

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF UNIT PETROLEUM COMPANY FOR COMPULSORY POOLING AND A NON-STANDARD GAS SPACING AND PRORATION UNIT, LEA COUNTY, NEW MEXICO.

Case No. 13,780

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 Unit Petroleum Company, and have personal knowledge of the matters stated herein.
3. Applicant 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
James Bruce

SUBSCRIBED AND SWORN TO before me this 24th day of October, 2006 by James Bruce.

James Bruce
Notary Public

My Commission Expires: 3/15/09

Oil Conservation Division
Case No. 13,780
Exhibit No. 5

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

August 24, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

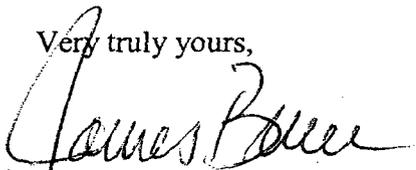
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard gas well unit, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the N½ of Section 17, Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico. **This matter has been scheduled for hearing at 8:15 a.m. on Thursday, September 14, 2006** at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the S½ of Section 17 who would be excluded from the well unit if the application is granted, 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 the Division, and the undersigned, by Thursday, September 7, 2006 if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Unit Petroleum Company

EXHIBIT A

EXHIBIT A

Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

Richard K. Barr
5716 Hillcrest Place
Midland, Texas 79707

Occidental Permian Ltd.
P.O. Box 50250
Midland, Texas 79710

Scott Wilson
4203 Greenbriar
Midland, Texas 79707

Lea County New Mexico
Exploration and Production LLC
Suite 100
2000 Post Oak Boulevard
Houston, Texas 77252

Jeannea Andrews Saunders Trust
c/o Bank of America N.A.
P.O. Box 26900
Albuquerque, New Mexico 87125

Perry R. Bass, Inc.
Suite 1100
201 Main Street
Fort Worth, Texas 76102

SAP Acquisition Corp.
6100 North Western Avenue
Oklahoma City, Oklahoma 73118

Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

Max W. Coll II
83 La Barbaria Trail
Santa Fe, New Mexico 87501

Dingus Investments Inc.
110 North Marienfeld
Midland, Texas 79701

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CERTIFIED MAIL™ RECEIPT**
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FOR OFFICIAL USE

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



Sent To
 Perry R. Bass, Inc.
 Suite 1100
 201 Main Street
 Fort Worth, Texas 76102

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:

Bureau of Land Management
 2909 West Second Street
 Roswell, New Mexico 88201

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) _____
 C. Date of Delivery 8/25/06

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

7005 2570 0000 4604 467J

Domestic Return Receipt u-a 102595-02-M-1540

7005 2570 0000 4604 4787

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:

Perry R. Bass, Inc.
 Suite 1100
 201 Main Street
 Fort Worth, Texas 76102

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 4787

PS Form 3811, February 2004

Domestic Return Receipt u-a 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____
 C. Date of Delivery AUG 28 2006

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™
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Postage	\$ 4.40
Certified Fee	\$1.85
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$4.88



Sent To

Bureau of Land Management
 2909 West Second Street
 Roswell, New Mexico 88201

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

7005 2570 0000 4604 4787

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

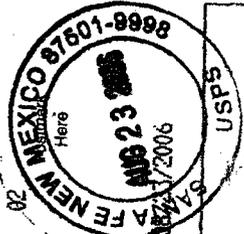
NO OFFICIAL USE

Postage	\$	\$0.63	0500
Certified Fee		\$2.40	
Return Receipt Fee (Endorsement Required)		\$1.85	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

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

Occidental Periman Ltd.
 P.O. Box 50250
 Midland, Texas 79710

PS Form 3800, June 2002 See Reverse for Instructions



2005 2570 0000 4604 4695

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:

Occidental Periman Ltd.
 P.O. Box 50250
 Midland, Texas 79710

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 4695

Domestic Return Receipt *U-C*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *S. Mitchell* Agent Addressee

B. Received by (Printed Name) *S. Mitchell* Date of Delivery *2/23/2006*

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

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

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 4695

Domestic Return Receipt *U-C*

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:

Scott Wilson
 4203 Greenbriar
 Midland, Texas 79707

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 4770

Domestic Return Receipt *U-C*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Scott Wilson* Agent Addressee

B. Received by (Printed Name) *Scott Wilson* Date of Delivery *2-1-06*

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

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

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 4770

Domestic Return Receipt *U-C*

102595-02-M-1540

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Postage	\$	\$0.63	0500
Certified Fee		\$2.40	
Return Receipt Fee (Endorsement Required)		\$1.85	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

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

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 4770

Domestic Return Receipt *U-C*

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:

Scott Wilson
 4203 Greenbriar
 Midland, Texas 79707

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 4770

Domestic Return Receipt *U-C*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Scott Wilson* Agent Addressee

B. Received by (Printed Name) *Scott Wilson* Date of Delivery *2-1-06*

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

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

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 4770

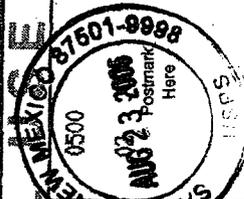
Domestic Return Receipt *U-C*

102595-02-M-1540

U.S. Postal ServiceTM
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Postage	\$ 05.00
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 08.23/2006

Sent To
 Diagus Investments Inc.
 110 North Marienfeld
 Midland, Texas 79701
 City, State, ZIP+4



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Max W. Coll II
 83 La Barbara Trail
 Santa Fe, New Mexico 87501

2. Article Number
 (Transfer from service label)
 7005 2570 0000 4604 4749

PS Form 3811, February 2004
 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 MAX COLL

C. Date of Delivery
 08/23/2006

D. Is delivery address different from item 1?
 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

7005 2570 0000 4604 4756

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 #101
 Diagus Investments Inc.
 110 North Marienfeld
 Midland, Texas 79701

2. Article Number
 (Transfer from service label)
 7005 2570 0000 4604 4756

PS Form 3811, February 2004
 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Nancy Marshall

C. Date of Delivery
 8/23/06

D. Is delivery address different from item 1?
 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

7005 2570 0000 4604 4756

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Postage	\$ 05.00
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 08.23/2006

Sent To
 Max W. Coll II
 83 La Barbara Trail
 Santa Fe, New Mexico 87501
 City, State, ZIP+4



7005 2570 0000 4604 4749

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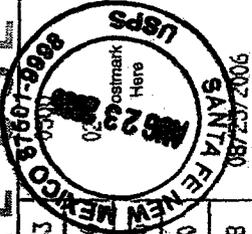
For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To
SAP Acquisition Corp.
6100 North Western Avenue
Oklahoma City, Oklahoma 73118
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:

Lea County New Mexico
Exploration and Production LLC
Suite 100
2000 Post Oak Boulevard
Houston, Texas 77252

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 4688

Domestic Return Receipt U-u 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) ACEMENTO C. Date of Delivery 8-31-06
- 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

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:

SAP Acquisition Corp.
6100 North Western Avenue
Oklahoma City, Oklahoma 73118

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Drew C. Date of Delivery 8/31/06
- 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 4725

PS Form 3811, February 2004

Domestic Return Receipt U-u 102595-02-M-1540

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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

Sent To
Lea County New Mexico
Exploration and Production LLC
Suite 100
2000 Post Oak Boulevard
Houston, Texas 77252
City, State, ZIP+4



PS Form 3800, June 2002. See Reverse for Instructions

7005 2570 0000 4604 4688

Domestic Return Receipt U-u 102595-02-M-1540

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

October 5, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

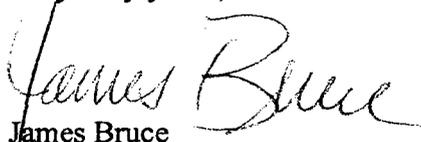
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard gas well unit, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the N½ of Section 17, Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico. **This matter has been re-scheduled for hearing at 8:15 a.m. on Thursday, October 26, 2006** at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505.

As interest owners in the S½ of Section 17, you were previously mailed notice of the application for purposes of the non-standard unit portion of the application. However, as you have been notified by applicant, you may own contractual interests in an undivided 1/32 mineral interest in the NE¼ Section 17 under an Operating Agreement dated January 27, 1965, recorded in Lea County at Miscellaneous Book 273, page 97. As an interest owner in the N½ 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 the Division, and the undersigned, by Thursday, October 19, 2006 if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Unit Petroleum Company

EXHIBIT A

Richard K. Barr
500 West Texas
Midland, Texas 79701

Scott Wilson
500 West Texas
Midland, Texas 79701

Occidental Permian Ltd.
P.O. Box 50250
Midland, Texas 79710

Lea County New Mexico
Exploration and Production LLC
Suite 100
2000 Post Oak Boulevard
Houston, Texas 77056

Perry R. Bass, Inc.
Suite 1100
201 Main Street
Fort Worth, Texas 76102

SAP Acquisition Corp.
6100 North Western Avenue
Oklahoma City, Oklahoma 73118

Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

Dingus Investments Inc.
110 North Marienfeld
Midland, Texas 79701

Ella M. Tietz
P.O. Box T
Burnett, Texas 78611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Nancy Marshall Agent
 Addressee

B. Received by (Printed Name)
 Nancy Marshall

C. Date of Delivery
 10/16/06

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 5708 7700

PS Form 3811, February 2004 Domestic Return Receipt *Unit* 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Dingus Investments Inc.
 110 North Maricfield
 Midland, Texas 79701

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name)
 H H M O Z O S E

C. Date of Delivery
 10/17/06

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 5708 9475

PS Form 3811, February 2004 Domestic Return Receipt *Unit* 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Chevron U.S.A. Inc.
 13 Smith Road
 Midland, Texas 79705

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.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 SAP Acquisition Corp.
 6100 North Western Avenue
 Oklahoma City, Oklahoma 73118

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name)
 Jennifer M. Foster

C. Date of Delivery
 10/16/06

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)
 8946 5000 0010 7880 2006 PM 31

PS Form 3811, February 2004 Domestic Return Receipt *Unit* 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:

Perry R. Bass, Inc.
Suite 1100
201 Main Street
Fort Worth, Texas 76102

2. Article Number (Transfer from service label) 7006 0100 0005 5708 9499

PS Form 3811, February 2004 Domestic Return Receipt unt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery OCT 16 2006

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

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:

Lea County New Mexico
Exploration and Production LLC
Suite 100
2000 Post Oak Boulevard
Houston, Texas 77056

2. Article Number (Transfer from service label) 7006 0100 0005 5708 9505

PS Form 3811, February 2004 Domestic Return Receipt unt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 9/16/06

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

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:

BARR50C 797012016 1306 05 10/16/06
NOTIFY SENDER OF NEW ADDRESS
WILSON
2006 LAWRENCE BOERNE TX 78006-5976

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Richard E. [Signature] C. Date of Delivery 10/20/06

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

2. Article Number (Transfer from service label) 7006 0100 0005 5708 9536

PS Form 3811, February 2004 Domestic Return Receipt unt 102595-02-M-1540

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:

Occidental Permian Ltd.
 P.O. Box 50250
 Midland, Texas 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] *2/18/04*

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 0100 0005 5708 9512

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

[Handwritten mark]

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

September 14, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

I previously mailed you an application for compulsory pooling and a non-standard gas well unit, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the N½ of Section 17, Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico. Another copy is enclosed. **This matter has been re-scheduled for hearing at 8:15 a.m. on Thursday, September 28, 2006** at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. 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 the Division, and the undersigned, by Thursday, September 21, 2006 if you intend to enter an appearance and participate in the case.

PLEASE NOTE THE FOLLOWING: Enclosed is a portion of a title opinion on the N½ of Section 17, so that you can see what interests you own in the well unit. In addition, you may own a contractual interest in the S½ of Section 17 under an old operating agreement under which Hamon Operating Co. is/was the operator. That agreement may also affect your rights in the N½ of Section 17. I have requested information on the operating agreement from Hamon, and will forward that to you when I receive it.

Also, the correspondence regarding joining in the well was not sent directly to Max Coll II, and copies of that correspondence (with an AFE) are enclosed to him with this letter.

If you would like to discuss the proposed well directly with Unit Petroleum Company, please call Fred Schantz at (432) 685-9020. Also, I have geological plats which I would be glad to forward to you if you want to review them. Just give me a call.

Very truly yours,

A handwritten signature in cursive script, appearing to read "James Bruce". The signature is written in dark ink and is positioned above the printed name.

James Bruce

Attorney for Unit Petroleum Company

EXHIBIT A

Charles H. Coll (on behalf of several
Coll Family members)
Sanders, Coll, Bruin & Worley P.A.
P.O. Box 550
Roswell, New Mexico 88202

Max W. Coll II
83 La Barbaria Trail
Santa Fe, New Mexico 87501

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, New Mexico 87505

**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	\$ 0.87	0500
Certified Fee	\$2.40	03
Return Receipt Fee (Endorsement Required)	\$1.85	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.12	09/15/2006

Postmark Here

Sent To
Charles H. Coll (on behalf of several
Coll Family members)
Sanders, Coll, Bruin & Worley P.A.
P.O. Box 550
Roswell, New Mexico 88202

PS Form 3811, June 2002 See Reverse for Instructions

7006 0100 0005 5707 8653

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Max W. Coll II
83 La Barbara Trail
Santa Fe, New Mexico 87501

2. Article Number
(Transfer from service)

7006 0100 0005 5707 8646
PS Form 3811, February 2004

Domestic Return Receipt *Used 517*

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:

Charles H. Coll (on behalf of several
Coll Family members)
Sanders, Coll, Bruin & Worley P.A.
P.O. Box 550
Roswell, New Mexico 88202

2. Article Number
(Transfer from service label)

7006 0100 0005 5707 8653
PS Form 3811, February 2004

Domestic Return Receipt *Used 517*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
Max W. Coll II
- B. Received by (Printed Name)
Max W. Coll II
- C. Date of Delivery
9-18-06
- 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 5707 8646

Domestic Return Receipt *Used 517*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
Max W. Coll II
- B. Received by (Printed Name)
Max W. Coll II
- C. Date of Delivery
9-19-06
- 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 5707 8653

102595-02-M-1540

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

Postage	\$ 1.12
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.36

09/15/2006

Sent To
Max W. Coll II
83 La Barbara Trail
Santa Fe, New Mexico 87501

PS Form 3811, June 2002 See Reverse for Instructions

7006 0100 0005 5707 8646

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, New Mexico 87505

2. Article Number

(Transfer from service label)

7006 0100 0005 5707 8639

PS Form 3811, February 2004

Domestic Return Receipt

Hand 317

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

NO OFFICIAL USE

Postage	\$	40.87
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	45.12



Sent To: Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, New Mexico 87505

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

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5707 8639

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

August 24, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

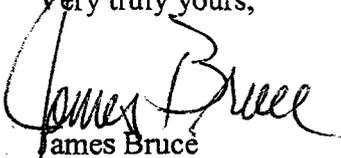
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard gas well unit, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the N½ of Section 17, Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico. **This matter has been scheduled for hearing at 8:15 a.m. on Thursday, September 14, 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 the Division, and the undersigned, by Thursday, September 7, 2006 if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Unit Petroleum Company

EXHIBIT A

Alton C. White, Jr.
3112 Above Stratford Place
Austin, Texas 78746

PetroTiger I, Ltd.
P.O. Box 3166
Tulsa, Oklahoma 74101

Geodyne Nominee Corporation
Samson Plaza
Two West Second Street
Tulsa, Oklahoma 74103

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, New Mexico 87505

Coll Family Members
c/o Charles H. Coll
701 West Country Club Road
Roswell, New Mexico 88201

Jacqueline Elliott
c/o Andrew C. Elliott
No. 18 Sundown Parkway
Austin, Texas 78746

HOG Partnership, L.P.
5950 Cedar Spring
Dallas, Texas 75235

Avis K. Miller Trust
c/o Bank One Oklahoma City
P.O. Box 25848
Oklahoma City, Oklahoma 73125

Round Hill Royalty, LP
P.O. Box 25128
Dallas, Texas 75225

Rachel Jean Garrett
c/o Jacqueline Fay Daugherty
P.O. Box 583
Jenks, Oklahoma 74037

Barbara Sue Schmidt
c/o Jacqueline Fay Daugherty
P.O. Box 583
Jenks, Oklahoma 74037

Mary Louise Galbreath
c/o Jacqueline Fay Daugherty
P.O. Box 583
Jenks, Oklahoma 74037

Mary Debora Brady
1804 Lake Crest Lane
Plano, Texas 75023

Barbara Jane Dewey
11006 Oregon Curve
Bloomington, Minnesota 55438

L. Brady Meyers
3647 Somerset Drive
Prairie Village, Kansas 66208

Claude Morrison
101 Blue Sky Court
Georgetown, Texas 78682

Robert E. Carswell
12401 Split Rail Cove
Austin, Texas 78750

Jacqueline Fay Daugherty
P.O. Box 583
Jenks, OK 74037

Avis K. Miller Trust
Bank One Trust Co., Trustee
P.O. Box 1
Tulsa, Oklahoma 74101

Dorothy Brady, Trustee of the
Brady Family Trust
c/o Taylor & Associates Real Estate
3418 West Sunset Avenue
Springdale, Arkansas 72762

Michael John Carswell
c/o 12401 Split Rail Cove
Austin, Texas 78750

L. Brady Meyers
Apartment 303
14001 West 92nd Street
Lanexa, Kansas 66215

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

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

OFFICIAL USE

Postage \$	\$0.87
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$5.12

Postmark Here
AUG 30 2006
 08/30/2006

Sent To
 Brady Family Trust, Dorothy Brady Trustee
 Sent to Taylor and Associates Real Estate
 3418 W. Sunser Ave
 Springdale, AR 72762
 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:

Michael John Curswell
 Co 12401 Split Rail Cove
 Austin, TX 78750-1143

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4824

PS Form 3811, February 2004

Domestic Return Receipt *Auth - 17-EP* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Curswell* C. Date of Delivery *9.2.06*

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

Postmark Here
AUG 30 2006
 08/30/2006

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:

Brady Family Trust, Dorothy Brady Trustee
 Sent to Taylor and Associates Real Estate
 3418 W. Sunser Ave
 Springdale, AR 72762

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4848

PS Form 3811, February 2004

Domestic Return Receipt *Auth - 17-EP* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Curswell* C. Date of Delivery *9/13/06*

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

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

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

OFFICIAL USE

Postage \$	\$0.87
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$5.12

Postmark Here
AUG 30 2006
 08/30/2006

Sent To
 Michael John Curswell
 Co 12401 Split Rail Cove
 Austin, TX 78750-1143
 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:

Arvis K. Miller Trust
Bank One Trust Co., Trustee
P.O. Box 1
Tulsa, OK 74101-3166
405-419-5370

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Alacarte Addressee

B. Received by (Printed Name) **Alacarte** C. Date of Delivery **01/2006**

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

USPS

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Restricted Delivery? (Extra Fee)
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7005 2570 0000 4604 4831

Domestic Return Receipt **Unit-17-EP** 102585-02-M-1540

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

USPS OFFICIAL USE

Postage \$	\$0.87
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees \$	\$5.12

Postmark Here **AUG 30 2006**

Sent To

Arvis K. Miller Trust
Bank One Trust Co., Trustee
P.O. Box 1
Tulsa, OK 74101-3166
City, State, ZIP+4
405-419-5370

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 4831

7005 2570 0000 4604 4855

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

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

PRairie Village KS 66208 A L USE

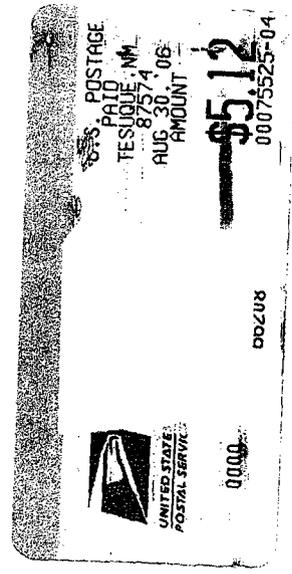
Postage	\$ 0.87
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$5.12

Postmark: 0574 04
 Postoffice: 2006
 Date: 08/30/2006

Sent to
 L. Brady Meyers
 3647 Somerset Drive
 Prairie Village, Kansas 66208

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

PS Form 3800, June 2002 See Reverse for Instructions



**RETURN RECEIPT
 REQUESTED**

FORWARD TIME EXP 1 705 C 70 09/08/06
 MYERS
 14001 W 92ND ST APT 903
 LENEXA KS 66215-3521

RETURN TO SENDER

CERTIFIED MAIL™

JAMES BRUCE
 P.O. BOX 1056
 SANTA FE, NM 87504

7005 2570 0000 4604 4855

01306
 1ST NOTICE
 2ND NOTICE
 RETURN

L. Brady Meyers
 3647 Somerset Drive
 Prairie Village, Kansas 66208

7005 2570 0000 4604 4855

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:

L. Brady Meyers
 Apartment 303
 14001 West 92nd Street
 Lanexa, Kansas 66215

2. Article Number

(Transfer from service label)

7006 0100 0005 5708 2759

PS Form 3811, February 2004

102595-02-M-1640

Domestic Return Receipt *Unit \$17-ff*

COMPLETE THIS SECTION ON DELIVERY

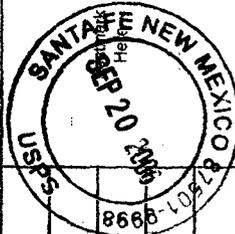
- A. Signature *L. Brady Meyers* Agent Addressee
- B. Received by (Printed Name) *L. Brady Meyers* Date of Delivery *2/25/06*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

7006 0100 0005 5708 2759

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



Sent To

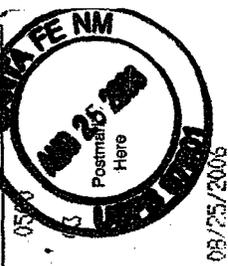
Street, Apt. No.; or PO Box No. *L. Brady Meyers Apartment 303*

City, State, ZIP+4[®] *14001 West 92nd Street Lanexa, Kansas 66215*

PS Form 3811, June 2002 See Reverse for Instructions

**U.S. Postal Service™
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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)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

Sent To
 Michael John Carswell
 615 County Rd. 343A
 Marble Falls, TX 78654
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 PS Form 3811, 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:
 Jacqueline Fay Daugherty
 P.O. Box 963
 Jenks, OK 74037

Article Number
 (Transfer from service label)
 7005 2570 0000 4604 4794

PS Form 3811, February 2004 Domestic Return Receipt U-17-P

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
Michael John Carswell
- B. Received by (Printed Name)
 Michael John Carswell
- C. Date of Delivery
 02/25/2006
- 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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Michael John Carswell
 615 County Rd. 343A
 Marble Falls, TX 78654

Article Number
 (Transfer from service label)
 7005 2570 0000 4604 4794

PS Form 3811, February 2004 Domestic Return Receipt U-17-P

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Michael Carswell
- B. Received by (Printed Name)
 Mike Carswell
- C. Date of Delivery
 8-30-06
- 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

**U.S. Postal Service™
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(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)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

Sent To
 Jacqueline Fay Daugherty
 P.O. Box 963
 Jenks, OK 74037
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 PS Form 3811, June 2002 See Reverse for Instructions

7005 2570 0000 4604 4794

7005 2570 0000 4604 4794

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 Groves Brady
c/o Karen Jech
Taylor and Associates Real Estate
3418 Sunset Ave.
Springdale, AR 72762

2. Article Number(s) 5002 5004 5005 2570 0000 4604 4800
(Transfer from service label)

3. Article Description RECORDING RECEIPT

4. Return Receipt 4-17-0

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Dorothy Groves Brady Agent
 Addressee

B. Received by (Printed Name) _____
C. Date of Delivery 9/13/06

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

STOP FOR SPECIAL USE

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



Sent To
Dorothy Groves Brady
c/o Karen Jech
Taylor and Associates Real Estate
3418 Sunset Ave.
Springdale, AR 72762
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

0084 4094 0000 0000 2570 0000 4604 4800



Home | Help

Track & Confirm

Track & Confirm

Search Results

Label/Receipt Number: **7005 2570 0000 4604 4565**
Status: **Arrival at Unit**

Your item arrived at 8:13 am on August 24, 2006 in SANTA FE, NM 87505. No further information is available for this item.

Track & Confirm

Enter Label/Receipt Number.

[Additional Details >](#) [Return to USPS.com Home >](#)

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)



POSTAL INSPECTORS
Preserving the Trust

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7005 2570 0000 4604 4565

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

SANTA FE, NM 87505
02 Postmark
AUG 23 2006

Sent To

Street, Apt. No.,
or PO Box No. Sally Rodgers
152 Arroyo Hondo Road
City, State, ZIP+4 Santa Fe, New Mexico 87505

PS Form 3800, June 2002 See Reverse for Instructions

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OFFICIAL USE

Postage	\$ 00.63	0500
Certified Fee	\$2.40	
Return Receipt Fee (Endorsement Required)	\$1.85	
Restricted Delivery Fee (Endorsement Required)	\$0.00	8886
Total Postage & Fees	\$ 04.88	109280



Sent To
 Jacqueline Elliott
 c/o Andrew C. Elliott
 No. 18 Sundown Parkway
 Austin, Texas 78746

PS Form 3800, June 2002 See Reverse for Instructions

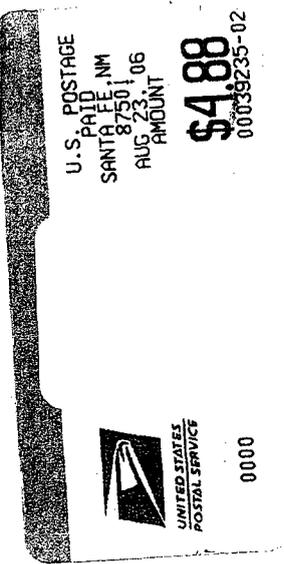
7005 2570 0000 0252 5002

JAMES BRUCE
 P.O. BOX 1056
 SANTA FE, NM 87504

1ST NOTICE 09-11-06
 2ND NOTICE _____
 RETURN _____

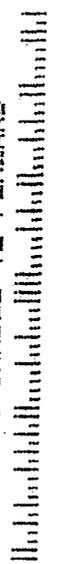
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7005 2570 0000 4604 454J



Jacqueline Elliott
 c/o Andrew C. Elliott
 No. 18 Sundown Parkway
 Austin, Texas 78746

87504105608 UNABLE TO FORWARD



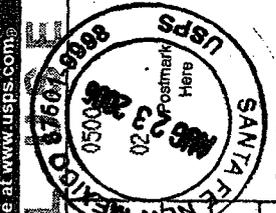
1A 0010

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Postage	\$ 05.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.88

Sent To
Clande Morrison
101 Blue Sky Court
Georgetown, Texas 78682
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:

Mary Debra Brady
1804 Lake Crest Lane
Plano, Texas 75023

2. Article Number
(Transfer from service label)
7005 2570 0000 4604 4633

PS Form 3811, February 2004 Domestic Return Receipt U-17-P 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Mes* Agent Addressee
- B. Received by (Printed Name) *Mes* Date of Delivery *08/23/06*
- 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 4657

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:

Clande Morrison
101 Blue Sky Court
Georgetown, Texas 78682

2. Article Number
(Transfer from service label)
7005 2570 0000 4604 4657

PS Form 3811, February 2004 Domestic Return Receipt U-17-P 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Mes* Agent Addressee
- B. Received by (Printed Name) *Mes* Date of Delivery *08/23/06*
- 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 4633

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Postage	\$ 8.10
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 12.35

Sent To
Mary Debra Brady
1804 Lake Crest Lane
Plano, Texas 75023
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



7005 2570 0000 4604 4657

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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



Sent To
Geodyne Nominee Corporation
Samson Plaza
Two West Second Street
Tulsa, Oklahoma 74103
City, State, ZIP+4
PS Form 3800, June 2002 See reverse for instructions

7005 2570 0000 4604 4572

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:

Avis K. Miller Trust
c/o Bank One Oklahoma City
P.O. Box 25848
Oklahoma City, Oklahoma 73125

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4527

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Avis K. Miller

B. Received by (Printed Name)
Avis K. Miller

C. Date of Delivery
AUG 23 2006

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: 25848

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 4527

Domestic Return Receipt U-17-P

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:

Geodyne Nominee Corporation
Samson Plaza
Two West Second Street
Tulsa, Oklahoma 74103

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4572

PS Form 3811, February 2004

Domestic Return Receipt

U-17-P

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Avis K. Miller

B. Received by (Printed Name)
Avis K. Miller

C. Date of Delivery
AUG 23 2006

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

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



Sent To
Avis K. Miller Trust
c/o Bank One Oklahoma City
P.O. Box 25848
Oklahoma City, Oklahoma 73125
City, State, ZIP+4

7005 2570 0000 4604 4527

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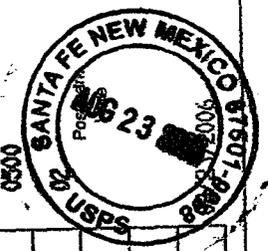
TOFFICIAL USE

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

Sent To
 Petro Tiger I, Ltd.
 P.O. Box 3166
 Tulsa, Oklahoma 74101

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:
 Robert E. Carwell
 12401 Split Rail Cove
 Austin, Texas 78750

2. Article Number
 (Transfer from service label)
 7005 2570 0000 4604 4497

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:
 Petro Tiger I, Ltd.
 P.O. Box 3166
 Tulsa, Oklahoma 74101

2. Article Number
 (Transfer from service label)
 7005 2570 0000 4604 4589

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

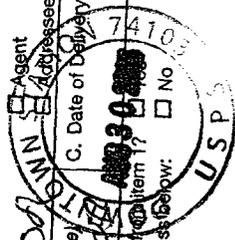
A. Signature
 Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes



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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

Sent To
 Robert E. Carwell
 12401 Split Rail Cove
 Austin, Texas 78750

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



7005 2570 0000 4604 4497

U-17-P

U-17-P

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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



Sent To
Alton C. White, Jr.
3112 Above Stratford Place
Austin, Texas 78746

PS Form 3800, June 2002 See Reverse for instructions

7005 2570 0000 4604 4596

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:

Alton C. White, Jr.
3112 Above Stratford Place
Austin, Texas 78746

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4596

PS Form 3811, February 2004
Domestic Return Receipt

U-19-P

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:

Coll Family Members
c/o Charles H. Coll
701 West Country Club Road
Roswell, New Mexico 88201

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4558

PS Form 3811, February 2004
Domestic Return Receipt

U-17-0
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Coll Jurecek Agent
B. Received by (Printed Name) *Coll Jurecek* C. Date of Delivery *8/29/08*
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
Alton C. White, Jr. Agent
B. Received by (Printed Name) *Alton C. White, Jr.* C. Date of Delivery *8/23/08*
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

1. Article Addressed to:

Alton C. White, Jr.
3112 Above Stratford Place
Austin, Texas 78746

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4596

PS Form 3811, February 2004
Domestic Return Receipt

U-19-P

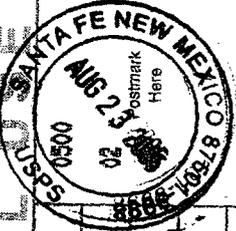
102595-02-M-1540

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



Sent To
Coll Family Members
c/o Charles H. Coll
701 West Country Club Road
Roswell, New Mexico 88201

PS Form 3800, June 2002 See Reverse for instructions

7005 2570 0000 4604 4558

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7005 2570 0000 0225 5002

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

Sent To
 Round Hill Royalty, LP
 P.O. Box 25128
 Dallas, Texas 75225
 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:
 HOG Partnership, L.P.
 5950 Cedar Spring
 Dallas, Texas 75235

2. Article Number (Transfer from service label)
 7005 2570 0000 4604 4534

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee X

B. Received by (Printed Name) *L. HOLTON* C. Date of Delivery *AUG 25 2008*

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

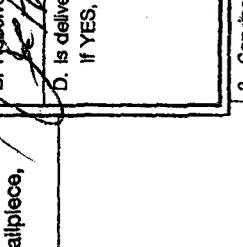
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 For delivery information visit our website at www.usps.com.
OFFICIAL USE

7005 2570 0000 4604 4534

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

Sent To
 HOG Partnership, L.P.
 5950 Cedar Spring
 Dallas, Texas 75235
 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:
 Round Hill Royalty, LP
 P.O. Box 25128
 Dallas, Texas 75225

2. Article Number (Transfer from service label)
 7005 2570 0000 4604 4530

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

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

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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



Sent To
 Street, Apt. No.,
 P.O. Box No.
 City, State, ZIP+4

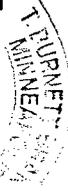
Mary Louise Galbreath
 c/o Jacqueline Fay Daugherty
 P.O. Box 583
 Jenks, Oklahoma 74037

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:

Barbara Jane Dewey
 11006 Oregon Curve
 Bloomington, Minnesota 55438



3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7005 2570 0000 4604 4640

PS Form 3811, February 2004

Domestic Return Receipt U-17-P 102595-02-M-1540

7005 2570 0000 4604 4640

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Louise Galbreath
 c/o Jacqueline Fay Daugherty
 P.O. Box 583
 Jenks, Oklahoma 74037

A. Signature *Mary Louise Galbreath*

B. Received by (Printed Name) *Sackie Daugherty*

C. Date of Delivery *2/23/04*

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

2. Article Number

(Transfer from service label)

7005 2570 0000 4604 4626

PS Form 3811, February 2004

Domestic Return Receipt U-17-P 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Barbara Jane Dewey*

- Agent
- Addressee

B. Received by (Printed Name) *Barbara J Dewey*

C. Date of Delivery

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

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OFFICIAL USE

Postage	\$	\$0.63	0500
Certified Fee	\$	\$2.40	
Return Receipt Fee (Endorsement Required)	\$	\$1.85	
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00	
Total Postage & Fees	\$	\$4.88	



Sent To

Barbara Jane Dewey
 11006 Oregon Curve
 Bloomington, Minnesota 55438

PS Form 3800, June 2002 See Reverse for Instructions

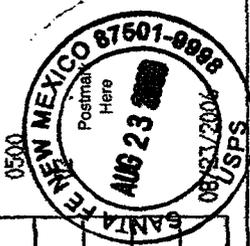
7005 2570 0000 4604 4640

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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



Sent To

Rachel Jean Garrett
c/o Jacqueline Fay Daugherty
P.O. Box 583
Jenks, Oklahoma 74037

PS Form 3800, June 2002 See Reverse for Instructions

2094 4094 0000 0252 5002

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:

Barbara Sue Schmidt
c/o Jacqueline Fay Daugherty
P.O. Box 583
Jenks, Oklahoma 74037

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4619

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jackie Daugherty Agent Addressee

B. Received by (Printed Name)
Jackie Daugherty Date of Delivery *7/28/06*

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:

Rachel Jean Garrett
c/o Jacqueline Fay Daugherty
P.O. Box 583
Jenks, Oklahoma 74037

2. Article Number
(Transfer from service label)

7005 2570 0000 4604 4602

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jackie Daugherty Agent Addressee

B. Received by (Printed Name)
Jackie Daugherty Date of Delivery *7/28/06*

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

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PS Form 3800, June 2002

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