

**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:

CASE NO. 11246

Application of Richardson Operating
Company for compulsory pooling, and
an unorthodox gas well location,
ROPCO Fee "12" Well No. 4,
San Juan County, New Mexico.

BEFORE THE
OIL CONSERVATION DIVISION
Case No. 11247 Exhibit No. **25**
Submitted By:
Richardson Operating Company
Hearing Date: April 20, 1995

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

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Richardson Operating 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 15th day of March, 1995 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 April 6, 1995, 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 5th day of April, 1995.


Notary Public

My Commission Expires: June 15th, 1998

**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:

CASE NO. 11246


Application of Richardson Operating
Company for compulsory pooling, and
an unorthodox gas well location,
ROPCO Fee "12" Well No. 4,
San Juan County, New Mexico.

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

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Richardson Operating 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 15th day of March, 1995 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 April 6, 1995, 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 5th day of April, 1995.


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 it to you.
• Write clearly.
• The delivery date is indicated by the date stamp.

Richardson/12-4 (04/06/95)
March 15, 1995

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:
Glenn P. Wycoff
11206 County Road 213
Durango, CO 81301

4a. Article Number
209 485 144

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

7. Date of Delivery

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.

209 485 144

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

Sent to
Glenn P. Wycoff
11206 County Road 213
Durango, CO 81301

PS Form 3811, December 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 clearly.
• The delivery date is indicated by the date stamp.

Richardson/12-4 (04/06/95)
March 15, 1995

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:
Paula A. Maxwell
300 Lila Lane #10
Athens, TX 75751

4a. Article Number
135 852 476

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

7. Date of Delivery
3/17/95

5. Signature (Addressee)
Paula A. Maxwell

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 135 852 476

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

Sent to
Paula A. Maxwell
300 Lila Lane #10
Athens, TX 75751

PS Form 3811, December 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 clearly.
• The delivery date is indicated by the date stamp.

Richardson/12-4 (04/06/95)
March 15, 1995

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:
Hugh J. Mitchell, Trustee:
Hugh J. Mitchell, Raimonda Mitchell
Revocable Trust
4240 N. Buena Vista Ave.
Farmington, NM 87401

4a. Article Number
135 852 479

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

7. Date of Delivery

5. Signature (Addressee)
Andrea Pulte

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 135 852 479

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

Sent to
Hugh J. Mitchell, Trustee:
Hugh J. Mitchell, Raimonda Mitchell
Revocable Trust
4240 N. Buena Vista Ave.
Farmington, NM 87401

PS Form 3811, December 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.

Richardson/12-3(04/06/95)

March 15, 1995

ck if space

article number
ed and the date

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:

Northern Specialty Company, Inc.
c/o JC Patterson
308 S. Ivie Ave.
Farmington, NM 87401

4a. Article Number

209 485 146

4b. Service Type

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

7. Date of Delivery

3/16/95

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.

7 209 445 146

**Receipt for
Certified Mail**

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

Sent to

Northern Specialty Company, Inc.
c/o JC Patterson
308 S. Ivie Ave.
Farmington, NM 87401

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

P 135 252 475



Receipt for Certified Mail

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

Wayne Tarpley
POB 337
Aztec, NM 87410

1. Name of the person or organization	
2. Address	
3. City	
4. State	
5. Zip	
6. Telephone	
7. Fax	
8. E-mail	
9. Other	
10. Total	\$

Richardson/12-94(04/06/95)
March 15, 1995

—

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.

return to: Richardson/ROPCO(04/06/95)
date: March 15, 1995
signature: [Signature]
delivered: [Signature]

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:
Amoco Production Company
POB 800
Denver, CO 80210
Attn: Ms. Julie Talbot Jenkins

4a. Article Number
135 851 301

4b. Service Type

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

7. Date of Delivery
3-20-95

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.

P 135 851 300

Receipt for Certified Mail

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

Amoco Production Company
POB 800
Denver, CO 80210
Attn: Ms. Julie Talbot Jenkins

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL INVOICE & 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 your name and address on the reverse of this form so that we can return it to you.

return to: Richardson/12-8(04/06/95)
date: March 15, 1995
signature: [Signature]
delivered: [Signature]

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:
Roderick Allen Markham
1500 Broadway
Ste. 1212
Lubbock, TX 79401

4a. Article Number
135 851 293

4b. Service Type

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

7. Date of Delivery
3-20-95

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.

P 135 851 293

Receipt for Certified Mail

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

Roderick Allen Markham
1500 Broadway
Ste. 1212
Lubbock, TX 79401

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL INVOICE & 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 your name and address on the reverse of this form so that we can return it to you.

return to: Richardson/12-8(04/06/95)
date: March 15, 1995
signature: [Signature]
delivered: [Signature]

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:
Christmann Mineral Company
1500 Broadway
Ste 800
Lubbock, TX 79401

4a. Article Number
135 851 294

4b. Service Type

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

7. Date of Delivery
3-20-95

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.

P 135 851 294

Receipt for Certified Mail

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

Christmann Mineral Company
1500 Broadway
Ste 800
Lubbock, TX 79401

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

June 1991

Richardson/12-8(04/06/95)
March 15, 1995

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 to the return receipt and the date delivered.

Richardson/12-4(04/06/95)
March 15, 1995

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:
Rosalind Redfern
POB 2127
Midland, TX 79702

4a. Article Number
135 852 484

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

7. Date of Delivery
MAR 20 1995

5. Signature (Addressee)
Rosalind Redfern

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 135 852 484
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Rosalind Redfern
POB 2127
Midland, TX 79702

Basic Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Addressee's Address	

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 to the return receipt and the date delivered.

Richardson/12-4(04/06/95)
March 15, 1995

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:
Kerr-McGee Corporation
POB 25861
Oklahoma City, OK 73125

4a. Article Number
135 852 483

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

7. Date of Delivery
MAR 20 1995

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 135 852 483
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Kerr-McGee Corporation
POB 25861
Oklahoma City, OK 73125

Basic Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Addressee's Address	

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 to the return receipt and the date delivered.

Richardson/12-4(04/06/95)
March 15, 1995

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:
Bernice A. Burnham
Revocable Trust
c/o Burnham Realty
3300 Burnham Road
Farmington, NM 87401

4a. Article Number
135 852 482

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

7. Date of Delivery
MAR 21 1995

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 135 852 482
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See Reverse)

Bernice A. Burnham
Revocable Trust
c/o Burnham Realty
3300 Burnham Road
Farmington, NM 87401

Basic Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Addressee's Address	
Return Receipt Showing to Addressee's Address	
Postage	\$
Postmark Date	

Richardson/12-4(04/06/95)
March 15, 1995

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.
• Att Richardson/124 (04/06/95)
• Wri March 15, 1995
• 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:
BHP Petroleum(Americas)Inc.
1360 Post Oak blvd.
Ste 500
Houston, TX 77056

4a. Article Number
209 485 145

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

7. Date of Delivery
3-22

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.

2 209 485 145

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

PS Form 3811, December 1991

Sent to
BHP Petroleum(Americas)Inc.
1360 Post Oak blvd.
Ste 500
Houston, TX 77056

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

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.
• Att Richardson/124 (04/06/95)
• Wri March 15, 1995
• 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.

4a. Article Number
135 851 297

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

7. Date of Delivery
3-22

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 135 851 297

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

PS Form 3811, December 1991

Sent to
JJ DeWeerd
730 Country Club Dr.
Silver City, NM 88061

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

P 135 852 477

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

PS Form 3811, December 1991

Sent to
Earl A. Rogers
POB 5195
Abeline, TX 79608-5915

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

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.
• Att Richardson/124 (04/06/95)
• Wri March 15, 1995
• 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.

4a. Article Number
135 852 477

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

7. Date of Delivery
MAR 22 1995

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

Sent to
Earl A. Rogers
POB 5195
Abeline, TX 79608-5915

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

Richardson/124 (04/06/95)
March 15, 1995

Is your RETURN ADDRESS completed on the reverse side? If 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 card to the mailpiece, or on the back if space does not permit.
• Write clearly in ink.
• The return receipt is delivered.

Richardson/12-9(04/06/95)
March 15, 1995

3. Article Addressed to:
Manon Markham McMullen
2200 Berkley
Wichita Falls, TX 76308

4a. Article Number
135 852 485

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

7. Date of Delivery
3-17-95

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

5. Signature (Addressee)
Mary D. Colburn

6. Signature (Agent)

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 card to the mailpiece, or on the back if space does not permit.
• Write clearly in ink.
• The return receipt is delivered.

Richardson/12-9(04/06/95)
March 15, 1995

3. Article Addressed to:
Fred A. Mossman & Mary K. Mossman Trust
c/o Edward Gladden, CO Trustee
2700 San Mateo NE
Albuquerque, NM 87110

4a. Article Number
135 857 295

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

7. Date of Delivery

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

5. Signature (Addressee)
Mary K. Mossman

6. Signature (Agent)

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

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 card to the mailpiece, or on the back if space does not permit.
• Write clearly in ink.
• The return receipt is delivered.

Richardson/12-9(04/06/95)
March 15, 1995

3. Article Addressed to:
City of Farmington
800 Municipal Drive
Farmington, NM 87401

4a. Article Number
135 857 299

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

7. Date of Delivery
3-16-95

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

5. Signature (Addressee)
John A. ...

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

P 135 852 485



Receipt for Certified Mail

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

Manon Markham McMullen
2200 Berkley
Wichita Falls, TX 76308

Postage and Fees	
Registration Fee	
Insurance (if shown)	
Postage and Fees	

P 135 851 295



Receipt for Certified Mail

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

Fred A. Mossman & Mary K. Mossman Trust
c/o Edward Gladden, CO Trustee
2700 San Mateo NE
Albuquerque, NM 87110

Postage and Fees	
Registration Fee	
Insurance (if shown)	
Postage and Fees	

Richardson/12-9(04/06/95)
March 15, 1995

Postage and Fees	
Registration Fee	
Insurance (if shown)	
Postage and Fees	

City of Farmington
800 Municipal Drive
Farmington, NM 87401

Postage and Fees	
Registration Fee	
Insurance (if shown)	
Postage and Fees	

Richardson/12-9(04/06/95)
March 15, 1995

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 is 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.

1. Article Addressed to:Weldon C. Julander, Ila Mae Julander
POB 2773
Littleton, CO 80161

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

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

Consult postmaster for fee.

4a. Article Number

135 857 358

4b. Service Type

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

7. Date of Delivery

3-20-96

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

Signature (Addressee)

Signature (Agent)

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

P 135 852 478

Receipt for Certified MailNo Insurance Coverage Provided
Do not use for International Mail
(See Reverse)Weldon C. Julander, Ila Mae Julander
POB 2773
Littleton, CO 80161

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	

Richardson/12-4(04/06/95)
March 15, 1995

PS F 800, June 1991

Thank you for using Return Receipt Service

P 135 852 481

**Receipt for Certified Mail**No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)Sammy B. Reiser
POB 190
Windsor, CO 80550

PS F 800, June 1991

Richardson/12-4(04/06/95)
March 15, 1995

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	

P 135 852 480

**Receipt for Certified Mail**No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)Teddy A. Reiser
9914 Lawndale
Kansas City, MO 64137

PS F 800, June 1991

Richardson/12-4(04/06/95)
March 15, 1995

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	

Richardson/12-9 (04/06/95)
March 15, 1995