

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

**APPLICATION OF PRIDE ENERGY COMPANY
FOR COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.**

Case No. 13,703

AFFIDAVIT OF NOTICE

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

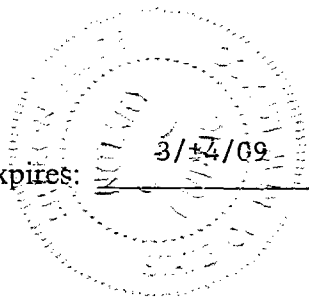
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Pride Energy Company.
3. Pride Energy Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.




James Bruce

SUBSCRIBED AND SWORN TO before me this 20th day of May, 2006 by James Bruce.



My Commission Expires: _____



Notary Public

**OIL CONSERVATION DIVISION
CASE NUMBER 13,703
EXHIBIT NUMBER 2**

Pride

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

April 18, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

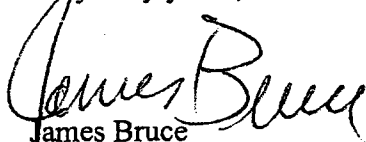
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Pride Energy Company, regarding the N½ of Section 13, Township 11 South, Range 33 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 11, 2006, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, May 4, 2006 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Pride Energy Company

EXHIBIT A

EXHIBIT A

1. Bank of America, N.A., Successor Trustee
of the Testamentary Trust under the Will of M. H. McGrail, deceased
2100 South Utica Ave., Suite 150
Tulsa, OK 74114-1436
2. International Oil & Mining Co.
24509 Apple Street
Newhall, CA 91321-3534
3. The following heirs of Myrtle Houghton :
Agnes Houghton, as separate property
Charles A. Houghton, as separate property
Blanche Van Winkle, as separate property
Gladys Wilson, as separate property
Virgil W. Houghton, as separate property
c/o Martha Houghton
3311 E. Fairview
Spokane, WA 99267
4. Roca Resource Company
P.O. Box 1981
Midland, TX 79702
5. First Roswell Company, Ltd.
P.O. Box 1797
Roswell, NM 88202
6. J. W. Hill
Address unknown
7. Kenneth G. Cone
P.O. Box 11310
Midland, TX 79702
8. Bank of Oklahoma, N. A., Trustee F/B/O the
children of Tom R. Cone U/W/O Kathleen Cone
P.O. Box 3499
Tulsa, OK 74101
9. Kenneth G. Cone, Trustee F/B/O the
children of Kenneth G. Cone U/W/O Kathleen Cone
P.O. Box 11310
Midland, TX 79702
10. The Long Trusts
P.O. Box 3096
Kilgore, TX 75663

11. Billy Glenn Spradlin
29 Rim Road
Kilgore, TX 75662-2228
12. Conquistador Council of Boy Scouts of America
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, TX 75015-2079
13. Board of Regents of New Mexico Military Institute
101 W. College Blvd.
Roswell, NM 88201-5173
14. The Blanco Company
P.O. Box 2168
Santa Fe, NM 87504
15. Chisos, Ltd.
607 Dona Ana Road S.W.
Deming, NM 88030
16. Pure Energy Group, Inc.
Suite 200
153 Treeline Park
San Antonio, TX 78209
17. Edge Petroleum Exploration Company
Suite 2000
1301 Travis
Houston, TX 77002
Attn: R. Keith Turner
18. Chaucer K. Francis
P.O. Box 476
Hugo, OK 74743
19. Theldon Scott Parrett
1511 Highway 485
Jemez Springs, NM 87025
20. Carl Eugene Parrett & Kathy Parrett
515 Courtney Lane
Globe, AZ 85501
21. Larry Bruce Parrett
140 Stubborn Pine Road
Jemez Springs, NM 87025
22. Roy Dean Parrett
P.O. Box 43
Bon, WA 98232

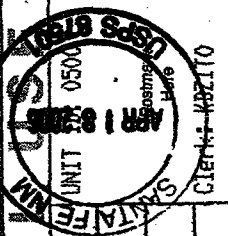
23. The Heirs or Successors of Ruby Kralowetz
c/o Roy Dean Parrett
P.O. Box 43
Bon, WA 98232
24. James H. Conley a/k/a James Conley
385 Forest Hills Way, NW
Salem, OR 97304
25. The Heirs of Eunice Conley
c/o James Conley
385 Forest Hills Way, NW
Salem, OR 97304
26. Beverly Downing
1512 Crestmar Place
Fort Collins, CO 80521
27. Donovan C. Cammack
2025 N. College Ave., #160
Fort Collins, CO 80524
28. Dorothy Cammack
2211 W. Mulberry St.
Fort Collins, CO 80521-6021
29. The Heirs or Successors of Agnes Houghton
c/o Dorothy Cammack
2211 W. Mulberry St.
Fort Collins, CO 80521-6021
30. The Heirs or Successors of Blanche Van Winkle
c/o Dorothy Cammack
2211 W. Mulberry St.
Fort Collins, CO 80521-6021
31. The Heirs of Myrtle Houghton
c/o Dorothy Cammack
2211 W. Mulberry St.
Fort Collins, CO 80521-6021

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

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

| | |
|---|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |

Sent To
Board of Regents of New Mexico Military Institute
101 W. College Blvd.
Roswell, NM 86201-3173
City, State, ZIP+4



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:

Chisao, Ltd.
607 Dona Ana Road S.W.
Deming, NM 86030

2. Article Number
(Transfer from service label)
7005 2570 0000 4604 3254
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:

Board of Regents of New Mexico Military Institute
101 W. College Blvd.
Roswell, NM 86201-3173

2. Article Number
(Transfer from service label)
7005 2570 0000 4604 3254
Domestic Return Receipt
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Ornela* Agent Addressee
B. Received by (Printed Name)
C. Date of Delivery
04/18/06
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Amel* Agent Addressee
B. Received by (Printed Name)
C. Date of Delivery
04/18/06
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

670 Dona Ana Rd SW

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
7005 2570 0000 4604 3254
PS Form 3811, February 2004

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

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

| | |
|---|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |

Sent To
Chisao, Ltd.
607 Dona Ana Road S.W.
Deming, NM 86030
City, State, ZIP+4



PS Form 3811, June 2002 See Reverse for Instructions

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

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

NO OFFICIAL USE

| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To: James H. Conley a/k/a James Conley
 345 Forest Hills Way, NW
 Salem, OR 97304
 City, State, ZIP+4

Postmark Here: APR 18 2006
 Postoffice: KILGORE, TX 75662-2228

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:
 Billy Glenn Sprendlin
 29 Elm Road
 Kilgore, TX 75662-2228

2. Article Number (Transfer from service label)
 7005 2570 0000 4604 3148

PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Billy Glenn Sprendlin* Agent Addressee

B. Received by (Printed Name)
 MRS B C SPREADLIN Date of Delivery
 4-21-06

C. Date of Delivery
 4-21-06

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

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

4. Restricted Delivery? (Extra Fee) Yes No

7005 2570 0000 4604 3230 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 James H. Conley a/k/a James Conley
 345 Forest Hills Way, NW
 Salem, OR 97304

2. Article Number (Transfer from service label)
 7005 2570 0000 4604 3148

PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *James Conley* Agent Addressee

B. Received by (Printed Name)
 JAMES CONLEY Date of Delivery
 4-20-06

C. Date of Delivery
 4-20-06

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

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

4. Restricted Delivery? (Extra Fee) Yes No

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

For delivery information, visit our web site at www.usps.com.

NO OFFICIAL USE

| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To: Billy Glenn Sprendlin
 29 Elm Road
 Kilgore, TX 75662-2228
 City, State, ZIP+4

Postmark Here: APR 18 2006
 Postoffice: KILGORE, TX 75662-2228

PS Form 3800, June 2002 See Reverse for Instructions

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

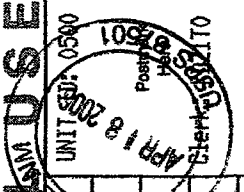
For delivery information visit our website at www.usps.com

OFFICIAL USE

| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 Thaddeus Scott Parent
 1511 Highway 485
 Jemez Springs, NM 87025
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



7005 2570 0000 4604 3193

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 Energy Group, Inc.
 Suite 200
 133 Theeline Park
 San Antonio, TX 78209

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 3162

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Joe Kessler
- B. Received by (Printed Name) Date of Delivery
J. KESSLER *4/18/06*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

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:

Thaddeus Scott Parent
 1511 Highway 485
 Jemez Springs, NM 87025

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Thaddeus Scott Parent
- B. Received by (Printed Name) Date of Delivery
THADDEUS SCOTT PARENT *4-18-06*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 3193

PS Form 3811, February 2004

Domestic Return Receipt

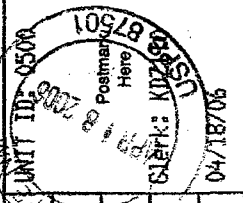
102585-02-M-1540

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

| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |



Sent To
 Pure Energy Group, Inc.
 Suite 200
 133 Theeline Park
 San Antonio, TX 78209
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3162

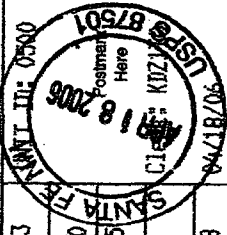
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 The Heirs or Successors of Blanche Van Winkle
 c/o Dorothy Cumback
 2211 W. Mulberry St.
 Fort Collins, CO 80521-6021
 City, State, ZIP+4[®]

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:

7005 2570 0000 4604 3223

2. Article Number (Transfer from service label)
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

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 Heirs or Successors of Blanche Van Winkle
 c/o Dorothy Cumback
 2211 W. Mulberry St.
 Fort Collins, CO 80521-6021

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

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 David Shuley

C. Date of Delivery
 4-27-06

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

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

4. Restricted Delivery? (Extra Fee) Yes No

7005 2570 0000 4604 3223

102595-02-M-1540

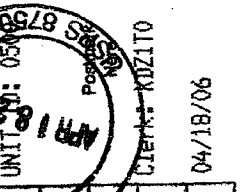
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 Roy Dean Parrett
 P.O. Box 43
 Street, Apt. No.;
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Heirs or Successors of Blanche Van Winkle
 c/o Dorothy Cumback
 2211 W. Mulberry St.
 Fort Collins, CO 80521-6021

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

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

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

| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sam To
 Kenneth G. Cone
 Street, Apt. No.: P.O. Box 11310
 or PO Box No. Midland, TX 79702
 City, State, ZIP+4



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 Long Truss
 P.O. Box 3096
 Kilgore, TX 75663

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 3261

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
The Long Truss
 B. Received by (Printed Name)
 ELESABETH STOKER
 C. Date of Delivery
 4/24/06
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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 G. Cone
 P.O. Box 11310
 Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Bill K. Blacken
 B. Received by (Printed Name)
 Bill K. Blacken
 C. Date of Delivery
 4-27-06
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

7005 2570 0000 4604 3292

PS Form 3811, February 2004

Domestic Return Receipt

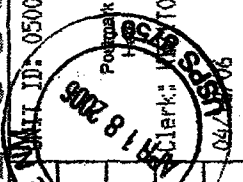
102595-02-M-1540

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

| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |



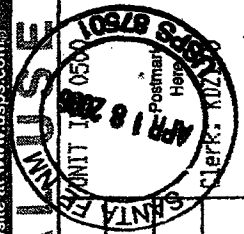
Sam To
 The Long Truss
 P.O. Box 3096
 or PO Box No. Kilgore, TX 75663
 City, State, ZIP+4

PS Form 3811, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3261

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

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



| | |
|---|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | 4.88 |
| Total Postage & Fees | \$ 9.76 |

Sent To
 Considerator Council of Boy Scouts of America
 1325 West Walnut Hill Lane
 P.O. Box 152079
 Irving, TX 75015-2079
 City, State, ZIP+4

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:
- First Rowell Company, Ltd.
 P.O. Box 1797
 Roswell, NM 88202
2. Article Number
 (Transfer from service label)
- 7005 2570 0000 4604 3308
- Domestic Return Receipt
- PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 X *Kay Swader* Addressee
- B. Received by (Printed Name) *KAY SWADER* C. Date of Delivery *4/21/06*
- 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

SENDER: COMPLETE THIS SECTION

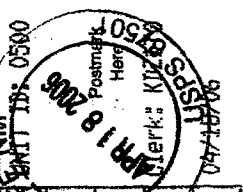
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
- Considerator Council of Boy Scouts of America
 1325 West Walnut Hill Lane
 P.O. Box 152079
 Irving, TX 75015-2079
2. Article Number
 (Transfer from service label)
- 7005 2570 0000 4604 3247
- Domestic Return Receipt
- PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 X *J. Mason* Addressee
- B. Received by (Printed Name) *J. Mason* C. Date of Delivery *4-21-06*
- D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

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

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



| | |
|---|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | 4.88 |
| Total Postage & Fees | \$ 9.76 |

Sent To
 First Rowell Company, Ltd.
 P.O. Box 1797
 Roswell, NM 88202
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3308

102585-02-M-1540

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

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

OFFICIAL USE

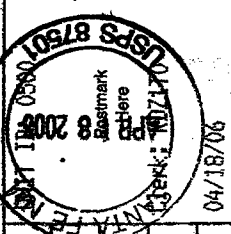
| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To

The Heirs of Eunice Conley
 c/o James Conley
 385 Forest Hills Way, NW
 Salem, OR 97304

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3131



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 Heirs or Successors of Ruby Kralowetz
 c/o Roy Dean Parrett
 P.O. Box 43
 Bon, WA 98232

2. Article Number
 (Transfer from service label)

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:

The Heirs of Eunice Conley
 c/o James Conley
 385 Forest Hills Way, NW
 Salem, OR 97304

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) DAVID SHULER C. Date of Delivery 4-27-06
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes No

7005 2570 0000 4604 3353

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) JAMES CONLEY C. Date of Delivery 4-27-06
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes No

7005 2570 0000 4604 3131

Domestic Return Receipt

102595-02-M-1540

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

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

OFFICIAL USE

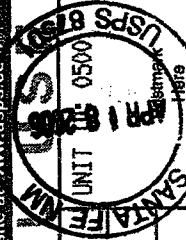
| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To

The Heirs or Successors of Ruby Kralowetz
 c/o Roy Dean Parrett
 P.O. Box 43
 Bon, WA 98232

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3353



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

FOUR-FOLD USE

| | |
|---|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |

Sent To
 Beverly Downing
 1512 Customer Place
 Fort Collins, CO 80521

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

Donovan C. Cammack
 2023 N. College Ave., #160
 Fort Collins, CO 80524

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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.

2. Article Number
(Transfer from service label)
 7005 2570 0000 4604 3124

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 B. Date of Delivery
 04/18/06

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

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

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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.

2. Article Number
(Transfer from service label)
 7005 2570 0000 4604 3117

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 B. Date of Delivery
 04/18/06

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

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

4. Restricted Delivery? (Extra Fee) Yes No

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

FOUR-FOLD USE

| | |
|---|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |

Sent To
 Beverly Downing
 1512 Customer Place
 Fort Collins, CO 80521

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

Donovan C. Cammack
 2023 N. College Ave., #160
 Fort Collins, CO 80524

PS Form 3800, June 2002 See Reverse for Instructions

**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

| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent to

Street, Apt. No., or PO Box No. Carl Eugene Parrett & Kathy Parrett
515 Courtney Lane
Globe, AZ 85501

City, State, ZIP+4

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:

Carl Eugene Parrett & Kathy Parrett
515 Courtney Lane
Globe, AZ 85501

2. Article Number (Transfer from service label) 7005 2570 0000 4604 3209

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1840

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:

Edge Petroleum Exploration Company
Suite 2000
1301 Travis
Houston, TX 77002
Attn: R. Keith Turner

2. Article Number (Transfer from service label) 7005 2570 0000 4604 3179

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1840

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *MM [Signature]* C. Date of Delivery *4/21/06*

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

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *4/20/06*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7005 2570 0000 4604 3209

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1840

**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

| | |
|--|------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent to

Street, Apt. No., or PO Box No. Edge Petroleum Exploration Company
Suite 2000
1301 Travis
Houston, TX 77002
Attn: R. Keith Turner

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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

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

| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 The Heirs of Myrtle Houghton
 c/o Dorothy Cunniff
 2211 W. Mulberry St.
 Fort Collins, CO 80521-6021
 City, State, ZIP+4

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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Dorothy Cunniff* Agent

B. Received by (Printed Name) *Dorothy Cunniff* Date of Delivery *04/18/06*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 0100 0005 5713 2836**

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Larry Bruce Parrett
 140 Stubborn Pine Road
 Jemez Springs, NM 87025

2. Article Number (Transfer from service label) **7005 2570 0000 4604 3216**

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

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

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

| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 Larry Bruce Parrett
 140 Stubborn Pine Road
 Jemez Springs, NM 87025
 City, State, ZIP+4

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Larry B Parrett* Agent

B. Received by (Printed Name) *LARRY B PARRETT* Date of Delivery *04/18/06*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7005 2570 0000 4604 3216**

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Larry B Parrett* Agent

B. Received by (Printed Name) *LARRY B PARRETT* Date of Delivery *04/18/06*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7005 2570 0000 4604 3216**

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

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

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

| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 Larry Bruce Parrett
 140 Stubborn Pine Road
 Jemez Springs, NM 87025
 City, State, ZIP+4

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Larry B Parrett* Agent

B. Received by (Printed Name) *LARRY B PARRETT* Date of Delivery *04/18/06*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7005 2570 0000 4604 3216**

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

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

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

FOOTER, GLOBAL USE

| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 Dorothy Cummark
 2111 W. Mulberry St.
 Fort Collins, CO 80521-6021

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 The Heirs or Successors of Agnes Houghton
 c/o Dorothy Cummark
 2111 W. Mulberry St.
 Fort Collins, CO 80521-6021

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Dorothy Cummark

C. Date of Delivery
 04/18/06

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

7006 0100 0005 5713 2850
 Domestic Return Receipt

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 Cummark
 2111 W. Mulberry St.
 Fort Collins, CO 80521-6021

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Dorothy Cummark

C. Date of Delivery
 04/18/06

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

7006 0100 0005 5713 2857
 Domestic Return Receipt

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

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

FOOTER, GLOBAL USE

| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 The Heirs or Successors of Agnes Houghton
 c/o Dorothy Cummark
 2111 W. Mulberry St.
 Fort Collins, CO 80521-6021

PS Form 3800, June 2002 See Reverse for Instructions

2006 0100 0005 5713 2850

2006 0100 0005 5713 2857

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

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



| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | 4.88 |
| Total Postage & Fees \$ | 9.76 |

Sent To
 Chiles, Ltd.
 1221 Lamar, Suite 1600
 Houston, TX 77010
 City, State, ZIP+4

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bank of America, N.A., Successor Trustee of the Testamentary Trust under the Will of M. H. McGrail, deceased
 2100 South Utes Ave., Suite 150
 Tulsa, OK 74114-1436

2. Article Number (Transfer from service label)
 7005 2570 0000 0252 5002

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Abbauburn
- B. Received by (Printed Name) *Abbauburn*
- C. Date of Delivery *4/21/06*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

7005 2570 0000 4604 3346

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chiles, Ltd.
 1221 Lamar, Suite 1600
 Houston, TX 77010

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Abbauburn
- B. Received by (Printed Name) *Abbauburn*
- C. Date of Delivery *4/21/06*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label)
 7006 0300 0005 5713 2829

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

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



| | |
|--|-------------|
| Postage \$ | 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | 4.88 |
| Total Postage & Fees \$ | 9.76 |

Sent To
 Bank of America, N.A., Successor Trustee of the Testamentary Trust under the Will of M. H. McGrail, deceased
 2100 South Utes Ave., Suite 150
 Tulsa, OK 74114-1436
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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

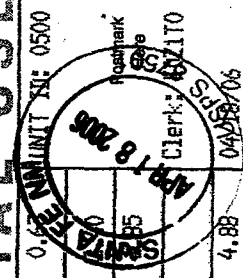
For delivery information visit our website at www.usps.com.

OFFICIAL USE

| | |
|--|-------------|
| Postage \$ | 0.65 |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 Kenneth G. Coxe, Trustee 7/19/0 the
 children of Kenneth G. Coxe U/W/O Kathleen Coxe
 P.O. Box 11310
 Midland, TX 79702
 City, State, ZIP+4[®]

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:
 Bank of Oklahoma; N. A., Trustee 7/19/0 the
 children of Tom R. Coxe U/W/O Kathleen Coxe
 P.O. Box 3499
 Tulsa, OK 74101

2. Article Number
(Transfer from service label)
 7005 2570 0000 4604 3265
 Domestic Return Receipt
 PS Form 3811, February 2004 102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 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

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 G. Coxe, Trustee 7/19/0 the
 children of Kenneth G. Coxe U/W/O Kathleen Coxe
 P.O. Box 11310
 Midland, TX 79702

2. Article Number
(Transfer from service label)
 7005 2570 0000 4604 3278
 Domestic Return Receipt
 PS Form 3811, February 2004 102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 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

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

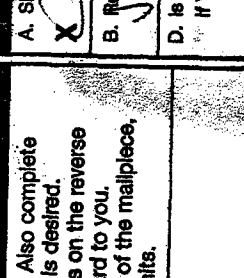
For delivery information visit our website at www.usps.com.

OFFICIAL USE

| | |
|--|-------------|
| Postage \$ | 0.65 |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | 4.88 |

Sent To
 Bank of Oklahoma; N. A., Trustee 7/19/0 the
 children of Tom R. Coxe U/W/O Kathleen Coxe
 P.O. Box 3499
 Tulsa, OK 74101

PS Form 3800, June 2002 See Reverse for Instructions



SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

Roca Resource Company
P.O. Box 1981
Midland, TX 79702

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 3315

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1840

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Candy Lopez
B. Received by (Printed Name) C. Date of Delivery
Candy Lopez
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

U.S. Postal ServiceSM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

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

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

| | |
|---|----------------|
| Postage | \$ 0.00 |
| Certified Fee | \$ 2.40 |
| Return Receipt Fee (Endorsement Required) | \$ 1.85 |
| Restricted Delivery Fee (Endorsement Required) | \$ 0.00 |
| Total Postage & Fees | \$ 4.88 |

UNIT NO. 0300
APR 18 11 53 AM '06
POST OFFICE
MIDLAND, TX 79702

Sent To
Roca Resource Company
P.O. Box 1981
Midland, TX 79702
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3315

1ST NOTICE 05-16-06
 2ND NOTICE
 RETURN

Handwritten: 4/29/06
 4/29/06

RETURN RECEIPT
 REQUESTED

- TEMPORARILY AWAY FOR BETTER ADDRESS
- OUTSIDE DELIVERY LIMITS
- ADDITIONAL POSTAGE REQUIRED
- UNCLAIMED
- DECEASED
- RETURNED TO OFFICE IN STATE

U.S. POSTAGE
 PAID
 SANTA FE, NM
 APR 18, 2006
 AMOUNT
\$4.88
 00015009-03



9284 74743

Chaucer K. Francis
 P.O. Box 476
 Hugo, OK 74743

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

7005 2570 0000 4604 3186

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

| | |
|--|---------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |



Sent To
 Street, Apt. No.,
 or PO Box No. Chaucer K. Francis
 P.O. Box 476
 City, State, Zip+4 Hugo, OK 74743
 PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3186

1ST NOTICE 05-02-06
2ND NOTICE
RETURN

RETURN RECEIPT
REQUESTED

Houghton
4/24
M. Houghton
unknown 3311 E. Fairview

PLAC
OFF
CA

7005 2570 0000 4604 3322 1 5036

The following heirs of Myrtle Houghton :
Agnes Houghton, as separate property
Charles A. Houghton, as separate property
Blanche Van Winkle, as separate property

HOUGHTON
FORWARD TIME EXP RTN TO SEND
HOUGHTON, MARTHA H
7302 N JENSEN RD #7302
SPokane WA 99217-9554

RETURN TO SENDER

U.S. POSTAGE
PAID
SANTA FE, NM
APR 18 2006
AMOUNT
\$4.88
00015009-03

9264 99217

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

| | |
|---|---------|
| Postage | \$ 0.62 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |

Sent To
Myrtle Houghton
3311 E. Fairview
Spokane, WA 99207

APR 18 2006
Postmark
Clerk's Stamp
USPS 99217-0000

7005 2570 0000 4604 3322 1 5036

P.S. Form 3800, June 2002 See Reverse for Instructions.

JAMES...
P.O. BOX 2168
SANTA FE, NM 87504

1ST NOTICE 05-02-06
2ND NOTICE _____
RETURN _____

RETURN RECEIPT
REQUESTED

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

-68 8018

7005 2570 0000 4604 3155

U.S. POSTAGE
PAID
SANTA FE, NM
87504
APR 18, 06
AMOUNT
\$4.88
00015009-03

9264 07304

The Blanco Company
P.O. Box 2168

BLANCO TIME EXP. RTN TO SEND
FORWARD TO THE BLANCO COMPANY
P.O. BOX 2168
RUIDOSO NM 88355-3010

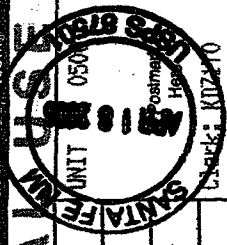
RETURN TO SENDER

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

| | |
|---|---------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |



Sent To
The Blanco Company
P.O. Box 2168
Santa Fe, NM 87504
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3155

U.S. POSTAGE
PAID
SANTA FE, NM
87501
APR 18, 2006
AMOUNT
\$4.88
9264 91321 90015009-03

UNITED STATES
POSTAL SERVICE

RETURN RECEIPT
REQUESTED
M. J. S. J. J. J.
2/16

1ST NOTICE
2ND NOTICE
RETURN
9706

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

International Oil & Mining Co.
24509 Apple Street
Newhall, CA 91321-3334

NO NOTICE
RETURN

NM/R

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

NEED OFFICIAL USE

7005 2570 0000 4604 2339

Postage \$ 0.63
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required) 0.00
Total Postage & Fees \$ 4.88

Postmark Here
DATE: APR 18 2006
TIME: 11:03 AM
OFFICE: K071

Sent To: International Oil & Mining Co.
Street, Apt. No., or PO Box No. 24509 Apple Street
City, State, ZIP+4 Newhall, CA 91321-3334

U.S. Form 3800, Zone 2002. See Reverse for Instructions.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 3, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Pride Energy Company, regarding the N½ of Section 13, Township 11 South, Range 33 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 25, 2006, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, May 18, 2006 if you intend to participate in the hearing.

Very truly yours,

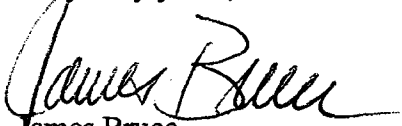

James Bruce
Attorney for Pride Energy Company

EXHIBIT A

1. Bank of America, N.A., Successor Trustee
of the Testamentary Trust under the Will of M. H. McGrail, deceased
2100 South Utica Ave., Suite 150
Tulsa, OK 74114-1436
2. International Oil & Mining Co.
24509 Apple Street
Newhall, CA 91321-3534
3. The following heirs of Myrtle Houghton :
Agnes Houghton, as separate property
Charles A. Houghton, as separate property
Blanche Van Winkle, as separate property
Gladys Wilson, as separate property
Virgil W. Houghton, as separate property
c/o Martha Houghton
7302 North Jensen Road
Spokane, WA 99217-9554
4. Roca Resource Company
P.O. Box 1981
Midland, TX 79702
5. First Roswell Company, Ltd.
P.O. Box 1797
Roswell, NM 88202
6. J. W. Hill
Address unknown
7. Kenneth G. Cone
P.O. Box 11310
Midland, TX 79702
8. Bank of Oklahoma, N. A., Trustee F/B/O the
children of Tom R. Cone U/W/O Kathleen Cone
P.O. Box 3499
Tulsa, OK 74101
9. Kenneth G. Cone, Trustee F/B/O the
children of Kenneth G. Cone U/W/O Kathleen Cone
P.O. Box 11310
Midland, TX 79702
10. The Long Trusts
P.O. Box 3096
Kilgore, TX 75663

11. Billy Glenn Spradlin
29 Rim Road
Kilgore, TX 75662-2228
12. Conquistador Council of Boy Scouts of America
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, TX 75015-2079
13. Board of Regents of New Mexico Military Institute
101 W. College Blvd.
Roswell, NM 88201-5173
14. The Blanco Company
P.O. Box 3010
Ruidoso, NM 88355
15. Chisos, Ltd.
607 Dona Ana Road S.W.
Deming, NM 88030
16. Pure Energy Group, Inc.
Suite 200
153 Treeline Park
San Antonio, TX 78209
17. Edge Petroleum Exploration Company
Suite 2000
1301 Travis
Houston, TX 77002
Attn: R. Keith Turner
18. Chaucer K. Francis
P.O. Box 476
Hugo, OK 74743
19. Theldon Scott Parrett
1511 Highway 485
Jemez Springs, NM 87025
20. Carl Eugene Parrett & Kathy Parrett
515 Courtney Lane
Globe, AZ 85501
21. Larry Bruce Parrett
140 Stubborn Pine Road
Jemez Springs, NM 87025
22. Roy Dean Parrett
P.O. Box 43
Bon, WA 98232

23. The Heirs or Successors of Ruby Kralowetz
c/o Roy Dean Parrett
P.O. Box 43
Bon, WA 98232
24. James H. Conley a/k/a James Conley
385 Forest Hills Way, NW
Salem, OR 97304
25. The Heirs of Eunice Conley
c/o James Conley
385 Forest Hills Way, NW
Salem, OR 97304
26. Beverly Downing
1512 Crestmar Place
Fort Collins, CO 80521
27. Donovan C. Cammack
2025 N. College Ave., #160
Fort Collins, CO 80524
28. Dorothy Cammack
2211 W. Mulberry St.
Fort Collins, CO 80521-6021
29. The Heirs or Successors of Agnes Houghton
c/o Dorothy Cammack
2211 W. Mulberry St.
Fort Collins, CO 80521-6021
30. The Heirs or Successors of Blanche Van Winkle
c/o Dorothy Cammack
2211 W. Mulberry St.
Fort Collins, CO 80521-6021
31. The Heirs of Myrtle Houghton
c/o Dorothy Cammack
2211 W. Mulberry St.
Fort Collins, CO 80521-6021

Kelly H. Baxter
P.O. Box 1649
Austin, TX 78767-1649

Mitchell Minerals, LLC
P.O. Box 488
Henryetta, OK 74437

Amcon Resources, Inc.
P.O. Box 3025
Oklahoma City, OK 73101

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

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

OFFICIAL USE

| | |
|---|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | 4.88 |
| Total Postage & Fees | \$ 9.76 |

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 Anson Resources, Inc.
 P.O. Box 3025
 Oklahoma City, OK 73101

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4603 1213

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:

c/o Martha Houghton
 7302 North Jensen Road
 Spokane, WA 99217-9554

2. Article Number

(Transfer from service label)

7005 2570 0000 4603 1213

PS Form 3811, February 2004

Domestic Return Receipt **P-17**

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
 B. Received by (Printed Name) Martha Houghton
 C. Date of Delivery 05/07/04
 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

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, Inc.
 P.O. Box 3025
 Oklahoma City, OK 73101

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
 B. Received by (Printed Name) Martha Houghton
 C. Date of Delivery 05/07/04
 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)

7005 2570 0000 4603 1213

PS Form 3811, February 2004

Domestic Return Receipt **P-17**

102595-02-M-1540

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

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

OFFICIAL USE

| | |
|---|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | 4.88 |
| Total Postage & Fees | \$ 9.76 |

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 c/o Martha Houghton
 7302 North Jensen Road
 Spokane, WA 99217-9554

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4603 1213

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

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

OFFICIAL USE

| | |
|--|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |

Sent To
 Mitchell Minerals, LLC
 P.O. Box 488
 Henryetta, OK 74437
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7005 2570 0000 4603 1244

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 Blanco Company
 P.O. Box 3010
 Ruidoso, NM 88355

2. Article Number
 (Transfer from service label)

7005 2570 0000 4603 1220

Domestic Return Receipt P-17

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, LLC
 P.O. Box 488
 Henryetta, OK 74437

2. Article Number
 (Transfer from service label)

7005 2570 0000 4603 1244

Domestic Return Receipt P-17

PS Form 3811, February 2004

102566-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Recipient
 B. Received by (Printed Name) *[Signature]*
 C. Date of Delivery *[Signature]*
 D. Is delivery address different from address below? Yes No
 If YES, enter delivery address below: *[Signature]*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

7005 2570 0000 4603 1220

Domestic Return Receipt P-17

PS Form 3800, June 2002

See Reverse for Instructions

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

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

OFFICIAL USE

| | |
|--|----------------|
| Postage | \$ 0.63 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 4.88 |

Sent To
 The Blanco Company
 P.O. Box 3010
 Ruidoso, NM 88355
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7005 2570 0000 4603 1220

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Recipient
 B. Received by (Printed Name) *[Signature]*
 C. Date of Delivery *[Signature]*
 D. Is delivery address different from address below? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
 (Transfer from service label)

7005 2570 0000 4603 1244

Domestic Return Receipt P-17

PS Form 3811, February 2004

102566-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kelly H. Baxter
P.O. Box 1649
Austin, TX 78767-1649

2. Article Number

(Transfer from service label)

7005 2570 0000 4603 1251

PS Form 3811, February 2004

Domestic Return Receipt P-7

102595-02-M-1640

COMPLETE THIS SECTION ON DELIVERY

A. Signature Kelly Baxter 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

**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

| | | |
|--|------|----------------|
| Postage \$ | 0.63 | UNIT ID: 0500 |
| Certified Fee | 2.40 | SANTA FE |
| Return Receipt Fee (Endorsement Required) | 1.88 | Postmark Here |
| Restricted Delivery Fee (Endorsement Required) | | MAY - 4 2006 |
| Total Postage & Fees \$ | 4.88 | USA 78767-1649 |

Sent To Kelly H. Baxter
 P.O. Box 1649
 Austin, TX 78767-1649
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002. See Reverse for instructions.

7005 2570 0000 4603 1251