

BEFORE EXAMINER CATANACH

Oil Conservation Division

Exhibit No. 29

Case No. 10111

BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION OF
DOYLE HARTMAN FOR AMENDMENT OF
DIVISION ORDER NO. R-8170, AS
AMENDED TO ESTABLISH MINIMUM GAS
ALLOWABLES IN THE JALMAT GAS POOL,
LEA COUNTY, NEW MEXICO

CASE NO. 10111

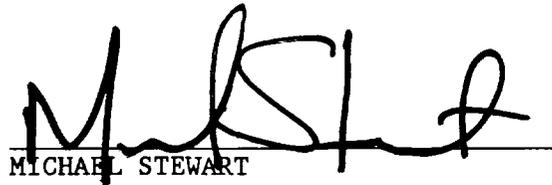
AFFIDAVIT OF COMPLIANCE WITH RULE 1207

STATE OF TEXAS)
) ss.
COUNTY OF MIDLAND)

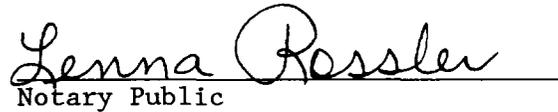
MICHAEL STEWART, authorized representative of Doyle Hartman, Oil Operator, the applicant herein, being first duly sworn upon oath states:

1. Applicant conducted a good-faith diligent effort to discover the correct address of each interested person entitled to notice in this case under Rule 1207 of the Oil Conservation Division's Rules of Procedure as listed on Exhibit A to this Affidavit;
2. As evidenced by the notice attached hereto as Exhibit A and the accompany proofs of receipt, Applicant has complied with the notice provisions of Rule 1207 of the New Mexico Oil

Conservation Division and notice has been given at the correct addresses as provided by the Rule.


MICHAEL STEWART

SUBSCRIBED AND SWORN TO before me this 13th day of November, 1990.


Notary Public

My Commission Expires:



Adobe Oil & Gas Corp.
300 W. Texas, Ste. 1100
Midland, Texas 79701-9990
Attn: H. R. Holcomb
Land Manager

Alpha Twenty One Production Co.
200 West Illinois, Ste. 200
Midland, Texas 79701
Attn: Carolyn Hartoze

Ambett Oil Co. Inc.
P. O. Drawer 1589
Hobbs, New Mexico 88240
Attn: Cecil R. Strasner

Amerada Hess Corp.
1201 Louisiana, #700
Houston, Texas 77002
Attn: J. Y. Christopher
Regional Land Manager

American Exploration Co.
NCNB Building, Ste. 2100
700 Louisiana
Houston, Texas 77002
Attn: Land Manager

Amoco Production Co.
P. O. Box 3092
Houston, TX 77253
Attention: Mr. S. A. Reinert

Anadarko Petroleum

P. O. Box 2497
Midland, Texas 79702
Attention: Mr. M. R. Goode
Division Landman

Antweil Oil Company
P. O. Box 2010
Hobbs, NM 88240
Attention: Mr. Mike O'Brien
Land Manager

Apollo Energy Corp.
8350 North Central Expressway
Dallas, Texas 75206
Attention: Mr. J. D. Guffey

Apollo Oil Corp.
1703 N. Hudson
Oklahoma City, OK 73103
Attention: Land Manager

Arch Petroleum Inc.
10 Desta Drive, Suite 420 East
Midland, Texas 79705
Attention: Mr. David Miller

ARCO Oil & Gas Co.
P. O. Box 1610
Midland, Texas 79702
Attention: Mr. J. K. Thompson,
Vice President-Central District

Mr. Sam D. Ares
P. O. Box 2306

Odessa, TX 79762

Agree Oil Co.
401 West Texas, Suite 810
Midland, Texas 79701
Attention: Mr. Richard S. Guenther,
President

David H. Arrington Oil & Gas
P. O. Box 2071
Midland, Texas 79702
Attention: Mr. David Arrington

Aztec Oil & Gas Co.
P. O. Box 3134
Wichita Falls, Texas 76309
Attention: Land Manager

Beach Exploration, Inc.
P. O. Box 3669
Midland, Texas 79702
Attention: Mr. Carl Beach
Vice President-Land

O. H. Berry
One Marienfeld Place, Suite 188
Midland, Texas 79701

Mr. W. T. Boyles
P. O. Box 57
Graham, Texas 76046

Bettis, Boyles & Stovall
P. O. Box 1240
Graham, Texas 76046
Attention: Mr. H. M. Bettis

H. M. Bettis Inc.
P. O. Box 1240
Graham, Texas 76046
Attention: Mr. H. M. Bettis

Bridge Oil Co. Ltd. Prts
12377 Merit Drive, Suite 1600
Dallas, Texas 75251
Attention: M. D. Krahenbuhl
VP Land

H. R. Bright
2911 Turtle Creek, Suite 700
Dallas, Texas 75219

Tom Brown Drilling Company, Inc.
P. O. Box 2608
Midland, Texas 79702
Attention: Mr. Charles Hedges
Vice President-Land &
General Counsel

Earl R. Bruno
P. O. Box 5456
Midland, Texas 79704
Attention: Mr. Randy Bruno

Burk Royalty Co.
1000 Petroleum Bldg., Box BRC
Wichita Falls, Texas 76307
Attention: Al Norris
Vice President-Land

Burleson & Huff
P. O. Box 2479
Midland, Texas 79702
Attention: Mr. Lewis B. Burleson

Lewis B. Burleson, Inc.
P. O. Box 2479
Midland, Texas 79702
Attention: Mr. Lewis B. Burleson

Carr Well Service, Inc.
P. O. Box 69090
Odessa, Texas 79767
Attention: Land Manager

Carter Foundation Production
P. O. Box 1036
Ft. Worth, Texas 76101
Attention: W. Pat Harris

Chevron USA Inc.
1301 McKinney Avenue
Houston, Texas 77010
Attention: D. H. Messer
Land Manager

Citation Oil & Gas Corp.
P. O. Box 100851
Houston, Texas 77212
Attention: Land Manager

Dalton H. Cobb
414 W. Texas Avenue
Midland, Texas 79701

J. R. Cone
P. O. Box 217
Lubbock, Texas 79408

Conoco, Inc.
P. O. Box 1959
Midland, Texas 79702
Attention: Land Manager

Convest Energy Corporation
2401 Fountainview, Suite 700
Houston, Texas 77057
Attention: Land Manager

Cross Timbers Production Co.
3000 North Garfield, Suite 250
Midland, Texas 79705
Attention: Larry McDonald
Division Manager

Dalport Oil Corporation
3471 First National Bank Bldg.
Dallas, Texas 75202
Attention: Land Manager

Millard Deck Estate
1st National Bank, Ft. Worth,
Trustee, Acct #4193,
Drawer 97073
Fort Worth, TX 76102

El Paso Natural Gas Company
P. O. Box 1492
El Paso, TX 79978
Attention: Land Manager

Elk Oil Co.
P. O. Box 310
Roswell, New Mexico 88202
Attention: J. J. Kelly

Energy Development Corp.
P. O. Box 100978
Houston, Texas 77212
Attention: Land Manager

Euratex Corporation
4826 Greenville Avenue
Dallas, Texas 75206
Attention: Land Manager

James L. Evans
P. O. Box 1029
Eunice, New Mexico 88231

Exxon Company USA
P. O. Box 1600
Midland, Texas 79702-1600
Attention: T. E. Alford,
Land & Regulatory Affairs

Bert Fields, Jr.
11835 Preston Road
Dallas, Texas 75230

Fina Oil and Chemical Co.
P. O. Box 2990
Midland, Texas 79702
Attention: Robert Dempsey, Land Manager

L. R. French
P. O. Box 11327
Midland, Texas 79702

General Operating Co.
P. O. Box 877
Wichita Falls, Texas 76307
Attention: Land Manager

Charles B. Gillespie, Jr.
P. O. Box 8
Midland, Texas 79702

John S. Goodrich
4000 North Big Spring, Suite 109
Midland, Texas 79705

Grace Petroleum Corp.
6501 North Broadway
Oklahoma City, OK 73116
Attention: David K. Pinson, Land Manager

Bill J. Graham Oil and Gas
P. O. Box 7037
Midland, Texas 79708
Attention: Land Manager

Great Western Drilling Co.
P. O. Box 1659
Midland, Texas 79702
Attention: P. L. Shanahan

Ernest A. Hanson
Petroleum Building
67 Riverside Drive
Roswell, New Mexico 88201
Attention: Fred Tyner, Landman

Harris & Walton
P. O. Box 187
Midland, Texas 79702

Hawkins Oil & Gas, Inc.
400 S. Boston, Suite 800
Tulsa, OK 74103
Attention: Mr. John B. Hawkins

John H. Hendrix Corp.
223 W. Wall, Suite 525
Midland, Texas 79701
Attention: Mr. Ronnie H. Westbrook

Highland Production Co.
810 N. Dixie, Suite 202
Odessa, TX 79767

T. F. Hodge
777 Taylor St.
Fort Worth, TX 76102

Hondo Oil & Gas Co.
P. O. Box 2208
Roswell, NM 88201
Attention: Mr. Gene Wentworth

JFG Enterprises

P. O. Box 100
Artesia, NM 88211-0100
Attention: Mr. J. T. Jackson, Jr.

J. G. Twenty Prop. Inc.
P. O. Box 755
Hobbs, NM 88241
Attention: Land Manager

Kaiser Francis Oil Co.
P. O. Box 84234
Dallas, Texas 75284
Attention: Land Manager

Kelt Oil & Gas Inc.
3878 Carson, Suite B-200
Torrance, CA 90503
Attention: Land Manager

Charles W. Kemp
1701 E. Highland Drive
Hobbs, NM 88241

Kern Co.
3005 N. Big Spring
Midland, Texas 79705

Kerr McGee Corp.
P. O. Box 25861

Oklahoma City, OK 73125
Attention: Land Manager

Kirby Exploration Co.
1775 St. James Place, Suite 300
Houston, Texas 77056

Lanexco Inc.
P. O. Box 2730
Midland, Texas 79702

Sidney Lanier
P. O. Box 755
Hobbs, NM 88241

Bernard B. Lankford, Jr.
P. O. Box 238
Midland, Texas 79702

Late Oil Co.
5646 Milton, Suite 800
Dallas, Texas 75206

Russell E. Leeser
1390 Ridge Road

Littleton, CO 80120

Bill C. & Linda Lewallen
Lewallen Supply
218 Main
Jal, NM 88252

C. E. Long, Jr.
P. O. Box 1943
Midland, Texas 79702

M & B Petroleum
P. O. Box 755
Hobbs, NM 88241

M K A Oil Properties
500 West Texas, Suite 1230
Midland, Texas 79701
Attention: Mr. Michael O. Kleine

Magnatex Corp.
One Marienfeld Place, Suite 405
Midland, Texas 79701
Attention: Land Manager

Maralo, Inc.
223 W. Wall, 9th Floor
Midland, Texas 79701

Attention: Land Manager

Marathon Oil Co.
P. O. Box 552
Midland, Texas 79702
Attention: Land Manager

Marabob Energy Corp.
P. O. Drawer 217
Artesia, NM 88210-0217
Attention: Land Manager

Martindale Petroleum Corp.
P. O. Box 2403
Hobbs, NM 88241-2403
Attention: Land Manager

Dallas McCasland
1000 Avenue J
Eunice, NM 88231

McCasland Disposal System
1000 Avenue J
Eunice, NM 88231

ME Tex Supply Co.
P. O. Box 2070
Hobbs, NM 88240

Meridian Oil Inc.
801 Cherry Street
Fort Worth, Texas 76102
Attention: Land Manager

Meridian Oil Production Inc.
21 Desta Drive
Midland, Texas 79701
Attention: Dennis Sledge

Mesa Oil Co., Inc.
4701 Broadway SE
Albuquerque, NM 87105
Attention: Land Manager

Mobil Oil Corp.
P. O. Box 101383
Atlanta, GA 30392-1383
Attention: Land Manager

Mobil Producing, TX & NM
P. O. Box 650232
Dallas, TX 75265-0232
Attention: Land Manager

Morexco Inc.
P. O. Box 481
Artesia, NM 88210
Attention: Land Manager

National Cooperative Refining
P. O. Box 1404
McPherson, KS 67460
Attention: Land Manager

O'Neill Properties, LTD
P. O. Box 2840
Midland, Texas 79702
Attention: Land Manager

Joseph I. O'Neill
P. O. Box 2840
Midland, Texas 79702

Oryx Energy Co.
P. O. Box 2880
Dallas, Texas 75221-2880
Attention: Land Manager for NM

Oryx Energy Company
P. O. Box 1861
Midland, Texas 79702-1861
Attention: Michael Barron
Production/Land Coordinator

Oxy USA Inc.
P. O. Box 50250
Midland, Texas 79710-5025
Attention: Land Coordinator

Pacific Ent. Oil Co., USA
P. O. Box 21338, Drawer 110
Tulsa, OK 74121-1338
Attention: Land Manager

Pacific Enterprise Royalty Company
P. O. Box 3083
Midland, Texas 79702
Attention: John E. Lodge
District Land Manager

Pan American Corp.
3211 Southland Center
Dallas, Texas 75201
Attention: Land Manager

Parker & Parsley Petroleum Co.
P. O. Drawer 3178
Midland, Texas 79702
Attention: Jack Larremore

Robert L. Parker Trust Co.
8 East Third
Tulsa, OK 74103
Attention: Land Manager

Pearson Sibert Oil Co.
901 W. Missouri Ave.
Midland, TX 79701
Attention: Land Manager

Penroc Oil Corp.
P. O. Box 5970
Hobbs, NM 88241
Attention: Land Manager

Phillips Petroleum Co.
4th and Keeler
Bartlesville, OK 74004
Attention: Land Manager for New Mexico

Ray A. Pierce
P. O. Box 1969
Eunice NM 88231

Polaris Production Corp.
1307 Midland Savings Bldg.
Midland, Texas 79702
Attention: Land Manager

C. C. Pollard
P. O. Box 1567
Fort Stockton, TX 79735

Hal J. Rasmussen Operating
Six Desta Drive, Suite 5850
Midland, Texas 79705
Attention: Land Manager

Reading & Bates Oil & Gas Co.

2412 N. Grandview
Odessa, Texas 79761
Attention: Land Manager

Cecil J. Rhodes
511 West Texas
Midland, Texas 79701

Rice Engineering & Operating, Inc.
9019 W. County Road North
Odessa, Texas 79764
Attention: Land Manager

Rodman Petroleum Corp.
P. O. Box 12250
Odessa, Texas 79768
Attention: Land Manager

Roma Oil & Gas Co.
8620 N. New Braunfels, Suite 601
San Antonio, TX 78217
Attention: Land Manager

Saba Energy Inc.
5525 N. McArthur Blvd., Suite 480
Irving, Texas 75038
Attention: Land Manager

Sage Energy
10101 Reunion Place

Suite 800
San Antonio, Texas 78216
Attention: Mr. Ronald G. Tefteller
Vice President-Land

Samedan Oil Corp.
Department 0747
Dallas, Texas 75284-0747
Attention: Land Manager

Santa Fe Energy Corp.
1616 S. Voss, Suite 300
Houston, Texas 77057
Attention: Land Manager

Santa Fe Energy Operating Partners
500 W. Illinois, Suite 500
Midland, Texas 79702
Attention: Vernon D. Dyer
District Landman

Santa Fe Exploration Co., Inc.
P. O. Box 1136
Roswell, NM 88201
Attention: Land Manager

H. F. Schiff
5307 East Mockingbird Lane, Suite 1001
Dallas, Texas 75206

Mr. Norman D. Stovall
P. O. Box 10
Graham, Texas 76046

Shell Western E&P Inc.
P. O. Box 910204
Dallas, Texas 75391
Attention: Land Manager

Sirgo Operating Inc.
214 West Texas Ave.
Midland, Texas 79701
Attention: Manny Sirgo

Smith & Marrs, Inc.
P. O. Box 863
Kermit, Texas 79745

Southland Royalty Co.
P. O. Box 910497
Dallas, Texas 75391-0497
Attention: Land Manager

Tahoe Energy Inc.
3909 W. Industrial
Midland, Texas 79703
Attention: Mr. K. A. Freeman

Tahoe Oil & Cattle Co.
3409 W. Industrial
Midland, Texas 79703
Attention: Land Manager

Tempo Energy Inc.
4000 N. Big Spring, Suite 109
Midland, Texas 79705
Attention: Land Manager

Tenneco Gas Company
P. O. Box 2511
Houston, Texas 77252-2511
Attention: Land Manager for NM

Texaco USA, Inc,
P. O. Box 526245
Houston, Texas 77052-6245
Attention: Land Manager for NM

Texaco Producing, Inc.
P. O. Box 2100
Denver, Colorado 80201
Attention: Land Manager for NM

Dwight A. Tipton
P. O. Box 1025
Lovington, NM 88260

TRES Oil Co.
4720 Taft Blvd.
Wichita Falls, Texas 76308
Attention: Land Manager

Triton Oil & Gas Corp. and
Triton Energy
1000 Two Energy Square
4849 Greenville Ave.
Dallas, TX 75206
Attention: Land Manager

Union Oil of California
Post Office Box 3100
Midland, Texas 79702
Attention: John F. Hansen

Union Texas Petroleum
P. O. Box 2120
Houston, Texas 77252-2120
Attention: L. C. Scholz
Director Land Operations

Union Texas Petroleum Inc.
4000 N. Big Spring
Midland, Texas 79705
Attention: Land Manager

V. F. Petroleum Inc.
One Marienfeld Place, Suite 580
Midland, Texas 79701
Attention: Land Manager

Warrior Inc.
P. O. Box 953
Mexia, TX 76667
Attention: Land Manager

Sol West III
c/o Michael Shearn
4120 Rio Bravo
Kogerama Bldg., Suite 305
El Paso, Texas 79902-5000

V. H. Westbrook
P. O. Box 2264
Hobbs, NM 88240

Western Drilling Co.
211 Cherokee Street
Longview, TX 75604
Attention: Land Manager

Bruce A. Wilbanks Co.
505 N. Big Spring, Suite 500
Midland, Texas 79701
Attention: Mr. Bruce Wilbanks

Wiser Oil Co.
Dept. L 454 P
Pittsburgh, PA 15264
Attention: Land Manager

Wolverine Oil & Gas Inc.
400 1st City Bank Tower
201 Main Street
Fort Worth, TX 76102
Attention: Glenn Adams,
Land Manager

Wood, McShane & Thams 69
P. O. Box 968
Monahans, TX 79756
Attention: Land Manager

X L Transportation Co.
P. O. Drawer A
Jal, NM 88252
Attention: Mr. Bill Brinstool

Zachary Oil Operating Co.
1212 Commerce Bldg.
Fort Worth, TX 76102
Attention: Land Manager

Zia Energy Inc.
Post Office Box 2219
Hobbs, NM 88240
Attention: Mr. Don Bratton

El Paso Natural Gas company
Post Office Box 1492
El Paso, Texas 79978
Attn: Gas Pipeline Dept. for NM

Northern Natural Gas Co.
2223 Dodge Street
Omaha, NE 68102
Attention: Gas Pipeline Dept. for NM

Northern Natural Gas Co.
P. O. Box 1188
Houston, Texas 77251-1188
Attention: Robert Hayes

Phillips 66 Natural Gas
4th and Keeler
Bartlesville, OK 74004
Attention: Gas Pipeline Dept. for NM

Sid Richardson Carbon & Gasoline Co.
1st City Bank Tower
201 Main St.
Ft. Worth, Texas 76102
Attention: Wayne Farley

Texaco Producing, Inc.
P. O. Box 3000
Tulsa, OK 74102
Attention: Gas Pipeline Dept. for NM

Warren Petroleum Co.
P. O. Box 1589
Tulsa, Oklahoma 74102
Attention: Gas Pipeline Department for NM

XCEL
Suite 580
6 Desta Drive
Midland, Texas 79705

560:labels

Names

"BTA Oil Producers
104 South Pecos
Midland, Texas 79701
Attention: Bob Crawford

"

"Bravo Drilling Company
P. O. Box 1083
Perryton, Texas 79070

"

"Brothers Production Co.
P. O. Box 7515
Midland, Texas 79708

"

"W. A. Chalfant
P. O. Box 3123
Midland, Texas 79702

"

"Cleary Petroleum
P. O. Box 545
Commanche, Oklahoma 73259

"

"Compass Exploration
P. O. Box 2357
Billings, Montana 59103

"

"Cornell Oil
1800 One Galleria Tower
13355 Noel Road
Dallas, Texas 75240

"

"Crown Central Petroleum Corporation
P. O. Box 1168
Baltimore, Maryland 21203

"

"Culbertson Oil Company
P. O. Box 20008

Oklahoma City, Oklahoma 73156

"

"James A. Davidson
P. O. Box 494
Midland, Texas 79702

"

"Dixilyn Corp.
P. O. Box 3427
Odessa, Texas 79761

"

"Robert N. Enfield
P. O. Box 2431
Santa Fe, New Mexico 87504-2431

"

"Enron Oil & Gas Co.
P. O. Box 2267
Midland, Texas 79702
Attention: Frank Estep

"

"Greenbrier Co.
2204 Tredington Way
Edmond, Oklahoma 73034

"

"R. F. Hannifin
P. O. Box 218
Midland, Texas 79702

"

"Hunt Energy Corporation
2400 Thanksgiving Tower
1601 Elm Street
Dallas, Texas 75201

"

"Leonard Oil
P. O. Box 400
Roswell, New Mexico 88201

"

"Marshall & Winston Inc.
3100 #6 Desta Drive
Midland, Texas 79710

"

"Mewbourne Oil Company
P. O. Box 7698
Tyler, Texas 75711

"

"W. W. Perry
P. O. Box 371
Midland, Texas 79702

"

"Petco Limited
P. O. Box 911
Breckenridge, Texas 76024-0911

"

"Pogo Petroleum
P. O. Box 2504
Houston, Texas 77252

"

"Presidio Exploration Inc.
5613 DTC Parkway #750
Englewood, Colorado 80111-3035

"

"Richmond Drilling Co.
P. O. Box 150
Midland, Texas 79702

"

"Rutter & Wilbanks Corporation
P. O. Box 3186
Midland, Texas 79702

"

"E. J. Schemerhon
320 S. Boston Avenue, #1400
Tulsa, Oklahoma 74103

"

"Topat Oil Corporation
505 N. Big Spring, Suite 204

Midland, Texas 79701-8602

"

"Williams Partnership
6 Desta Drive
3000 Claydesta Bank Building
Midland, Texas 79705
Attention: Bernie Scott

"

"Yates Petroleum Company
Yates Building
105 South 4th
Artesia, New Mexico 88210

"

P 556 000 728

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Adobe Oil & Gas Corp	
Street and No	
300 W. Texas, Suite 1100	
P.O., State and ZIP Code	
Midland, Texas 79701-9990	
Attn: H. R. Holcomb	
Postage	Land Manager \$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Adobe Oil & Gas Corp. 300 W. Texas, Suite 1100 Midland, Texas 79701-9990 Attn: H. R. Holcomb Land Manager	4. Article Number P 556 000 728
5. Signature - Addressee Signature - Agent <i>R. [Signature]</i> Date of Delivery SEP 25 1987	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
	8. Addressee's Address (ONLY if requested and fee paid)

3811, Feb 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 729

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Alpha Twenty One Prod. Co. 200 West Illinois, Ste. 200 Midland, Texas 79701 P.O., State and ZIP Code	
Attention: Carolyn Hartoze	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Alpha Twenty One Production Co 200 West Illinois, Ste. 200 Midland, Texas 79701 Attn: Carolyn Hartoze	4. Article Number P 556 000 729
5. Signature - Addressee X <i>Carolyn Hartoze</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery SEP 25 1990	

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 730

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	
Ambett Oil Co. Inc.	
Street and Drawer 1589	
Hobbs, NM 88240	
P.O. State and ZIP Code	
Attn: Cecil R. Strasner	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Ambett Oil Co. Inc. P. O. Drawer 1589 Hobbs, NM 88240 Attention: Cecil R. Strasner	4. Article Number P 556 000 730
5. Signature - Addressee X <i>Cecil R. Strasner</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9/25/90	8. Addressee's Address (ONLY if requested and fee paid)

Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 731

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Amerada Hess Corp.	
Street and No. 1201 Louisiana, #700	
City, State and ZIP Code Houston, TX 77002	
P.O. State and ZIP Code Attn: J.Y. Christopher	
Postage	Regional Land Mgr
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Amerada Hess Corp. 1201 Louisiana, #700 Houston, TX 77002 Attn: J.Y. Christopher Regional Land Mgr	4. Article Number P. 556 000 731 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>Tom Jones</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN

P 556 000 736

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Apollo Energy Corp	
Street and No. 8350 N. Central Expressway	
City, State and ZIP Code Dallas, TX 75206	
P.O. State and ZIP Code Attn: Mr. J. D. Guffey	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. Restricted Delivery
- (Extra charge)† (Extra charge)†

3. Article Addressed to: Apollo Energy Corp 8350 N. Central Expressway Dallas, TX 75206 Attention: Mr. J. D. Guffey	4. Article Number P 556 000 736
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>George B. Burns</i>	
7. Date of Delivery	

P 556 000 737

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sender Apollo Oil Corp	
Street and No. 1703 N. Hudson	
City, State and Zip Code Oklahoma City, OK 73103	
P.O. Box and Zip Code Attn: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. Restricted Delivery Insured COD Express Mail
- ↑(Extra charge)↑

3. Article Addressed to: Apollo Oil Corp. 1703 N. Hudson Oklahoma City, OK 73103 Attn: Land Manager	4. Article Number P 556 000 737
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>Barry Deslute</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>9/26/90</i>	

P 556 000 740

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to Mr. Sam D. Ares	
P.O. Box 2306 Street and No. Odessa, TX 79762	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U

P 556 000 743

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent To Aztec Oil & Gas Co.	
P. O. Box 3134	
Street and No. Wichita Falls, TX 76309	
P.O., State and ZIP Code	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Aztec Oil & Gas Co. P. O. Box 3134 Wichita Falls, TX 76309 Attention: Land Manager	4. Article Number P 556 000 743 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature -- Addressee <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature -- Agent X	
7. Date of Delivery SEP 26 1990	

P 556 000 744

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Beach Exploration Inc.	
P. O. Box 3669	
Street and No. Midland, Texas 79702	
P.O. Address Mr. Carl Beach	
V. Pres-Land	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. †(Extra charge)†
- 2. Restricted Delivery †(Extra charge)†

3. Article Addressed to: Beach Exploration, Inc. P. O. Box 3669 Midland, Texas 79702 Attention: Mr. Carl Beach V. Pres-Land	4. Article Number P 556 000 744 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Regina Simmons</i>	
7. Date of Delivery SEP 25 1990	

P 556 000 748

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to	
H. M. Bettis, Inc.	
Street and No.	
P. O. Box 1240	
P.O. State and Zip Code	
Graham, Texas 76046	
Attn: H.M. Bettis	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. †(Extra charge)†
2. Restricted Delivery †(Extra charge)†

3. Article Addressed to: H. M. Bettis, Inc. P. O. Box 1240 Graham, Texas 76046 Attn: Mr. H. M. Bettis	4. Article Number P:556 000 748 Type of Service <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>K Woolf</i>	
7. Date of Delivery SEP 26 1990	

P 556 000 751

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Tom Brown Drilling Co., Inc.	
P.O. Box 2608 Street and No. Midland, Texas 79702	
Attn: Charles Hedges VP Land & Gen. Counsel	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Tom Brown Drilling Co., Inc. P. O. Box 2608 Midland, Texas 79702 Attn: Charles Hedges VP Land & Gen. Counsel		4. Article Number P 556 000 751	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery SEP 25 1990		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 556 000 753

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Burk Royalty Co.	
1000 Petroleum Bldg., Box BRC	
Wichita Falls, TX 76307	
P.O., State and ZIP Code	
Attn: Al Norris VP Land	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. Restricted Delivery
- ↑(Extra charge)↑

3. Article Addressed to: Burk Royalty Co. 1000 Petroleum Bldg., Box BRC Wichita Falls, Texas 76307 Attn: Al Norris, VP Land		4. Article Number P 556 000 753
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X <i>Al Norris</i>		Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X		
7. Date of Delivery SEP 26 1990		

P 556 000 754

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Burleson & Huff	
P. O. Box 2479	
Midland, Texas 79702	
Attn: Mr. Lewis Burleson	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Burleson & Huff P. O. Box 2479 Midland, Texas 79702 Attn: Mr. Lewis Burleson	4. Article Number P 556 000 754 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Shirley Sutherland</i> SEP 25 1990	
7. Date of Delivery	

P 556 000 756

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Carr Well Service, Inc.	
Street and No. P.O. Box 69090	
City, State and ZIP Code Odessa, TX 79767	
Attn: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Carr Well Service, Inc. P. O. Box 69090 Odessa, Texas 79767 Atten: Land Manager	4. Article Number P 556 000 756
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Ben M... [Signature]</i>	
7. Date of Delivery 9.25.90	

P 556 000 758

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to Chevron USA Inc.	
Street and No. 1301 McKinney Ave.	
City, State, and ZIP Code Houston, Texas 77010	
Post Office and ZIP Code Attn: D. H. Messer-Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
†(Extra charge)† †(Extra charge)†

3. Article Addressed to: Chevron USA Inc. 1301 McKinney Avenue Houston, Texas 77010 Attn: D. H. Messer-Land Manager	4. Article Number P 556 000 758 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>D. Skachblech</i>	
7. Date of Delivery <i>9/27/90</i>	



P 556 000 962

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Citation Oil & Gas Corp.	
Street and No. P. O. Box 100851	
P.O. State and ZIP Code Houston, TX 77212	
Postage	\$
Attn: Land Manager	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Citation Oil & Gas Corp. P. O. Box 100851 Houston, TX 77212 Attn: Land Manager	4. Article Number P 556 000 962 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature — Address X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature — Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery OCT 9 - 1990	

P 556 000 767

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to El Paso Natural Gas Co	
Street and No. P. O. Box 1492	
City, State, and ZIP El Paso, TX 79978	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery †(Extra charge)†

<p>3. Article Addressed to:</p> <p>El Paso Natural Gas Co. P. O. Box 1492 El Paso, TX 79978 Attention: Land Manager</p>	<p>4. Article Number</p> <p>P 556 000 767</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>R [Signature]</i></p>	
<p>7. Date of Delivery</p> <p style="text-align: center; font-size: 1.2em;">SEP 26 1990</p>	

P 556 000 768

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Elk Oil Co.	
P. O. Box 310	
Street and No. Roswell, NM 88202	
Attention: J. Kelly	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
 ↑(Extra charge) ↑(Extra charge)

3. Article Addressed-to: Elk Oil Co. P. O. Box 310 Roswell, NM 88202 Attention: J.J. Kelly	4. Article Number P 556 000 768 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X <i>J. Kelly</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 9-28-90	

P 556 000 776

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to	
General Operating Co.	
Street and No. P. O. Box 877	
P.O. State and ZIP Code Wichita Falls, TX 76307	
Attention: Land Mgr	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. Restricted Delivery
 †(Extra charge)† †(Extra charge)†

3. Article Addressed to: General Operating Co. P. O. Box 877 Wichita Falls, TX 76307 Attention: Land Mgr		4. Article Number P 556 000 776	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X <i>L.P. Carr</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery 9-26-90			

P 556 000 777

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985
U.S.G.P.O. 1989-234-555

Recipient Charles B. Gillespie, Jr.	
Street and No. P. O. Box 8	
City, State and ZIP Code Midland, Texas 79702	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. Restricted Delivery
- ↑(Extra charge)↑

3. Article Addressed to: Charles B. Gillespie, Jr. P. O. Box 8 Midland, Texas 79702	4. Article Number P 556 000 777
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X Vicki Cunningham	
7. Date of Delivery 9-27-90	

P 556 000 779

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

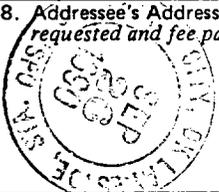
PS Form 3800, June 1985

Sent to Grace Petroleum Corp	
6501 N. Broadway	
Oklahoma City, OK 73116	
P.O. State and ZIP Code	
Attn: David K. Pinson, Land MGR	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. †(Extra charge)†
- 2. Restricted Delivery †(Extra charge)†

3. Article Addressed to: Grace Petroleum Corp 6501 N. Broadway Oklahoma City, OK 73116 Attn: David K. Pinson, Land Mgr	4. Article Number P 556 000 779
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature — Agent X <i>Pat. Burk</i>	
7. Date of Delivery	

P 556 000 781

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	
Great Western Drilling Co.	
Street and Box 1659	
Midland, Texas 79702	
State and ZIP Code	
Attention: P. L. Shanahan	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. †(Extra charge)†
2. Restricted Delivery †(Extra charge)†

3. Article Addressed to: Great Western Drilling Co. P. O. Box 1659 Midland, Texas 79702 Attention: P. L. Shanahan	4. Article Number P 556 000 781 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>P. L. Shanahan</i>	
7. Date of Delivery SEP 25 1990	

P 556 000 782

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to Ernest Hanson	
Petroleum Building	
67 Riverside Drive	
Roswell, NM 88201	
Attn: Fred Tyner, Landman	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
Ernest A. Hanson
Petroleum Building
67 Riverside Drive
Roswell, NM 88201
Attention: Fred Tyner, Landman

4. Article Number
P 556 000 782

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9/25/90

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

P 556 000 783

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Send to Harris & Walton	
P. O. Box 187 Street and No Midland, Texas 79702	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Harris & Walton P. O. Box 187 Midland, Texas 79702	4. Article Number P 556 000 783
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X 	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery SEP 25 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 785

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
Form 3800, June 1985

Sent to Hawkins Oil & Gas Inc.	
Street and No. 400 S. Boston, Suite 800 Tulsa, OK 74103	
Post Office and ZIP Code Tulsa, Oklahoma 74103	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Hawkins Oil & Gas Inc. 400 S. Boston, Suite 800 Tulsa, OK 74103 Attention: John B. Hawkins	4. Article Number P 556 000 785
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery SEP 20 1989	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 786

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to	
John H. Hendrix Corp	
223 W. Wall, Suite 525	
Midland, Texas 79701	
Attn: Ronnie Westbrook	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: John H. Hendrix Corp 223 W. Wall, Suite 525 Midland, Texas 79701 Attn: Ronnie Westbrook		4. Article Number P 556 000 786	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature - Addressee X		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent X <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 9/25/80			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 787

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Highland Production Co.	
Street and No. 810 N. Dixie, Suite 202	
City, State and ZIP Code Odessa, TX 79767	
P.O. State and ZIP Code	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Highland Production Co. 810 N. Dixie, Suite 202 Odessa, TX 79767	4. Article Number P 556 - 000 787 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Annmarie R. Manick</i>	
7. Date of Delivery 9-25-90	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 788

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1985-234-555

Form 3800, June 1985

Sent to T. F. Hodge	
Street and City 777 Taylor St. Fort Worth, TX 76102	
P.O., State and ZIP Code	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: T. F. Hodge 777 Taylor St. Fort Worth, Tx 76102	4. Article Number P 556 000 788
5. Signature - Addressee X <i>T. F. Hodge</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery 27 SEP 1985	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 789

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sender Hondo Oil & Gas Co.	
P. O. Box 2208 Street and No. Roswell, NM **201	
Recipient At Attention of: Gene Wentworth	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "P.O. Box" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to Hondo Oil & Gas Co. P. O. Box 2208 Roswell, NM 88201 Attention: Mr. Gene Wentworth	4. Article Number P 556 000 789
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>David Rodriguez</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery 9-25-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 248 449 995

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

★ U.S.G.P.O. 1985-480-794
PS Form 3800, June 1985

Sent to	
JFG Enterprises	
Street and No.	
P.O. Box 100	
P.O. State and ZIP Code	
Artesia, NM 88211-0100	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

JFG Enterprises
P.O. Box 100
Artesia, NM 88211-0100
Attention: Mr. J. T. Jackson, Jr.

4. Article Number
P 248-449-995

Type of Service:

Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
X *J. T. Jackson, Jr.*

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

6. Signature - Agent
X

7. Date of Delivery
10-4-90

P 248 449 996
 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to	
J. G. Twenty Prop. Inc.	
P. O. Box 755	
City, State and Zip Code	
Hobbs, NM 88241	
Postage	\$
Certified Fee	
General Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: J. G. Twenty Prop. Inc. P. O. Box 755 Hobbs, NM 88241 Attention: Land Manager	4. Article Number P 248-449-996
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>J. G. Twenty</i>	
7. Date of Delivery 9-25-90	

P 248 450 002

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

★ U.S.G.P.O. 1985-480-794

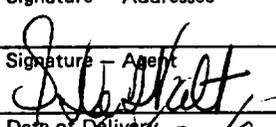
PS Form 3800, June 1985

Sent to Kirby Exploration Co. 1775 St. James Place, Suite 300	
P.O. State and ZIP Code Houston, Texas 77056	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. †(Extra charge)†
- 2. Restricted Delivery †(Extra charge)†

3. Article Addressed to: Kirby Exploration Co. 1775 St. James Place, Suite 300 Houston, Texas 77056	4. Article Number P 248 450 002
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X 	
7. Date of Delivery 11/24/90	

P 556 000 963

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Late Oil Co.	
Street and No. 5646 Milton, Suite 800	
P.O., State and ZIP Code Dallas, Texas 75206	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Late Oil Co. 5646 Milton, Suite 800 Dallas, Texas 75206	4. Article Number P 556 000 963
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Steven McKeighan</i>	
7. Date of Delivery 10-9-90	

P 556 000 822

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	Marathon Oil Co
Street and No.	P.O. Box 552
P.O., State and ZIP Code	Midland, Texas 79702
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Marathon Oil Co P.O. Box 552 Midland, Texas 79702	4. Article Number P 556 000 822 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if required and fee paid)
6. Signature - Agent <i>Sammy Edwards</i>	
7. Date of Delivery SEP 25 1990	

P 556 000 653

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to	
Martindale Petrol Corp.	
Street and No.	
P. O. Box 2403	
P.O., State and ZIP Code	
Hobbs, NM 88241-2403	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this from being returned to you. The return receipt fee will provide you the name of the person ordered to and the date of delivery. For additional fees the following services are available. Consult master for fees and check box(es) for additional service(s) requested.

Show to whom delivered, date, and addressee's address. 2. Restricted Delivery Restricted Delivery
†(Extra charge)† †(Extra charge)†

Article Addressed to: Martindale Petroleum Corp. P. O. Box 2403 Hobbs, NM 88241-2403 Attention: Land Manager	4. Article Number P 556 000 653
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
Signature - Addressee <i>Rush Hill</i>	8. Addressee's Address (ONLY if requested and fee paid)
Signature - Agent	
Date of Delivery	

SEP 26 1980

P 556 000 658

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Form 3800, June 1985

Sent to Meridian Oil Production Inc.	
Street Address 21 Desta Drive	
City, State and ZIP Code Midland, Texas 79705	
P.O. State and ZIP Code Attention: Mr. Dennis Sledge	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Meridian Oil Production Inc. 21 Desta Drive Midland, Texas 79705 Attention: Mr. Dennis Sledge	4. Article Number P 556 000 658
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>[Signature]</i>	

P 556 000 659

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Mesa Oil Co., Inc.	
Street 4701 Broadway SE	
City, State and ZIP Code Albuquerque, NM 87105	
P.O. Box and Code Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Mesa Oil Co., Inc. 4701 Broadway SE Albuquerque, NM 87105 Attention: Land Manager	4. Article Number P 556 000 659 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Bus Price</i>	
7. Date of Delivery <i>9/26/90</i>	

P 556 000 660

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Mobil Oil Corp	
Street P.O. Box 101383	
Atlanta, GA 30392-1383	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Mobil Oil Corp P. O. Box 101383 Atlanta, GA 30392-1383 Attention: Land Manager	4. Article Number P 556 000 660 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>D. Laster</i>	
7. Date of Delivery SEP 20 1990	

P 556 000 663

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to National Cooperative Refining	
Street, Apt. or No. Box 1404	
McPherson, KS 67460	
P.O., State and ZIP Code Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: National Cooperative Refining P. O. Box 1404 McPherson, KS 67460 Attention: Land Manager	4. Article Number P 556 000 663
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery SEP 26 1990	

P 556 000 665

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Joseph I. O'Neill	
Street and P.O. Box 2840 Midland, Texas 79702	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Joseph I. O'Neill P. O. Box 2840 Midland, Texas 79702	4. Article Number P 556 000 665
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery SEP 25 1990	

P 556 000 667

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

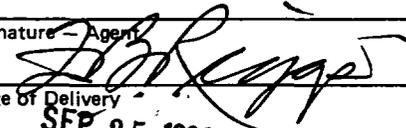
U.S.G.P.O. 1989-234-555

Sent to Oryx Energy Co.	
Post Office Box 1861	
Midland, TX 79702-1861	
R.O. State and ZIP Code Attention: Michael Barron	
Postage	Prod/Land Coord
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Oryx Energy Co. P. O. Box 1861 Midland, Texas 79702-1861 Attention: Michael Barron Production/Land Coord.	4. Article Number P 556 000 667 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X 	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery SEP 25 1990	

P 556 001 005

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1985-234-555

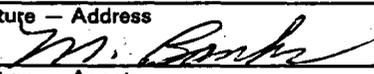
PS Form 3800, June 1985

Sent To OXY USA, Inc.	
Street and No. P. O. Box 50250	
P.O., State and ZIP Code Midland, TX 79710-5025	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: OXY USA Inc. P.O. Box 50250 Midland, Texas 79710 AttN: Rick Foppiano	4. Article Number P 556 000 908
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X 	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 9/27/90	

P 556 000 668

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

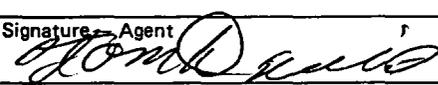
PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to Pacific Ent. Oil Co., USA	
Street and No. Box 21338, Drawer 110	
Tulsa, OK 74121-1338	
P.O., State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. ↑(Extra charge)↑
- 2. Restricted Delivery ↑(Extra charge)↑

3. Article Addressed to: Pacific Ent. Oil Co., USA P. O. Box 21338, Drawer 110 Tulsa, OK 74121-1338 Attention: Land Manager	4. Article Number P 556 000 668
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED .	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X 	
7. Date of Delivery	

P 556 000 670

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Pan American Corp.	
3211 Southland Center	
Dallas, Texas 75201	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Pan American Corp 3211 Southland Center Dallas, Texas 75201 Attention: Land Manager	4. Article Number P 556 000 670
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>M. Mc Keller</i>	
7. Date of Delivery <i>9-26-90</i>	

P 556 000 674

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1985-234-555

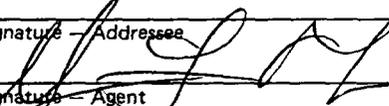
PS Form 3800, June 1985

Sent to	
Penroc Oil Corp	
Street and No. Box 5879	
Hobbs, NM 88241	
P.O. Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Item 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent a card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. †(Extra charge)†
- 2. Restricted Delivery †(Extra charge)†

3. Article Addressed to: Penroc Oil Corp P. O. Box 5879 Hobbs, NM 88241 Attention: Land Manager	4. Article Number P 556 000 674 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X 	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 9-25-90	

P 556 000 675

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Phillips Petroleum Co.	
Street and Keeler	
Bartlesville, OK 74004	
P.O. State and ZIP Code Attn: Land Manager for NM	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address. Restricted Delivery
- (Extra charge)† (Extra charge)†

3. Article Addressed to: Phillips Petroleum Co. 4th and Keeler Bartlesville, OK 74004 Attention: Land Manager for N.M.		4. Article Number P 556 000 675	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X <i>Shirley Thurman</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery SEP 26 1983			

P 556 000 681

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Cecil J. Rhodes	
Street 511 West Texas	
City, State and ZIP Code Midland, Texas 79701	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Cecil J. Rhodes 511 West Texas Midland, Texas 79701	4. Article Number P 556 000 681 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>Paul Burns</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>9/25/90</i>	

P 556 000 682

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to Rice Engineering & Optg, Inc	
Street and No. 9019 W. Co. Rd. North Odessa, TX 79764	
Post Office and Zip Code Attention: Land Mgr	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Rice Engineering & Optg, Inc. 9019 W. County Rd. North Odessa, TX 79764 Attention: Land Mgr	4. Article Number P 556 000 682
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Wendi Shultz</i>	
7. Date of Delivery 9-25-90	

P 556 000 683

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Rodman Petroleum Corp	
P. O. Box 12250	
Street and No. Odessa, TX 79768	
P.O. State and Zip Code Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Rodman Petroleum Corp P. O. Box 12250 Odessa, Texas 79768 Attention: Land Mgr	4. Article Number P 556 000 683 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address ONLY if requested (see reverse) ODESSA TEXAS 79768-0966 SEP 26 1990 USPS
6. Signature - Agent X Edna Harrington	
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 684

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to	
Roma Oil & Gas Co.	
Street and No. New Braunfels, Ste 601	
San Antonio, TX 78217	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Roma Oil & Gas Co. 8620 N. New Braunfels, Ste 601 San Antonio, TX 78217 Attention: Land Manager	4. Article Number P 556 000 684 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>3/29/90</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 685

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to	Saba Energy Inc.
Street and No.	5525 N. McArthur Blvd., Suite 480
City, State, and ZIP Code	Irving, TX 75083
Postage	Attention: Land Manager
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Saba Energy Inc. 5525 N. McArthur Blvd., Suite 480 Irving, TX 75083 Attention: Land Mgr.	4. Article Number P 556 000 685
5. Signature - Addressee X <i>Charlotte Coghlan</i>	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature - Agent	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 6-16-85	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 686

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sage Energy	
10101 Reunion Place	
Suite 800	
San Antonio, TX 78216	
Attn: Ronald G. Tefteller	
Postage	V. Pres-Land \$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Sage Energy 10101 Reunion Place Suite 800 San Antonio, TX 78216 Attention: Mr. Ronald G. Tefteller V. Pres-Land	4. Article Number P 556 000 686 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>[Signature]</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 687

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sender Samedan Oil Corp	
Street and No. Department 0747	
City, State, and ZIP Dallas, TX 75284-0747	
Attention Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Samedan Oil Corp. Depart 0747 Dallas, Texas 75284-0747 Attention: Land Mgr	4. Article Number P 556 000 687
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X 	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery SEP 25 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 688

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to Santa Fe Energy Corp.	
1616 S. Voss, Suite 300	
Houston, Tx 77057	
P.O. State and ZIP Code Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Santa Fe Energy Copr. 1616 S. Voss, Suite 300 Houston, Texas 77057 Attention: Land Mgr	4. Article Number P 556 000 688
	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>[Signature]</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 689

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to Santa Fe Energy Optg Partners	
500 W. Illinois, Suite 500	
Midland, Texas 79702	
Attention: Vern Dyer	
Postage	Dist Landman
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$.
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Santa Fe Energy Optg Partners 500 W. Illinois, Suite 500 Midland, Texas 79702 Attention: Vernon D. Dyer Dist. Landman	4. Article Number P 556 000 689
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Wanda Wade</i>	
7. Date of Delivery 9-25-90	

P 556 000 690

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Santa Fe Exploration Co., Inc.	
Street and No. P.O. Box 1136 Roswell, NM 88201	
Attention Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Santa Fe Exploration Co., Inc. P.O. Box 1136 Roswell, NM 88201 Attention: Land Mgr		4. Article Number P 556 000 690	
		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	
5. Signature - Addressee X		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Sender X		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 5/25/90			

P 556 000 691

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-565
PS Form 3800, June 1985

Sent to H. F. Schiff	
Street and No. 5307 E. Mockingbird Lane	
City, State and ZIP Code Dallas, TX 75206	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: H. F. Schiff 5307 E. Mockingbird Lane Suite 1001 Dallas, TX 75206	4. Article Number P 556 000 691
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>John Stephenson</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9-26-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 692

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Mr. Norman D. Stovall	
Street and No. Box 10 Graham, TX 76046	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
Mr. Norman D. Stovall
P. O. Box 10
Graham, TX 76046

4. Article Number
P 556 000 692

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

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

6. Signature - Agent

Norman D. Stovall

7. Date of Delivery

SEP 27 1990

P 556 000 693

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to Shell Western E&P Inc.	
Street and Box P.O. Box 910204	
City, State and ZIP Code Dallas, TX 75391	
Attention: Land Manager	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Shell Western E&P Inc. P. O. Box 910204 Dallas, TX 75391 Attention: Land Mgr	4. Article Number P 556 000 693
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature - Agent X	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
7. Date of Delivery SEP 26 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986
DOMESTIC RETURN RECEIPT

P 556 000 694

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Sirgo Operating, Inc.	
Street and No.	
214 W. Texas Ave	
City, State and ZIP Code	
Midland, Texas 79701	
Attention: Manny Sirgo	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Sirgo Operating Inc.
214 W. Texas Ave
Midland, Texas 79701
Attention: Manny Sirgo

4. Article Number

P 556 000 694

Type of Service:

Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

X

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

6. Signature - Agent

X P. Redman

7. Date of Delivery

9-25-80

[Handwritten signature]

P 556 000 695

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

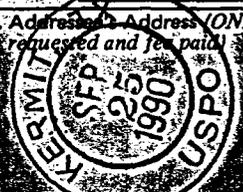
(See Reverse)

U.S.G.P.O. 1989-234-555
S Form 3800, June 1985

Smith & Marris, Inc. Sent to	
P. O. Box 863	
Kermit, TX 79745	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Smith & Marris, Inc. P. O. Box 863 Kermit, Texas 79745	4. Article Number P-556 000 695
<i>Mrs. Hazel Marris</i> 5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid) 
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 696

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to Southland Royalty Co	
Street and No Box 910497	
Dallas, TX 75391-0497	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Southland Royalty Co. P. O. Box 910497 Dallas, TX 75391-0497 Attention: Land Manager	4. Article Number P 556 000 696
5. Signature - Addressee <input checked="" type="checkbox"/> 	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent <input checked="" type="checkbox"/> 	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery SEP 26 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 697

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Tahoe Energy Inc.	
3909 W. Industrial	
Midland, Texas 79703	
P.O. State and ZIP Code Atten: Mr. K. A. Freeman	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Tahoe Energy Inc. 3909 W. Industrial Midland, Texas 79703 Attention: Mr. K. A. Freeman	4. Article Number P 556 000 697 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Kevin Deombe</i>	
7. Date of Delivery <i>7/25</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 698

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Tahoe Oil & Cattle Co.	
3409 W. Industrial	
Midland, Texas 79703	
P.O. State and ZIP Code Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Tahoe Oil & Cattle Co. 3409 W. Industrial Midland, Texas 79703 Attention: Land Manager	4. Article Number P 556 000 698
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>James Domb</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>9-29-90</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 699

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Tempo Energy Inc.	
4000 N. Big Spring, Ste 109	
Midland, Texas 79705	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Tempo Energy Inc 4000 N. Big Spring, Suite 109 Midland, Texas 79705 Attention: Land Manager	4. Article Number P 556 000 699 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 9-25-90	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 964

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

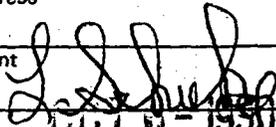
U.S.G.P.O. 1989-234-555

Sent to Tenneco Gas co.	
Street and No. P. O. Box 2511	
P.O. State and ZIP Code Houston, Texas 77252-2511	
Postage	\$
Attn: Land Manager for NM	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Tenneco Gas co. P. O. Box 2511 Houston, Texas 77252-2511 Attn: Land Manager for NM	4. Article Number P 556 000 964
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X 	
7. Date of Delivery 06/10/1988	

P 556 000 700

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to Tenneco Oil	
Street and No. P.O. Box 730089	
City, State and ZIP Code Dallas, Texas 75373-0089	
Attention: Land Manager-NM	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Tenneco Oil Co. P. O. Box 730089 Dallas, Texas 75373-0089 Attention: Land Manager for NM	4. Article Number P 556 000 700 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee <input checked="" type="checkbox"/>	Always obtain signature of addressee or agent and DATE DELIVERED .
6. Signature - Agent <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery SEP 25 1989	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 701

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to Texaco USA, Inc.	
Street and No. P.O. Box 526245	
City, State and ZIP Code Houston, Texas 77052-6245	
Attention: Land Manager-NM	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Texaco USA, Inc. P. O. Box 526245 Houston, TX 77052-6245 Attention: Land Manager - NM	4. Article Number P 556 000 701
5. Signature - Addressee X [Signature]	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature - Agent X [Signature]	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	Always obtain signature of addressee or agent before DELIVERED.

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

SAM HOUSTON TX 77052-6245 0661

P 556 000 821

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to Texaco Producing	
Street and No. P.O. Box 2100	
P.O. State and ZIP Code Denver, Colorado 80201	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Tecaco Producing P.O. Box 2100 Denver, Colorado 80201 Attn: Landman for NM	4. Article Number P 556 000 821 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>D. E. Cox</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 10-1-90	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 704

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Dwight A. Tipton	
Post Office Box 1025	
Lovington, NM 88260	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
Dwight A. Tipton
P. O. Box 1025
Lovington, NM 88260

4. Article Number
P 556 000 704

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
X *Dwight Tipton*

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

6. Signature - Agent
X

7. Date of Delivery
9-26-90

P 556 000 705

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to TRES Oil Co.	
Street 720 Taft Blvd.	
City, State and ZIP Code Wichita Falls, TX 76308	
P.O. State and ZIP Code Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: TRES Oil Co. 720 Taft Blvd. Wichita Falls, TX 76308 Attention: Land Manager	4. Article Number P 556 000 705
5. Signature of Addressee <input checked="" type="checkbox"/> [Signature]	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input checked="" type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature of Agent <input checked="" type="checkbox"/> [Signature]	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery SEP 26 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 706

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Triton Oil & Gas Corp & Triton Energy	
Street and No	
1000 Two Energy Square	
P.O. State and ZIP Code	
4849 Greenville Ave	
City	
Dallas, TX 75206	
Attention: Land Manager	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:		4. Article Number	
Triton Oil & Gas Corp & Triton Energy 1000 Two Energy Square 4849 Greenville Ave Dallas, Texas 75206 Attention: Land Manager		P 556 000 706	
5. Signature - Addressee		Type of Service:	
X		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	
6. Signature - Agent		<input type="checkbox"/> Insured <input type="checkbox"/> COD	
Date of Delivery		Always obtain signature of addressee or agent and DATE DELIVERED.	
9-26-90		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 707

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Union Texas Petroleum	
P. O. Box 2120	
Houston, Texas 77252-2120	
Attention: L. C. Scholz	
Director-Land Operations	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Union Texas Petroleum P. O. Box 2120 Houston, Texas 77252-2120 Attention: L. C. Scholz Director-Land Operations	4. Article Number P 556 000 707
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>L. C. Scholz</i>	
7. Date of Delivery 9-27-80	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 708

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Union Texas Petroleum Inc.	
4000 N. Big Spring	
Midland, Texas 79705	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Union Texas Petroleum, Inc. 4000 N. Big Spring Midland, Texas 79705 Attention: Land Manager	4. Article Number P 556 000 708
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>AS PERIOD PERIOD</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery 9-25-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 709

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to V. F. Petroleum Inc.	
Street and No. One Marienfeld Place Suite 580	
City, State and ZIP Code Midland, Texas 79701	
P.O. State and ZIP Code Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
V. F. Petroleum Inc.
One Marienfeld Place, Suite 580
Midland, Texas 79701
Attention: Land Manager

4. Article Number
P 556 000 709

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

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

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
[Signature]

P 556 000 711

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Sol West III	
c/o Michael Shearn	
4120 Rio Bravo	
Kogerama Bldg, Suite 305	
El Paso, TX 79902-5000	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Sol West III c/o Michael Shearn 4120 Rio Bravo Kogerama Bldg, Suite 305 El Paso, Texas 79902-5000	4. Article Number P 556 000 711 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X <i>Michael Shearn</i>	8. Addressee's Address (ONLY if requested and fee paid) <i>Michael Shearn</i>
6. Signature - Agent X	
7. Date of Delivery <i>9/26</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 712

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to V. H. Westbrook	
P.O. Box 2264	
Hobbs, NM 88240	
P.O., State and ZIP Code	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: V. H. Westbrook P. O. Box 2264 Hobbs, NM 88240	4. Article Number P 556 000 712
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X 	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 9-25-90	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 713

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Western Drilling Co.	
211 Cherokee Street	
Longview, TX 75604	
P.O., State and ZIP Code Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Western Drilling Co. 211 Cherokee Street Longview, TX 75604 Attention: Land Manager	4. Article Number P 556 000 713
5. Signature - Addressee <input checked="" type="checkbox"/>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent <input checked="" type="checkbox"/>	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery 9/26	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN REC

P 556 000 714

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Bruce A. Wilbanks Co.	
Street or P.O. No. 505 N. Big Spring, Ste 500	
City, State, and ZIP Code Midland, Texas 79701	
P.O. Box and ZIP Code Attention: Mr. Bruce Wilbank	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Bruce A. Wilbanks Co. 505 N. Big Spring, Suite 500 Midland, Texas 79701 Attention: Mr. Bruce Wilbanks		4. Article Number P 556-000 714	
5. Signature - Addressee <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
6. Signature - Agent <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 9-25-90		8. Addressee's Address (ONLY if requested and fee paid)	

P 556 000 715

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to Wiser Oil Co.	
Department No 454 P Pittsburgh, PA 15264	
P.O. State and ZIP Code Attention: Land Manager	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Wiser Oil Co. Dept. L 454 P Pittsburgh, PA 15264 Attention: Land Manager	4. Article Number P 556 000 715
5. Signature of Addressee <input checked="" type="checkbox"/>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature of Agent <input checked="" type="checkbox"/>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery SEP 27 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 716

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Wolverine Oil & Gas Inc
Street	400 1st City Bank Tower
	201 Main Street
P.O. State and ZIP Code	Fort Worth, TX 76102
Postage	Attention: Glenn Adams, Land Mgr
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
Wolverine Oil & Gas Inc.
400 1st City Bank Tower
201 Main Street
Fort Worth, TX 76102
Attention: Glenn Adams, Land Mgr

4. Article Number
P 556 000 716

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
X

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

6. Signature - Agent
X *Charles Wood*

7. Date of Delivery
SEP 28 1990

P 556 000 717

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to Wood, McShane & Thams 69	
Street or P.O. Box 968	
Monahans, TX 79756	
P.O. State and Zip Code Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Wood, McShane & Thams 69 P.O. Box 968 Monahans, TX 79756 Attention: Land Manager	4. Article Number P 556 000 717
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>Delia Gindoff</i>	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid) MONAHANS TX 79756 USPS

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 727

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to XCEL	
Suite 580, 6 Desta Drive Midland, Texas 79705	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: XCEL Suite 580, 6 Desta Drive Midland, Texas 79705	4. Article Number P-556 000 727
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X [Signature]	
7. Date of Delivery 6-25	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 719

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Zachary Oil Operating Co.	
Street and No.	
1212 Commerce Bldg.	
P.O., State and ZIP Code	
Fort Worth, Tx 76102	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Zachary Oil Operating Co 1212 Commerce Bldg. Fort Worth, TX 76102	4. Article Number P 556 000 719
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature of Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature of Agent <input checked="" type="checkbox"/> <i>[Signature]</i>	
7. Date of Delivery 28 SEP 1990	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 001 004

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Zia Energy	
Street and No. P. O. Box 2219	
P.O. State and ZIP Code Hobbs, NM 88240	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>Zia Energy</p> <p>P. O. Box 2219</p> <p>Hobbs, NM 88240</p>	<p>4. Article Number P556001004</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Address X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent X <i>Maisha Webb</i></p>	
<p>7. Date of Delivery <i>9-25</i></p>	

P 556 000 823

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to	
El Paso Natural Gas	
Street and No.	P.O. Box 1492
P.O., State and ZIP Code	
El Paso, TX 79978	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
El Paso Natural Gas Company
P.O. Box 1492
El Paso, Texas 79978
Attn: Land Manager

4. Article Number
P 556 000 823

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature — Addressee
X

6. Signature — Agent
X [Signature]

7. Date of Delivery
SEP 26 1990

8. Addressee's Address (ONLY if requested and fee paid)
[Signature]

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 721

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	Northern Natural Gas Co
Street	2223 Dodge St. Omaha, NE 68102
P.O. State and ZIP Code	Attention: Gas Pipeline Dept for NM
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Northern Natural Gas Co. 2223 Dodge Street Omaha, NE 68102 Attention: Gas Pipeline Dept for NM	4. Article Number P 556 000 721
5. Signature -- Addressee X <i>[Signature]</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature -- Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 10 OCT 01 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 722

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to Northern Nat. Gas Co.	
Street and No. P.O. Box 1188	
Houston, Texas 77251-1188	
P.O. State and ZIP Code Attention: Robert Hayes	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Northern Natural Gas Co. P. O. Box 1188 Houston, Texas 77251-1188 Attention: Robert Hayes	4. Article Number P 556 000 722 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>Robert Hayes</i>	
7. Date of Delivery <i>SEP 26 1990</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 723

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Phillips 66 Natural Gas 4th and Keeler Bartlesville, OK 74004 P.O. State and ZIP Code Attn: Gas Pipeline Dept-NM	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Phillips 66 Natural Gas 4th and Keeler Bartlesville, Ok 74004 Attention: Gas Pipeline Dept -NM	4. Article Number P 556 000 723
5. Signature - Addressee <i>Shirley Thomas</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent <i>Shirley Thomas</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery JUN 26 1985	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 724

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Sid Richardson Carbon & Gasoline Co.	
1st City Bank Tower 201 Main St.	
Fort Worth, TX 76102	
Attention: Wayne Farley	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Sid Richardson Carbon & Gasoline Co. 1st City Bank Tower 201 Main St. Fort Worth, TX 76102 Attention: Wayne Farley	4. Article Number P 556 000 724
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED .	

5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Wayne Farley</i>	
7. Date of Delivery 9-28-90	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 725

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Texaco Producing Inc.
Street and No.	P. O. Box 3000 Tulsa, Ok 74102
P.O. Attention	Gas Pipeline
Dept.	NM
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Texaco Producing, Inc. P. O. Box 3000 Tulsa, OK 74102 Attention: Gas Pipeline Dept for NM	4. Article Number P 556 000 725
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>Walbridge</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>9/26/90</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 726

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to Warren Petroleum Co.
Street and Box P.O. Box 1589
Tulsa, Ok 74102
State and ZIP Code
Attention: Gas Pipeline Dept
Postage for NM s
Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt showing to whom and Date Delivered
Return Receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees S
Postmark or Date

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Warren Petroleum Co. P. O. Box 1589 Tulsa, OK 74102 Attention: Gas Pipeline Dept - NM	4. Article Number P 556 000 726
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>B. Healy</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery SEP 28 1986	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 718

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to	X L Transportation Co.
Street and NO.	Drawer A
City, State, and ZIP Code	Jal, NM 88252
P.O. and ZIP Code	Attention: Mr. Bill
Postage	Brininstool
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: X L Transportation Co P. O. Drawer A Jal, NM 88252 Attention: Mr. Bill Brininstool	4. Article Number P 556 000 718
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent Shelma Richey	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9-25-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 790

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	BTA Oil Producers
Street and No.	104 South Pecos
P.O., State and ZIP Code	Midland, Texas 79701
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1. Show to whom delivered, date, and addressee's address.
- 2. Restricted Delivery.

3. Article Addressed to:
BTA Oil Producers
104 South Pecos
Midland, Texas 79701
Attn: Bob Crawford

4. Article Number
P556 000 790

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

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

6. Signature - Agent
X

7. Date of Delivery
SEP 25 1990

P 556 000 791

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Bravo Drilling Company	
Street and No. P.O. Box 1083	
P.O., State and ZIP Code Perryton, TX 79070	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Bravo Drilling Company P.O. Box 1083 Perryton, Texas 79070	4. Article Number P 556 000 791
5. Signature of Addressee X <i>[Signature]</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery SEP 26 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 792

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Brothers Production Co.	
Street and No. P.O. Box 7515	
P.O., State and ZIP Code Midland, Texas 79708	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Brothers Production P.O. Box 7515 Midland, Texas 79708	4. Article Number P 556 000 792 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Tim McLean</i>	
7. Date of Delivery 9-26-90	

P 556 000 793

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to W. A. Chalfant	
Street and P.O. Box P.O. Box 3123	
P.O., State, and ZIP Code Midland, Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

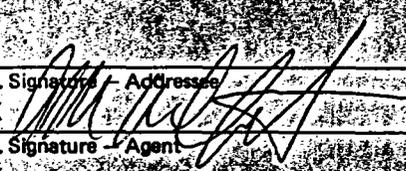
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
W.A. Chalfant
P.O. Box 3123
Midland, Texas 79702

4. Article Number
P 556 000 793

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X 

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

6. Signature - Agent
X

7. Date of Delivery
SEP 28 1990

P 556 000 794

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S. G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Cleary Petroleum	
Street and No	
P.O. Box 545	
P.O. State and ZIP Code	
Commanche, Oklahoma 73259	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U

P 556 000 795

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

Sent to	Compass Exploration
Street and No.	P.O. Box 2357
P.O., State and ZIP Code	Billings, Montana 59103
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Compass Exploration P.O. Box 2357 Billings, Montana 59103	4. Article Number P 556 000 795
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery 9-21-70	

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 796

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Cornell Oil	
Street and No 1800 Oner Galleria Tower	
P.O. State and Zip 13355 Noel Road Dallas, Texas 75240	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

**Cornell Oil
1800 One Galleria Tower
13355 Noel Road
Dallas, Texas 75240**

4. Article Number

P 556 000 796

Type of Service:

Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

9/26

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

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PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 799

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Crown Central Petr. Corp	
Street and No. P.O. Box 1168	
P.O. State and ZIP Code Baltimore, Maryland, 21203	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Crown Central Petroleum Corp P.O. Box 1168 Baltimore, Maryland, 21203	4. Article Number P 556 000 799
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X ROYAL RIDDICK #66	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery SEP 27 1990	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 798

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to Culbertson Oil Co.	
Street and No. P.O. Box 20008	
P.O., State and ZIP Code Oklahoma City OK 73156	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
Culbertson Oil Company
P.O. Box 20008
Oklahoma City, OK 73156

4. Article Number
P 556 000 798

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X N. Culbertson

6. Signature - Agent
X

7. Date of Delivery
9/28/85

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 800

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to I. A. Davidson	
Street and No.	
P.O. Box 494 Midland, Texas 79702	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: James A/ Davidson P.O. Box 494 Mi-land, Texas 79702	4. Article Number P 556 000 800
5. Signature - Addressee X	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>James L. Crocker</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery SEP 25 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811 Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 801

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Dixilyn Corp	
Street and No. P.O. Box 3427	
P.O., State and ZIP Code Odessa, Texas 79761	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Dixilyn Corp
P.O. Box 3427
Odessa, Texas 79761

4. Article Number
P 556 000 801

Type of Service:

Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

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

6. Signature - Agent
X

7. Date of Delivery
7-25-90 X. Houston

P 556 000 802

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to Robert Enfield	
Street and No. P.O. Box 2431	
P.O., State and ZIP Code Santa Fe, NM 87504	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

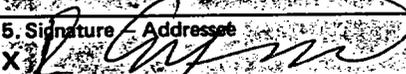
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
**Robert N. Enfield
P.O. Box 2431
Santa Fe, New Mexico 87504-2431**

4. Article Number
P 556 000 802

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X 

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

6. Signature - Agent
X

7. Date of Delivery

P 556 000 803

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to Enron Oil & Gas	
Street and No. P.O. Box 2267	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Enron Oil & Gas P.O. Box 2267 Midland, Texas 79702 Attn: Frank Estep	4. Article Number P 556 000 803
5. Signature - Addressee X <i>[Signature]</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery SEP 25 1988	8. Addressee's Address (ONLY if requested and fee paid) 11 N

Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 804

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Greenbrier Co	
Street and No 2204 Tredington Way	
P.O., State and ZIP Code Edmond, Oklahoma 73034	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
Greenbrier Co.
2204 Tredington Way
Edmond, Oklahoma 73034

4. Article Number
P 556 000 804

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Barbara S. King*

6. Signature - Agent
X

7. Date of Delivery
9.26.90

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 805

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.C. 1985-234-555

PS Form 3800, June 1985

Sent to	R.F. Hannifin
Street and No.	P.O. Box 218
P.O., State and ZIP Code	Midland, Texas 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery.	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

R.F. Hannifin
P.O. Box 218
Midland, Texas 79702

4. Article Number
P 556 000 805

Type of Service:

Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**

5. Signature - Addressee
X

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

6. Signature - Agent
X *Andrea Suthorlen*

7. Date of Delivery
SEP 25 1985

P 556 000 806

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Hunt Energy Corp
Street and No.	2400 Thanksgiving Tower
P.O. Street and P.O. Street	1601 Elm Street
	Dallas, Texas 75201
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Hunt Energy Corp 2400 Thanksgiving Tower 1601 Elm Street Dallas, Texas 75201	4. Article Number P 556 000 806 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <input checked="" type="checkbox"/> [Signature]	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> [Signature]	
7. Date of Delivery SEP 25 1990	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 807

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Leonard Oil	
Street and No. P.O. Box 400	
P.O. State and ZIP Code Roswell, NM 88201	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Leonard Oil P.O. Box 400 Roswell, New Mexico 88201		4. Article Number P 556 000 807	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <input checked="" type="checkbox"/>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <i>Bonnie Stevens</i>			
Date of Delivery 9-25-90			

P 963 183 289

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to Marshall & Winston Inc.	
Street and No. P. O. Box 50880	
P.O., State and ZIP Code Midland, Texas 79710-0880	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Marshall & Winston Inc. P. O. Box 50880 Midland, Texas 79710-0880	4. Article Number P 963 183 289
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature -- Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature -- Agent X <i>P. Waters</i>	
7. Date of Delivery 10/11	

P 556 000 809

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	Mewbourne Oil Co.
Street and No.	P.O. Box 7698
P.O., State and ZIP Code	Tyler Texas 75711
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Mewbourne Oil Company P.O. Box 7698 Tyler, Texas 75711	4. Article Number P 556 000 809
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>M. ...</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9-26-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 810

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to W.W. Perry	
Street and No. P.O. Box 371	
P.O., State and ZIP Code Midland, Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: W.W. Perry P.O. Box 371 Midland, Texas 79702	4. Article Number P 556 000 810
5. Signature - Addressee X <i>W.W. Perry</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9-25-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 811

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1988-234-555

Sent to	Petco Limited
Street and No.	P.O. Box 911
P.O., State and ZIP Code	Breckenridge, Texas 76024
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Petco Limited P.O. Box 911 Breckenridge, Texas 76024-0911	4. Article Number P 556 000 811
5. Signature - Addressee <input checked="" type="checkbox"/>	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature - Agent <i>Robert Lambert</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery SEP 26 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 812

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to POGO Petroleum	
Street and No. P.O. Box 2504	
P.O. State and ZIP Code Houston Texas 77252	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: POGO Petroleum P.O. Box 2504 Houston, Texas 77252	4. Article Number P 556 000 813
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>E. H. ...</i>	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery SEP 26 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 813

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Presidio Exploration	
Street and No. 5613 DTC Parkway #750	
P.O., State and ZIP Code Englewood, CO 80111-3035	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
Presidio Exploration Inc.
5613 DTC Parkway #750
Englewood, Colorado 80111-3035

4. Article Number
P 556 000 813

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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



P 556 000 814

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Richmond Drilling
Street and No.	P.O. Box 150
P.O., State and ZIP Code	Midland, Texas 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Richmond Drilling Co. P. O. Box 150 Midland, Texas 79702	4. Article Number P 556 000 814 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee Signature - Agent <i>[Signature]</i> Date of Delivery 9-25-90	8. Addressee's Address (ONLY if requested and fee paid)

3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 815

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Rutter & Wilbanks Corp	
Street and No. P.O. Box 3186	
P.O., State and ZIP Code Midland Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Rutter & Wilbanks P.O. Box 3186 Midland, Texas 79702	4. Article Number P 556 000 815
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery 7-25-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811 Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 816

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
E.J. Schemerhon	
Street and No.	
320 S. Bonton Aven. #1400	
P.O., State and ZIP Code	
Tulsa, OK 74103	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	



P 556 000 817

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

Sent to Topat Oil Corp	
Street and No. 505 N. Big Spring Ste 204	
P.O., State and ZIP Code Midland, Texas 79701-8602	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Topat Oil Corporation 505 N. Big Spring, Suite 204 Midland, Texas 79701-8602	4. Article Number P 556 000 817 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>W. Holly S. Clark</i>	
7. Date of Delivery 9-25-90	

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 818

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Williams Partnership	
Street and No. 6 Desta Drive	
P.O., State and ZIP Code Midland, Texas 79705	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Williams Partnership 6 Desta Drive 3000 Claydesta Bank Building Midland, Texas 79705 Attn: Bernie Scott	4. Article Number P 556 000 818
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED .	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery Feb 9-25	

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 819

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555
PS Form 3800, June 1985

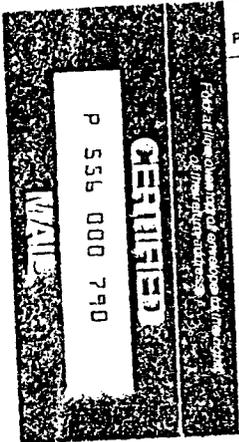
Sent to Yates Petroleum Co	
Street and No. 105 South 4th	
P.O., State and ZIP Code Artesia, NM 88210	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Yates Petroleum Co. Yates Building 105 South 4th Artesia, New Mexico 88210	4. Article Number P 556 000 819
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>M. Wee Bond</i>	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery 09-25-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

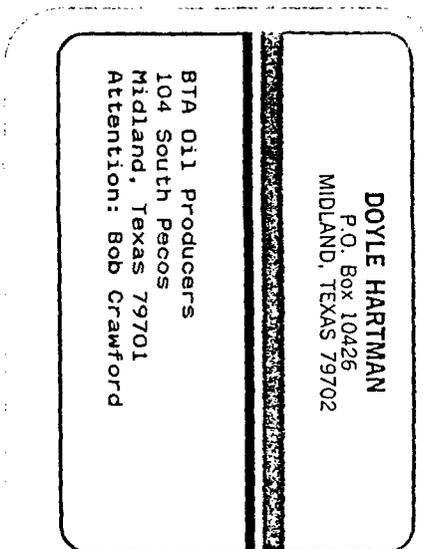


PS Form 3800, June 1985

U S G P O 1989-234-555

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	BTA Oil Producers
Street and No	104 South Pecos
P.O. State and Zip Code	Midland, Texas 79701
Postage	\$
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt (Form 3800)	
Return Receipt (Form 3800) and Date Delivered	
Return Receipt (Form 3800) and Date of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



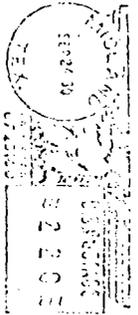
● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: BTA Oil Producers 104 South Pecos Midland, Texas 79701 Attn: Bob Crawford	4. Article Number P556 000 790 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



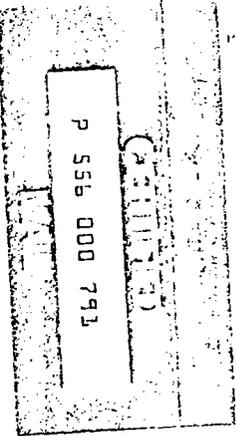
P 556 000 791

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

US GPO: 1987 294-556

PS Form 3800 June 1985

Sent to	Bravo Drilling Company
Street and No.	P.O. Box 1083
P.O. State and Zip Code	Perryton, TX 79070
Postage	\$
Certified Fee	
Special Delivery Fee	
Registered Priority Fee	
Registered Return Receipt	
Signature Required (Print name of addressee)	
POSTAL POSTAGE AND FEES	
POSTAGE IN FULL	



DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702
Bravo Drilling Company P.O. Box 1083 Perryton, Texas 79070

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

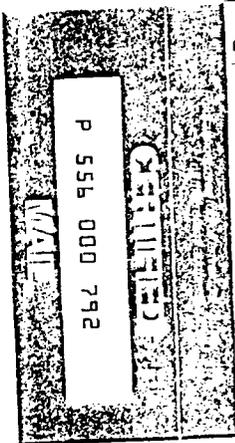
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Bravo Drilling Company P.O. Box 1083 Perryton, Texas 79070	4. Article Number P 556 000 791
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT





PS Form 3800, June 1968

U.S. POST OFFICE 1969 234-555

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
EXCEPT FOR INTERNATIONAL MAIL
(See Reverse)

P 556 000 792

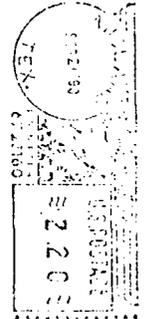
Send to: Brothers Production Co.	
Street and No.	P.O. Box 7515
P.O. Box and ZIP Code	Midland, Texas 79708
Postage	3
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Following Return to Date Delivered)	
Return Receipt (Address of Delivery)	
Total Postage and Fees	3
Postmark or Date	

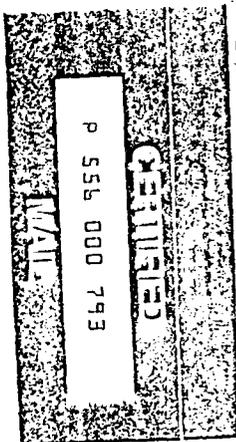
<p>DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702</p>	<p>Brothers Production Co. P.O. Box 7515 Midland, Texas 79708</p>
---	---

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Brothers Production P.O. Box 7515 Midland, Texas 79708	4. Article Number P 556 000 792 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	





PS Form 3800, June 1985

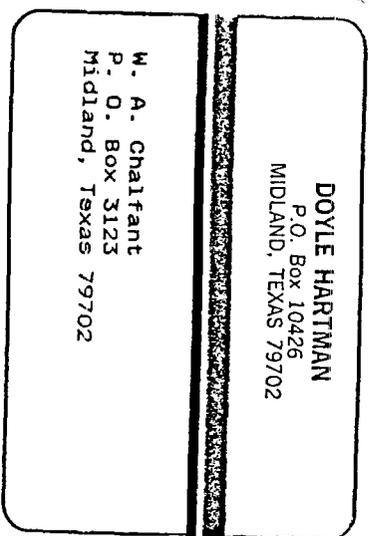
US GPO: 1989 234-555

RECEIPT FOR CERTIFIED MAIL

P 556 000 793

NO INSURANCE COVERAGE PROVIDED
FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	W. A. Chalfant	
Street and P.O. Box	P.O. Box 3123	
P.O. Station and Zip Code	Midland, Texas 79702	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing Date and Address of Delivery		
TOTAL Postage and Fees	\$	
Postmark or Date		



● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: W.A. Chalfant P.O. Box 3123 Midland, Texas 79702	4. Article Number P 556 000 793
	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured COD
5. Signature -- Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature -- Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



US GPO 1982 234-555

PS Form 3600, June 1985

RECEIPT FOR CERTIFIED MAIL
 10. INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

P 556 000 794

Sent to
 Cleary Petroleum

Street and No.
 P.O. Box 545

P.O. State and Zip Code
 Commanche, Oklahoma 73259

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Amount Received Showing to whom and by whom

Return Receipt showing to whom
 Date and Address of Delivery

OTAL Postage and Fees

Postmark or Date

MAILED
 P 556 000 794

DOYLE HARTMAN
 P.O. Box 10426
 MIDLAND, TEXAS 79702

Cleary Petroleum
 P. O. Box 545
 Commanche, Oklahoma 73259

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
 Cleary Petroleum
 P.O. Box 545
 Commanche, Oklahoma 73259

4. Article Number
 P 556 000 794

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

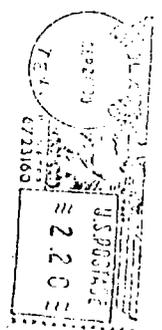
Always obtain signature of addressee or agent and **DATE DELIVERED**.

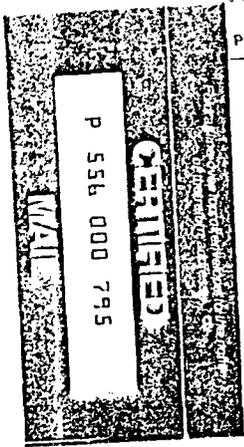
5. Signature -- Addressee
 X

6. Signature -- Agent
 X

7. Date of Delivery

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



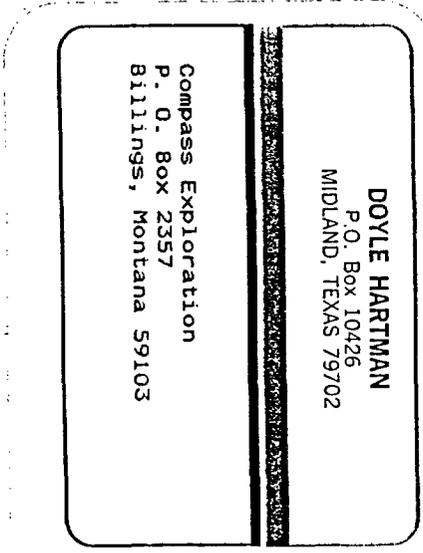


PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Compass Exploration
Street and No.	P.O. Box 2357
P.O. State and Zip Code	Billings, Montana 59103
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Agent's Signature and Date Delivery)	
Return Receipt (showing to whom Date and Address of Delivery)	
TOTAL Postage and Fees	\$
Postmark or Date	



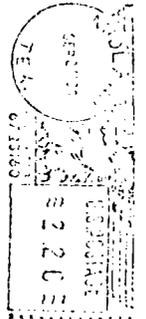
● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Compass Exploration P.O. Box 2357 Billings, Montana 59103	4. Article Number P 556 000 795 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



US G P O. 1989-234 555

PS Form 3800, June 1985

P 556 000 796

RECEIPT FOR CERTIFIED MAIL
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
(See Reverse)

Sent to	Cornell Oil
Street and No.	1800 One Galleria Tower
P O Suffix	13355 Noel Road
Postage	Dallas, Texas 75240
Certified Fee	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Showing to whom delivered, date and address of delivery)	
TOTAL Postage and Fees	\$
Postmark or Date	

CERTIFIED MAIL

P 556 000 796

DOYLE HARTMAN
P.O. Box 10426
MIDLAND, TEXAS 79702

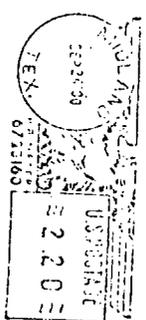
Cornell Oil
1800 One Galleria Tower
13355 Noel Road
Dallas, Texas 75240

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees for the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

<p>3. Article Addressed to:</p> <p style="text-align: center;">Cornell Oil 1800 One Galleria Tower 13355 Noel Road Dallas, Texas 75240</p>	<p>4. Article Number</p> <p style="text-align: center;">P 556 000 796</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Addressee X</p> <p>6. Signature — Agent X</p> <p>7. Date of Delivery</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**



US GPO 1989-234-555

PS Form 3800, June 1985

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

P 556 000 799

Sent to: Crown Central Petr. Corp
 Street and No.
 P.O. Box 1168
 P.O. State and ZIP Code
 Baltimore, Maryland, 21203

Postage 5

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt (Showing
 Signature of Addressee)

Return Receipt (Showing to whom
 Delivered and Address of Delivery)

TOTAL Postage and Fees

Postmark or Date

RECEIVED
 P 556 000 799
 MAIL

DOYLE HARTMAN
 P.O. Box 10426
 MIDLAND, TEXAS 79702

Crown Central Petroleum Corporation
 P. O. Box 1168
 Baltimore, Maryland 21203

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
 Crown Central Petroleum Corp
 P.O. Box 1168
 Baltimore, Maryland, 21203

4. Article Number
 P 556 000 799

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

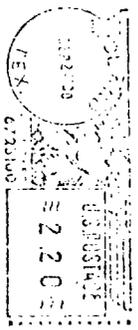
6. Signature - Agent
 X

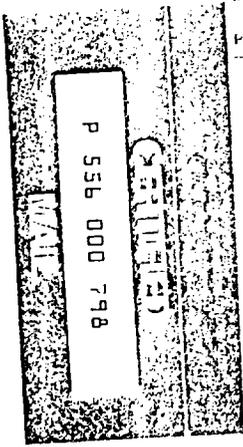
7. Date of Delivery

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT





PS Form 3600, June 1985

U.S.G.P.O. 1989-234-525

RECEIPT FOR CERTIFIED MAIL
 An optional service available
 only for international mail
 (See Reverse)

P 556 000 798

Sent to	Culbertson Oil Co.
Street and No.	P.O. Box 20008
P.O. State and Zip Code	OKLAHOMA CITY, OK 73156
Postage	3
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702	Culbertson Oil Company P.O. Box 20008 Oklahoma City, Oklahoma 73156
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● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

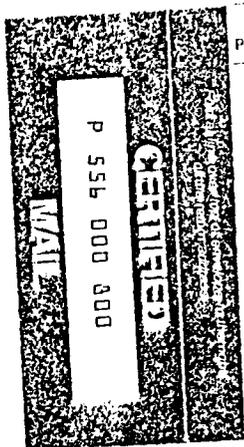
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Culbertson Oil Company P.O. Box 20008 Oklahoma City, OK 73156	4. Article Number P 556 000 798 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT





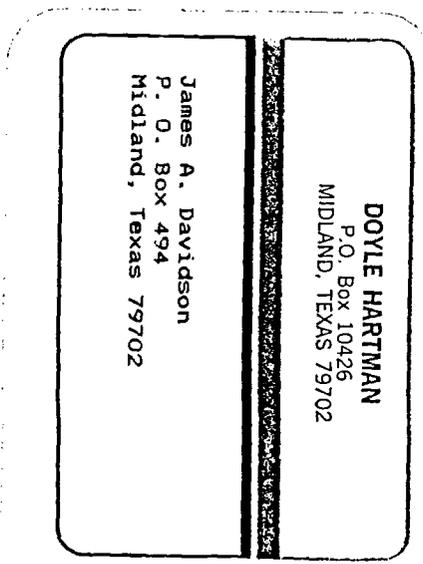
PS Form 3800, June 1985

US GPO 1983 234 555

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 FOR REGISTERED MAIL
 (See Reverse)

P 556 000 800

Sent to	Davidson
Street and No.	
P.O. Box No.	Box 494
City and State	Midland, Texas
Postage	79702
Insured Fee	
Registered Mail Fee	
Restricted Delivery Fee	
Return Receipt (showing to whom and Date Delivered)	
Return Receipt (showing to whom and Date Delivered)	
TOTAL Postage and Fees	
Postmark or Date	

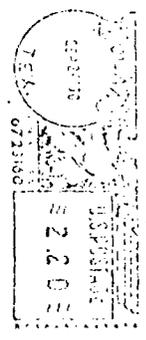


● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: James A/ Davidson P.O. Box 494 Mi-land, Texas 79702	4. Article Number P 556 000 800
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT



U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 556 000 801

Sent to Dixilyn Corp	
Street and Zip Code P.O. Box 3427	
Odessa, Texas 79761	
Postage	\$ 79761
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

CERTIFIED MAIL

P 556 000 801

Fill in lines Open top of envelope for the month of the return address.

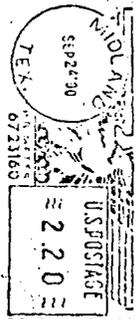
<p style="text-align: center;">DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702</p>	<p style="text-align: center;">DIXILYN CORP. P.O. Box 3427 Odessa, Texas 79761</p>
---	---

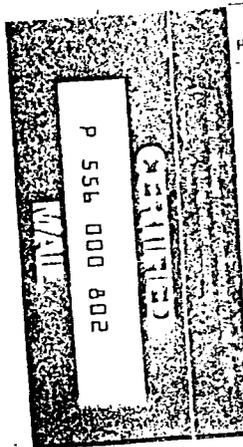
SENDER: Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Dixilyn Corp P.O. Box 3427 Odessa, Texas 79761	4. Article Number P 556 000 801
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT





PS Form 3800 June 1985

US GPO 1989 234-555

Sent to	Robert Enfield
Street and No.	P.O. Box 2431
P.O. State and Zip Code	Santa Fe, NM 87504
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Form 3800) Payment to whom	
Return Receipt (Form 3800) Payment to whom	
POSTAGE AND FEES PAID	
Postmark or Date	

RECEIPT FOR CERTIFIED MAIL
 TO INSURE CONTENTS PAID FOR
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

P 556 000 802

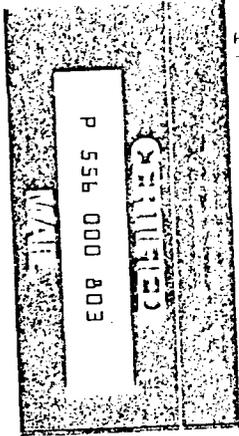
DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702	Robert N. Enfield P.O. Box 2431 Santa Fe, New Mexico 87504-2431
---	---

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Robert N. Enfield P.O. Box 2431 Santa Fe, New Mexico 87504-2431	4. Article Number P 556 000 802 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	





PS Form 3800, June 1985

U.S. G.P.O. 1589-234-555

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Enron Oil & Gas
Street and No.	P.O. Box 2267
P.O. State and Zip Code	Midland, Texas 79702
Postage	\$
Certified Fee	\$
Special Delivery Fee	\$
Restricted Delivery Fee	\$
Return Receipt showing to whom Date and Address of Delivery	\$
TOTAL Postage and Fees	\$
Postmark or Date	

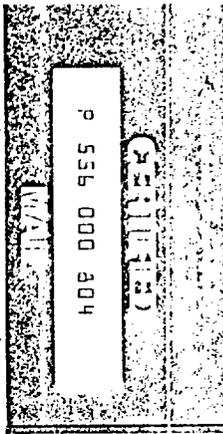
DOYLE HARTMAN
 P.O. Box 10426
 MIDLAND, TEXAS 79702

Enron Oil & Gas Co.
 P. O. Box 2267
 Midland, Texas 79702
 Attention: Frank Estep

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Enron Oil & Gas P.O. Box 2267 Midland, Texas 79702 Attn: Frank Estep	4. Article Number P 556 000 803 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED .
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	





PS Form 3800 June 1985 U.S.G.P.O. 1985 234 555

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED FOR INTERNATIONAL MAIL
(See Reverse)

P 556 000 804

Sent to	Greenbrier Co.
Street and ZIP Code	2204 Tredington Way Edmond, Oklahoma 73034
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Signature Required (Required for Registered Mail, Certified Mail, Registered Mail, Restricted Delivery, and Return Receipt for Merchandise)	
Postmark or City	

DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702	Greenbrier Co. 2204 Tredington Way Edmond, Oklahoma 73034
--	--

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Greenbrier Co. 2204 Tredington Way Edmond, Oklahoma 73034	4. Article Number P 556 000 804
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	



PS Form 3800, June 1985

U.S.G.P.O. 1985-234-555

P 556 000 605

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	R. F. Hannifin
Street and No.	P.O. Box 218
P.O. State and ZIP Code	Midland, Texas 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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

CERTIFIED

P 556 000 605

MAIL

DOYLE HARTMAN
P.O. Box 10426
MIDLAND, TEXAS 79702

R. F. Hannifin
P. O. Box 218
Midland, Texas 79702

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: R. F. Hannifin
P. O. Box 218
Midland, Texas 79702

4. Article Number: P 556 000 805

Type of Service:
 Registered
 Certified
 Insured
 Express Mail
 COD

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee: _____
 6. Signature - Agent: _____
 X
 7. Date of Delivery: _____

8. Addressee's Address (ONLY if requested and fee paid): _____

P 556 000 806

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Hunt Energy Corp
Street and No	2400 Thanksgiving Tower
P.O. Street	1601 Elm Street
Postage	Dallas, Texas 75201
Certified Fee	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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

CERTIFIED

P 556 000 806

MAIL

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Hunt Energy Corp
2400 Thanksgiving Tower
1601 Elm Street
Dallas, Texas 75201

4. Article Number: P 556 000 806

Type of Service: Registered Insured Certified Express Mail COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee:
8. Addressee's Address (ONLY if requested and fee paid):

6. Signature - Agent:
7. Date of Delivery: _____



P 556 000 807

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Leonard Oil
Street and No.	Box 400
P.O. State and ZIP Code	Roswell, NM 88201
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985 U.S.G.P.O. 1989-224-555

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

CERTIFIED

P 556 000 807

MAIL

DOYLE HARTMAN
P.O. Box 10426
MIDLAND, TEXAS 79702

Leonard Oil
P. O. Box 400
Roswell, New Mexico 88201

PS Form 3811, Feb. 1986

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Leonard Oil
P.O. Box 400
Roswell, New Mexico 88201

4. Article Number: P 556 000 807

Type of Service: Registered Certified Insured COD Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee 6. Signature - Agent 7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

P 963 183 289

RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

(See Reverse)

Sent to	Marshall & Winston Inc.
Street	P. O. Box 50880
P.O. State and ZIP Code	Midland, Texas 79710-0880
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

CERTIFIED

P 963 183 289

MAIL

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Marshall & Winston Inc.
P. O. Box 50880
Midland, Texas 79710-0880

Always obtain signature of addressee or agent and DATE DELIVERED.

4. Article Number: P 963 183 289

Type of Service:
 Insured
 Registered
 Certified
 Express Mail
 Return Receipt for Merchandise

5. Signature - Address
 Signature - Agent
 Date of Delivery

6. Addressee's Address (ONLY if requested and fee paid)

7. Date of Delivery

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



P 556 000 809
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Mexbourne Oil Co.
Street and No.	P.O. Box 7698
P.O. State and ZIP Code	Tyler, Texas 75711
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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

CERTIFIED

P 556 000 809

MAIL

PS Form 3800, June 1985
 U.S.G.P.O. 1989-234-555

PS Form 3811, Feb. 1986
DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Mexbourne Oil Company
 P.O. Box 7698
 Tyler, Texas 75711

4. Article Number: P 556 000 809

5. Signature - Addressee: Insured
 Registered
 Certified
 COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

6. Signature - Addressee: Agent
 Addressee (Address ONLY if requested and fee paid)

7. Date of Delivery: _____

DOYLE HARTMAN
 P.O. Box 10426
 MIDLAND, TEXAS 79702

Mexbourne Oil Company
 P.O. Box 7698
 Tyler, Texas 75711



P 556 000 810

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	W.M. Perry
Street and No.	P.O. Box 371
P.O. State and ZIP Code	Midland, Texas 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U.S. G.P.O. 1989-234-555

PS Form 3800, June 1985

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

CERTIFIED

P 556 000 810

MAIL

DOYLE HARTMAN
P.O. Box 10426
MIDLAND, TEXAS 79702

W. W. Perry
P. O. Box 371
Midland, Texas 79702

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: W.M. Perry
P.O. Box 371
Midland, Texas 79702

4. Article Number: P 556 000 810

Type of Service: Registered Insured COD Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: X

B. Addressee's Address (ONLY if requested and fee paid)





PS Form 3811, Feb. 1986

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes (for additional services) requested.

1. Show to whom delivered, date, and addressee's address.
 2. Restricted Delivery.

3. Article Addressed to:
 Petco Limited
 P.O. Box 911
 Breckenridge, Texas 76024-0911

4. Article Number
 P 556 000 811

Type of Service:
 Registered
 Certified
 Insured
 COD

Express Mail
 Certified
 Insured

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery

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

PS Form 3811, Feb. 1986

DOYLE HARTMAN
 P.O. Box 10426
 MIDLAND, TEXAS 79702

Petco Limited
 P. O. Box 911
 Breckenridge, Texas 76024-0911

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

P 556 000 811

Sent to: Petco Limited
 Street #/No: Box 911
 P.O. State and Zip Code
 Breckenridge, Texas 76024

Postage 5

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

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

CERTIFIED

P 556 000 811

MAIL



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 556 000 812

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to	POGO Petroleum
Street and No.	P.O. Box 2504
P.O. State and ZIP Code	HOUSTON, TEXAS 77252
Postage	\$ 77252
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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

CERTIFIED

P 556 000 812

MAIL

DOYLE HARTMAN
P.O. Box 10426
MIDLAND, TEXAS 79702

Pogo Petroleum
P. O. Box 2504
Houston, Texas 77252

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: POGO Petroleum
P.O. Box 2504
Houston, Texas 77252

4. Article Number: P 556 000 812
Type of Service: Registered Insured Certified Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signatures - Addressee: X
6. Signatures - Agent: X
7. Date of Delivery: X

8. Addressee's Address (ONLY if requested and fee paid):



P 556 000 813

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

Sent to: Presidio Exploration	
Street and No.	5613 DTC Parkway #750
P.O. State and ZIP Code	Englewood, CO 80111-3035
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Fold all line over top of envelope to the right of the return address.

CERTIFIED

P 556 000 813

MAIL

DOYLE HARTMAN
 P.O. Box 10426
 MIDLAND, TEXAS 79702

Presidio Exploration Inc.
 5613 DTC Parkway #750
 Englewood, Colorado 80111-3035

PS Form 3811, Feb. 1986

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address.
 2. Restricted Delivery.

3. Article Addressed to:
 Presidio Exploration Inc.
 5613 DTC Parkway #750
 Englewood, Colorado 80111-3035

4. Article Number P 556 000 813

Type of Service:
 Registered
 Insured
 COD
 Certified
 Express Mail

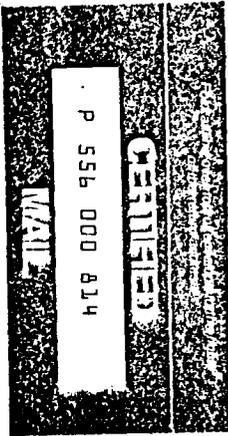
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X
 6. Signature - Agent
 X
 7. Date of Delivery

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



PS Form 3600, June 1985

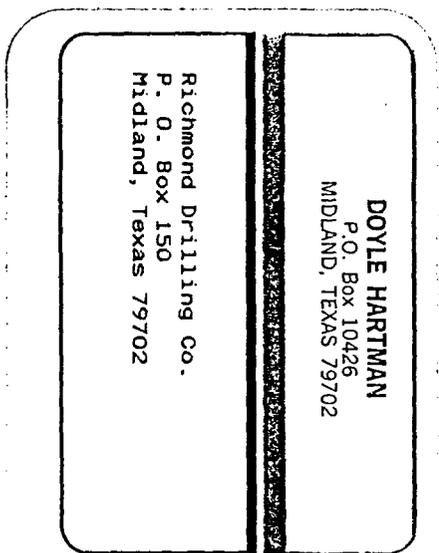
US GPO 1549-231-555

RECEIPT FOR CERTIFIED MAIL

P 556 000 814

NO RETURN RECEIPT PROVIDED FOR REGISTERED MAIL (See Reverse)

Sent to	Richmond Drilling
Street	P.O. Box 150
P.O. State and Zip Code	Midland, Texas 79702
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (request to whom and Date Delivered)	
Return Receipt (shown to whom Date and Address of Delivery)	
TOTAL Postage and Fees	
Postmark or Date	



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Richmond Drilling Co. P.O. Box 150 Midland, Texas 79702		4. Article Number P 556 000 814	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X			
7. Date of Delivery			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



US G P O. 1589-234-555

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
FOR AIR INTERNATIONAL MAIL
(See Reverse)

P 556 000 815

Sent to Rutter & Wilbanks Corp	
Street and No. P. O. Box 3186	
P. O. State and Zip Code Midland Texas 79702	
Postage	5
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt (showing to whom and Date Delivered)	
Return Receipt (showing to whom Date and Address of Delivery)	
Total Postage and Fees	5
Postmark or Date	

CERTIFIED

P 556 000 815

<p style="text-align: center;">DOYLE HARTMAN P. O. Box 10426 MIDLAND, TEXAS 79702</p>	<p style="text-align: center;">Rutter & Wilbanks Corporation P. O. Box 3186 Midland, Texas 79702</p>
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● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

<p>3. Article Addressed to:</p> <p style="text-align: center;">Rutter & Wilbanks P.O. Box 3186 Midland, Texas 79702</p>	<p>4. Article Number P 556 000 815</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Addressee X</p>	<p>B. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>
<p>6. Signature — Agent X</p>	
<p>7. Date of Delivery</p>	



PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fees will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

1. Show to whom delivered, date, and addressee's address. Restricted Delivery.

2. Registered Mail Insured COD Express Mail

3. Article Addressed to: E. J. Schemerthon, 320 S. Boston Avenue, #1400, Tulsa, OK 74103

4. Article Number: P 556 000 816

5. Signature - Addressee: Always obtain signature of addressee or agent and DATE DELIVERED.

6. Signature - Agent: Signature - Addressee:

7. Date of Delivery: _____

DOYLE HARTMAN
P.O. Box 10426
MIDLAND, TEXAS 79702

E. J. Schemerthon
320 S. Boston Avenue, #1400
Tulsa, Oklahoma 74103

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 556 000 816

Sent to: E. J. Schemerthon
Street and No. 320 S. Boston Avenue, #1400
P.O. State and Zip Code Tulsa, OK 74103

Postage \$

Certified Fee \$

Special Delivery Fee \$

Restricted Delivery Fee \$

Return Receipt showing to whom and Date Delivered \$

Return Receipt showing to whom, Date, and Address of Delivery \$

TOTAL Postage and Fees \$

Postmark or Date

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

CERTIFIED MAIL

P 556 000 816





P 55b 000 817

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to	Topat Oil Corp
Street and No.	505 N. Big Spring Ste 204
P.O. State and ZIP Code	Midland, Texas 79701-8602
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Fold all the way over top of envelope to the right of the return address

CERTIFIED

P 55b 000 817

MAIL

DOYLE HARTMAN
 P.O. Box 10426
 MIDLAND, TEXAS 79702

Topat Oil Corporation
 505 N. Big Spring, Suite 204
 Midland, Texas 79701-8602

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:
 Topat Oil Corporation
 505 N. Big Spring, Suite 204
 Midland, Texas 79701-8602

4. Article Number: P 556 000 817

5. Signature - Agent: X

6. Signature - Addressee: X

7. Date of Delivery: X

8. Addressee's Address (ONLY if requested and fee paid):

Always obtain signature of addressee or agent and DATE DELIVERED.

Type of Service: Registered Certified Insured COD Express Mail

PS Form 3811, Feb. 1986

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees for the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Williams Partnership
3000 Claydesta Bank Building
6 Desta Drive
Midland, Texas 79705
Attn: Bernie Scott

4. Article Number: P 556 000 818

Type of Service: Registered Insured COD Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: _____
6. Signature - Agent: _____

7. Date of Delivery: _____

8. Addressee's Address (ONLY if requested and fee paid): _____

DOMESTIC RETURN RECEIPT

DOYLE HARTMAN
P.O. Box 10426
MIDLAND, TEXAS 79702

Williams Partnership
6 Desta Drive
3000 Claydesta Bank Building
Midland, Texas 79705
Attention: Bernie Scott

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 556 000 818

Sent to	Williams Partnership
Sheet and No.	6 Desta Drive
P.O., State and ZIP Code	Midland, Texas 79705
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom, Date, and Address of Delivery	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Foot at line overlap of envelope to the right of the return address

CERTIFIED

P 556 000 818

MAIL

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Yates Petroleum Co. Yates Building 105 South 4th Artesia, New Mexico 88210	4. Article Number P 556 000 819
5. Signature — Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature — Agent X	Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702	Yates Petroleum Company Yates Building 105 South 4th Artesia, New Mexico 88210
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PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

P 556 000 819

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Yates Petroleum Co
Street and No.	105 South 4th
P.O. State and ZIP Code	Artesia, NM 88210
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt, showing to whom and Date Delivered	
Return Receipt, showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Find all line over top of envelope to the right of the return address

CERTIFIED

P 556 000 819

MAIL

