

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

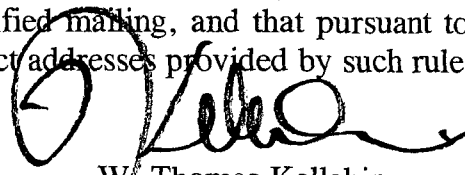
APPLICATION OF XTO ENERGY, INC. FOR
SIMULTANEOUS DEDICATION
SAN JUAN COUNTY, NEW MEXICO.

CASE NO. 13970
and
CASE NO. 13971

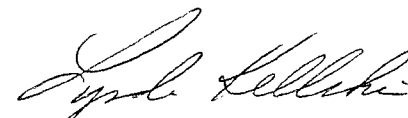
CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

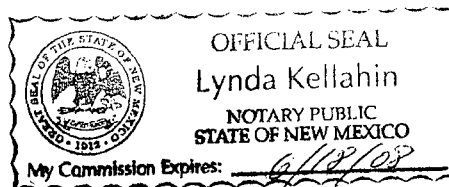
STATE OF NEW MEXICO)
) SS.
COUNTY OF SANTA FE)

W. Thomas Kellahin, being first duly sworn, hereby certifies that he is an attorney for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on July 24, 2007, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing (attached as Exhibit "A") and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case set for August 23, 2007 to the parties shown in the attached Exhibit "B" and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 21st day of August 2007, by W. Thomas Kellahin


Lynda Kellahin, Notary Public
My Commission Expires: June 18, 2008



Before the Oil Conservation Division
Case 13970-13971
Hearing August 23, 2007
XTO Energy, Inc.
Exhibit No. 5

KELLAHIN & KELLAHIN
Attorney at Law

W. THOMAS KELLAHIN
706 GONZALES ROAD
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285
FACSIMILE 505-982-2047
TKELLAHIN@COMCAST.NET

June 24, 2007

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

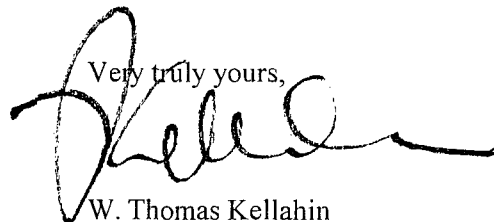
Re: Application of XTO Energy, Inc. for Simultaneous Dedication and an
exception to the well density requirements of the Special Rules and Regulations
for the Blanco-Mesaverde Gas Pool to authorize a fifth well within a 409.25 acre
non-standard gas proration and spacing unit in Section 19, T29N, R9W, San
Juan County, New Mexico

On behalf of XTO Energy, Inc., please find enclosed our application for an
exception to the referenced pool rules such that there can be 5 producing Mesaverde gas
wells in the same 409.25-acre spacing unit consisting part of the Section 19 that has been
set for hearing on the New Mexico Oil Conservation Division Examiner's docket now
scheduled for 8:15 am on August 23, 2007. The hearing will be held at the Division
hearing room located at 1220 South Saint Francis Drive, Santa Fe, New Mexico.

As an interest owner who may be affected by this application, we are notifying
you of your right to appear at the hearing and participate in this case, including the right
to present evidence either in support of or in opposition to the application. Failure to
appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you
desire to appear in this case, then you are requested to file a Pre-Hearing Statement with
the Division not later than 5:00 PM on Thursday, August 16, 2007, with a copy delivered
to the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over the typed name.

W. Thomas Kellahin

KELLAHIN & KELLAHIN
Attorney at Law

W. THOMAS KELLAHIN
706 GONZALES ROAD
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285
FACSIMILE 505-982-2047
TKELLAHIN@COMCAST.NET

July 24, 2007

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

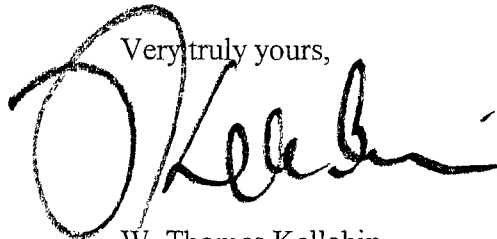
Re: Application of XTO Energy, Inc. for Simultaneous Dedication and an exception to the well density requirements of the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool to authorize a fifth well within a 407.56 acre non-standard gas proration and spacing unit consisting of the S/2S/2 of Section 19 and the N/2 of Section 30, T29N, R9W, San Juan County, New Mexico

On behalf of XTO Energy, Inc., please find enclosed our application for an exception to the referenced pool rules such that there can be 5 producing Mesaverde gas wells in the same 407.56-acre spacing unit consisting part of the Section 19 and 30 that has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for 8:15 am on August 23, 2007. The hearing will be held at the Division hearing room located at 1220 South Saint Francis Drive, Santa Fe, New Mexico.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 5:00 PM on Thursday, August 16, 2007, with a copy delivered to the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over the typed name.

W. Thomas Kellahin

Gerk Gas Com B No. 2 and Snyder Gas Cum B No. 1N Notice List

Burlington Resources Oil & Gas Company, LP
P O Box 4289
Farmington NM 87499-0656

ConocoPhillips Company
P O Box 4289
Farmington NM 87499-0656

BP America Production Company
501 Westlake Park Blvd
Houston TX 77079

D. J. Simmons Company
P O Box 1469
Farmington NM 87499

San Juan 1984 Partnership
c/o Smokey Oil Company
P O Box 2360
Casper WY 82602-2360

William G. Webb Estate
John G. Taylor, Independent Executor
1401 Elm Street Suite 3435
Dallas TX 75202

Bill L. Bledsoe, Trustee
5615 Netherland Court
Dallas TX 75229

J. Glenn Turner, Jr.
Two Turtle Creek Village
3838 Oak Lawn Suite 1450
Dallas TX 75219

John L. Turner
317 S. Sidney Baker # 400
PMB 285
Kerrville TX 78028

Fred E. Turner
4925 Greenville Ave Ste. 852
Dallas TX 75206-4079

XTOWT in sec 24



Mary Frances Turner Jr. Trust
PO Box 200890
Houston TX 77216-0890

Betty Turner Calloway
P O Box 191767
Dallas, Texas 75219-1767

Candace L Kelton Cox
17 S Meadow Ridge
Concord MA 01742-3000

Georgia Lee Kelton
5500 Old Clarksville Rd
Paris TX 754627800

Production Gathering Company
8080 N Central Expwy Ste.1090
Dallas TX 75206

~~left~~ in unit

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:

Fred E. Turner
4925 Greenville Ave Ste. 85
Dallas TX 75206-4079

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
Fred E. Turner 1/20/02
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

X70

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

Article Number (Transfer from service label) 7006 0100 0005 5710 9951

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

Postmark Here

Fred E. Turner
4925 Greenville Ave Ste. 85
Dallas TX 75206-4079

PS Form 3811, February 2004 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:

William G. Webb Estate
John G. Taylor, Independent E.
1401 Elm Street Suite 3435
Dallas TX 75202

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Addressee
- B. Received by (Printed Name) C. Date
Bobbie Post 1-7
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

X70

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

Article Number (Transfer from service label) 7006 0100 0005 5710 9913

PS Form 3811, February 2004

Domestic Return Receipt

10259

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

Postmark Here

William G. Webb Estate
John G. Taylor, Independent E.
1401 Elm Street Suite 3435
Dallas TX 75202

PS Form 3811, February 2004 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:

Georgia Lee Kelton
5500 Old Clarksville Rd
Paris TX 754627800

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Georgia Lee Kelton C. Date of Delivery 7-30-05
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

X70

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 5711 0001

PS Form 3811, February 2004

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:

D. J. Simmons Company
P O Box 1469
Farmington NM 87499

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) D. J. Simmons C. Date of Delivery 7/30/05
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

X70

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

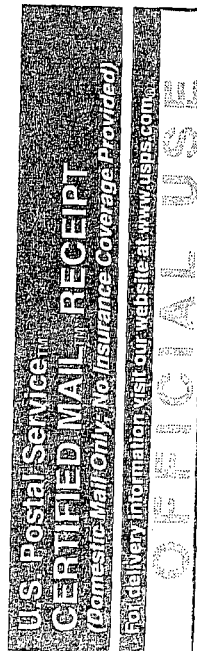
2. Article Number
(Transfer from service label)

7006 0100 0005 5710 9890

PS Form 3811, February 2004

Domestic Return Receipt

102595-0

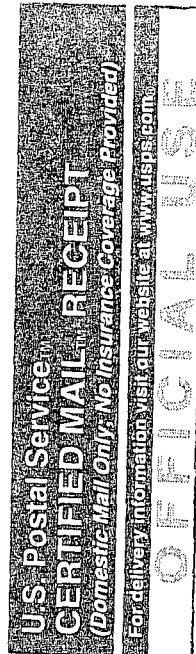


Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total

Georgia Lee Kelton
5500 Old Clarksville Rd
Paris TX 754627800

PS Form 3811, February 2004 See Reverse for Instructions



Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total

D. J. Simmons Company
P O Box 1469
Farmington NM 87499

PS Form 3811, February 2004 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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]

B. Received by (Printed Name) Bob Williams

C. Date of Delivery 2-20-07

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

If YES, enter delivery address below:

ConocoPhillips Company
P O Box 4289
Farmington NM 87499-0656

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7006 0100 0005 5710 9876

S Form 3811, February 2004 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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]

B. Received by (Printed Name) Bob Williams

C. Date of Delivery 2-20-07

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

If YES, enter delivery address below:

Burlington Resources Oil & Gas
P O Box 4289
Farmington NM 87499-0656

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7006 0100 0005 5710 9869

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M

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

OFFICIAL USE

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

Total P. _____

Sent To _____

Street, A. or PO Box _____

City, State _____

Postmark Here _____

ConocoPhillips Company
P O Box 4289
Farmington NM 87499-0656

PS Form 3811, February 2004 See Reverse for Instructions

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

OFFICIAL USE

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

Total P. _____

Sent To _____

Street, A. or PO Box _____

City, State _____

Postmark Here _____

Burlington Resources Oil & Gas
P O Box 4289
Farmington NM 87499-0656

PS Form 3811, February 2004 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.

Article Addressed to:

San Juan 1984 Partnership
 c/o Smokey Oil Company
 P O Box 2360
 Casper WY 82602-2360

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Log Vinograd ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Log Vinograd C. Date of Delivery 7-31-07
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

X70

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number

(Transfer from service label)

7006 0100 0005 5710 9906

PS Form 3811, February 2004

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.

Article Addressed to:

Bill L. Bledsoe, Trustee
 5615 Netherland Court
 Dallas TX 75229

X70

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number

(Transfer from service label)

7006 0100 0005 5710 9920

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total \$

San Juan 1984 Partnership
 c/o Smokey Oil Company
 P O Box 2360
 Casper WY 82602-2360

Sent To

Street, Apt.

or PO Box

City, State

PS Form 3811, February 2004

See Reverse for Instructions

0266 0725 5000 0010 9002

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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total \$

Bill L. Bledsoe, Trustee
 5615 Netherland Court
 Dallas TX 75229

Sent To

Street, Apt.

or PO Box

City, State

PS Form 3811, February 2004

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:

Production Gathering Company
8080 N Central Expwy Ste.1090
Dallas TX 75206

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 ☐ No

Article Number 7006 0100 0005 5710 9999

PS Form 3811, February 2004 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:

J. Glenn Turner, Jr.
Two Turtle Creek Village
3838 Oak Lawn Suite 1450
Dallas TX 75219

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 ☐ No

Article Number 7006 0100 0005 5710 9937

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total

Sent To
Street or PO Box
City, St.

Production Gathering Company
8080 N Central Expwy Ste.1090
Dallas TX 75206

PS Form 3811, February 2004 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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total

Sent To
Street or PO Box
City, St.

J. Glenn Turner, Jr.
Two Turtle Creek Village
3838 Oak Lawn Suite 1450
Dallas TX 75219

PS Form 3811, February 2004 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 Frances Turner Jr. Trust
PO Box 200890
Houston TX 77216-0890

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *Mary Frances Turner Jr.* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Mary Frances Turner Jr.* C. Date of Delivery *2-3-02*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

X70

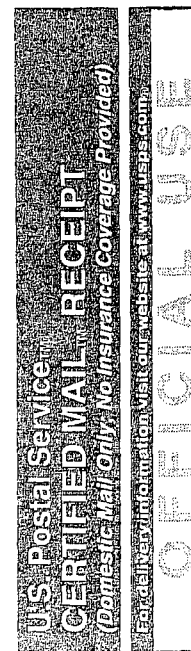
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number **7006 0100 0005 5710 9968**

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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

Postmark Here

Total Pk **3** on
 Sent To **Mary Frances Turner Jr. Trust**
PO Box 200890
Houston TX 77216-0890

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:

Candace L Kelton Cox
17 S Meadow Ridge
Concord MA 01742-3000

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *Candace L. Cox* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *Candace L. Cox* C. Date of Delivery *2-3-02*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

X70

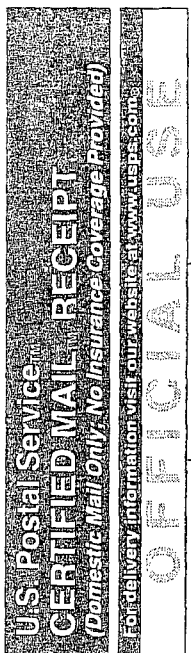
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number **7006 0100 0005 5710 9982**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-1



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

Postmark Here

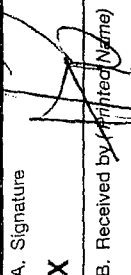
Total Pk **1** y
 Sent To **Candace L Kelton Cox**
17 S Meadow Ridge
Concord MA 01742-3000

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** 
B. Received by (Printed Name) **John L. Turner**
C. Date of Delivery **2/11/04**
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Article Addressed to:

**BP America Production Comp
501 Westlake Park Blvd
Houston TX 77079**

1. Article Addressed to:

**John L. Turner
317 S. Sidney Baker # 400
PMB 285
Kerrville TX 78028**

Article Number
(Transfer from service label) **7006 0100 0005 5710 9883**

2. Article Number
(Transfer from service label) **7006 0100 0005 5710 9883**

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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To **BP America Production Comp
501 Westlake Park Blvd
Houston TX 77079**

Sam _____
Sra _____
or PO _____
City _____

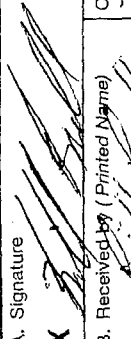
PS Form 3800, June 2002 See Reverse for Instructions

9883 5710 0005 0000 0010 9006

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** 
B. Received by (Printed Name) **John L. Turner**
C. Date of Delivery **2/11/04**
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Article Addressed to:

**John L. Turner
317 S. Sidney Baker # 400
PMB 285
Kerrville TX 78028**

1. Article Addressed to:

**John L. Turner
317 S. Sidney Baker # 400
PMB 285
Kerrville TX 78028**

Article Number
(Transfer from service label) **7006 0100 0005 5710 9944**

2. Article Number
(Transfer from service label) **7006 0100 0005 5710 9944**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-1

**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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To **John L. Turner
317 S. Sidney Baker # 400
PMB 285
Kerrville TX 78028**

Sam _____
Sra _____
or PO _____
City _____

PS Form 3800, June 2002 See Reverse for Instructions

9944 5710 0005 0000 0010 9006

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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total

Betty Turner Calloway
P O Box 191767
Dallas, Texas 75219-1767

Sent To _____
Street _____
or P O Box _____
City, St _____

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5710 9975