C.C.POLLARD
C/O FRANK POLLARD
166 MORITZ CIRCLE
SAN ANGELO, TX 76904

PRAIRIE SUN,INC.
3103 YESO RD
PO BOX 8280
ROSWELL, NM 88201

PRIMAL ENERGY CORPORATION
211 HIGHLAND CROSS, STE 227
HOUSTON, TX 77073

PROFESSIONAL OIL SERVICES INC.
804 SPRAGUE
ODESSA, TX 73764

PROFESSIONAL OIL SERVICES INC.
C/O ART MARQUEZ
1307 W. MONROE
LOVINGTON, NM 88260

PRO-GAS OPERATING INC.
P.O. BOX 60243
MIDLAND, TX 79711-0243

PRO-GAS OPERATING INC.
4917 S.C.R.. 1303
MIDLAND, TX 79765

PRO-GAS OPERATING INC.
C/O GLENN L. HOUSTON
1010 FOWLER
HOBBS, NM 88240

PRONGHORN MANAGEMENT CORP
PO BOX 1772
HOBBS, NM 88241

RW OIL CO ~~P.O. Box 1209~~ Route 1 Box 104
Lovington, NM 88260

34703SABA ENERGY OF TEXAS INC
3000 WILCREST, STE 220
HOUSTON, TX 77042

SANTA FE ENERGY OPERATING
PARTNERS L P
1616 S VOSS, STE 600
HOUSTON, TX77057

SMITH & MARRS INC
PO BOX 863
KERMIT, TX 79745

SPENCE ENERGY CO
4925 GREENVILLE, STE 220
DALLAS, TX 75206

TENISON OIL CO
401 CYPRESS ST, STE 500
ABILENE, TX79601

TEXLAND PETROLEUM, INC
777 MAINSTREET, SUITE 3200
FORT WORTH, TX 76102

W H BRININSTOOL
PO DRAWER A
JAL, NM 88252

1277 (EC

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:

Professional Oil Svcs. Inc.
804 Sprague
Odessa, TX 73764

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3614

PS Form 3811, July 1999 Domestic Return Receipt

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

CERTIFIED MAIL

7000 0520 0021 6896 3614

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

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Professional Oil Svcs. Inc.
Street, Apt. No.; or PO Box No.
804 Sprague
City, State, ZIP+ 4
Odessa, TX 73764

PS Form 3800, February 2000 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:

Professional Oil Services Inc.
C/o Art Marquz
1307 W. Monroe
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3676

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

CERTIFIED MAIL

7000 0520 0021 6896 3676

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

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Professional Oil Svcs. Inc.
Street, Apt. No.; or PO Box No.
c/o Art Marquez 1307 W. Monroe
City, State, ZIP+ 4
Lovington, NM 88260

See Reverse for Instructions

7000 0520 0021 6896 3690

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

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Saba Energy of Texas, inc.
Street, Apt. No.; or PO Box No.
3000 Wilcrest, Ste. 220
City, State, ZIP+4
Houston, TX 77042

PS Form 3800, February 2000 — See Reverse for Instructions

12771 PL

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:

Saba Energy of Texas, Inc.
3000 Wilcrest, Ste. 220
Houston, TX 77042

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3690

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

CERTIFIED MAIL

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

7000 0520 0021 6896 3669

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Texaland Petroleu, inc.
Street, Apt. No.; or PO Box No.
777 Main Street, Ste. 3200
City, State, ZIP+ 4 Ft. Worth, TX 76102

PS Form 3800, February 2000 — See Reverse for Instructions

case 12771 FL

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:

Texland Petroleum, Inc.
777 Main Street, Suite 3200
Ft. Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3669

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

12771 PL

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:

Santa Energy Operating
Partners LP
1616 S. Voss Ste, 600
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6896 3683

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

CERTIFIED MAIL

7000 0520 0021 6896 3683
7000 0520 0021 6896 3683

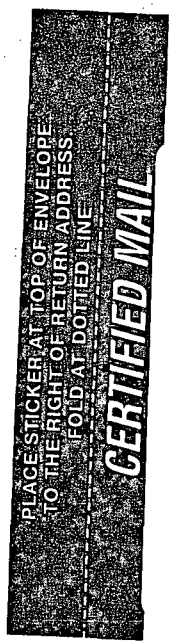
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Santa Fe Energy Operating Partners LP
Street, Apt. No.; or PO Box No.
1616 S. Voss, Ste. 600
City, State, ZIP+ 4
Houston, TX 77057

PS Form 3800, February 2000 See Reverse for Instructions



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

7000 0520 0021 6896 3638

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Pro Gas OPerating Inc.
Street, Apt. No.; or PO Box No.
PO Box 60243
City, State, ZIP+ 4
Midland, TX 79711-0243

PS Form 3800, February 2000 — See Reverse for Instructions

12771 PC

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:*

Pro Gas Operating Inc.
PO Box 60243
Midland, TX 79711-0243

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. *Restricted Delivery? (Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3638

PS Form 3811, July 1999 — Domestic Return Receipt

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

CERTIFIED MAIL

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

7000 0520 0021 6896 3621

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Smith & Marrs, Inc.
Street, Apt. No.; or PO Box No.
PO Box 863
City, State, ZIP+ 4
Kermit, TX 79745

PS Form 3800, February 2000 See Reverse for Instructions

C95 12771 PL

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:

Smith & Marrs, Inc.
PO Box 863
Kermit, TX 79745

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3621

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

PLACE STICKER AT TOP OF TO THE RIGHT OF RETURN FOLD AT DOTTED L

CERTIFIED M

7000 0520 0021 6896
7000 0520 0021 6896

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
R W Oil Co.
Street, Apt. No.; or PO Box No.
Rte 1 Box 104
City, State, ZIP+ 4 Lovington, NM 88260

PS Form 3800, February 2000 See Reverse for Instructions

12776 FL

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:

R W Oil Co.
Rte 1 Box 104
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3607

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

CERTIFIED MAIL

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 6896 3591

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Pronghorn Management Corp.

Street, Apt. No.; or PO Box No. PO Box 1772

City, State, ZIP+ 4 Hobbs, NM 88241

See Reverse for Instructions

PS Form 3800, February 2000

- 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:

Pronghorn Management Corp
PO Box 1772
Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3591

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)

7000 0520 0021 6896 3706

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Tenison Oil Co.
Street, Apt. No.; or PO Box No.
401 Cypress St. Ste. 500
City, State, ZIP+ 4
Abilene, TX 79601

PS Form 3800, February 2000 — See Reverse for Instructions

case 12771 KL

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:
Tenison Oil Co.
401 Cypress St. Ste. 500
Abilene, TX 79601

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 520 0021 6896 3706

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Case 12771 Ex

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:

Pro Gas Operating Inc.
4917 S.C.R. 1303
Midland, T 79765

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

CERTIFIED MAIL

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

7000 0520 0021 6896 3713
7000 0520 0021 6896 3713

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Pro-Gas Operating INc.
Street, Apt. No.; or PO Box No. 4917 S. C. R. 1303
City, State, ZIP+ 4 Midland, TX 79765

PS Form 3800, February 2000 See Reverse for Instructions

Case 12771 PL

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:

W H Brininstool
PO Drawer A
Jal, NM 88252

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3652

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

CERTIFIED MAIL

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

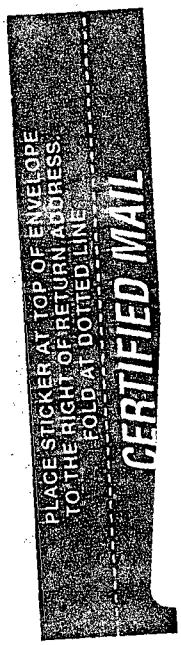
7000 0520 0021 6896 3652

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

Postmark Here

Recipient's Name *(Please Print Clearly)* *(To be completed by mailer)*
W H Brininstool
Street, Apt. No.; or PO Box No. PO Drawer A
City, State, ZIP+ 4 Jal, NM 88252

PS Form 3800, February 2000 See Reverse for Instructions



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

7000 0520 0021 6896 3645

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Spence Energy Co.

Street, Apt. No.; or PO Box No.
4925 Greenville, Ste. 220

City, State, ZIP+ 4
Dallas, TX 75206

PS Form 3800, February 2000 — See Reverse for Instructions

12771 FL

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:

Spence Energy Co.
4925 Greenville, Ste 220
Dallas, TX 75206

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6896 3645

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)

7000 0520 0021 6896 3560

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Prairie Sun, Inc.
Street, Apt. No.; or PO Box No. 3103 Yeso Road
PO Box 8380
City, State, ZIP+ 4 Roswell, Nm 88201

PS Form 3800, February 2000 — See Reverse for Instructions

12771 EC

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:
Prairie Sun, Inc.
3103 Yeso Road
PO Box 8280
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0620 0021 6896 3560

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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

CERTIFIED MAIL

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

7000 0520 0021 6896 3577

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Primal Energy Corporation
Street, Apt. No.; or PO Box No.
211 Highland Cross, Ste. 227
City, State, ZIP+ 4
Houston, TX 77073

PS Form 3800, February 2000 See Reverse for Instructions

12771 EL

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:

Primal Energy Corporation
211 Highland Cross, Suite 227
Houston, TX 77073

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6896 3577

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

CERTIFIED MAIL

7000 0520 0021 6896 3553

7000 0520 0021 6896 3553

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

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
C C Pollard c/o Frank Pollard

Street, Apt. No.; or PO Box No.
166 Moritz Circle

City, State, ZIP+ 4
San Angelo, TX 76904

PS Form 3800, February 2000 See Reverse for Instructions

12776 EL

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

C C Pollard
c/o Frank Pollard
166 Moritz Circle
San Angeleo, TX 76904

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6896 3553

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952