LAND DEPT.

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **Bill Thomas** B. Date of Delivery **MAR 22 2005**
- C. Signature **Bill Thomas** ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7004 2890 0001 6128 0963

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7004 2890 0001 6128 0949

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 ly; No Insurance Coverage P
 on visit our website at www.usps.com
ICIAL USE

City, State, ZIP+4

Postmark Here

PS Form 3800, June 2002 See Reverse

Chevron USA Inc.
 11111 South Wilcrest
 Houston, TX 77099
 (MH – East Blineby -Drinkard)

SENDER: COMPLETE THIS SECTION

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

Chevron USA Inc.
 11111 South Wilcrest
 Houston, TX 77099
 (MH – East Blineby -Drinkard)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **M Ramos** B. Date of Delivery **3-21**
- C. Signature **M Ramos** ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

- RECEIVED**
 MAR 25 2005
 TULSA
 LAND DEPT.
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2890 0001 6128 0949

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7004 2890 0001 6128 0840

U.S. Postal Service™

MAIL™ RECEIPT

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ation visit our website at www.usp

ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

MAR 2 4 2005

TULSA

LAND DEPT

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2890 0001 6128 0840

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0994

U.S. Postal Service™

MAIL™ RECEIPT

Only; No Insurance Coverage

ation visit our website at www.usp

ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

Frank A. Glispin

MAR 2 2 2005

C. Signature

X

☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

MAR 2 4 2005

TULSA

LAND DEPT

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2890 0001 6128 0994

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0987

U.S. Postal Service™

MAIL™ RECEIPT

Only; No Insurance Coverage

ation visit our website at www.usp

ICIAL U

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

GEE

MAR 2 1 2005

C. Signature

X

☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

MAR 2 3 2005

TULSA

LAND DEPT

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2890 0001 6128 0987

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0864

U.S. Postal Service™

MAIL™ RECEIPT

No Insurance Coverage Provided

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OFFICIAL USE

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

Postmark
Here

PS Form 3800, June 2002

See Reverse

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Jacobson B. Date of Delivery 3-23-05
- C. Signature [Signature] ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

MAR 25 2005

TULSA

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

2. Article Number (Copy from service label)

7004 2890 0001 6128 0864

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service™

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OFFICIAL USE

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

Postmark
Here

\$

\$

Wrong address

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Earl MAL0310 882013019 1204 06 03/23/05
310 FORWARD TIME EXP RTN TO SENDER
Ros MALONE MD' EARL L
(MH) 2801 N KENTUCKY AVE APT 122
ROSWELL NM 88201-0607

RETURN TO SENDER

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 03/23/05
- C. Signature X ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

2. Article Number (Copy from service label)

7004 2890 0001 6128 0857

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service™

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OFFICIAL USE

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

Postmark
Here

\$

3/30/05

Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

RECEIVED
APR 07 2005
TULSA
LAND DEPT.

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Danice Anderson B. Date of Delivery 3-23-05
- C. Signature [Signature] ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

2. Article Number (Copy from service label)

7004 2890 0001 6128 071

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 2890 0001 6128 0888

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OFFICIAL USE

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

Postage paid by addressee

3/18

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 3-21-07
- C. Signature
 X *[Signature]* Agent Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

MAR 25 2005

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

Domestic Return Receipt

102595-00-M-095

7004 2890 0001 6128 0895

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OFFICIAL USE

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

Postage paid by addressee

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 J. McWhorter 3-21-07
- C. Signature
 X *[Signature]* Agent Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

MAR 23 2005

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

Domestic Return Receipt

102595-00-M-095

7004 2890 0001 6128 0871

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OFFICIAL USE

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

Postage paid by addressee

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 J. McWhorter 3-22-07
- C. Signature
 X *[Signature]* Agent Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

Domestic Return Receipt

102595-00-M-095

7004 2890 0001 6128 0871

110505 00-11-0000

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OFFICIAL USE

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

Sent To _____

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

City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse

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:

Genesis Limited Partnership
P.O. Box 1363
Mt Pleasant, SC 29465
(MH-EB-DU Agreements)

RECEIVED
MAY 31 2005
TULSA LAND DEPT.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Stephen W Speed B. Date of Delivery 5-23-05

C. Signature [Signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7002 2410 0004 2680 8642

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

7002 2410 0004 2680 8659

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OFFICIAL USE

\$	
\$	

Postmark Here 5/18/05

Stacie Ann Lemaster
2346 Springbrook Rd.
Medford, OR 97504
(MH-EB-DU Agreements)

PS Form 3800, June 2002 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Stacie Ann Lemaster
2346 Springbrook Rd.
Medford, OR 97504
(MH-EB-DU Agreements)

RECEIVED
MAY 27 2005
TULSA LAND DEPT.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) STACIA LEMASTER B. Date of Delivery 5-23-05

C. Signature [Signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7002 2410 0004 2680 8659

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