

Case No. 11,141
Exhibit No. 2
Submitted by Marathon
November 10, 1994

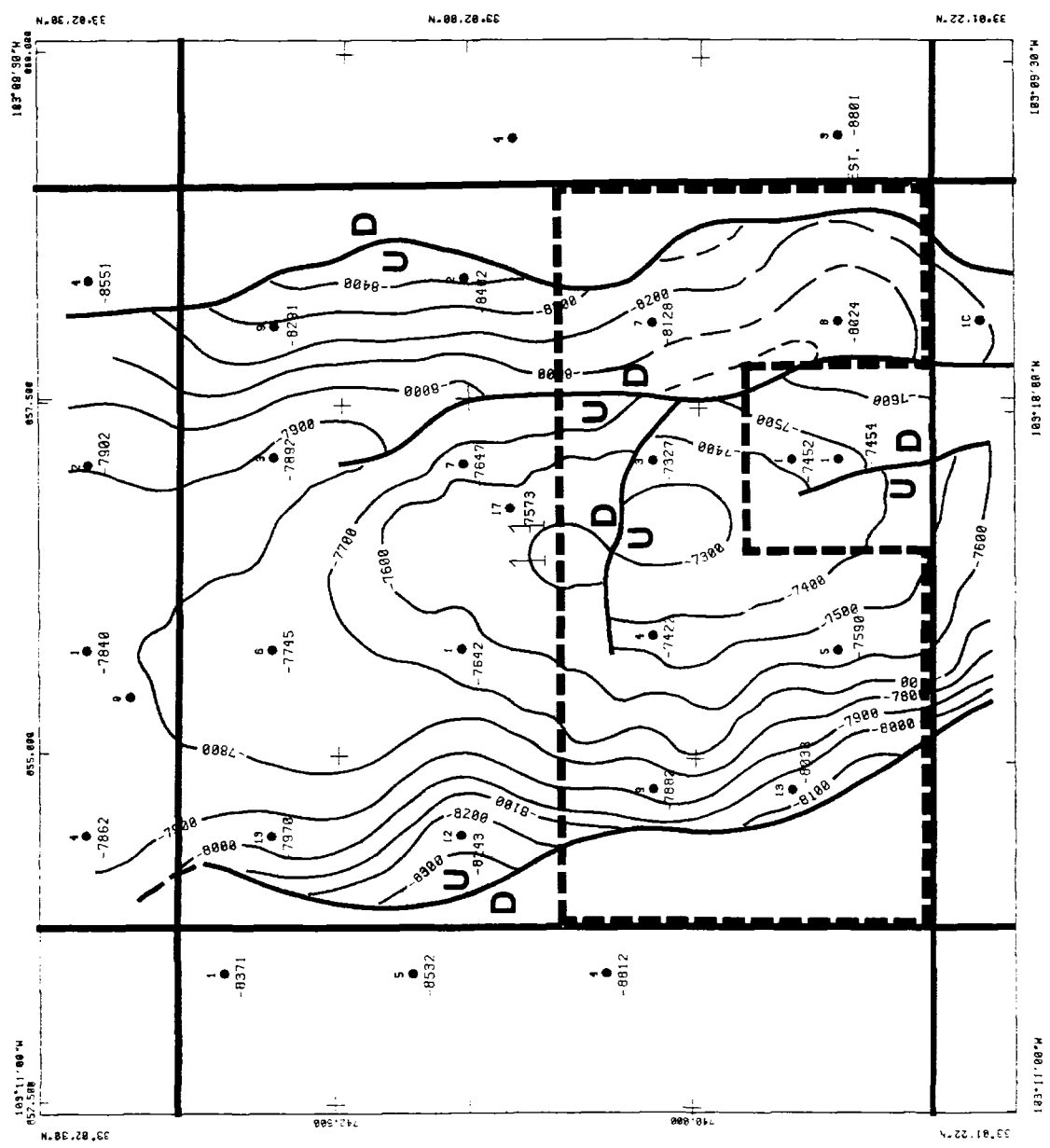
PROJECTION PARAMETERS
 MAP PROJECTION 1 TRANSVERSE MERCATOR
 NEW MEXICO - EAST
 SPHEROID: CLARKE 1866
 CENTRAL MERIDIAN = 104 29°W
 X ORIGIN = 500,000 FT. AT C.M.
 Y ORIGIN = 0 FT. AT 31° 0'N



MARATHON OIL COMPANY

DENTON FIELD AREA
LEA COUNTY, NEW MEXICO
STRUCTURE MAP FROM SEISMIC
TOP OF DEVONIAN

D. REBENSTORF				C.I. = 100'
DATE	REGION/AREA	STATE/NATION	MAP NO.	
20-JAN-94	MID-CONT	NEW MEXICO	DENTON, MFD	



SOUTHWEST

A

MOC
DENTON
NO. 5

NEUTRON

TOP OF DEVONIAN

PROPOSED HORIZONTAL WELL
Slope 845°, N 30° E

"TIGHT"
CAP

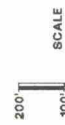
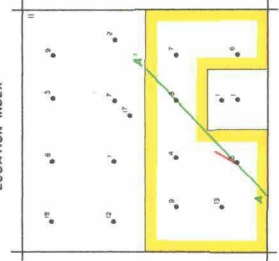
TOP OF CURRENT
PERFORATIONS
MOC DENTON #3

T.D.

PRODUCTION TO DATE
2,870,884 BO
2,870,884 BO
AS OF 12/93
DAILY PRODUCTION
287 BOPD
277 MCFD
1755 SWD
AS OF 2/12/94

PRODUCTION TO DATE
148,877 BO
451,668 M/G
AS OF 9/93
INACTIVE

LOCATION INDEX



BEFORE THE OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

CASE NO. 11,141
EXHIBIT NO. 5
SUBMITTED BY: MARATHON OIL COMPANY
MARCH 3, 1994

NORTHEAST

A'

SUBSEA
DEPTH

-7200

-7300

-7400

-7500

-7600

-7700

-7800

-7900

-8000

-8100

-8200

-8300

-8400

-8500

-8600

-8700

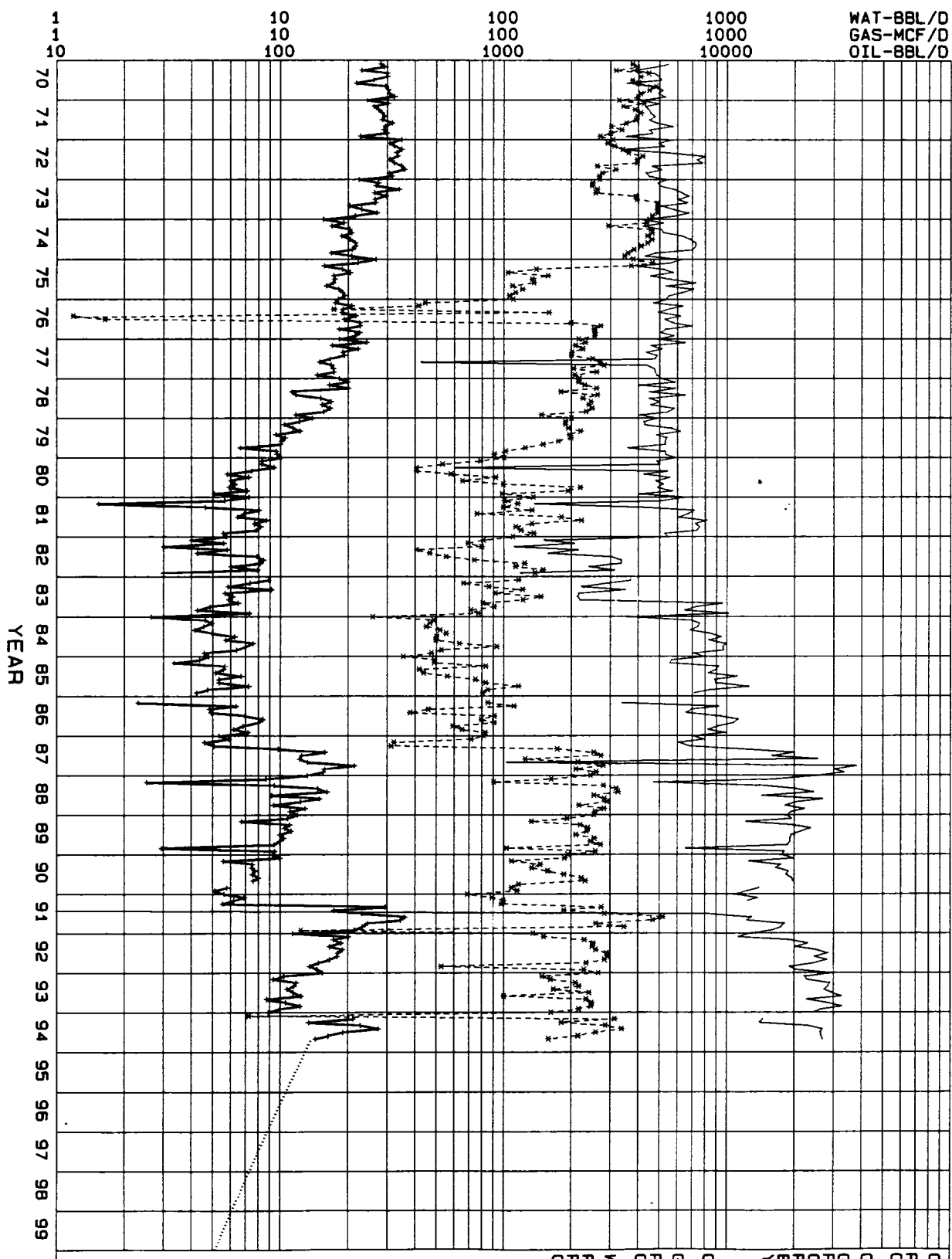
-8800

-8900

-9000

MARATHON OIL COMPANY	MID-CONTINENT REGION
DENTON FIELD	
LEA COUNTY, NEW MEXICO	
STRUCTURAL CROSS-SECTION SHOWING PROPOSED MARATHON J.M. DENTON #5A SHORT RADIUS LATERAL SE SW 11-15S-37E	
ORIGINAL SCALE	DATE: 2/23/94
AUTHOR: J. CHAPMAN	REVISED
DRAWN BY:	PROJECT:
FILE LOC: DENTON/SSC EPL	

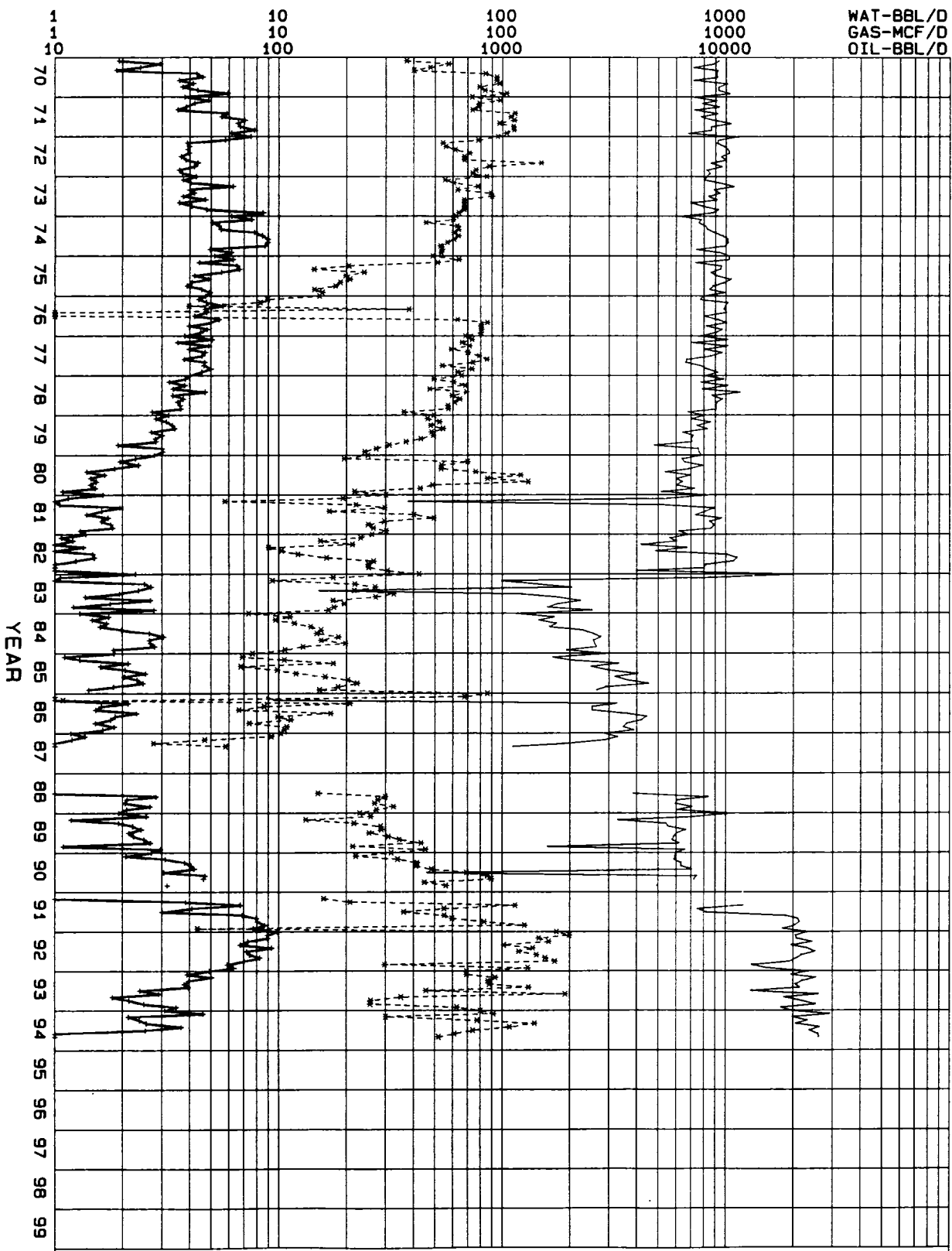
J M DENTON
WELL NO. 3
11/08/94



OIL-BBL/D ---
Ref- 09/94
Cum-1296.721
OIL
Ga1-DEFAULT
Ref- 09/94
Cum-2911.617
Rem- 250.675
EUR-3162.292
Yrs- 13.333
O1- 4184.6
De- 18.422
n- 174
Qab- 456.1
GAS-MCF/D ***
Ref- 09/94
Cum-1819.215
WAT-BBL/D ---
Phase=DEFAULT
Ref- 09/94
Cum-8546.004

BEFORE THE
OIL CONSERVATION DIVISION
Case No. 11141 Exhibit No. 5
Submitted By:
MARATHON OIL COMPANY
Hearing Date: November 10, 1994

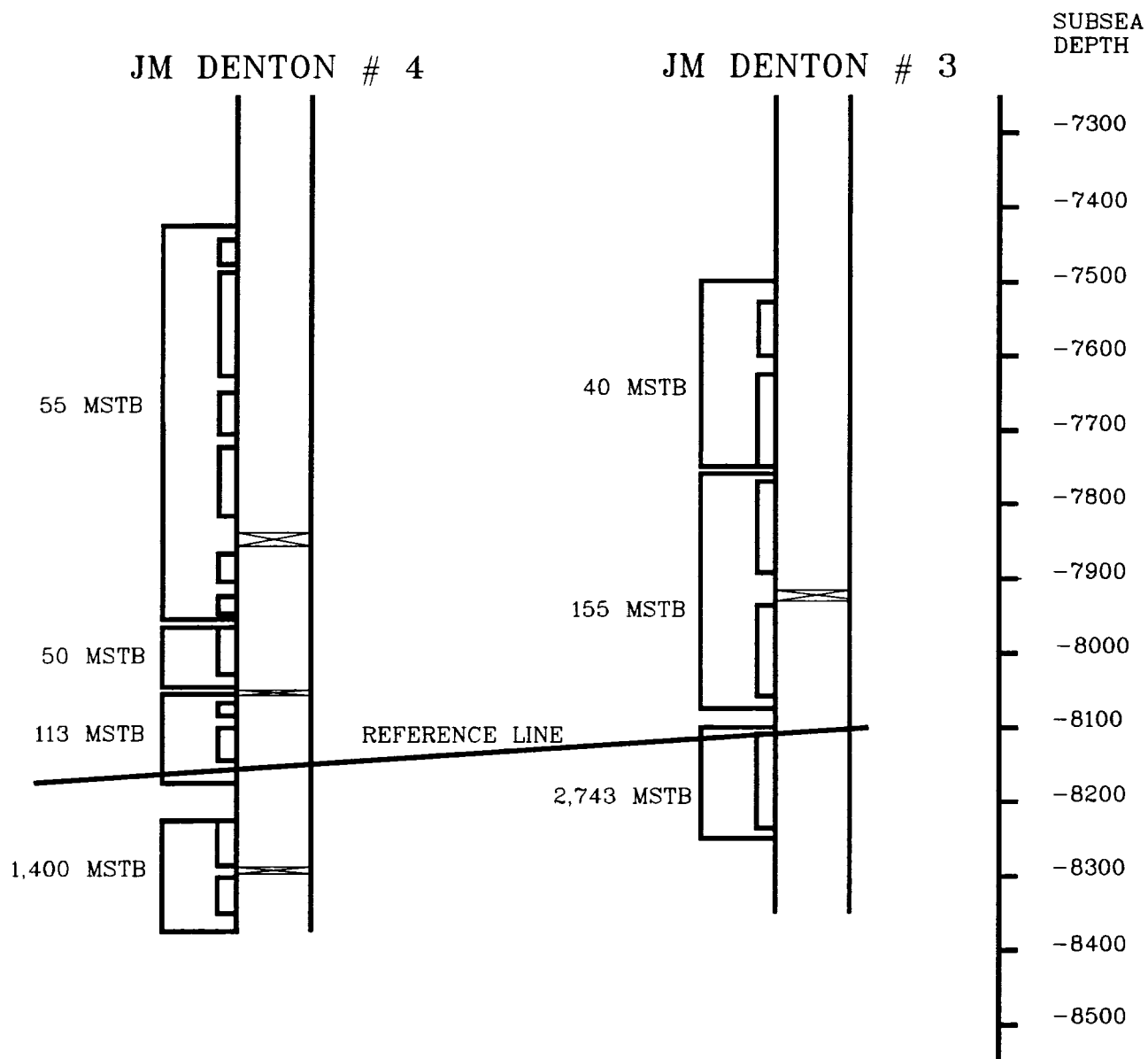
J M DENTON
WELL No. 4
11/08/94



OIL-BBL/D ---
Ref= 09/94
Cum= 297.772
GAS-MCF/D ***
Ref= 09/94
Cum= 439.131
WAT-BBL/D ---
Phase=DEFAULT
Ref= 09/94
Cum= 7454.205

BEFORE THE
OIL CONSERVATION DIVISION
Case No. 11141 Exhibit No. 6
Submitted By:
MARATHON OIL COMPANY
Hearing Date: November 10, 1994

JM DENTON WELL Nos 3 & 4
PRODUCTION BY COMPLETION INTERVAL



Before the Oil Conservation Division
Santa Fe, New Mexico

Case No. 1141
Exhibit No. 7
Submitted by Marathon Oil Company
November 10, 1994

**REMAINING RECOVERABLE OIL BETWEEN WELL Nos 3 & 4
IN THE UPPER PORTION OF THE DEVONIAN**

BULK VOLUME	64,157 ac-ft
POROSITY	2.53 %
WATER SATURATION	46 %
FORMATION VOLUME FACTOR	1.7 BBL/STB
OIL IN PLACE	4,000 MSTB
RECOVERY FACTOR	40 %
RECOVERABLE OIL	1,600 MSTB
ULTIMATE RECOVERY FROM WELLS 3 & 4	663 MSTB
REMAINING RECOVERABLE OIL	937 MSTB

Before the Oil Conservation Division

Santa Fe, New Mexico

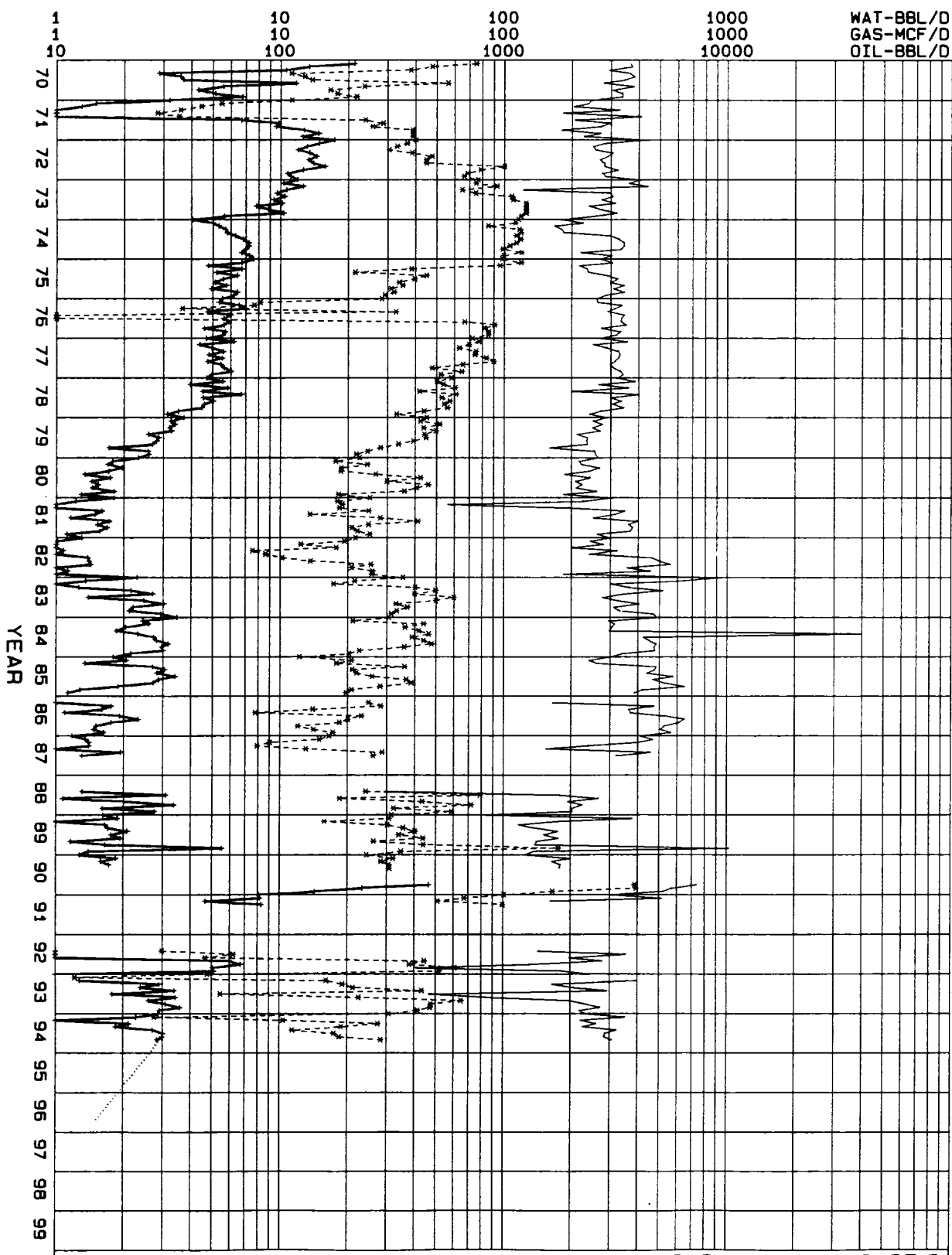
Case No. 11141

Exhibit No. B

Submitted by Marathon Oil Company

November 10, 1994

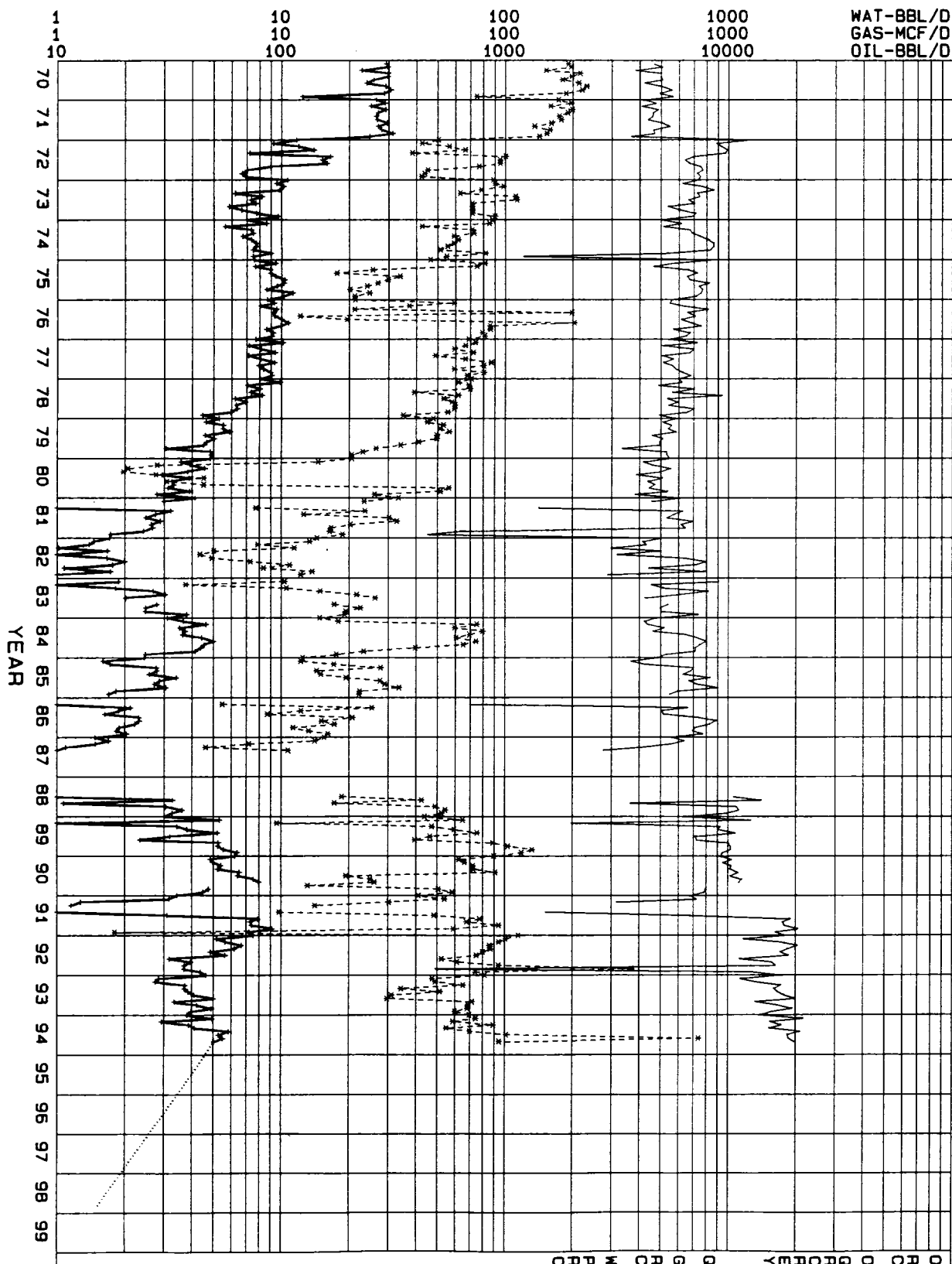
J M DENTON
WELL No. 6
11/08/94



OIL-BBL/D ---
Ref- 09/94
Cum- 364.860
OIL
Ga1-DEFAULT
Ref- 09/94
Cum-1453.253
Rem-15.669
EUR-1468.922
Yrs- 2.083
Q1- 867.6
De- 28.133
N- 0.00
Qab- 456.2
GAS-MCF/D ***
Ref- 09/94
Cum- 366.726
WAT-BBL/D ---
Phase=DEFAULT
Ref- 09/94
Cum-2581.019

BEFORE THE
OIL CONSERVATION DIVISION
Case No. 11141 Exhibit No. 9
Submitted By:
MARATHON OIL COMPANY
Hearing Date: November 10, 1994

J M DENTON
WELL NO. 7
11/08/94

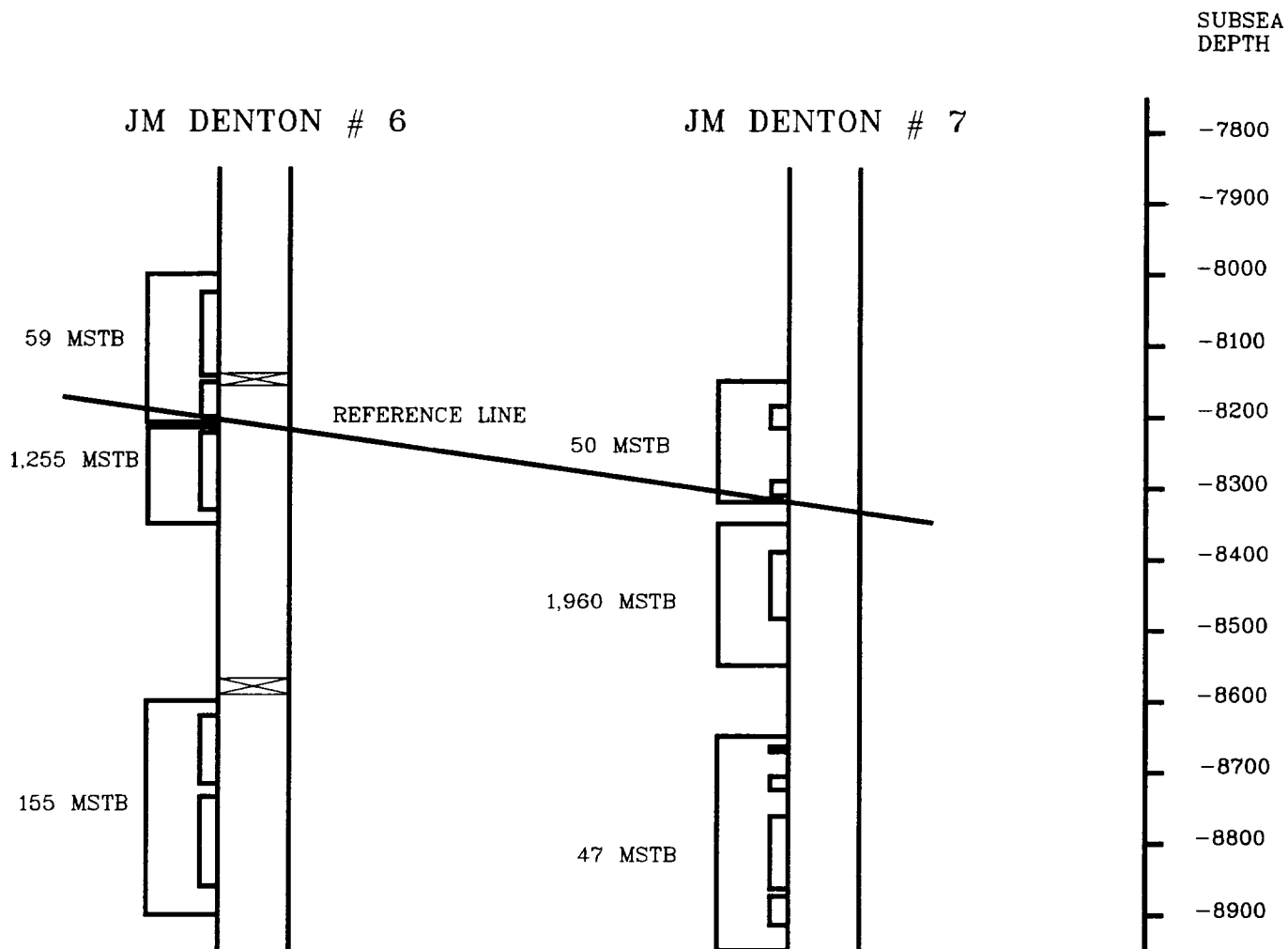


OIL-BBL/D ---
Ref= 09/94
Cum= 594.257
OIL
Ref= 09/94
Cum= 2037.521
Rem= 44.246
EUR= 2081.767
Yrs= 4.167
Q1= 1527.1
De= 25.206
n= .000
Qab= 456.2
GAS-MCF/D ***
Ref= 09/94
Cum= 523.934
WAT-BBL/D ---
Phase=DEFAULT
Ref= 09/94
Cum= 6457.698

**BEFORE THE
OIL CONSERVATION DIVISION**

Case No. 11141 Exhibit No. 10
Submitted By:
MARATHON OIL COMPANY
Hearing Date: November 10, 1994

JM DENTON WELL Nos 6 & 7 PRODUCTION BY COMPLETION INTERVAL



Before the Oil Conservation Division
Santa Fe, New Mexico

Case No. 11141
Exhibit No. 11
Submitted by Marathon Oil Company
November 10, 1994

REMAINING RECOVERABLE OIL BETWEEN WELL Nos 6 & 7 IN THE UPPER PORTION OF THE DEVONIAN

BULK VOLUME	12,000 ac-ft
POROSITY	3.00 %
WATER SATURATION	46 %
FORMATION VOLUME FACTOR	1.7 BBL/STB
OIL IN PLACE	887 MSTB
RECOVERY FACTOR	40 %
RECOVERABLE OIL	355 MSTB
ULTIMATE RECOVERY FROM WELLS ^{6 7} 6 & 7	160 MSTB
REMAINING RECOVERABLE OIL	195 MSTB

Before the Oil Conservation Division

Santa Fe, New Mexico

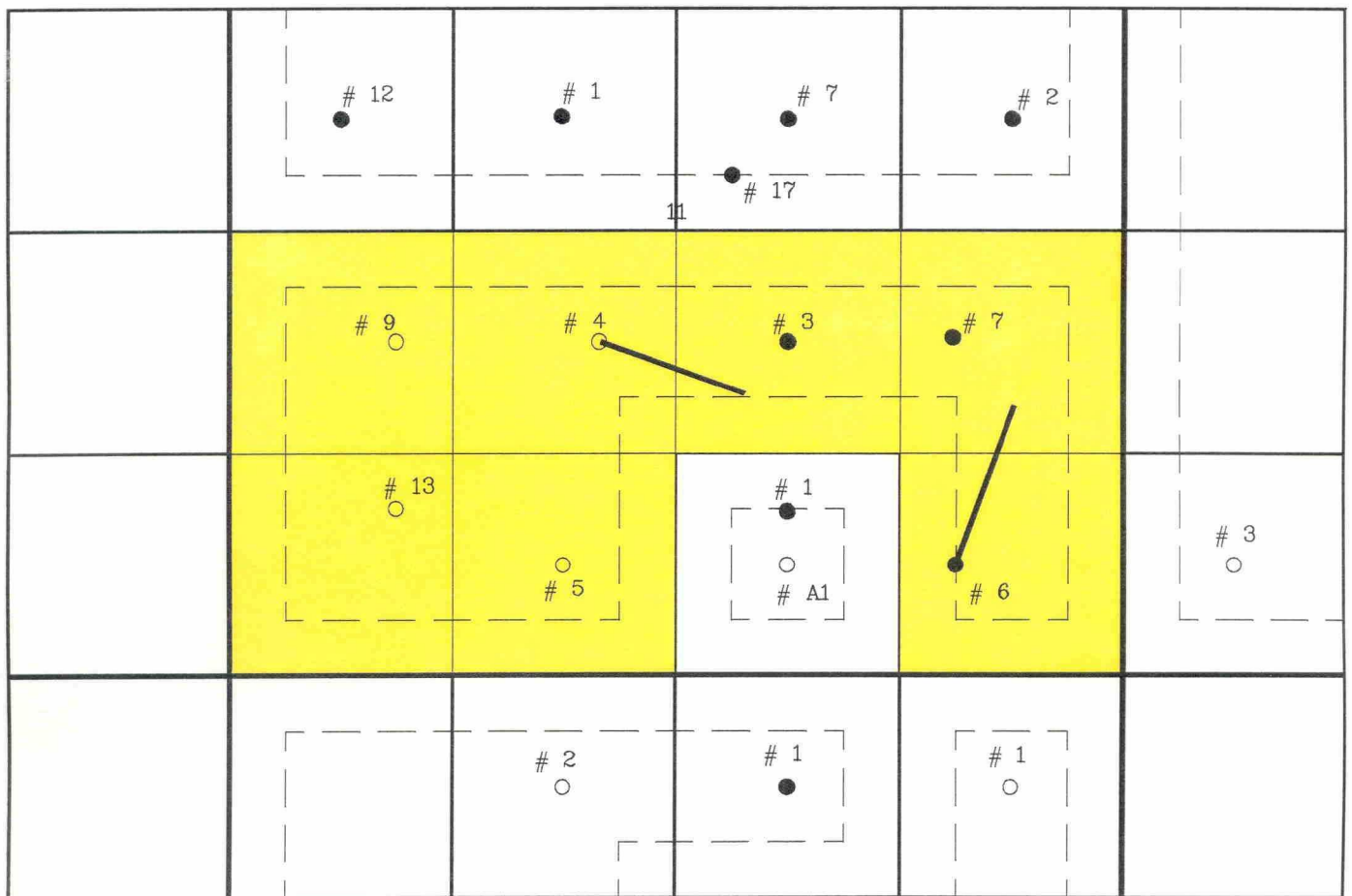
Case No. 11141

Exhibit No. 12

Submitted by Marathon Oil Company

November 10, 1994

T-15-S, R-37-E

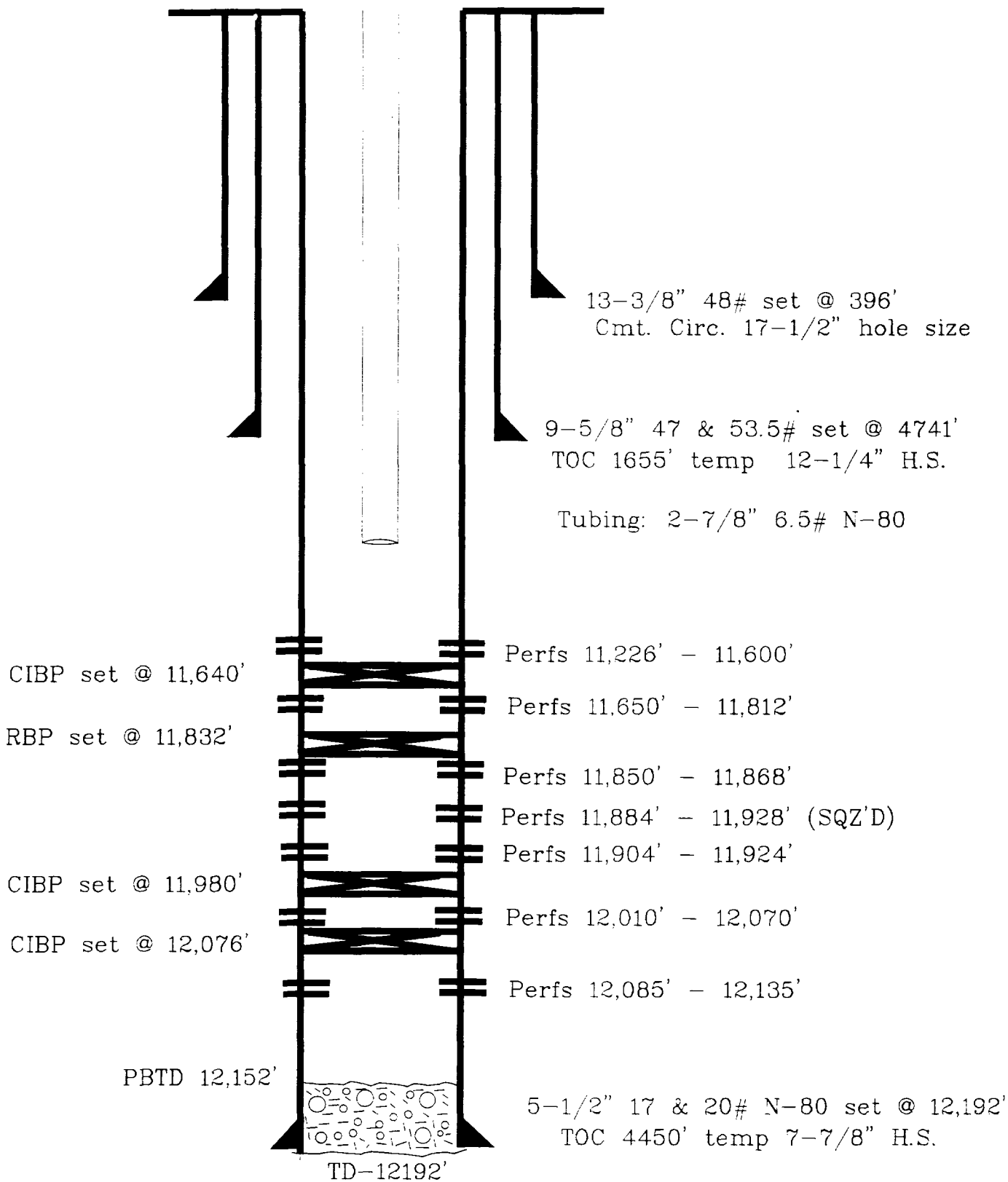


Before The Oil Conservation Division
Santa Fe, New Mexico

Case No. 11741
Exhibit No. 13
Submitted by Marathon Oil Company
November 10, 1994

MARATHON OIL COMPANY

J. M. Denton Lease
Lea County, New Mexico



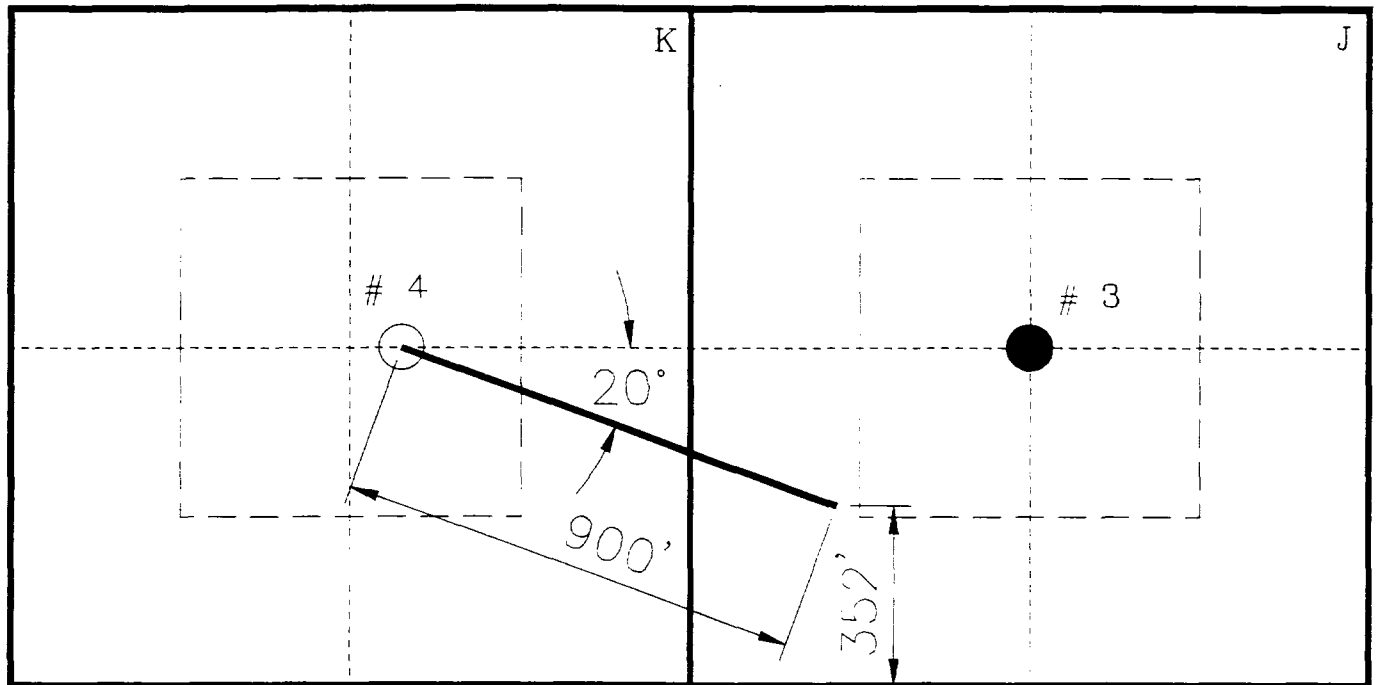
Before The Oil Conservation Division
Santa Fe, New Mexico

Case No. 11141
Exhibit No. 14
Submitted by Marathon Oil Company
November 10, 1994

MARATHON OIL COMPANY

DENTON (DEVONIAN) FIELD
Lea County, New Mexico

J. M. Denton No.4 Schematic



NE SW & NW SE Sec. 11, T-15-S, R-37-E

J. M. DENTON No. 4 SRL PLAN VIEW

Before The Oil Conservation Division
Santa Fe, New Mexico

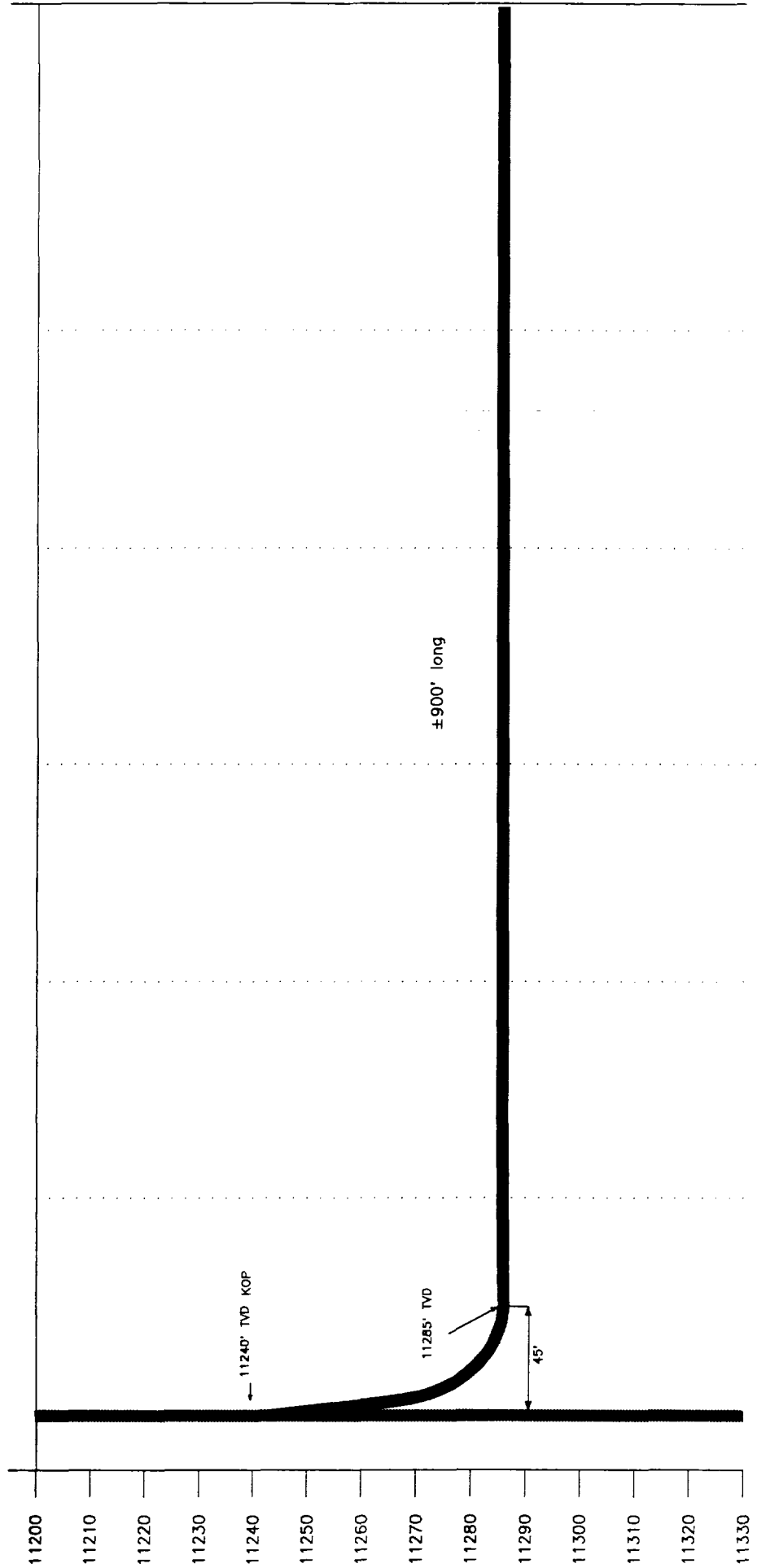
Case No. 11141

Exhibit No. 15

Submitted by Marathon Oil Company
November 10, 1994

MARATHON OIL COMPANY

J. M. Denton Lease
Lea County, New Mexico



NOT TO SCALE

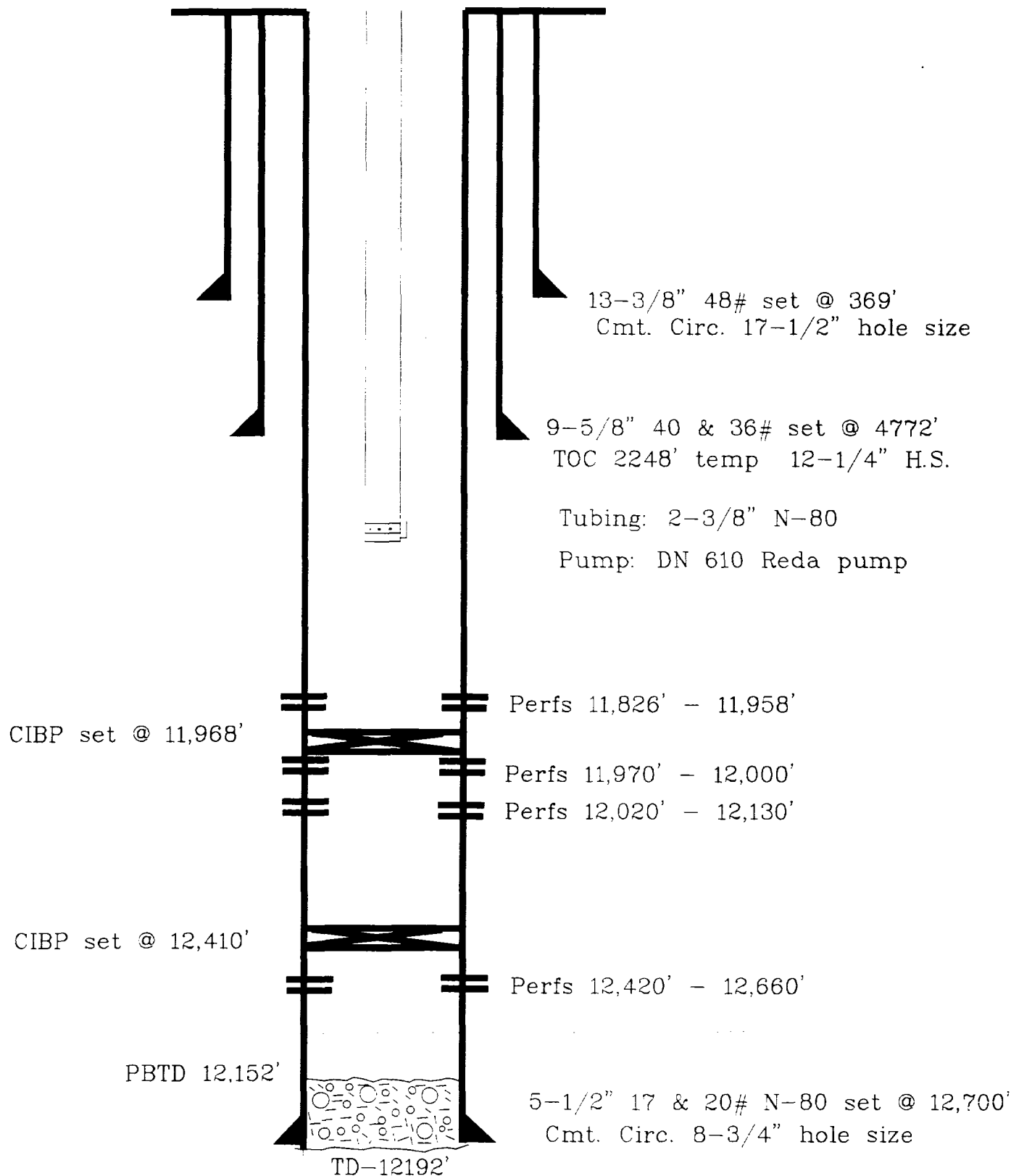
Before the Oil Conservation Division
Santa Fe, New Mexico

Case No. 11141
Exhibit No. 16
Submitted by Marathon Oil Company
November 10, 1994

MARATHON OIL COMPANY

J. M. Denton No. 4
Lea County, New Mexico

SHORT RADIUS LATERAL PLAN



Before The Oil Conservation Division
Santa Fe, New Mexico

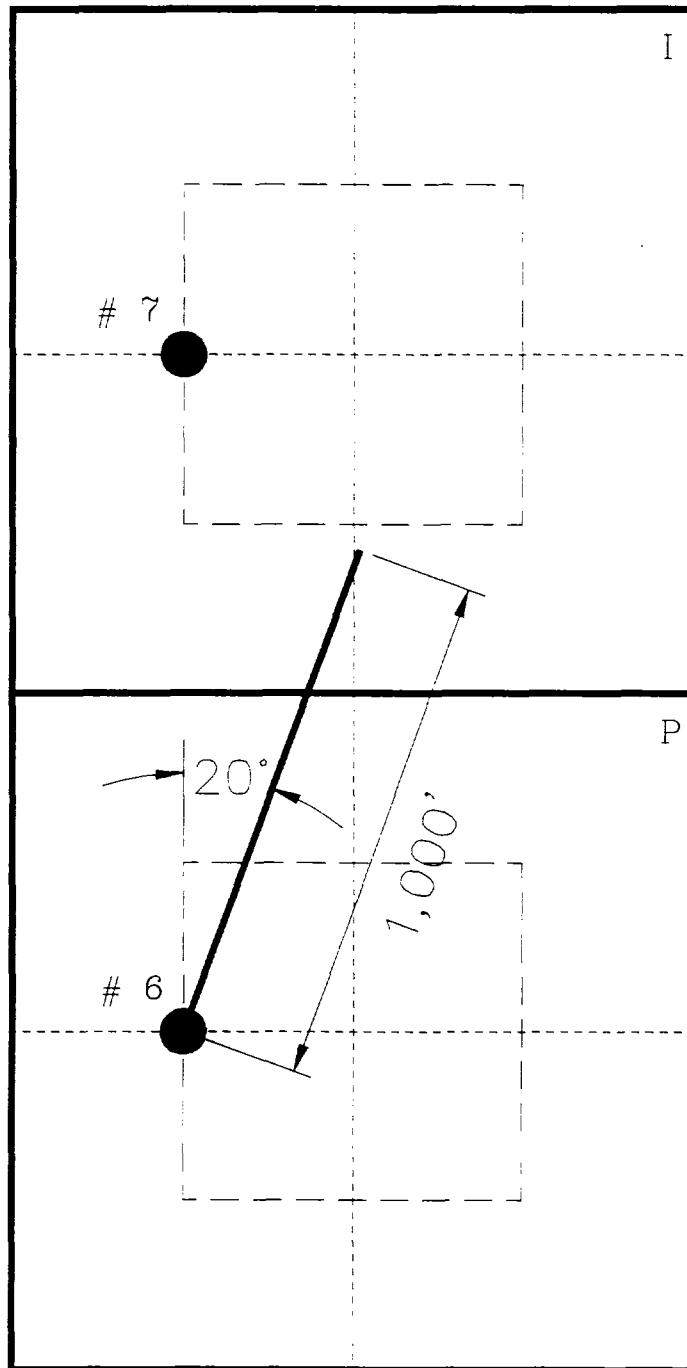
Case No. 11141
Exhibit No. 17
Submitted by Marathon Oil Company
November 10, 1994

MARATHON OIL COMPANY

DENTON (DEVONIAN) FIELD

Lea County, New Mexico

J. M. Denton No.6 Schematic



E1/2 SE Sec. 11, T-15-S, R-37-E

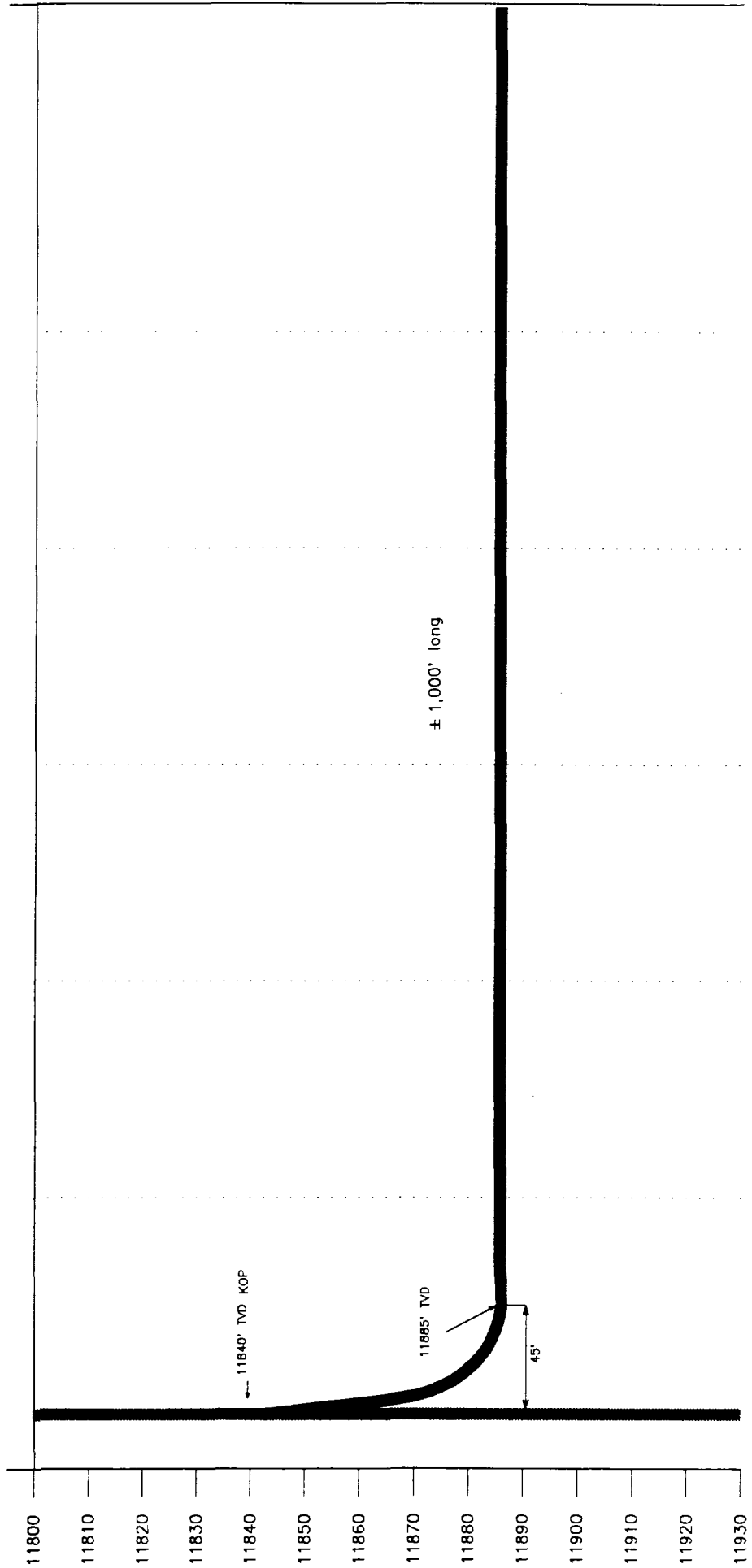
J. M. DENTON No. 6 SRL PLAN VIEW

Before The Oil Conservation Division
Santa Fe, New Mexico

Case No. 11141
Exhibit No. 18
Submitted by Marathon Oil Company
November 10, 1994

MARATHON OIL COMPANY

J. M. Denton Lease
Lea County, New Mexico



NOT TO SCALE

Before the Oil Conservation Division
Santa Fe, New Mexico

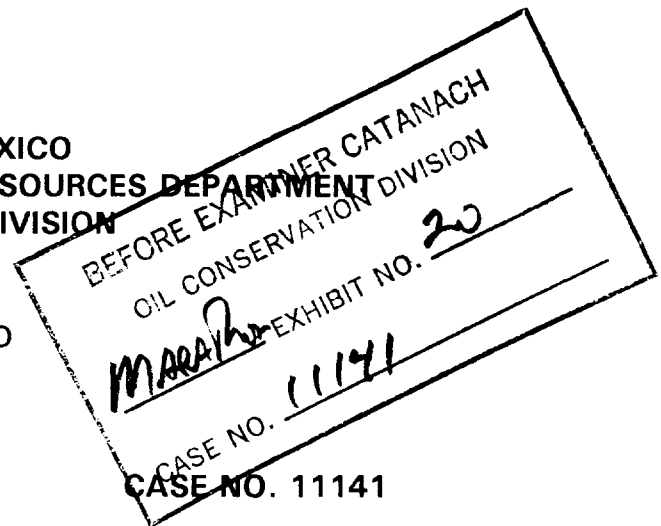
Case No. 11141
Exhibit No. 19
Submitted by Marathon Oil Company
November 10, 1994

MARATHON OIL COMPANY

J. M. Denton No. 6
Lea County, New Mexico

SHORT RADIUS LATERAL PLAN

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



IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION
FOR THE PURPOSE OF CONSIDERING:

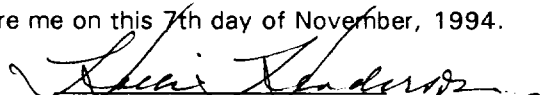
Application of MARATHON OIL
COMPANY for Two Additional High/Angle/
Horizontal Wells and to Amend Order R-10082
Lea County, New Mexico.

**CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054**

W. THOMAS KELLAHIN, attorney in fact and authorized representative of MARAATHON OIL COMPANY states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 17th day of October, 1994 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for November 10, 1994, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 7th day of November, 1994.


Notary Public

My Commission Expires: June 15th, 1998

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Marathon/Devon
October 17, 1994

e can
ace

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Production Royalties, Inc.
POB 1071
Lubbock, TX 79408

4a. Article Number

321 036 944

4b. Service Type

☒ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 944



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Production Royalties, Inc.
POB 1071
Lubbock, TX 79408

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	

to 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

ROCO Resources
POB 1981
Midland, TX 79702-1981

4a. Article Number

321 036 946

4b. Service Type

☒ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 946



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

ROCO Resources
POB 1981
Midland, TX 79702-1981

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
POSTAGE & FEES	\$
Postmark or Date	

3800, June 1991
P

Marathon/Devon
October 17, 1994

Is your RETURN ADDRESS completed on the reverse side?

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

Marathon/Devon
October 17, 1994

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

3. Article Addressed to:
Cody Energy Inc.
ATTN: Mr. Alan Bravo
7555 E. Hampden Ave. Ste.600
Denver, CO 80231

4a. Article Number
321 036 925

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

7. Date of Delivery
10-20

5. Signature (Addressee)
Junda B. Hebb

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

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 925



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Cody Energy Inc.
ATTN: Mr. Alan Bravo
7555 E. Hampden Ave. Ste.600
Denver, CO 80231

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	

Is your RETURN ADDRESS completed on the reverse side?

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

Marathon/Devon
October 17, 1994

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

3. Article Addressed to:
Bettis Bros.
500 W. Texas Ste 830
Midland, TX 79701

4a. Article Number
321 036 946

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

7. Date of Delivery
10-20-94

5. Signature (Addressee)
Jesse Snider

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

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 947



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Bettis Bros.
500 W. Texas Ste 830
Midland, TX 79701

Special Delivery Fee	
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P 321 036 952



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

C E Oberholtzer
POB 188
Marble Falls, TX 78654-0188

Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
TOTAL Postage & Fees	\$
Postmark or Date	

Marathon/Devon
October 17, 1994

Is your RETURN ADDRESS completed on the reverse side?

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

Marathon/Devon
October 17, 1994

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

3. Article Addressed to:
C E Oberholtzer
POB 188
Marble Falls, TX 78654-0188

4a. Article Number
No Number

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

7. Date of Delivery
10/20/94

5. Signature (Addressee)
C E Oberholtzer

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

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

Print return **Marathon/Devon**
October 17, 1994

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

we can
space

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Bachburg Exploration, Inc
14875 Landmark Blve Ste 216
Dallas, TX 75240

4a. Article Number

321 036 953

4b. Service Type

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

7. Date of Delivery

10/21/94

5. Signature (Addressee)

6. Signature (Agent)

Bachburg

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 953



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Bachburg Exploration, Inc
14875 Landmark Blve Ste 216
Dallas, TX 75240

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	

June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

Print return **Marathon/Devon**
October 17, 1994

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

space

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Raymond B Keating III
Trustee:Robert K Smith
806 Main St. Ste. 960
Houston, Texas 77002

4a. Article Number

321 036 934

4b. Service Type

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

7. Date of Delivery

10/21/94

5. Signature (Addressee)

6. Signature (Agent)

Gibert

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 934



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Raymond B Keating III
Trustee:Robert K Smith
806 Main St. Ste. 960
Houston, Texas 77002

Special Delivery Fee	
----------------------	--

P 321 036 928



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Dinero Operating Co.
POB 10505
Midland, Texas 79702

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Marathon/Devon
October 17, 1994

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

Print return **Marathon/Devon**
October 17, 1994

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

we can

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Dinero Operating Co.
POB 10505
Midland, Texas 79702

4a. Article Number

321 036 928

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

Dinero

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

Marathon/Devon
October 17, 1994

3. Article Addressed to:
William Noble Smith Jr
1984Trust:Raymond B KeatingIII
Successor Trustee
806 Main St Ste 960
Houston, TX 77002

4a. Article Number
321 036 937

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

7. Date of Delivery
10/21/94

5. Signature (Addressee)

6. Signature (Agent) *Gilbert*

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 937



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
William Noble Smith Jr
1984Trust:Raymond B KeatingIII
Successor Trustee
806 Main St Ste 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

1991

Is your RETURN ADDRESS completed on the reverse side?

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

Marathon/Devon
October 17, 1994

3. Article Addressed to:
RJ St Germain, JR
c/oRaymond B Keating III
806 Main St Ste 960
Houston, TX 77002

4a. Article Number
321 036 939

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

7. Date of Delivery
10/21/94

5. Signature (Addressee)

6. Signature (Agent) *Gilbert*

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 939



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

RJ St Germain, JR
c/oRaymond B Keating III
806 Main St Ste 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	

P 321 036 940



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Raymond B Keating III
Trustee:Campbell Smith
c/oRaymond B Keating III
806 Main St. Ste. 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date Delivered & Addressee's Address	
TOTAL POSTAGE & FEES	\$
Postmark or Date	

Marathon/Devon
October 17, 1994

800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

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

Marathon/Devon
October 17, 1994

3. Article Addressed to:
Raymond B Keating III, et al
Trustee:Fadrique Trust 10-24-87
806 Main St.Ste 960
Houston, TX 77002

4a. Article Number
321 036 942

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

7. Date of Delivery
10/21/94

5. Signature (Addressee)

6. Signature (Agent) *Gilbert*

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print name, address and address on the reverse of this form so that we can return it to you.
• Write "Return Receipt requested" on the front of the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

Marathon/Devon
October 17, 1994

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

3. Article Addressed to:
Raymond B Keating III
Trustee: Campbell Smith
c/o Raymond B Keating III
806 Main St. Ste. 960
Houston, TX 77002

4a. Article Number
321 036 940

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

7. Date of Delivery
10/21/94

5. Signature (Addressee)
Gilbert

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 942



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Raymond B Keating III, et al
Trustee: Fadrique Trust 10-24-87
806 Main St. Ste 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print name, address and address on the reverse of this form so that we can return it to you.
• Write "Return Receipt requested" on the front of the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

Marathon/Devon
October 17, 1994

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

3. Article Addressed to:
Virginia Howe Smith
c/o Raymond B Keating III
806 Main St. Ste 960
Houston, TX 77002

4a. Article Number
321 036 933

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

7. Date of Delivery
10/21/94

5. Signature (Addressee)
Gilbert

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 933



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Virginia Howe Smith
c/o Raymond B Keating III
806 Main St. Ste 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print name, address and address on the reverse of this form so that we can return it to you.
• Write "Return Receipt requested" on the front of the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

Marathon/Devon
October 17, 1994

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

3. Article Addressed to:
Sidney Davis Smith
c/o Raymond B. Keating III
806 Main St. Ste 960
Houston, TX 77002

4a. Article Number
321 036 941

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

7. Date of Delivery
10/21/94

5. Signature (Addressee)
Gilbert

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 941



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Sidney Davis Smith
c/o Raymond B. Keating III
806 Main St. Ste 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

3800, June 1991

Marathon/Devon
October 17, 1994

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
PENNZOIL PETROLEUM COMPANY
4000 N. Big Spring, Ste.325
Midland, Texas 79705

4a. Article Number
321 036 924

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

7. Date of Delivery
10-21-94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 924

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PENNZOIL PETROLEUM COMPANY
4000 N. Big Spring, Ste.325
Midland, Texas 79705

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Date Delivered	
Return Receipt Showing to Whom Date Delivered Addressee's Address	
Postmark Date	

June 1991

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
Polaris Production Corp.
POB 1749
Midland, Texas 79702-1749

4a. Article Number
321 036 927

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

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 926

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Polaris Production Corp.
POB 1749
Midland, Texas 79702-1749

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Date Delivered	
Return Receipt Showing to Whom Date Delivered Addressee's Address	
Postmark Date	

June 1991

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
Reese B. Copeland
Phillips Petroleum Co.
4001 Penbrook
Odessa, Texas 79762

4a. Article Number
321 036 927

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

7. Date of Delivery
10-21-94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 927

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Date Delivered	
Return Receipt Showing to Whom Date Delivered Addressee's Address	
Postmark Date	

Marathon/Devon
October 17, 1994

100 June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FASKEN OIL
303 W. Wall Street
Midland, Texas 79701

4a. Article Number
321 036 929

4b. Service Type

☒ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
10-21-94

5. Signature (Addressee)
W. Haskins

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 929

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

FASKEN OIL
303 W. Wall Street
Midland, Texas 79701

Special Delivery Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Dickinson Mineral Trust
POB 247
Roswell, NM 88202

4a. Article Number
321 036 930

4b. Service Type

☒ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
OCT 20 1994

5. Signature (Addressee)
Dickinson

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 930

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Dickinson Mineral Trust
POB 247
Roswell, NM 88202

Special Delivery Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

First Nat. Bank/West Texas
Successor Trustee: JESimmonsAJSS&
BMJH; Beulah SimmonsAJ55&BMJH
POB 1241
Lubbock, TX 79408

4a. Article Number
321 036 931

4b. Service Type

☒ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
OCT 17 1994

5. Signature (Addressee)
JESimmons

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 931

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

First Nat. Bank/West Texas
Successor Trustee: JESimmonsAJSS&
BMJH; Beulah SimmonsAJ55&BMJH
POB 1241
Lubbock, TX 79408

Special Delivery Fee	
Restricted Delivery Fee	

Marathon/Devon
October 17, 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address.
• Attach this return receipt to the envelope to be returned to the sender.
• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

Marathon/Devon
October 17, 1994

3. Article Addressed to:
Hugh H Sprunt
Trustee: Barbara H. Sprunt
U/A: 11-08-90
5308 Watercrest Court
Farmers Branch, TX 75234

4a. Article Number
321 036 932

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

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 932



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Hugh H Sprunt
Trustee: Barbara H. Sprunt
U/A: 11-08-90
5308 Watercrest Court
Farmers Branch, TX 75234

Article Number	
Registered	
Restricted Delivery	
Return Receipt Showing	
Return Receipt Date Delivered	
Return Receipt Showing	
Return Receipt Date Delivered	

P 321 036 935



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Mary Jane Hand
TRUST DEPT
POB 1241
Lubbock, TX 79408-1241

Article Number	
Registered	
Restricted Delivery	
Return Receipt Showing	
Return Receipt Date Delivered	
Return Receipt Showing	
Return Receipt Date Delivered	

P 321 036 936



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

June D. Speight
PO Drawer 1687
Lovington, NM 88260

Article Number	
Registered	
Restricted Delivery	
Return Receipt Showing	
Return Receipt Date Delivered	
Return Receipt Showing	
Return Receipt Date Delivered	

Marathon/Devon
October 17, 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address.
• Attach this return receipt to the envelope to be returned to the sender.
• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

Marathon/Devon
October 17, 1994

3. Article Addressed to:
Mary Jane Hand
TRUST DEPT
POB 1241
Lubbock, TX 79408-1241

4a. Article Number
321 036 935

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

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address.
• Attach this return receipt to the envelope to be returned to the sender.
• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

Marathon/Devon
October 17, 1994

3. Article Addressed to:
June D. Speight
PO Drawer 1687
Lovington, NM 88260

4a. Article Number
321 036 936

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

7. Date of Delivery
10-19-94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Carlsbad Nat. Bank
Trustee: Jean S Sullivan
U/A: 9-1-77
POB 1359
Carlsbad, NM 88220

4a. Article Number

321 036 938

4b. Service Type

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

7. Date of Delivery

10-21-94

5. Signature (Addressee)

Carlsbad Nat. Bank

6. Signature (Agent)

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 938



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent by

Carlsbad Nat. Bank
Trustee: Jean S Sullivan
U/A: 9-1-77
POB 1359
Carlsbad, NM 88220

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to Whom and Date Delivered

Return Receipt Showing to Whom
Delivered and Insurance Coverage

P 321 036 943



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent by

First Nat. Bank Abilene Texas
Independent Ex., Trustee U/W/O
William W. Davis
POB 701
Abilene, TX 79604

Special Delivery Fee

P 321 036 948



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent by

Julia F Hutchinson Estate:
Raymond B Keating III
Attorney for Sandra Buell
c/o Raymond B Keating III
806 Main St Ste 960
Houston, TX 77002

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to Whom and Date Delivered

Return Receipt Showing to Whom
Delivered and Insurance Coverage

Postmaster's Date

Marathon/Devon
October 17, 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

First Nat. Bank Abilene Texas
Independent Ex., Trustee U/W/O
William W. Davis
POB 701
Abilene, TX 79604

4a. Article Number

321 036 943

4b. Service Type

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

7. Date of Delivery

OCT 20 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Julia F Hutchinson Estate:
Raymond B Keating III
Attorney for Sandra Buell
c/o Raymond B Keating III
806 Main St Ste 960
Houston, TX 77002

4a. Article Number

321 036 948

4b. Service Type

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

7. Date of Delivery

10-12-94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3 and 4a & b.
• Print name and address on the reverse of this form so that we can return it to you.
• Attach this receipt to the article.
• Write "Return Receipt Requested" on the front of the article.
• The Return Receipt will show to whom the article was delivered.

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

3. Article Addressed to:
Roger H Davis Family Trust
c/o Raymond B Keating III
806 Main ST Ste 960
Houston, TX 77002

4a. Article Number
321 036 949

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

7. Date of Delivery
10/20/94

5. Signature (Addressee)
Raymond B Keating III

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 949



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Roger H Davis Family Trust
c/o Raymond B Keating III
806 Main ST Ste 960
Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (if provided to Addressee)	
Return Receipt (if provided to Agent)	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3 and 4a & b.
• Print name and address on the reverse of this form so that we can return it to you.
• Attach this receipt to the article.
• Write "Return Receipt Requested" on the front of the article.
• The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
Beverly Tucker
12511 Ladbroke Lane
Houston, TX 77039

4a. Article Number
321 036 950

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

7. Date of Delivery
10/20/94

5. Signature (Addressee)
Chris Norris

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 950



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Beverly Tucker
12511 Ladbroke Lane
Houston, TX 77039

P 321 036 951



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

L E Opperman
500 W Texas Ste 830
Midland, TX 79701

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (if provided to Addressee)	
Return Receipt (if provided to Agent)	
POSTAGE & FEES	\$

Marathon/Devon
October 17, 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3 and 4a & b.
• Print name and address on the reverse of this form so that we can return it to you.
• Attach this receipt to the article.
• Write "Return Receipt Requested" on the front of the article.
• The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
L E Opperman
500 W Texas Ste 830
Midland, TX 79701

4a. Article Number
321 036 951

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

7. Date of Delivery
10/20/94

5. Signature (Addressee)
L E Opperman

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

00, June 1991

P 321 036 945



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Sharon Tais Stubblefield
POB 391
Evergreen, CO 80439

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

300, June 1991

Marathon/Devon
October 17, 1994