

BEFORE THE  
NEW MEXICO OIL CONSERVATION DIVISION  
OF THE NEW MEXICO

APPLICATION OF GILLESPIE-CROW,  
INC. FOR UNIT EXPANSION,  
STATUTORY UNITIZATION, AND  
QUALIFICATION OF EXPANDED UNIT  
AREA FOR THE RECOVERED OIL TAX  
RATE AND CERTIFICATION OF A  
POSITIVE PRODUCTION RESPONSE  
PURSUANT TO THE "NEW MEXICO  
ENHANCED OIL RECOVERY ACT,"  
LEA COUNTY, NEW MEXICO.

NEW MEXICO  
OIL CONSERVATION DIVISION  
GCI EXHIBIT 21  
CASE NO. 11724

No. \_\_\_\_\_

**AFFIDAVIT OF MAILING**

STATE OF COLORADO    )  
                                  )SS.  
COUNTY OF ADAMS     )

Paul S. Conner, being first duly sworn on oath, deposes and says: That he is a citizen of the United States, over the age of eighteen years, not a party to, nor interested in, the above entitled action.

That on the 28th day of January, 1997, this affiant did deposit in the United States Post Office at Northglenn, Colorado, true and correct copies of the Application for Unit Expansion, Statutory Unitization, and Qualification of Expanded Unit Area for the Recovered Oil Tax Rate and Certification of a positive production response pursuant to the "New Mexico Enhanced Recovery Act".

That the documents with postage prepaid, certified with return receipt requested, were mailed to the persons listed on Exhibit "A" attached hereto to be served at their last known post office address. The return receipts are attached to this affidavit.

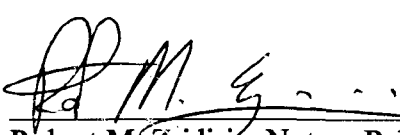
Further Affiant sayeth not.

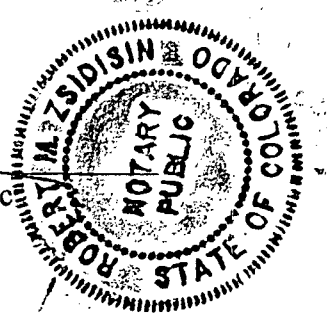
Dated this 28th day of January, 1997.

  
\_\_\_\_\_  
Paul S. Conner

Subscribed and sworn to before me this 28th day of January, 1997. by Paul S. Conner

My Commission Expires  
4-15-2000

  
\_\_\_\_\_  
Robert M. Zsidisin, Notary Public



January 28, 1997

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

**TO: NOTICE OF UNIT EXPANSION TO INTEREST OWNERS  
WEST LOVINGTON STRAWN UNIT AGREEMENT, LEA  
COUNTY, NEW MEXICO**

Ladies and Gentlemen:

Enclosed is a copy of an Application filed by Gillespie-Crow, Inc. with the New Mexico Oil Conservation Division requesting expansion and statutory unitization of the West Lovington Strawn Unit Area. This matter will be heard by the Division as 8:15 a.m. on Thursday, February 20, 1997, at the Division's offices at 2040 South Pacheco Street, Santa Fe New Mexico. As an interest owner in the proposed expanded unit, you have the right to enter an appearance and participate in the hearing. Failure to appear at that time will preclude you from contesting the matter at a later date.

Thank you for your cooperation.

Sincerely,

**UNITSOURCE INCORPORATED**



---

Paul S. Conner

pc  
enclosures

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF GILLESPIE-CROW, INC.  
FOR UNIT EXPANSION, STATUTORY  
UNITIZATION, AND QUALIFICATION OF THE  
EXPANDED UNIT AREA FOR THE RECOVERED  
OIL TAX RATE AND CERTIFICATION  
OF A POSITIVE PRODUCTION RESPONSE  
PURSUANT TO THE "NEW MEXICO ENHANCED  
OIL RECOVERY ACT," LEA COUNTY, NEW MEXICO.

No. \_\_\_\_\_

APPLICATION

Gillespie-Crow, Inc., for its application, states:

1. Applicant is engaged in the business of producing and selling oil and gas as defined by the Statutory Unitization Act, N.M. Stat. Ann. §§70-7-1 through 21 (1995 Repl. Pamph.) ("the Act").

2. Applicant is the operator of the West Lovington Strawn Unit ("WLSU"), approved by Division Order No. R-10449, which statutorily unitized the Strawn formation underlying the following lands located in Lea County, New Mexico:

TOWNSHIP 15 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 33: All

Section 34: W½

TOWNSHIP 16 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 1: Lots 1 through 8

TOWNSHIP 16 SOUTH, RANGE 36 EAST, N.M.P.M.

Section 6: Lots 3 through 5

Containing 1458.95 acres, more or less.

The vertical limits of the unitized formation are defined in Order No. R-10449, which is incorporated herein by reference.

3. Additional development of the Strawn formation has occurred on lands adjoining the WLSU, and the additional wells are

in communication with the wells in the WLSU. As a result, applicant requests that the WLSU be expanded to include the Strawn formation underlying the following lands:

TOWNSHIP 15 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 28: S~~W~~SE~~W~~

Section 34: W~~W~~SE~~W~~

Containing 160 acres, more or less.

A map of the proposed expanded unit area, containing 1618.95 acres, is attached hereto as Exhibit A. The Strawn formation underlying the expanded unit area has been reasonably defined by development.

4. The WLSU is subject to a natural gas injection pressure maintenance project, authorized by Division Order No. R-10448. Said order also qualified the WLSU pressure maintenance project for the recovered oil tax rate pursuant to the "New Mexico Enhanced Oil Recovery Act" (Laws 1992, Chapter 38, Sections 1 through 5).

5. The plan of unitization for the expanded unit area, as modified by the tract participations set forth in ¶11 below, is embodied in the Unit Agreement approved by the Division in Case No. 11195 (Order No. R-10449), which agreement is incorporated herein by reference, and the plan is fair, reasonable, and equitable.

6. The operating plan for the expanded unit area, covering the manner in which the expanded unit area will be supervised and managed, and costs allocated and paid, is embodied in the Unit Operating Agreement approved by the Division in Case No. 11195 (Order No. R-10449), which is agreement incorporated herein by reference.

7. The unitized management, operation, and further development of the Strawn formation underlying the expanded unit area is reasonably necessary in order to effectively carry on pressure maintenance operations and to substantially increase the ultimate recovery of oil and gas therefrom.

8. The existing pressure maintenance operation, as applied to the Strawn formation underlying the expanded unit area, is feasible, will prevent waste, and will result with reasonable probability in the increased recovery of substantially more oil from the Strawn formation than would otherwise be recovered.

9. The estimated additional costs, if any, of conducting unitized operations will not exceed the estimated value of the additional oil recovered thereby, plus a reasonable profit.

10. Applicant has made a good faith effort to secure voluntary unitization of the Strawn formation underlying the expanded unit area, but there are persons who have not voluntarily committed their interests thereto.

11. The proposed tract participations for the expanded unit area are as follows:

| <u>TRACT</u>    | <u>PARTICIPATION</u> |
|-----------------|----------------------|
| 1 - 11 (WLSU)   | 95.2797924%          |
| 12 (NW¼SE¼ §34) | 2.3161519%           |
| 13 (SW¼SE¼ §34) | 2.1147842%           |
| 14 (S¼SE¼ §28)  | <u>0.2892715%</u>    |
|                 | 100.0000000%         |

Pursuant to §70-7-10 of the Act, the existing WLSU has been treated as one tract, and production allocated thereto will be allocated among the tracts in the original WLSU as specified in Order No. R-10449. The participation formula for the proposed expanded unit area allocates the produced and saved unitized oil to the separately owned tracts on a fair, reasonable, and equitable basis.

12. By Order No. R-10608, as amended, the Division certified a positive production response for the wells within the WLSU. The two additional wells within the proposed expanded unit area are entitled to be qualified for the recovered oil tax rate and certified for a positive production response. These wells, and the acreage dedicated thereto, are as follows:

| <u>WELL NAME</u>                 | <u>WELL UNIT</u>      |
|----------------------------------|-----------------------|
| State "S" No. 1<br>(WLSU No. 12) | WLSU Tracts 12 and 13 |
| Chandler No. 1<br>(WLSU No. 13)  | WLSU Tract 14         |

13. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

14. Applicant requests that this matter be set for hearing on February 20, 1997.

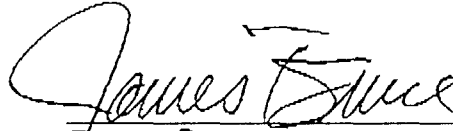
**WHEREFORE**, applicant requests that, after notice and hearing, the Division enter its order:

- A. Approving the expansion of the WLSU to include the lands described in ¶3 above;
- B. Statutorily unitizing the expanded unit area;

- C. Approving the tract participations for the expanded unit area as described in ¶11 above;
- D. Approving the WLSU Unit Agreement, as amended, and the WLSU Unit Operating Agreement for the expanded unit area;
- E. Qualifying the expansion area of the WLSU for the recovered oil tax rate and certifying WLSU Well Nos. 12 and 13 for a positive production response; and
- F. Granting such further relief as the Division deems proper.

Respectfully submitted,

HINKLE, COX, EATON, COFFIELD  
& HENSLEY, L.L.P.



---

James Bruce  
P. O. Box 2068  
Santa Fe, New Mexico 87504-2068  
(505) 982-4554

Attorneys for Gillespie-Crow, Inc.

gciapp.uex

VERIFICATION

STATE OF TEXAS       )  
COUNTY OF MIDLAND   )

William R. Crow, being duly sworn upon his oath, deposes and states that: he is a an employee of applicant; he is familiar with the matters set forth in the foregoing application; and the statements therein are true and correct to the best of his knowledge.

William R. Crow  
William R. Crow

SUBSCRIBED AND SWORN TO before me this 20TH day of January, 1997 by William R. Crow.

Vicki Cunningham  
Notary Public

My Commission expires:

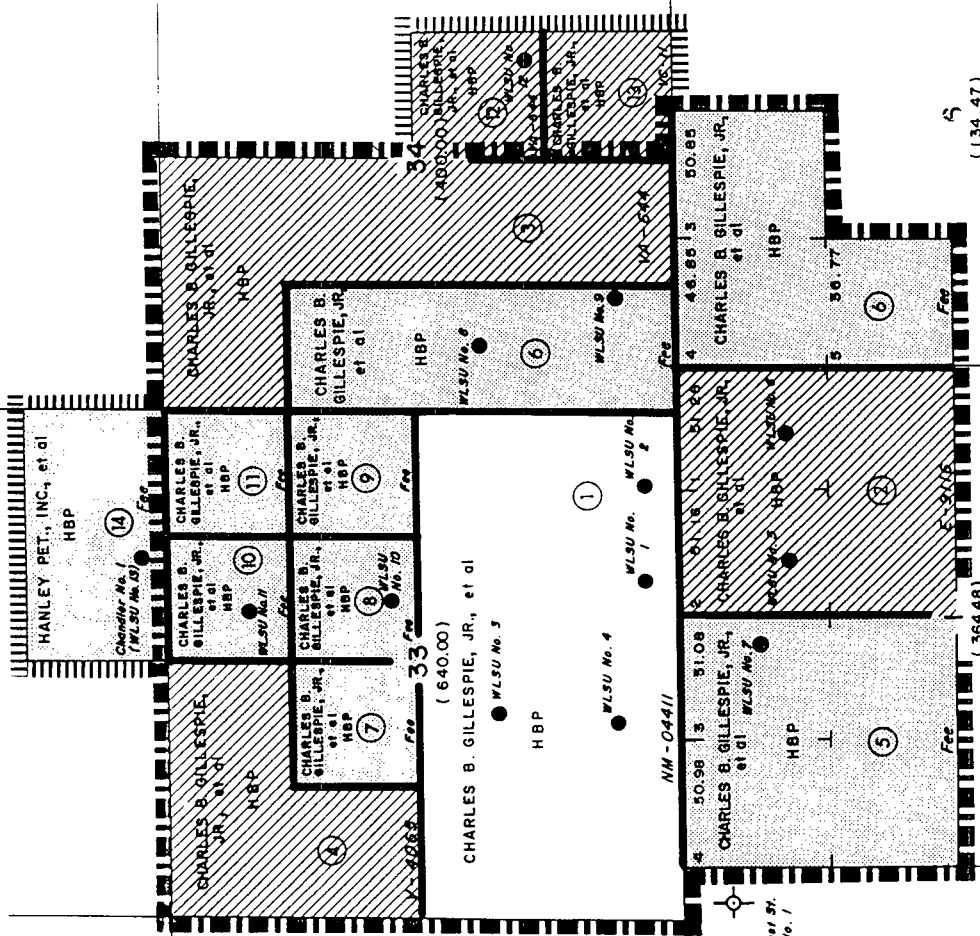
MARCH 13, 1999





R 35 E

28  
(80.00)



R 35 E

R 36 E

5  
(134.47)

5  
(364.48)

|                | EXISTING<br>ACREAGE | EXPANDED<br>ACREAGE | PERCENTAGE |
|----------------|---------------------|---------------------|------------|
| FEDERAL LANDS  | 320.00              | 320.00              | 19.77%     |
| STATE LANDS    | 502.42              | 582.42              | 35.97%     |
| PATENTED LANDS | 636.53              | 716.53              | 44.26%     |

TOTAL 1,458.95 1,618.95 100.00%

③ TRACT NUMBER ■■■■ UNIT OUTLINE  
 ||||| EXPANSION OUTLINE

1/2 1/4 0 SCALE IN MILES 1/2

**Exhibit "A"**  
**WEST LOVINGTON (STRAWN) UNIT**  
 LEA COUNTY, NEW MEXICO

AS EXPANDED

**GILLESPIE - CROW, INC.**  
 MIDLAND, TEXAS

**EXHIBIT "A"**

**WEST LOVINGTON (STRAWN) UNIT  
AREA  
LEA COUNTY, NEW MEXICO  
WORKING INTEREST OWNERS  
EXPANSION NO. 1**

WILLIAM R. CROW  
CHARLES B. GILLESPIE, JR.  
P. O. BOX 8  
MIDLAND, TX 79702-0008

LAND DEPARTMENT  
ENSERCH EXPLORATION, INC.  
4849 GREENVILLE AVENUE  
DALLAS, TX 75206

VIERSEN & COCHRAN  
P. O. BOX 280  
OKMULGEE, OK 74447

LAND DEPARTMENT  
YATES PETROLEUM CORPORATION  
ABO PETROLEUM CORPORATION  
MYCO INDUSTRIES, INC.  
YATES DRILLING COMPANY  
105 S. 4TH STREET  
ARTESIA, NM 88210

LAND DEPARTMENT  
LARIO OIL & GAS COMPANY  
301 S. MARKET STREET  
WICHITA, KS 67202

LAND DEPARTMENT  
CANNON EXPLORATION CO.  
3608 SCR 1184  
MIDLAND, TX 79701

LAND DEPARTMENT  
HOLLYHOCK CORPORATION  
3907 CRESTGATE  
MIDLAND, TX 79707

LAND DEPARTMENT  
RIO PECOS CORPORATION  
4501 GREENTREE BOULEVARD  
MIDLAND, TX 79701

LAND DEPARTMENT  
TARA-JON CORPORATION  
6003 MEADOW VIEW LANE  
MIDLAND, TX 79707

LAND DEPARTMENT  
VISA INDUSTRIES OF ARIZONA  
9201 NORTH 7TH STREET  
PHOENIX, AZ 85020

LAND DEPARTMENT  
HANLEY OAD, LTD., II  
HANLEY PETROLEUM, INC.  
415 W. WALL  
MIDLAND, TX 79701

**WEST LOVINGTON (STRAWN) UNIT  
AREA  
LEA COUNTY, NEW MEXICO  
LEASED BASIC ROYALTY  
OWNERS  
EXPANSION NO. 1**

NATIONSBANK OF TEXAS, N.A.,  
TRUSTEE OF THE MARILYN  
MAXWELL CHANDLER TRUST  
#8436-00  
P. O. BOX 830308  
DALLAS, TX 77289-0503

**WEST LOVINGTON (STRAWN) UNIT  
AREA  
LEA COUNTY, NEW MEXICO  
OVERRIDING ROYALTY OWNERS  
EXPANSION NO. 1**

LAND DEPARTMENT  
PARKER & PARSLEY PRODUCING, L.P.  
P. O. BOX 840835  
DALLAS, TX 75284

LAWRENCE J. SERIGHT  
P. O. BOX 5361  
MIDLAND, TX 79704

**WEST LOVINGTON (STRAWN) UNIT  
AREA  
LEA COUNTY, NEW MEXICO  
NON-PARTICIPATING ROYALTY  
OWNERS  
EXPANSION NO. 1**

J. HIRAM MOORE, LTD.  
310 W. WALL, SUITE 404  
MIDLAND, TX 79701

WALTER L. FARRINGTON, III  
P. O. BOX 130423  
TYLER, TX 75713

LAND DEPARTMENT  
PARALLEL PETROLEUM CORP.  
P. O. BOX 1058  
MIDLAND, TX 79702

**WEST LOVINGTON (STRAWN) UNIT**  
**LEA COUNTY, NEW MEXICO**  
**WORKING INTEREST OWNERS**

WILLIAM R. CROW  
CHARLES B. GILLESPIE, JR.  
P. O. BOX 8  
MIDLAND, TX 79702-0008

TEDDIE DARRELL SHELFER  
4508 SKYLARK WAY  
EL PASO, TX 79922

WILLIAM R. CROW  
CHARLES B. GILLESPIE, JR.  
P. O. BOX 8  
MIDLAND, TX 79702-0008

LAND DEPARTMENT  
ENSERCH EXPLORATION, INC.  
4849 GREENVILLE AVENUE  
DALLAS, TX 75206

ROY G. BARTON, JR., TRUSTEE  
OF THE ROY G. BARTON, SR. &  
OPAL BARTON REVOCABLE TRUST  
P. O. BOX 978  
HOBBS, NM 88241-097

LAND DEPARTMENT  
ENSERCH EXPLORATION, INC.  
4849 GREENVILLE AVENUE  
DALLAS, TX 75206

**WEST LOVINGTON (STRAWN) UNIT**  
**LEA COUNTY, NEW MEXICO**  
**LEASED BASIC ROYALTY OWNERS**

RICHARD H. POWER  
207 W. AVENUE M  
LOVINGTON, NM 88260

LAND DEPARTMENT  
PHILLIPS PETROLEUM COMPANY  
4001 PEMBROOK  
ODESSA, TX 79762

MR. EARL CUNNINGHAM  
DISTRICT MANAGER  
BUREAU OF LAND MANAGEMENT  
P. O. BOX 1397  
ROSWELL, NM 88201

JEAN BENSON  
816 168TH PLACE NE  
BELLEVUE, WA 98008

LAND DEPARTMENT  
ADIA ENTERPRISES INC.  
4209 CARDINAL LANE  
MIDLAND, TX 79707

JUNE DANGLADE SPEIGHT  
P. O. DRAWER 1687  
LOVINGTON, NM 88206

BETTY LOUISE PIEPER  
APARTMENT 1701  
5200 BRITTANY DR. SOUTH  
ST. PETERSBURG, FL 33715

WILLIAM R. CROW  
5007 CANTERBURY DR.  
MIDLAND, TX 79705

DOROTHY LEE LUSK  
P. O. BOX 537  
TESUQUE, NM 87574

ROBERT L. BROWN  
17 WOODRUFF ROAD  
EDISON, NJ 08820-2601

**WEST LOVINGTON (STRAWN) UNIT**  
**LEA COUNTY, NEW MEXICO**  
**UNLEASED ROYALTY OWNERS**

MARJORIE SMART, TRUSTEE OF THE  
MARJORIE C. SMART REVOCABLE  
TRUST DATED 5/9/90  
1238 PALISADE CIR.  
HEBER SPRINGS, AR 72543

EFFIE SHELFER  
110 E. 10TH  
COLEMAN, TX 76834

GERALDINE ANDERSON HILL  
30357 PALO VERDE DRIVE E.  
RANCHO PALO VERDE, CA 90274

CLARENCE V. SHELFER  
ROUTE 1, BOX 248-A  
SAN ANTONIO, TX 78223

JAMES DARRELL SHELFER  
665 SHELTON  
ABILENE, TX 79603

LEONARD S. ANDERSON, JR.  
71-332 SAN GARGONIO ROAD  
RANCHO MIRAGE, CA 92270

ANNIE LAURA STURDIVANT  
ROUTE 1, BOX 1219  
PINEVILLE, MO 64856

JANE BOWERS STONEMAN  
525 E. CHERRY LYNN ROAD  
PHOENIX, AZ 85012

RICKIE DON THOMPSON  
1600 W. PERSIMMON ST., #17  
ROGERS, AR 72756-334

FRANCIS J. MOYNIHAN, JR.  
135 OLD WARREN RD, RD 2  
FREWSBURG, NY 14738

NANCY O'CONNOR  
10756 MAIN ST. #201  
FAIRFAX, VA 22030

TREVA JOYCE THOMPSON  
c/o WILLIAM H. THOMPSON  
798 HICKORY DRIVE  
ROGERS, AR 72756

BERKELEY N. MOYNIHAN  
448 WINDSWEPT VIEW  
ASHEVILLE, NC 28801

LEWIS E. MCLAUGHLIN  
LOIS M. MCLAUGHLIN  
20110 MELOS COURT  
PORT CHARLOTTE, FL 33954

PENELOPE LOUISE HOLCOMB  
1122 READING DRIVE  
ACWORTH, GA 30101

BARBARA M. GALLAGHER  
44 WILLIAM STREET  
LINCOLN PARK, NJ 07035

MICHAEL STADWICK  
LOIS H. STADWICK  
ROBERT STADWICK  
TODD STADWICK  
39904 SHORELINE DR.  
HARRISON, MI 48045

MONTY D. MCLAINE  
P. O. BOX 9451  
MIDLAND, TX 79708

SUZANNE M. CHAMBERS  
MARGOT S. M. CHAMBERS  
2332 S. 34TH STREET  
ABILENE, TX 79602

LAVERNE W. COLBY  
1540 SYKES CREEK DRIVE  
MERRITT ISLAND, FL 32953

DAVID GRAHAM MCDONALD  
5513 AURORA AVENUE, #12  
DES MOINES, IA 50310-231

CHERIE WEICHEL  
6943 MELDRUM  
IRA TOWNSHIP, MI 48023

LESTER F. COLBY  
4619 FILLMORE STREET  
HOLLYWOOD, FL 33021

ANITA M. MCDONALD  
1301 SUNNY HILL COURT  
BETTENDORF, IA 52722

HARVARD STADWICK, JR.  
c/o LOIS STADWICK  
39904 SHORELINE DRIVE  
HARRISON, MI 48045

DOROTHY C. FELTZ  
5 GATES STREET  
CRYSTAL LAKE, IL 60014

KELLY H. BAXTER  
P. O. BOX 1649  
AUSTIN, TX 78767

JOHN STADWICK  
c/o LOIS STADWICK  
39904 SHORELINE DRIVE  
HARRISON, MI 48045

MILTON M. KRASNE  
9821 SEWARD STREET  
OMAHA, NE 68114-1249

HENRY W. LAWTON  
P. O. BOX 161  
PORTVILLE, NY 14770

KEITH STADWICK  
c/o LOIS STADWICK  
39904 SHORELINE DRIVE  
HARRISON, MI 48045

PATRICK J. CESARANO  
REVOCABLE TRUST  
STATION 701  
2100 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

JOAN SERMAK  
1401 QUAIL CANYON  
SAN BERNADINO, CA 92404

SNYDER RANCHES, INC.  
P. O. BOX 2158  
HOBBS, NM 88241

FIRST INTERSTATE BANK OF  
ALBUQUERQUE, TRUSTEE OF THE  
L. JAY ROOT ROYALTY TRUST  
AGREEMENT DATED 4/28/83  
P. O. BOX 2468  
ROSWELL, NM 88202

ELAINE G. & MILTON KRASNE  
9821 S. WARD  
OMAHA, NE 68114

ROY G. BARTON, JR., INDIVIDUALLY  
P. O. BOX 978  
HOBBS, NM 88241

THE GROOMS TRUST uad 12/15/82  
P. O. BOX 2328  
ROSWELL, NM 88202

NORMA J. CHANLEY  
P. O. BOX 729  
HOBBS, NM 88241

UNITED BANK OF LEA COUNTY,  
TRUSTEE FOR CHAD L. & NORMA  
B. WILEY  
P. O. BOX 2468  
ROSWELL, NM 88202

VANCE LEE MASON  
7487 HARTLEY ROAD  
VACACILLE, CA 95688

JOAN LOUISE YARNELL RINE  
2120 ANDRE AVENUE  
LOS OSOS, CA 93402

MARY KATHERINE GARRETT NOBLE  
613 PASEO DEL MAR NE  
ALBUQUERQUE, NM 87123

MARY RANDALL FREDERICKSON &  
NORAH BAKER (J/T)  
1382 VALLOMBROSA AVENUE  
CHICO, CA 95926

WILLIAM ROBERT YARNELL  
c/o JOAN LOUISE YARNELL RINE  
2120 ANDRE AVENUE  
LOS OSOS, CA 93402

BILLIE GARRETT LYTLER  
24466 COUNTY ROAD EAST  
CORTEZ, CO 81321

DOROTHY FULLER LUNDEEN  
4304 HARBOR HOUSE DR.  
TAMPA, FL 33615

**WEST LOVINGTON (STRAWN) UNIT**  
**LEA COUNTY, NEW MEXICO**  
**OVERRIDING ROYALTY OWNERS**

JOSEPH E. & TWILA M. GOODDING  
LIVING TRUST  
c/o TWILA M. GOODDING TRUSTEE  
1009 CRESTVIEW CIRCLE  
FARMINGTON, NM 87401

RUSSELL & ANN PANG  
1831 ORANGE AVENUE  
COSTA MESA, CA 92627

CHARLES B. GILLESPIE, JR.  
P. O. BOX 8  
MIDLAND, TX 79702-0008

THOMAS W. PETTIT  
151 W. TRINITY RD.  
GLEN ELLEN, CA 95442

HEIDI C. BARTON  
502 E. YESO  
HOBBS, NM 88240

RANDALL CAPPS, dba  
XERIC OIL & GAS CORP.  
P. O. BOX 352  
MIDLAND, TX 79702

FAYE L. LIPSETT KLEIN  
P. O. BOX 1503  
HOBBS, NM 88241

BRETT C. BARTON  
11904 VAIL DRIVE  
OKLAHOMA CITY, OK 73162

WILLIAM R. CROW  
c/o CHARLES B. GILLESPIE, JR.  
P. O. BOX 8  
MIDLAND, TX 79702

GRACE STARMER  
c/o WILLIAM C. HUNTER  
P. O. BOX 1047  
HEALDSBURG, CA 95448

ROY G. BARTON, III  
P. O. BOX 572565  
HOUSTON, TX 77257

LAND DEPARTMENT  
GPC OIL & GAS CORP.  
P. O. BOX 50982  
MIDLAND, TX 79710

DONALD R. CURRY  
905 FT. WORTH CLUB BLDG.  
FT. WORTH, TX 76102

EVA H. & EPHRAIM G. MATSON  
  
unk

**WEST LOVINGTON (STRAWN) UNIT**  
**LEA COUNTY, NEW MEXICO**  
**OWNERS WITHIN ½ MILE OF**  
**THE UNIT BOUNDARIES**

KEVIN L. & PATRICIA WIDNER  
2510 CULPEPPER  
MIDLAND, TX 79705

EMILY I. & THOMAS S. PARK  
  
unk

CHARLES B. GILLESPIE, JR.  
P. O. BOX 8  
MIDLAND, TX 79702-0008

ERNESTINE GILLESPIE  
P. O. BOX 13387  
SCOTTSDALE, AZ 85267

WINFIELD S. CARSON  
  
unk

LAND DEPARTMENT  
ENSERCH EXPLORATION, INC.  
SUITE 1000  
6688 N. CENTRAL EXPRESSWAY  
DALLAS, TX 75206-3922

LAWRENCE J. SERIGHT  
P. O. BOX 5361  
MIDLAND, TX 79704

WILBUR W. & JAMAEAH S. IRVIN  
4208 BECKLAND DR.  
FARMINGTON, NM 87402

LAND DEPARTMENT  
BANKLINE OIL & GAS  
P. O. BOX 924193  
HOUSTON, TX 77292

**WEST LOVINGTON (STRAWN) UNIT**  
**LEA COUNTY, NEW MEXICO**  
**NON PARTICIPATING ROYALTY**  
**OWNERS**

ROY G. BARTON, JR., TRUSTEE OF  
THE ROY G. BARTON, SR. & OPAL  
BARTON REVOCABLE TRUST  
P. O. BOX 978  
HOBBS, NM 88240

LAND DEPARTMENT  
YATES PETROLEUM CORPORATION  
YATES DRILLING COMPANY  
ABO PETROLEUM CORPORATION  
MYCO INDUSTRIES, INC.  
JOHN A. YATES  
S. P. YATES  
LOS CHICOS  
PEYTON YATES  
RICHARD YATES  
WEED OIL CO.  
105 S. 4TH ST.  
ARTESIA, NM 88210

WILLIAM B. CROW  
CHARLES B. GILLESPIE, JR.  
P. O. BOX 8  
MIDLAND, TX 79702-0008

LANIS PALMER  
  
unk

LAND DEPARTMENT  
PARALLEL PETROLEUM CORPORATION  
P. O. BOX 10587  
MIDLAND, TX 79702

SELMA PAULK  
  
unk

LAND DEPARTMENT  
REBEL OIL COMPANY  
P. O. BOX 309  
HOBBS, NM 88241

RUBY GIBSON CORLEY  
2511 WILLOWICK, APT. 335  
HOUSTON, TX 77027

LAND DEPARTMENT  
DEVON ENERGY CORPORATION  
SUITE 1500  
20 N. BROADWAY  
OKLAHOMA CITY, OK 73102

ROBERT H. HANNIFIN  
P. O. BOX 218  
MIDLAND, TX 79702

C. R. & ARLENE ALDERSON  
P. O. BOX 1408  
GRAND ISLAND, NE 68802

LAND DEPARTMENT  
MERRILL LYNCH ENERGY  
OPERATING PARTNERSHIP II  
1221 MCKINNEY, SUITE 2700  
HOUSTON, TX 770101

LAND DEPARTMENT  
OXY USA, INC.  
P. O. BOX 50250  
MIDLAND, TX 79710

EDWARD G. BOONE  
1513 TINSDALE  
NASHVILLE, AR 71852

JUNE D. SPEIGHT  
P. O. BOX 1241  
LOVINGTON, NM 88206

WILLIAM U. TATE  
c/o EMILY MARIE TATE JONES  
GENERAL DELIVERY  
SAN JOSE, NM 87565

ELLEN BOONE SCHWTHELM  
3058 REBA DRIVE  
HOUSTON, TX 77019

O. V. LAWRENCE  
SUITE 322  
301 N. COLORADO  
MIDLAND, TX 79701-4613

JAMES L. DOW  
BOBBIE ANN DOW LOGAN  
JOHN G. BYERS  
P. O. BOX 128  
CARLSBAD, NM 88220

PROTESTANT EPISCOPAL CHURCH  
FOUNDATION OF DIOCESE OF  
OKLAHOMA, JAMES R. HARRIS,  
ATTORNEY-IN-FACT  
P. O. BOX 1335  
OKLAHOMA CITY, OK 72101

LAND DEPARTMENT  
HANLEY PETROLEUM, INC.  
SUITE 1500  
415 W. WALL  
MIDLAND, TX 79701

DONALD B. & DOROTHY HEARD  
PARK MANSION APT. #5023  
FREW STREET  
PITTSBURGH, PA 15213

LAND DEPARTMENT  
UNION OIL COMPANY OF CALIF.  
SUITE 300  
1004 N. BIG SPRING  
MIDLAND, TX 79701

CAROLINE REED DIAMOND  
5022 COLUMBINE  
EL PASO, TX 79922

PHILLIP E. CARR  
155 HUMBOLT  
DENVER, CO 80218

BEN STIER  
3131 MAPLE  
DALLAS, TX 75201

JOHN NICKSON BEERS  
20579 MISSIONARY RIDGE  
WALNUT, CA 91789

ROBERT S. PHILLIPS  
P. O. BOX 727  
BARTLESVILLE, OK 74005

ROBERT A. SNOW  
WOOD OIL CO.  
PHILWELL, INC.  
401 S. BOSTON  
TULSA, OK 74103

MARTHA NICKSON  
P. O. BOX 10352  
MIDLAND, TX 79702

JEB ROYALTIES  
908 ESPERSON BLDG.  
HOUSTON, TX 77002

LAND DEPARTMENT  
RIO PECOS CORPORATION  
4501 GREENTREE BLVD.  
MIDLAND, TX 79701

JOSEPH RICHARD NICKSON  
205 W. 19TH  
NEW YORK, NY 10011

FRANCES P. MADELEY  
P. O. BOX 1491  
TRINITY, TX 75962

LAND DEPARTMENT  
PATHFINDER EXPLORATION CO.  
4306 CRESTGATE  
MIDLAND, TX 79707

DAN E. & MARY H. BOONE  
5924 CHARLESTOWN  
DALLAS, TX 75230

FIRST NATIONAL BANK, LUBBOCK,  
SUCCESSOR TRUSTEE OF THE  
TESTAMENTARY TRUSTS uwo  
J. E. & BEULAH SIMMONS  
P. O. BOX 1241  
LUBBOCK, TX 79408

LAND DEPARTMENT  
CANNON EXPLORATION CO.  
3608 SCR 1184  
MIDLAND, TX 79701

LAND DEPARTMENT  
HOLLYHOCK CORP.  
3907 CRESTGATE  
MIDLAND, TX 79707

LAND DEPARTMENT  
TARA - JON CORP.  
6003 MEADOW VIEW LANE  
MIDLAND, TX 79707

LAND DEPARTMENT  
LARIO OIL & GAS CO.  
301 S. MARKET STREET  
WICHITA, KS 67202

VIERSON & COCHRAN  
6003 MEADOW VIEW LANE  
MIDLAND, TX 79707

JOSEPH B. MATTHEWS  
SUITE 101  
473 CYPRESS  
ABILENE, TX 79601

SOL WEST, III  
MICHAEL S. SHEARN  
SUITE 305  
4120 RIO BRAVO  
EL PASO, TX 79902

LAND DEPARTMENT  
BABER WELL SERVICE, INC.  
P. O. BOX 1772  
HOBBS, NM 88240

ALTERNATE ADDRESSES:

David Graham McDonald  
219 2nd Ave.  
Audubon, IA 50025

Mildred A. Wright, Trustee  
P. O. Box 505  
Farmington, NM 87499



**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DOROTHY C. FELTZ  
5 GATES STREET  
CRYSTAL LAKE, IL 60014

4a. Article Number  
P552 519323

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
Dorothy C. Feltz

6. Signature: (Addressee or Agent)  
DOROTHY C. FELTZ

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Stick postage stamps to cover any selected charges for any selected address leaving the window or hand it to you.

1. If you want this return address on a return receipt, write it on the reverse side of this form.

2. If you do not want this return address on a return receipt, write "NO RETURN ADDRESS" on the reverse side of this form.

3. If you want a return receipt, write "RETURN RECEIPT REQUESTED" on the reverse side of this form.

4. If you want a return receipt, write "RETURN RECEIPT REQUESTED" on the reverse side of this form.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JUNE DANGLADE SPEIGHT  
P. O. DRAWER 1687  
LOVINGTON, NM 88206

4a. Article Number  
P552 519889

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
J. H. ...

6. Signature: (Addressee or Agent)  
X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

1. If you want this return address on a return receipt, write it on the reverse side of this form.

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ERNESTINE GILLESPIE  
P. O. BOX 13387  
SCOTTSDALE, AZ 85267

4a. Article Number  
P552 519419

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
Robert O. Stafford

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

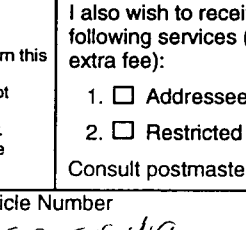
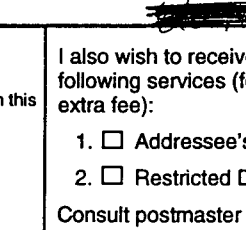
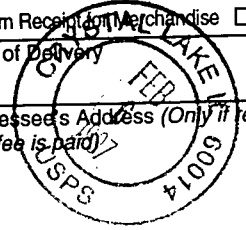
Domestic Return Receipt

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4. If you want a return receipt, write "RETURN RECEIPT REQUESTED" on the reverse side of this form.



Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side

is your RETURN ADDRESS completed on the reverse side

is your RETURN ADDRESS completed on the reverse side

W. LOU. STRAWN

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

WILLIAM ROBERT YARNELL  
c/o JOAN LOUISE YARNELL RINE  
2120 ANDRE AVENUE  
LOS OSOS, CA 93402

4a. Article Number

P552519413

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1/31/97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Signature: (Addressee or Agent)

PS Form 3811, December 1994  
W. ROUSSTRAW

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

P552519394

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1/30/97

8. Addressee's Address (Only if requested and fee is paid)

UNITED BANK OF LEA COUNTY,  
TRUSTEE FOR CHAD L. & NORMA  
B. WILEY  
P. O. BOX 2468  
ROS WELL, NM 88202

5. Received By: (Print Name)

Signature: (Addressee or Agent)

PS Form 3811, December 1994  
W. ROUSSTRAW

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

LESTER F. COLBY  
4619 FILLMORE STREET  
HOLLYWOOD, FL 33021

4a. Article Number

P552519328

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1-3

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Signature: (Addressee or Agent)

PS Form 3811, December 1994  
W. ROUSSTRAW

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

P552519288

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1/31/97

8. Addressee's Address (Only if requested and fee is paid)

LEONARD S. ANDERSON, JR.  
71-332 SAN GARGONIO ROAD  
RANCHO MIRAGE, CA 92270

5. Received By: (Print Name)

Signature: (Addressee or Agent)

PS Form 3811, December 1994  
W. ROUSSTRAW

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ANNIE LAURA STURDIVANT  
ROUTE 1, BOX 1219  
PINEVILLE, MO 64856

4a. Article Number

P552 519 357

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1-31-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Annie Laura Sturdivant*

PS Form 3811, December 1994 W.LOU. STRAWN

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MR. EARL CUNNINGHAM  
DISTRICT MANAGER  
BUREAU OF LAND MANAGEMENT  
P. O. BOX 1397 1857  
ROSWELL, NM 88201

4a. Article Number

P552 519 888

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1-31-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Earl Cunningham*

PS Form 3811, December 1994 W.LOU. STRAWN

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOAN LOUISE YARNELL RINE  
2120 ANDRE AVENUE  
LOS OSOS, CA 93402

4a. Article Number

P552 519 412

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1/31/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *J. Rine*

PS Form 3811, December 1994 W.LOU. STRAWN

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DOROTHY LEE LUSK  
P. O. BOX 537  
TESUQUE, NM 87574

4a. Article Number  
*P552 519 354*

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
*E W Smith*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*E W Smith*

PS Form 3811, December 1994 Domestic Return Receipt  
*W. LOU. STRAWN*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

VANCE LEE MASON  
7487 HARTLEY ROAD  
VACACILLE, CA 95688

4a. Article Number  
*P552519403*

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
*11/27/94*

5. Received By: (Print Name)  
*Vance Mason*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*Vance Mason*

PS Form 3811, December 1994 Domestic Return Receipt  
*W. LOU. STRAWN*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SNYDER RANCHES, INC.  
P. O. BOX 2158  
HOBBS, NM 88241

4a. Article Number  
*P552519392*

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
*1-31-97*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*LAL*

PS Form 3811, December 1994 Domestic Return Receipt  
*W. LOU. STRAWN*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARY KATHERINE GARRETT NOBLE  
613 PASEO DEL MAR NE  
ALBUQUERQUE, NM 87123

4a. Article Number

P552519395

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

2312  
1-30-97

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Mary K. Noble*

PS Form 3811, December 1994

W. L. O. STRAWN

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAVERNE W. COLBY  
1540 SYKES CREEK DRIVE  
MERRITT ISLAND, FL 32953

4a. Article Number

P552519371

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1/31/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Laverne W. Colby*

PS Form 3811, December 1994

W. L. O. STRAWN

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TEDDIE DARRELL SHELFER  
4508 SKYLARK WAY  
EL PASO, TX 79922

4a. Article Number

P552519358

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

50 JAN 1997

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Teddie D. Shelfer*

PS Form 3811, December 1994

W. L. O. STRAWN

Domestic Return Receipt

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BETTY LOUISE PIEPER  
 APARTMENT 1701  
 5200 BRITTANY DR. SOUTH  
 ST. PETERSBURG, FL 33715

4a. Article Number

P552519362

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1-31-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Betty Pieper*

PS Form 3811, December 1994

W. LOU. STRAWN

for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RUBY GIBSON CORLEY  
 2511 WILLOWICK, APT. 335  
 HOUSTON, TX 77027

4a. Article Number

P552519431

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1-31-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Ruby Gibson*

PS Form 3811, December 1994

W. LOU. STRAWN

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
 ENSERCH EXPLORATION, INC.  
 4849 GREENVILLE AVENUE  
 DALLAS, TX 75206

4a. Article Number

P552519868

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1/31/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *M. St. Andrew*

PS Form 3811, December 1994

W. LOU. STRAWN

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

ROBERT H. HANNIFIN  
P. O. BOX 218  
MIDLAND, TX 79702

4a. Article Number

P552519423

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

JAN 3 1 1997

5. Received By: (Print Name)

Robert H. Hannifin

6. Signature: (Addressee or Agent)

X Robert H. Hannifin

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 W. LOU. STRAWN

Domestic Return Receipt

Thank you for using Return Receipt Service.

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**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
REBEL OIL COMPANY  
P. O. BOX 309  
HOBBS, NM 88241

4a. Article Number

P552519422

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

1-31

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Reginald

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 W. LOU. STRAWN

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
TARA-JON CORPORATION  
6003 MEADOW VIEW LANE  
MIDLAND, TX 79707

4a. Article Number

P552519446

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

John T. Eckols

6. Signature: (Addressee or Agent)

X John T. Eckols

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 W. LOU. STRAWN

Domestic Return Receipt

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**SENDER:**

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 LAND DEPARTMENT  
 YATES PETROLEUM CORPORATION  
 ABO PETROLEUM CORPORATION  
 MYCO INDUSTRIES, INC.  
 YATES DRILLING COMPANY  
 105 S. 4TH STREET  
 ARTESIA, NM 88210

4a. Article Number  
 P552519434

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 1-30-97

5. Received By: (Print Name)  
 J. K. L. G. S.

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, December 1994 W. LOU. STRAWN Domestic Return Receipt

Thank you for using Return Receipt Service.

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**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 FIRST INTERSTATE BANK OF  
 ALBUQUERQUE, TRUSTEE OF THE  
 L. JAY ROOT ROYALTY TRUST  
 AGREEMENT DATED 4/28/83  
 P. O. BOX 2468  
 ROSWELL, NM 88202

4a. Article Number  
 P552519393

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 1-30-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, December 1994 W. LOU. STRAWN Domestic Return Receipt

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 RANDALL CAPPS, dba  
 XERIC OIL & GAS CORP.  
 P. O. BOX 352  
 MIDLAND, TX 79702

4a. Article Number  
 P552519415

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 JAN 31 1997

5. Received By: (Print Name)  
 Sheela Jorde

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, December 1994 W. LOU. STRAWN Domestic Return Receipt

Thank you for using Return Receipt Service.



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**SENDER:**

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BILLIE GARRETT LYTLE  
24466 COUNTY ROAD EAST  
CORTEZ, CO 81321

4a. Article Number  
P55259396

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
1-30-96 JY

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *Billie Lytle*

PS Form 3811, December 1994

Domestic Return Receipt

W.LOU STRAWN

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**SENDER:**

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

C. R. & ARLENE ALDERSON  
P. O. BOX 1408  
GRAND ISLAND, NE 68802

4a. Article Number  
P55259432

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
1/30/97

5. Received By: (Print Name)  
*Richard Alderson*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *Richard Alderson*

PS Form 3811, December 1994

Domestic Return Receipt

W.LOU STRAWN

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**SENDER:**

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GERALDINE ANDERSON HILL  
30357 PALO VERDE DRIVE E.  
RANCHO PALO VERDE, CA 90274

4a. Article Number  
P55259886

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
1-30-97

5. Received By: (Print Name)  
*Carmelita Gonz*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *Carmelita Gonz*

PS Form 3811, December 1994

Domestic Return Receipt

W.LOU STRAWN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
LARIO OIL & GAS COMPANY  
301 S. MARKET STREET  
WICHITA, KS 67202

4a. Article Number  
P552 519 442

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
1-30-97

5. Received By: (Print Name)  
Barbara L Davis

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X Barbara L Davis

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU. STRAWN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THE GROOMS TRUST uad 12/15/82  
P. O. BOX 2328  
ROSWELL, NM 88202

4a. Article Number  
P552 519 402

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
1-30-97

5. Received By: (Print Name)  
Larry Link

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X Larry K. Link

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU. STRAWN

Thank you for using Return Receipt Service.

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**SENDER:**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RICHARD H. POWER  
207 W. AVENUE M  
LOVINGTON, NM 88260

4a. Article Number  
P552 519 360

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
1-30-97 SM

5. Received By: (Print Name)  
Richard H Power

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X R H Power

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU. STRAWN

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
PARKER & PARSLEY PRODUCING, L.P.  
P. O. BOX 840835  
DALLAS, TX 75284

4a. Article Number  
P552519438

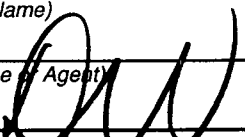
4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
JAN 17 1994

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X 

PS Form 3811, December 1994 *W. L. STRAW* Domestic Return Receipt

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**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ANITA M. MCDONALD  
1301 SUNNY HILL COURT  
BETTENDORF, IA 52722

4a. Article Number  
P552519381

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
1/31/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X 

PS Form 3811, December 1994 *W. L. STRAW* Domestic Return Receipt

Thank you for using Return Receipt Service.

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**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HARVARD STADWICK, JR.  
c/o LOIS STADWICK  
39904 SHORELINE DRIVE  
HARRISON, MI 48045

4a. Article Number  
P552519389

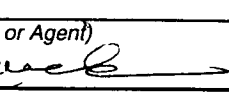
4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-1-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X 

PS Form 3811, December 1994 *W. L. STRAW* Domestic Return Receipt

Thank you for using Return Receipt Service.

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**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CHERIE WEICHEL  
6943 MELDRUM  
IRA TOWNSHIP, MI 48023

4a. Article Number  
P552519388

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X [Signature]*

PS Form 3811, December 1994 *W. LOU. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN STADWICK  
c/o LOIS STADWICK  
39904 SHORELINE DRIVE  
HARRISON, MI 48045

4a. Article Number  
P552519390

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-1-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X [Signature]*

PS Form 3811, December 1994 *W. LOU. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

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**SENDER:**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

VIERSEN & COCHRAN  
P. O. BOX 280  
OKMULGEE, OK 74447

4a. Article Number  
P552519433

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
1-31-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X [Signature]*

PS Form 3811, December 1994 *W. LOU. STRAWN* Domestic Return Receipt

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT L. BROWN  
17 WOODRUFF ROAD  
EDISON, NJ 08820-2601

4a. Article Number  
P552 519 363

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-1-97

5. Received By: (Print Name)  
Robert L. Brown

8. Addressee's Address (Only if requested and fee is paid)  
KILMER HALL

6. Signature: (Addressee or Agent)  
*X* *Robert L. Brown*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
PHILLIPS PETROLEUM COMPANY  
4001 PEMBROOK  
ODESSA, TX 79762

4a. Article Number  
P552 519 883

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
1-31-97 *gn*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X* *Chris Robert*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CLARENCE V. SHELFER  
ROUTE 1, BOX 248-A  
SAN ANTONIO, TX 78223

4a. Article Number  
P552 519 356

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-1-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X* *Clarence V. Shelfer*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BARBARA M. GALLAGHER  
44 WILLIAM STREET  
LINCOLN PARK, NJ 07035

4a. Article Number  
P552 519 378

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
11/30/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *B. Gallagher*

PS Form 3811, December 1994 *W. LOU. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARY RANDALL FREDERICKSON &  
NORAH BAKER (J/T)  
1382 VALLOMBROSA AVENUE  
CHICO, CA 95926



4a. Article Number  
P552 519 404

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
*N. Baker*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994 *W. LOU. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BRETT C. BARTON  
11904 VAIL DRIVE  
OKLAHOMA CITY, OK 73162

4a. Article Number  
P552 519 408

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
1-31-97

5. Received By: (Print Name)  
*B. Barton*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *B. Barton*

PS Form 3811, December 1994 *W. LOU. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TREVA JOYCE THOMPSON  
c/o WILLIAM H. THOMPSON  
798 HICKORY DRIVE  
ROGERS, AR 72756

4a. Article Number  
*P552519368*

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
*2-1-97*

5. Received By: (Print Name)  
*WH Thompson*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X WH Thompson*

PS Form 3811, December 1994 *W.LOU. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FAYE L. LIPSETT KLEIN  
P. O. BOX 1503  
HOBBS, NM 88241

4a. Article Number  
*P552519399*

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
*2/3*

5. Received By: (Print Name)  
*Faye L. Klein*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X Faye L. Klein*

PS Form 3811, December 1994 *W.LOU. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DOROTHY FULLER LUNDEEN  
4304 HARBOR HOUSE DR.  
TAMPA, FL 33615

4a. Article Number  
*P552519405*

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
*1-31-97*

5. Received By: (Print Name)  
*Mr. Lundeen*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X [Signature]*

PS Form 3811, December 1994 *W.LOU. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILLIAM R. CROW  
 CHARLES B. GILLESPIE, JR.  
 P. O. BOX 8  
 MIDLAND, TX 79702-0008

4a. Article Number

P552 519 869

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-3-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *William R. Crow*

PS Form 3811, December 1994

W. LOU STRAWN

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAWRENCE J. SERIGHT  
 P. O. BOX 5361  
 MIDLAND, TX 79704

4a. Article Number

P552 519 420

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-2-97 USA

5. Received By: (Print Name)

L J Seright

8. Addressee's Address (Only if requested and fee is paid)

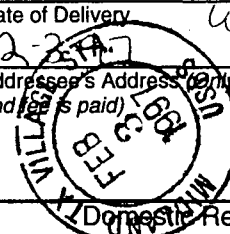
6. Signature: (Addressee or Agent)

X *L J Seright*

PS Form 3811, December 1994

W. LOU STRAWN

Domestic Return Receipt



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MONTY D. MCLAIN  
 P. O. BOX 9451  
 MIDLAND, TX 79708

4a. Article Number

P552 519 370

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-3-97

5. Received By: (Print Name)

*Monty D. McLain*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Monty D. McLain*

PS Form 3811, December 1994

W. LOU STRAWN

Domestic Return Receipt

Thank you for using Return Receipt Service.



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RUSSELL & ANN PANG  
1831 ORANGE AVENUE  
COSTA MESA, CA 92627

4a. Article Number

P552519406

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *W. LOU. STRAWN*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
CANNON EXPLORATION CO.  
3608 SCR 1184  
MIDLAND, TX 79701

4a. Article Number

P552519443

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *W. LOU. STRAWN*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
RIO PECOS CORPORATION  
4501 GREENTREE BOULEVARD  
MIDLAND, TX 79701

4a. Article Number

P552519445

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *W. LOU. STRAWN*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

JAMES DARRELL SHELFER  
665 SHELTON  
ABILENE, TX 79603

5. Received By: (Print Name)  
Sharon D. Shelfer

6. Signature: (Addressee or Agent)  
X Sharon D. Shelfer

PS Form 3811, December 1994 W. LOO. STRAWN

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P552519365

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-4-97

8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

NANCY O'CONNOR  
10756 MAIN ST. #201  
FAIRFAX, VA 22030

5. Received By: (Print Name)  
Nancy A. O'Connor

6. Signature: (Addressee or Agent)  
X Nancy A. O'Connor

PS Form 3811, December 1994 W. LOO. STRAWN

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P552519385

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-4-97

8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X Walter L. [Signature]

PS Form 3811, December 1994 W. LOO. STRAWN

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P552519440

4b. Service Type  
 Certified  
 Insured  
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

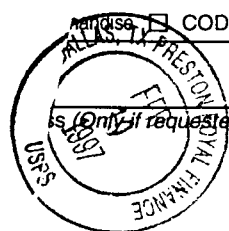
7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

Thank you for using Return Receipt Service

FARR423 757182007  
DARRINGTON, ILL WALTER L  
2780 LINDENSHIRE LN  
DALLAS TX 75229-2127  
1996 02/04/97



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 J. HIRAM MOORE, LTD.  
 310 W. WALL, SUITE 404  
 MIDLAND, TX 79701

4a. Article Number  
 P552519439

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Cindy Bennett*

PS Form 3811, December 1994 *W. L. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 PENELOPE LOUISE HOLCOMB  
 1122 READING DRIVE  
 ACWORTH, GA 30101

4a. Article Number  
 P552519369

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2/1/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Penelope Holcomb*

PS Form 3811, December 1994 *W. L. STRAWN* Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 LAND DEPARTMENT  
 VISA INDUSTRIES OF ARIZONA  
 9215 NORTH 14TH STREET  
 PHOENIX, AZ 85020

4a. Article Number  
 P552519414

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2/7/97

5. Received By: (Print Name)  
*Kyle Vacker*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Kyle Vacker*

PS Form 3811, December 1994 *W. L. STRAWN* - No fee Domestic Return Receipt

Thank you for using Return Receipt Service.

|   |  |   |  |
|---|--|---|--|
| <b>SENDER:</b><br>■ Complete items 1 and/or 2 for additional services.<br>■ Complete items 3, 4a, and 4b.<br>■ Print your name and address on the reverse of this form so that we can return this card to you.<br>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.<br>■ Write "Return Receipt Requested" on the mailpiece below the article number.<br>■ The Return Receipt will show to whom the article was delivered and the date delivered. |  | I also wish to receive the following services (for an extra fee):<br>1. <input type="checkbox"/> Addressee's Address<br>2. <input type="checkbox"/> Restricted Delivery<br>Consult postmaster for fee.  |  |
| 3. Article Addressed to:<br><br>LEWIS E. MCLAUGHLIN<br>LOIS M. MCLAUGHLIN<br>20110 MELOS COURT<br>PORT CHARLOTTE, FL 33954  |  | 4a. Article Number<br>P552519386  |  |
|   |  | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |  |
|   |  | 7. Date of Delivery<br>2/5/97   |  |
| 5. Received By: (Print Name)<br>LEWIS E. MCLAUGHLIN   |  | 8. Addressee's Address (Only if requested and fee is paid)  |  |
| 6. Signature: (Addressee or Agent)<br>X <i>Lewis E. McLaughlin</i>  |  |   |  |
| PS Form 3811, December 1994 W.L.OO.STRAWN   |  | Domestic Return Receipt   |  |

|   |  |   |  |
|---|--|---|--|
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| 3. Article Addressed to:<br><br>KELLY H. BAXTER<br>P. O. BOX 1649<br>AUSTIN, TX 78767   |  | 4a. Article Number<br>P552519382  |  |
|   |  | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |  |
|   |  | 7. Date of Delivery   |  |
| 5. Received By: (Print Name)<br>K. BAXTER   |  | 8. Addressee's Address (Only if requested and fee is paid)  |  |
| 6. Signature: (Addressee or Agent)<br>X <i>Kelly H. Baxter</i>  |  |   |  |
| PS Form 3811, December 1994 W.L.OO.STRAWN   |  | Domestic Return Receipt   |  |

|   |  |   |  |
|---|--|---|--|
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| 3. Article Addressed to:<br><br>NATIONSBANK OF TEXAS, N.A.,<br>TRUSTEE OF THE MARILYN<br>MAXWELL CHANDLER TRUST<br>#8436-00<br>P. O. BOX 830308<br>DALLAS, TX 75289-0503  |  | 4a. Article Number<br>P552519437  |  |
|   |  | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |  |
|   |  | 7. Date of Delivery<br>2/6/97   |  |
| 5. Received By: (Print Name)  |  | 8. Addressee's Address (Only if requested and fee is paid)  |  |
| 6. Signature: (Addressee or Agent)<br>X <i>M. King</i>  |  |   |  |
| PS Form 3811, December 1994 W.L.OO.STRAWN   |  | Domestic Return Receipt   |  |

Is your RETURN ADDRESS completed on the reverse side?

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Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MILTON M. KRASNE  
9821 SEWARD STREET  
OMAHA, NE 68114-1249

4a. Article Number  
P552519374

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-7-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X James Russell

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU. STRAWN

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROY G. BARTON, JR., TRUSTEE  
OF THE ROY G. BARTON, SR. &  
OPAL BARTON REVOCABLE TRUST  
P. O. BOX 978  
HOBBS, NM 88241-097

4a. Article Number  
P552519359

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-5-97

5. Received By: (Print Name)  
JOAN ISBELL

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X Joan Isbell

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU. STRAWN

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BERKELEY N. MOYNIHAN  
448 WINDSWEPT VIEW  
ASHEVILLE, NC 28801

4a. Article Number  
P552519377

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-4-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X Moynihan

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU. STRAWN

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NORMA J. CHANLEY  
P. O. BOX 729  
HOBBS, NM 88241

4a. Article Number  
P55259411

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-4-97

5. Received By: (Print Name)  
NORMA CHANLEY

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
Norma Chanley

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU STRAWN

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAVID GRAHAM MCDONALD  
5513 AURORA AVENUE, #12  
DES MOINES, IA 50310-231

4a. Article Number  
P55259380

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-4-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
Katherine L. McDonald

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU STRAWN

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELAINE G. & MILTON KRASNE  
9821 S. WARD  
OMAHA, NE 68114

4a. Article Number  
P55259401

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-7-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
James Russell

PS Form 3811, December 1994 Domestic Return Receipt

W. LOU STRAWN

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL STADWICK  
 LOIS H. STADWICK  
 ROBERT STADWICK  
 TODD STADWICK  
 39904 SHORELINE DR.  
 HARRISON, MI 48045

4a. Article Number

P552519387

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-3-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

*M. Stadwick*

PS Form 3811, December 1994

W. LOU. STRAWN

Domestic Return Receipt

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FRANCIS J. MOYNIHAN, JR.  
 135 OLD WARREN RD, RD 2  
 FREWSBURG, NY 14738

4a. Article Number

P552519376

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-1-97

5. Received By: (Print Name)

*Francis J. Moynihan Jr.*

6. Signature: (Addressee or Agent)

*X FN*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

W. LOU. STRAWN

Domestic Return Receipt

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
 HANLEY OAD, LTD., II  
 HANLEY PETROLEUM, INC.  
 415 W. WALL  
 MIDLAND, TX 79701

4a. Article Number

P552519436

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-4-97

5. Received By: (Print Name)

*Barbara Reed*

6. Signature: (Addressee or Agent)

*X*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

W. LOU. STRAWN

Domestic Return Receipt

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- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROY G. BARTON, JR., TRUSTEE OF  
THE ROY G. BARTON, SR. & OPAL  
BARTON REVOCABLE TRUST  
P. O. BOX 978  
HOBBS, NM 88240

4a. Article Number

P55259428

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-4

5. Received By: (Print Name)

J. TSBELH

6. Signature: (Addressee or Agent)

X J. Tsbell

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

W. LOU. STRAWN

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- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUZANNE M. CHAMBERS  
MARGOT S. M. CHAMBERS  
2332 S. 34TH STREET  
ABILENE, TX 79602

4a. Article Number

P552519379

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-3-97

5. Received By: (Print Name)

DAVID R. CHAMBERS

6. Signature: (Addressee or Agent)

David R. Chambers

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

W. LOU. STRAWN

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

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- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KEITH STADWICK  
c/o LOIS STADWICK  
39904 SHORELINE DRIVE  
HARRISON, MI 48045

4a. Article Number

P552519391

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-1-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X K. Stadwick

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

W. LOU. STRAWN

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HENRY W. LAWTON  
P. O. BOX 161  
PORTVILLE, NY 14770

4a. Article Number  
P552519383

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

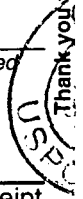
7. Date of Delivery  
2/13/97

5. Received By: (Print Name)  
HENRY W. LAWTON

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *Henry W. Lawton*

PS Form 3811, December 1994 W. LOU. STRAWN Domestic Return Receipt



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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARJORIE SMART, TRUSTEE OF THE  
MARJORIE C. SMART REVOCABLE  
TRUST DATED 5/9/90  
1238 PALISADE CIR.  
HEBER SPRINGS, AR 72543

4a. Article Number  
P552519355

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-1-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *M. Smart*

PS Form 3811, December 1994 W. LOU. STRAWN Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILBUR W. & JAMAEAH S. IRVIN  
4208 BECKLAND DR.  
FARMINGTON, NM 87402

4a. Article Number  
P552519427

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-4

5. Received By: (Print Name)  
JAMAEAH S IRVIN

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *Jamie S. Irvin*

PS Form 3811, December 1994 W. LOU. STRAWN Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOAN SERMAK  
1401 QUAIL CANYON  
SAN BERNADINO, CA 92404

4a. Article Number  
P552519384

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2/1/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *Joan Sermak*

PS Form 3811, December 1994 W.L.OO.STRAWN Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROY G. BARTON, JR., INDIVIDUALLY  
P. O. BOX 978  
HOBBS, NM 88241

4a. Article Number  
P552519410

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-4

5. Received By: (Print Name)  
J. ISBELL

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *J. Isbell*

PS Form 3811, December 1994 W.L.OO.STRAWN Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
PARALLEL PETROLEUM CORPORATION  
P. O. BOX 10587  
MIDLAND, TX 79702

4a. Article Number  
P552519421

Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

Date of Delivery  
JAN 31 1997

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X *Becky Burrell*

PS Form 3811, December 1994 W.L.OO.STRAWN Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EFFIE SHELFER  
110 E. 10TH  
COLEMAN, TX 76834

4a. Article Number

P552 519 364

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X Effie Shelfer*

PS Form 3811, December 1994

Domestic Return Receipt

W. LOU. STRAWN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROY G. BARTON, III  
P. O. BOX 572565  
HOUSTON, TX 77257

4a. Article Number

P552 519 409

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

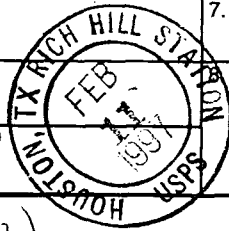
6. Signature: (Addressee or Agent)

*X Roy G. Barton*

PS Form 3811, December 1994

Domestic Return Receipt

W. LOU. STRAWN



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JANE BOWERS STONEMAN  
525 E. CHERRY LYNN ROAD  
PHOENIX, AZ 85012

4a. Article Number

P552 519 366

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

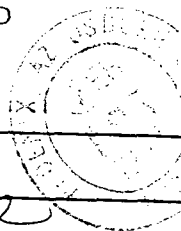
6. Signature: (Addressee or Agent)

*X Jane Stoneman*

PS Form 3811, December 1994

Domestic Return Receipt

W. LOU. STRAWN



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 PATRICK J. CESARANO  
 REVOCABLE TRUST  
 STATION 701  
 2100 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33134

4a. Article Number  
 P552519375

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2597

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt  
 W. LOU. STRAWN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 RICKIE DON THOMPSON  
 1600 W. PERSIMMON ST., #17  
 ROGERS, AR 72756-334

4a. Article Number  
 P552519367

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-13-87

5. Received By: (Print Name)  
 Rick Thompson

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt  
 W. LOU. STRAWN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 JOSEPH E. & TWILA M. GOODDING  
 LIVING TRUST  
 c/o TWILA M. GOODDING TRUSTEE  
 1009 CRESTVIEW CIRCLE  
 FARMINGTON, NM 87401

4a. Article Number  
 P552519392

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
 Twila Goodding

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt  
 W. LOU. STRAWN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LAND DEPARTMENT  
GPC OIL & GAS CORP.  
P. O. BOX 50982  
MIDLAND, TX 79710

4a. Article Number  
P552519416

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
JAN 22 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 W.L.OO. STRAWN Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GRACE STARMER  
c/o WILLIAM C. HUNTER  
P. O. BOX 1047.  
HEALDSBURG, CA 95448

4a. Article Number  
P552519400

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
G. H. STARMER

6. Signature: (Addressee or Agent)  
X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 W.L.OO. STRAWN Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THOMAS W. PETTIT  
151 W. TRINITY RD.  
GLEN ELLEN, CA 95442

4a. Article Number  
P552519398

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
1/30/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 W.L.OO. STRAWN Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side of this form? **NO**

W. L. STRAWN  
1-8-87

6. Save this receipt

- INSTRUCTIONS:**
- Complete items 1 and/or 2 for additional services.
  - Complete items 3, 4a, and 4b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILLIAM R. CROW  
5007 CANTERBURY DR.  
MIDLAND, TX 79705

4a. Article Number  
P552 519 885

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
FEB 10 1987

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X [Signature]

FEB 19 1987

W. L. STRAWN

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 LAND DEPARTMENT  
 HOLLYHOCK CORPORATION  
 3907 CRESTGATE  
 MIDLAND, TX 79707

4a. Article Number  
 P552 519 444

- 4b. Service Type
- Registered
  - Express Mail
  - Return Receipt for Merchandise
  - Certified
  - Insured
  - COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 W.L.OO. STRAWN Domestic Return Receipt

**UnitSource Incorporated!**  
 1184 Huron Street, Suite 10  
 Denver, Colorado 80234

LAND DEPARTMENT  
 HOLLYHOCK CORPORATION  
 3907 CRESTGATE  
 MIDLAND, TX 79707

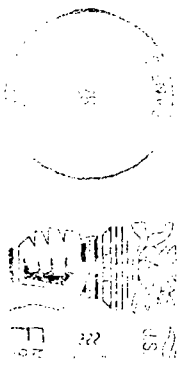


**CERTIFIED**  
 P 552 519 444  
**MAIL**

Fold at line over top of envelope to the right of the return address

**First Class M**

NAME  
 1ST NOTICE  
 2ND NOTICE  
 RETURN



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KEVIN L. & PATRICIA WIDNER  
2510 CULPEPPER  
MIDLAND, TX 79705

4a. Article Number

P552519418

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

W. JOO STRAWN

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

First Source Incorporated  
1184 Huron Street, Suite 110  
Denver, Colorado 80234

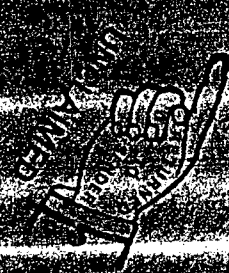
MAIL

P 552 519 418

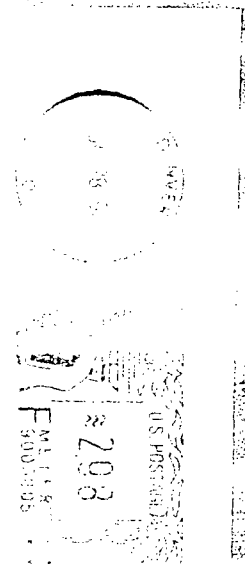
CERTIFIED

Fold at line over top of envelope to the right of the return address

KEVIN L. & PATRICIA WIDNER  
2510 CULPEPPER  
MIDLAND, TX 79705



First Class Mail





Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HEIDI C. BARTON  
502 E. YESO  
HOBBS, NM 88240

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X**

4a. Article Number  
*P552519407*

4b. Service Type

|   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 *W. LOO. STRAW* Domestic Return Receipt

hairSource Incorporated  
11841 Huron Street, Suite 110  
Denver, Colorado 80234

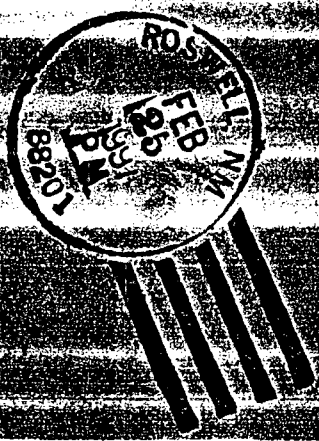
Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 552 519 407

**MAIL**

HEIDI C. BARTON  
502 E. YESO  
HOBBS, NM 88240



**First Class Mail**

