

BEFORE THE OIL CONSERVATION DIVISION
NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT

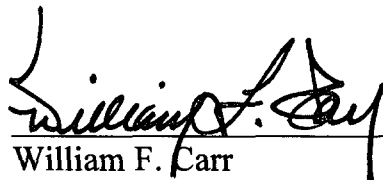
APPLICATION OF EAGLE RESOURCES, L.P. FOR
COMPULSORY POOLING AND AN UNORTHODOX
GAS WELL LOCATION, ROOSEVELT COUNTY,
NEW MEXICO.

CASE NO. 13176


AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Eagle Resources, L.P., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.


William F. Carr

SUBSCRIBED AND SWORN to before me this 10 day of October 2003.



Notary Public

My Commission Expires:

January 14, 2007

3139025_1.DOC



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 1/14/07

BEFORE THE COMMISSION
Santa Fe, New Mexico
Case No. 13176 Exhibit No. 4
Submitted by:
EAGLE RESOURCES, L.P.
Hearing Date: October 23, 2003

EXHIBIT A

**APPLICATION OF EAGLE RESOURCES, L.P.
FOR COMPULSORY POOLING AND AN UNORTHODOX GAS WELL LOCATION,
N/2, SECTION 34, TOWNSHIP 2 SOUTH, RANGE 29 EAST, NMPM,
ROOSEVELT COUNTY, NEW MEXICO.**

NOTIFICATION LIST

B. W. Webb
5101 CR 176
Burkett, TX 76828

Texaco Exploration and Production, Inc.
c/o Mike Mullins
Chevron Texaco Corp.
P. O. Box 1150
Midland, Texas 79702-1150

Marshall Pipe & Supply Co.
c/o Virginia Lee Johnson
908 E. Highway 82
Nocona, TX 76255

Progressive Minerals, Inc.
2720 Stemmons Freeway, Suite 700
Dallas, TX 75207

Carl Hatch Professorship of Law
and Public Administration
c/o Regents, University of New Mexico
Room 260, Scholes Hall
Albuquerque, NM 87131

Harriett H. Trapani
80 Kirkland Street
Cambridge, MA 02138-2033

Carl F. Hatch
1616 So. Monroe
San Angelo, TX 76901

Frederika A. Leet
113 Walnut Tree Hill Road
Sandy Hook, CT 06482-1007

Glenn F. Leet, Jr.
#2 Briar Oak Drive
Weston, CT 06883

Carla L. Hardy
11927 Dunlap
Houston, TX 77035-4131

Victoria Hatch
1306 Ridgecrest Drive, SE
Albuquerque, NM 87108

Jeannie Hatch Hutchison
3500 East Enfield Road
Austin, TX 78703

Eva Edwards
c/o David McCay
2017 Sherwood Avenue
Modesto, CA 95350

Bill Spann
c/o James C. Spann
1624 NW 43rd Street
Oklahoma City, OK 73118

Lucille Andrews
c/o Mrs. Robert Burnett
P. O. Box 94
Abernathy, TX 79311

Grace Stamper
c/o C.D. Stamper
922 Meadowbrook Drive
Jacksonville, TX 75766

Ivan Crouse
c/o Dalton Crouse
1728 Grimes Avenue
Modesto, CA 95358

Estate of Lewis E. Mac Naughton
c/o Dickson and Associates
17103 Preston Road LB 112
Suite 185
Dallas, Texas 75248

Elnora Floyd
c/o Mrs. Robert Burnett
P. O. Box 94
Abernathy, TX 79311

Frances Watson
c/o Rodney P. Watson
18648 Road 3.5 SE
Warden, WA 98857-8759

Mayhaw, L.L.C.
Attention A. Hardcastle, Jr.
6440 North Central Expressway
Suite 215
Dallas, Texas 75202

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

OFFICIAL U

49148.0001
WFC

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Sent To: Lucille Andrews
c/o Mrs. Robert Burnett
P. O. Box 94
Abernathy, TX 79311

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

PS Form 3800, July 1999

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:

Lucille Andrews
c/o Mrs. Robert Burnett
P. O. Box 94
Abernathy, TX 79311

2. Article Number (Copy from)

7001 1140 0002 5602 0106

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Carl Hatch Professorship of Law
and Public Administration
c/o Regents, University of New
Mexico
Room 260, Scholes Hall
Albuquerque, NM 87131

2. Article Number (Copy from)

7001 1140 0002 5601 8622

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Ivan Crouse
c/o Dalton Crouse
1728 Grimes Avenue
Modesto, CA 95358

2. Article Number (Copy from serv)

7001 1140 0002 5602 0144

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

10-6-02

C. Signature

Debbie Burnett ☐ Agent ☐ Addressee

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

OFFICIAL U

49148.0001
WFC

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Sent To: Carl Hatch Professorship of
and Public Administration
c/o Regents, University of
Mexico
Room 260, Scholes Hall
Albuquerque, NM 87131

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

PS Form 3800, July 1999

C. Signature

X *[Signature]* ☐ Agent ☐ Addressee

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

OFFICIAL U

49148.0001
WFC

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Sent To: Ivan Crouse
c/o Dalton Crouse
1728 Grimes Avenue
Modesto, CA 95358

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

PS Form 3800, July 1999

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

DALTON W CROUSE 10/29/02

C. Signature

X *[Signature]* ☐ Agent ☐ Addressee

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

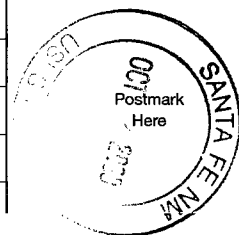
4. Restricted Delivery? (Extra Fee)

☐ Yes

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

OFFICIAL USE

49148.0001
WFC Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88



Sent To Eva Edwards ✓
c/o David McCay
Street, Apt. No. or PO Box No. 2017 Sherwood Avenue
City, State, ZIP Modesto, CA 95350

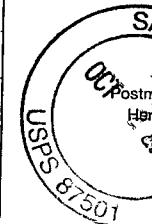
PS Form 3800

MAIL
RETURNED

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

OFFICIAL USE

49148.0001
WFC Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88



Sent To Elnora Floyd ✓
c/o Mrs. Robert Burnett
Street, Apt. No. or PO Box No. P. O. Box 94
City, State, ZIP+4 Abernathy, TX 79311

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elnora Floyd
c/o Mrs. Robert Burnett
P. O. Box 94
Abernathy, TX 79311

2. Article Number (Copy from serv

7001 1140 0002 5602 0113

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

10-6-03

C. Signature

Debbie Burnett ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

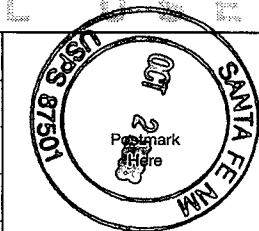
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

49148.0001
WFC Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88



Sent To Carla L. Hardy ✓
11927 Dunlap
Street, Apt. N or PO Box No. Houston, TX 77035-4131
City, State, ZIP

PS Form 3800

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

OFFICIAL U

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Carl F. Hatch
1616 So. Monroe
San Angelo, TX 76901
Street, Apt. No.; or PO Box No.
City, State, ZIP+ 4
PS Form 3800, Ja

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carl F. Hatch
1616 So. Monroe
San Angelo, TX 76901

2. Article Number (Copy from)

7001 1140 0002 5602 0021

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Victoria Hatch
1306 Ridgecrest Drive, SE
Albuquerque, NM 87108

2. Article Number (Copy from)

7001 1140 0002 5602 0069

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Jeannie Hatch Hutchison
3500 East Enfield Road
Austin, TX 78703

2. Article Number (Copy from)

7001 1140 0002 5602 0076

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

County Hatch 10-

C. Signature

X [Signature] ☐ Agent ☐ Addressee

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

C. Signature

[Signature] ☐ Agent ☐ Addressee

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

OFFICIAL U

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Victoria Hatch
1306 Ridgecrest Drive, SE
Albuquerque, NM 87108
Street, Apt. No.; or PO Box No.
City, State, ZIP+
PS Form 3800,

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

OFFICIAL U

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Jeannie Hatch Hutchison
3500 East Enfield Road
Austin, TX 78703
Street, Apt. No.; or PO Box No.
City, State, ZIP+ 4

PS Form 3800, J

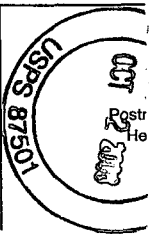
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL USE

49148.0001
WFC
Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88



- 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:

Frederika A. Leet
113 Walnut Tree Hill Road
Sandy Hook, CT 06482-1007

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

Frederika Leet 10-6-99

C. Signature

X Frederika Leet ☐ Agent ☐ Addressee

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

Sent To
Frederika A. Leet
113 Walnut Tree Hill Road
Sandy Hook, CT 06482-1007

PS Form 3800

2. Article Number (Copy from)

7001 1140 0002 5602 0038

PS Form 3811, July 1999

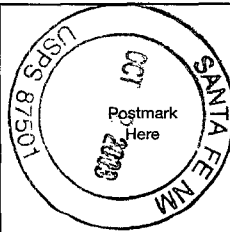
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

49148.0001
WFC
Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88



MAIL
Returned

Sent To
Glenn F. Leet, Jr.
#2 Briar Oak Drive
Weston, CT 06883

PS Form 3800

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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:

Progressive Minerals, Inc.
2720 Stemmons Freeway, Suite
700
Dallas, TX 75207

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

10-6-99

C. Signature

X ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

OFFICIAL USE

49148.0001
WFC
Postage \$ 1.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88



Sent To
Progressive Minerals, Inc.
2720 Stemmons Freeway, Suite
700
Dallas, TX 75207

PS Form 3800

2. Article Number (Copy from)

7001 1140 0002 5601 8615

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Harriett H. Trapani
Street, Apt. No., or PO Box No. 80 Kirkland Street
City, State, ZIP+ Cambridge, MA 02138-2033

PS Form 3800, July 1999

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:

Harriett H. Trapani
80 Kirkland Street
Cambridge, MA 02138-2033

2. Article Number (Copy from)

7001 1140 0002 5602 0014

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-091

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? 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

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

OFFICIAL USE

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Marshall Pipe & Supply Co.
Street, Apt. No., or PO Box No. c/o Virginia Lee Johnson
City, State, ZIP+ 908 E. Highway 82
Nocona, TX 76255

PS Form 3800, July 1999

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:

Marshall Pipe & Supply Co.
c/o Virginia Lee Johnson
908 E. Highway 82
Nocona, TX 76255

2. Article Number (Copy from service label)

7001 1140 0002 5601 8608

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? 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

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

OFFICIAL USE

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Mayhaw, L.L.C.
Street, Apt. No., or PO Box No. Attention A. Hardcastle, Jr.
City, State, ZIP+ 6440 North Central Expressway
Suite 215
Dallas, Texas 75202

PS Form 3800, July 1999

- 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:

Mayhaw, L.L.C.
Attention A. Hardcastle, Jr.
6440 North Central Expressway
Suite 215
Dallas, Texas 75202

2. Article Number (Copy from)

7001 1140 0002 5602 0151

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

C. Signature
D. Is delivery address different from item 1? 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

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

OFFICIAL USE

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Estate of Lewis E. Mac Naughton
c/o Dickson and Associates
17103 Preston Road LB 112
Suite 185
Dallas, Texas 75248

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of Lewis E. Mac Naughton
c/o Dickson and Associates
17103 Preston Road LB 112
Suite 185
Dallas, Texas 75248

2. Article Number (Copy from sender)

7001 1140 0002 5602 0168

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

10-6-03

C. Signature

X Elaine Dickson ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

OFFICIAL USE

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Bill Spann
c/o James C. Spann
1624 NW 43rd Street
Oklahoma City, OK 73118

PS Form 3800, Jan

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:

Grace Stamper
c/o C.D. Stamper
922 Meadowbrook Drive
Jacksonville, TX 75766

2. Article Number (Copy from sender)

7001 1140 0002 5602 0120

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C.D. Stamper 10-6-03

C. Signature

X C.D. Stamper ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

OFFICIAL USE

49148.0001
WFC
Postage \$.83
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88

Sent To Grace Stamper
c/o C.D. Stamper
922 Meadowbrook Drive
Jacksonville, TX 75766

PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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:

Texaco Exploration and Production, Inc.

c/o Mike Mullins
Chevron Texaco Corp.

P. O. Box 1150
Midland, Texas 79702-1150

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *[Signature]* ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from)

7001 1140 0002 5601 8592

PS Form 3811, July 1999

Domestic Return Receipt

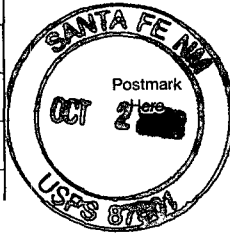
102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

49148.0001 Postage \$.83
WFC Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88



Sent To Frances Watson
c/o Rodney P. Watson
Street, Apt. N. or PO Box No. 18648 Road 3.5 SE
City, State, ZIP Warden, WA 98857-8759

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

B. W. Webb
5101 CR 176
Burkett, TX 76828

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Wayne Webb* ☒ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from)

7001 1140 0002 5601 8400

PS Form 3811, July 1999

Domestic Return Receipt

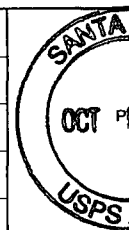
102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

49148.0001 Postage \$.83
WFC Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.88



Sent To B. W. Webb
Street, Apt. N. or PO Box No. 5101 CR 176
City, State, ZIP Burkett, TX 76828

PS Form 3800

MAIL RETURNED