

**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. 11247

Application of Richardson Operating
Company for compulsory pooling, downhole
commingling and an unorthodox gas well
location, ROPCO Fed "12" Well No. 3,
San Juan County, New Mexico.

**BEFORE THE
OIL CONSERVATION DIVISION**
Case No. 11247 Exhibit No. **26**
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

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.
 A*
 doe Richardson/12-3(04/06/95)
 • V
 T
 delivered. 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:
 Arnold E. Carle
 c/o Genevieve Carle
 POB 4325
 Bancouver, WA 98662-0325

4a. Article Number
 135 851 374

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

7. Date of Delivery

5. Signature (Addressee)
Genevieve M Carle

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 135 851 374

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

Arnold E. Carle
 c/o Genevieve Carle
 POB 4325
 Bancouver, WA 98662-0325

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	\$

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.
 A*
 doe Richardson/12-3(04/06/95)
 • V
 T
 delivered. 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:
 Manon Markham McMullen
 2200 Berkley
 Wichita Falls, TX 76308

4a. Article Number
 135 851 373

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

7. Date of Delivery
 3-17-95

5. Signature (Addressee)
Mary Deberry

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 135 851 373

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

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	\$

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.
 A*
 doe Richardson/12-3(04/06/95)
 • V
 T
 delivered. 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:
 United State of America
 Bureau of Land Management
 c/o Duane Spencer
 1235 La Plata Highway
 Farmington, NM 87401

4a. Article Number
 209 485 141

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

7. Date of Delivery
 3-16-95

5. Signature (Addressee)

6. Signature (Agent)
Conna M Randall

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.

193

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

United State of America
 Bureau of Land Management
 c/o Duane Spencer
 1235 La Plata Highway
 Farmington, NM 87401

PS Fo

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	\$

Richardson/12-3(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 this form to the front of the mailpiece in the space does not
- Write **Richardson/12-3(04/06/95)** number.
- The **March 15, 1995** 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:

City of Farmington
800 Municipal Drive
Farmington, NM 87401

4a. Article Number
135 851 364

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
3/17/95

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

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

P 135 851 364

Receipt for Certified Mail

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

City of Farmington
800 Municipal Drive
Farmington, NM 87401

00 June 1991	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom's Date Delivered	
	Return Receipt Showing to Whom Date, and Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	

Richardson/12-3(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.
• Richardson/12-3(4/6/95)
• March 21, 1995
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:
Fred Edward Duff
TE Duff Trust
POB 9908
Midland, TX 79708

4a. Article Number
091 495 903

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

7. Date of Delivery
3-23-95

5. Signature (Addressee)
[Signature]

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

Z 091 495 903



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

Sent to
Fred Edward Duff
TE Duff Trust
POB 9908
Midland, TX 79708

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
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:
Wayne Tarpley
POB 337
Aztec, NM 87410

4a. Article Number
135 851 341

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

7. Date of Delivery
3-15-95

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

100, June 1991

Wayne Tarpley
POB 337
Aztec, NM 87410

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	

100, June 1991

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

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

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	

Richardson/12-3(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.
• Richardson/12-3(04/06/95)
• March 15, 1995
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:
Hugh J. Mitchell, Trustee:
Hugh J. Mitchell, Raimonda Mitchell
Revocable Trust
4240 N. Buena Vista Ave.
Farmington, NM 87401

4a. Article Number
135 851 351

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

7. Date of Delivery
3/18/95

5. Signature (Addressee)
[Signature]

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

6. Signature (Agent)

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 permits.

Richardson/12-3(4/6/95)
 March 21, 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:
 Judith Dianne Duff Leach
 4000 Shenandoah NE
 Albuquerque, NM 87111

4a. Article Number
 091 495 902

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

7. Date of Delivery
 3-22-95

5. Signature (Addressee)
 Judith Duff Leach

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.

2 091 495 902



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

Judith Dianne Duff Leach
 4000 Shenandoah NE
 Albuquerque, NM 87111

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	\$

March 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 this form to the front of the mailpiece, or on the back if space permits.

Richardson/12-3(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:
 Weldon C. Julander, Ila Mae Julander
 POB 2773
 Littleton, CO 80161

4a. Article Number
 135 852 478

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

7. Date of Delivery
 3-20-95

5. Signature (Addressee)
 Weldon C. Julander

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.



Receipt for Certified Mail
 No 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	\$

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

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

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

Richardson/12-3(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 this form to the front of the mailpiece, or on the back if space permits.

Richardson/12-3(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
 135 851 360

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

7. Date of Delivery
 3/18/95

5. Signature (Addressee)
 Paula 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.

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.

• A _____ if space
 doe: Richardson/12-3(04/06/95)
 • V March 15, 1995
 • T _____
 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:
 Northern Specialty Company, Inc.
 c/o JC Patterson
 308 S. Ivie Ave.
 Farmington, NM 87401

4a. Article Number
 135 851 362

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

7. Date of Delivery
 3-20

5. Signature (Addressee)

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 135 851 362
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

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

Used to Determine Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom's 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.

• A _____ if space
 doe: Richardson/12-3(04/06/95)
 • V March 15, 1995
 • T _____
 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:
 JJ DeWeerd
 730 Country Club Dr.
 Silver City, NM 88061

4a. Article Number
 135 851 366

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

7. Date of Delivery
 3-17

5. Signature (Addressee)

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 135 851 366
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

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

Used to Determine Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom's 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.

• A _____ if space
 doe: Richardson/12-3(04/06/95)
 • V March 15, 1995
 • T _____
 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:
 Denver & Rio Grand Western Railroad
 c/o Bill Miller
 555 17th Street,
 Ste. 2400
 Denver, CO 80202-3987

4a. Article Number
 135 851 367

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

7. Date of Delivery
 3/20

5. Signature (Addressee)

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 135 851 367
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Denver & Rio Grand Western Railroad
 c/o Bill Miller
 555 17th Street,
 Ste. 2400
 Denver, CO 80202-3987

Used to Determine Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom's Date Delivered	
Return Receipt Showing to Whom's Date and Addressee's Address	
Postmaster's Fee	\$

Richardson/12-3(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 this form to the front of the mailpiece, or on the back if space does not permit.
 • Write "Return Receipt" on the back if space does not permit.
 • The Return Receipt will show to whom delivered.

1 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 C. Callow
 c/o Jeff Callow
 626 Craig Street
 Walla Walla, WA 99362-3349

4a. Article Number
 135 851 369

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

7. Date of Delivery
 2-20-95

5. Signature (Addressee)
[Signature]

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 135 851 369
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Glenn C. Callow
 c/o Jeff Callow
 626 Craig Street
 Walla Walla, WA 99362-3349

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Postage	
Postage and Fees	
Postage and Fees (Total)	

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" on the back if space does not permit.
 • The Return Receipt will show to whom delivered.

1 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
 135 851 370

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

7. Date of Delivery
 3-22-95

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.

P 135 851 370
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

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

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Postage	
Postage and Fees	
Postage and Fees (Total)	

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" on the back if space does not permit.
 • The Return Receipt will show to whom delivered.

1 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
 135 851 371

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

7. Date of Delivery
 3

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 135 851 371
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

Richardson/12-3(04/06/95)
 March 15, 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Postage	
Postage and Fees	
Postage and Fees (Total)	

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) check if space
 March 15, 1995 article number, ordered and the date delivered.

3. Article Addressed to:
 Rosalind Redfern
 POB 2127
 Midland, TX 79702

4a. Article Number
 135 851 372

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)
S. Matthew

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

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

P 135 851 372
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail (See Reverse)

Rosalind Redfern
 POB 2127
 Midland, TX 79702

Special Delivery Fee	
Restricted Delivery Fee	

Thank you for using Return Receipt Service.

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) check if space
 March 15, 1995 article number, ordered and the date delivered.

3. Article Addressed to:
 Christmann Mineral Company
 1500 Broadway
 Ste 800
 Lubbock, TX 79401

4a. Article Number
 209 485 142

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

7. Date of Delivery
 3-20-95

5. Signature (Addressee)
S. Matthew

6. Signature (Agent)
S. Matthew

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

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

2 209 485 142
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

PS For

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

Thank you for using Return Receipt Service.

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) check if space
 March 15, 1995 article number, ordered and the date delivered.

3. Article Addressed to:
 Roderick Allen Markham
 1500 Broadway
 Ste. 1212
 Lubbock, TX 79401

4a. Article Number
 209 485 143

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

7. Date of Delivery
 3-20-95

5. Signature (Addressee)
Roderick Allen Markham

6. Signature (Agent)
S. Matthew

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

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

2 209 485 143
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

PS For

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	
PS Form 3811, December 1991	\$
Postmaster's Date	

Thank you for using Return Receipt Service.

Richardson/12-3(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.

1. Registered Insured
2. Certified COD
 Express Mail Return Receipt for Merchandise

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

4a. Article Number
 135 851 304

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

7. Date of Delivery
 3/15/95

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

5. Signature (Addressee)

6. Signature (Agent)

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

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

Thank you for using Return Receipt Service.

P 135 851 301
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 Postage & Fees	\$

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

P 135 851 363
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail (See Reverse)

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

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/12-3(04/06/95)
 March 15, 1995

800, June 1991

P 135 851 356
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail (See Reverse)

Feddy A. Reiser
 3914 Lawndale
 Kansas City, MO 64137

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/12-3(04/06/95)
 March 15, 1995

800, June 1991

P 135 851 355
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail (See Reverse)

Sammy B. Reiser
 POB 190
 Windsor, CO 80550

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/12-3(04/06/95)
 March 15, 1995

800, June 1991

P 135 851 359



Receipt for Certified Mail

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

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

Quantity	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Postage & Fees	\$

300, June 1991

Richardson/12-3(04/06/95)
March 15, 1995

P 135 851 368



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

Quantity	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Postage & Fees	\$

300, June 1991

Richardson/12-3(04/06/95)
March 15, 1995

P 135 851 365



Receipt for Certified Mail

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

Ruth Tanner Wheeler
2655 N. Olympic Circle
Mesa, AZ 85205

Quantity	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Postage & Fees	\$

300, June 1991

Richardson/12-3(04/06/95)
March 15, 1995

Thank you for using Return Receipt Service.

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 available.

Richardson/12-3(04/06/95)
March 15, 1995

3. Article Addressed to:
Sammy B. Reiser
POB 190
Windsor, CO 80550

4a. Article Number
135 851 355

4b. Service Type
 Registered
 Certified
 Insured
 COD

5. Express Mail Return Receipt for Merchandise

7. Date of Delivery
MAR 15 1995

8. Addressee's Address (Only if requested and fee is paid)
1906

5. Signature (Addressee)

6. Signature (Agent)

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

P 135 851 354



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

Quantity	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Postage & Fees	\$

300, June 1991

Richardson/12-3(04/06/95)
March 15, 1995