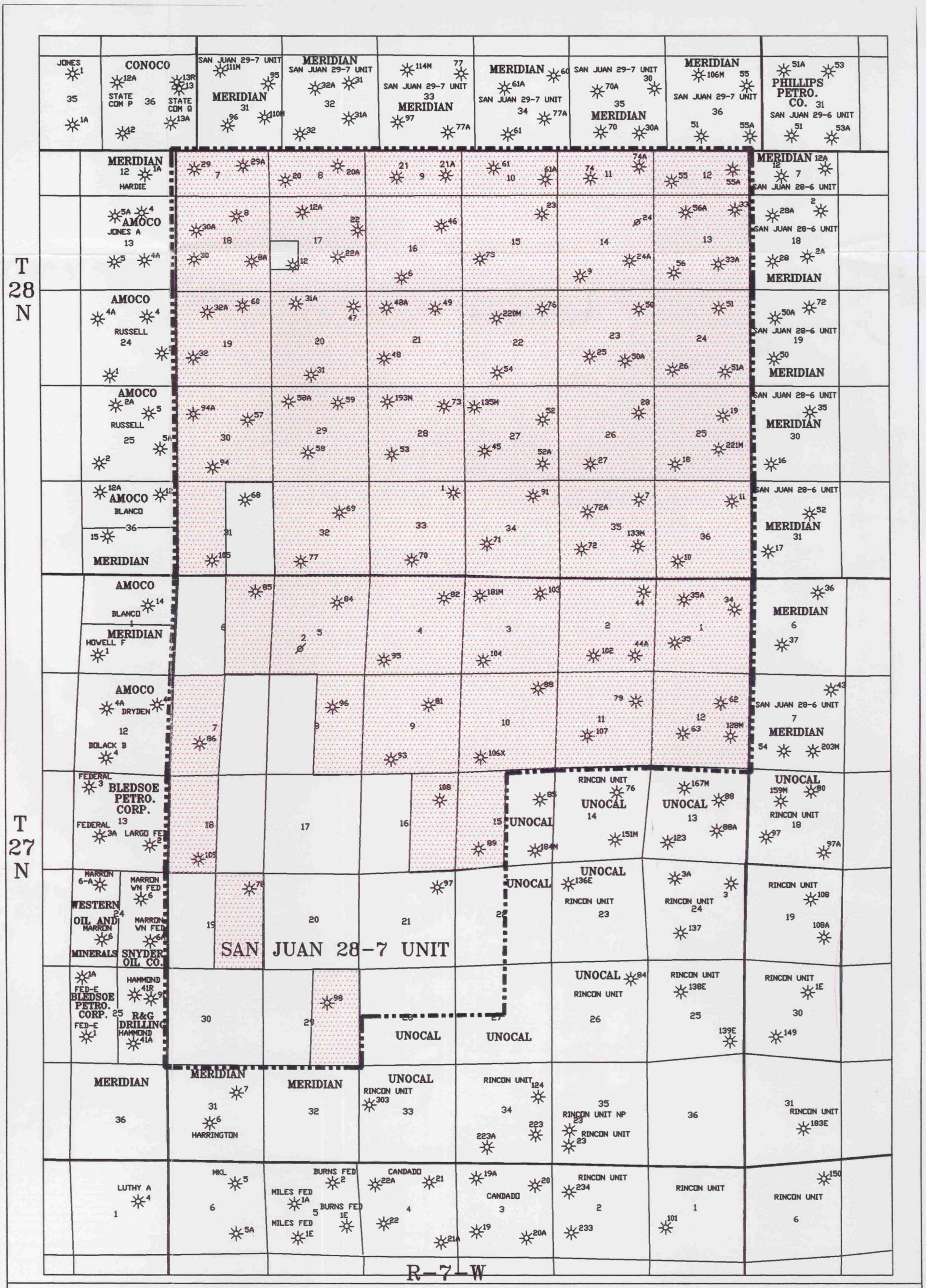


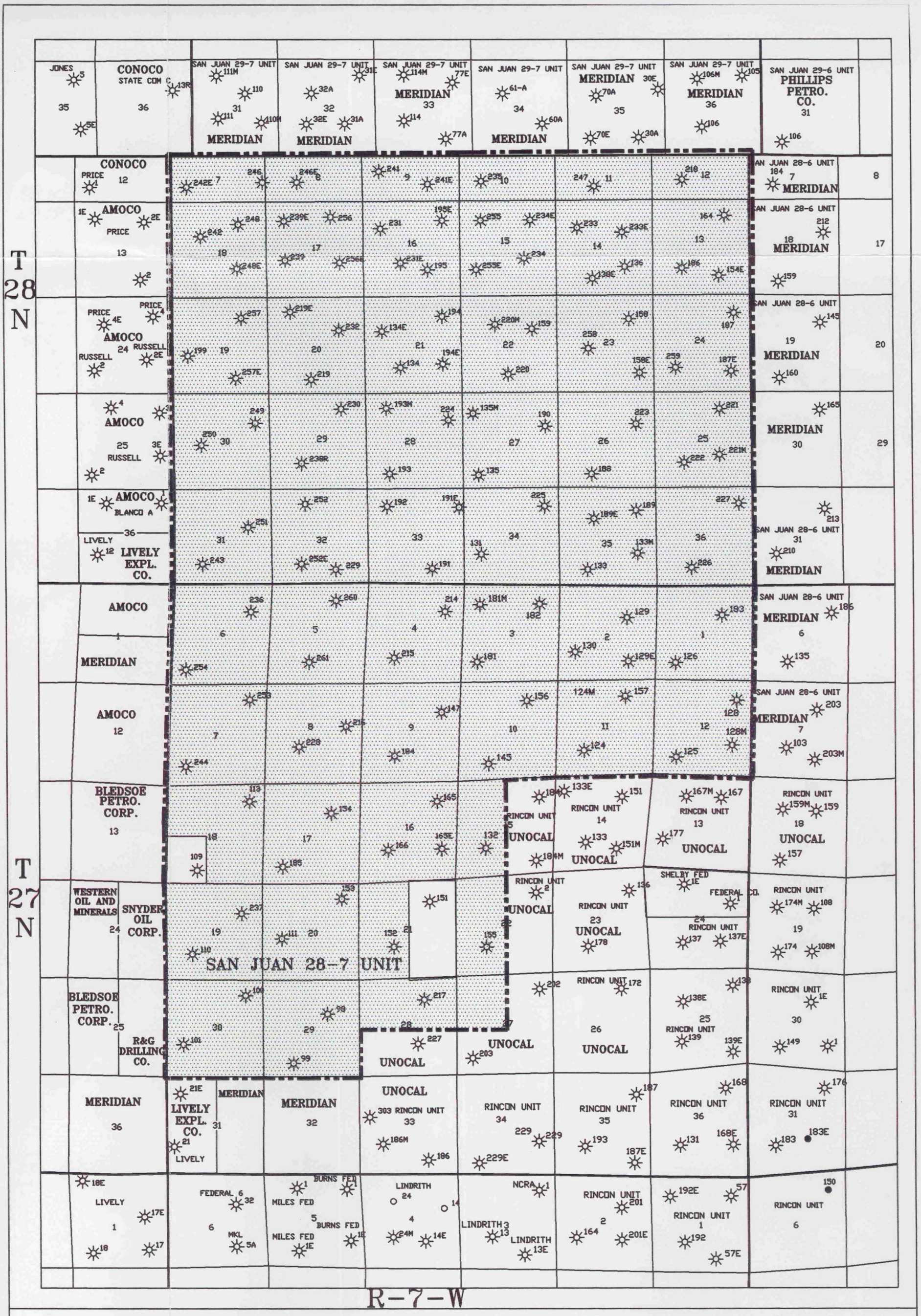
SAN JUAN 28-7 UNIT

MESA VERDE P/A

RIO ARRIBA COUNTY, NEW MEXICO

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 1
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995



DAKOTA COMPLETIONS

DAKOTA PARTICIPATING AREA

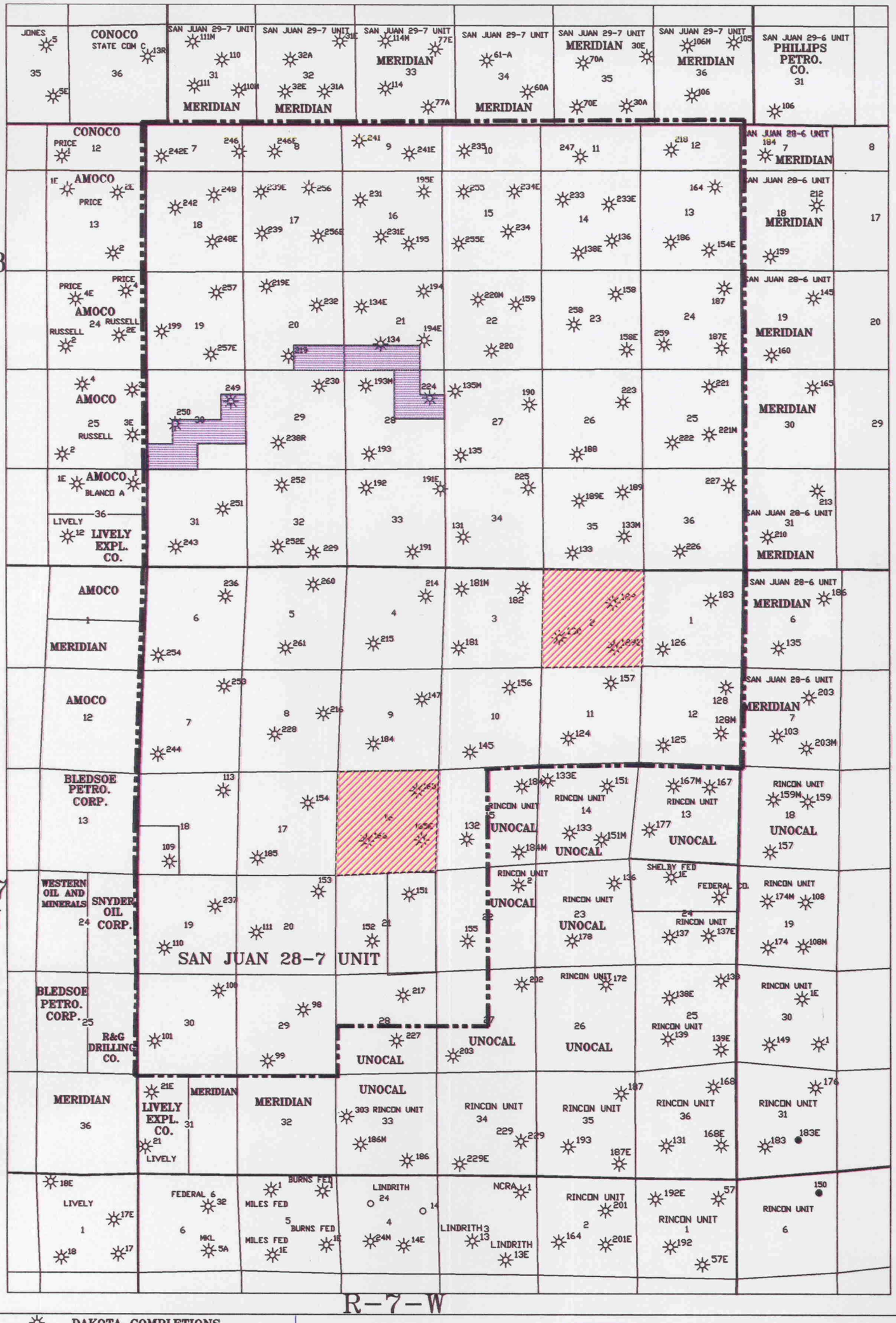
28-7 UNIT BOUNDARY

conoco

SAN JUAN 28-7 UNIT
DAKOTA P/A
RIO ARRIBA COUNTY, NEW MEXICO

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 2
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995



DAKOTA COMPLETIONS

FEDERAL LAND - 95% of unit

STATE OF NEW MEXICO LANDS - 4% of unit

FEE LAND - 1% of unit

28-7 UNIT BOUNDARY

conoco

SAN JUAN 28-7 UNIT

RIO ARRIBA COUNTY, NEW MEXICO

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 3

CASE NO.: 11349

Submitted by: Conoco Inc.

Hearing Date: July 27, 1995

United States Department of the Interior

BUREAU OF LAND MANAGEMENT
Farmington District Office
1235 La Plata Highway
Farmington, New Mexico 87401

IN REPLY REFER TO:
San Juan 28-7 (MV PA)
San Juan 28-7 (DK PA)
3162.7-3 (07327)

July 7, 1995

Mr. Jerry W. Hoover
Sr. Conservation Coordinator
Conoco Inc.
10 Desta Drive, Suite 100W
Midland, TX 79705-4500

RE: San Juan 28-7 Unit
Application for Approval
Unit-wide Downhole Commingling
Mesaverde and Dakota Formations
Rio Arriba County, New Mexico

Dear Mr. Hoover:

The Farmington District Office (FDO) of the Bureau of Land Management (BLM) has received your letter dated June 22, 1995, for downhole commingling of the Blanco Mesaverde (MV) and Basin Dakota (DK) Formations in the above referenced unit.

In your application you have outlined allocation for the existing DK wells that will be completed in the MV formation and for the new MV-DK completions. In the existing wells, mid-year projections for DK production will be used to determine the allocated production for each formation. In the new wells, approximately three (3) months of production data from each producing zone will be used in establishing allocated production for each zone.

The methods you have proposed have been reviewed and approval of your application is hereby granted. A condition of this approval, is that an allocation formula is submitted for each well. When submitting individual well allocation factors, please reference this approval.

Under provisions of 43 CFR 3165.3, you may request an Administrative Review of the order(s) described above. Such request, including all supporting documents, must be filed in writing within 20 business days of receipt of this notice and must be filed with the State Director, Bureau of Land Management, P. O. Box 27115, Santa Fe, New Mexico 87502-0115. Such request shall not result in a suspension of the order(s) unless the reviewing official so determines. Procedures governing appeals from instructions, orders or decisions are contained in 43 CFR 3165.4 and 43 CFR 4.400 ***et seq***.

We appreciate the opportunity to work with Conoco Inc. on a cooperative approach to solving a otherwise time consuming and complicated project. It is efforts such as these that will hopefully expedite future applications and projects.

If you have further questions regarding this matter, please contact Brian W. Davis at (505) 599-6367 or (505) 599-8900.

Sincerely,

Duane W. Spencer
Chief, Branch of Reservoir Management

ENCLOSURE
1 - Application

cc:
Tom Scarbrough, Conoco, Midland w/o encl
Matt Stanley, Conoco, Midland w/o encl

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 4
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

State of New Mexico
Commissioner of Public Lands

RAY POWELL, M.S., D.V.M.
COMMISSIONER

310 OLD SANTA FE TRAIL P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

(505) 827-5760
FAX (505) 827-5766

RECEIVED
CONOCO, INC.
JUL 21 1995
LAND DEPT.

July 19, 1995

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500

Attn: Mr. Tom Scarbrough

Re: Application to Downhole Commingling
San Juan 28-7 Unit
Downhole Commingling of
Mesaverde and Dakota Production
Rio Arriba County, New Mexico

Dear Mr. Scarbrough:

This office is in receipt of your letter of June 28, 1995 wherein you have requested our approval to downhole commingle, after an appropriate test period to determine allocations, the Mesaverde and Dakota production in the San Juan 28-7 Unit.

It is our understanding that the condensate gravities and BTU values are similar for both pools and that there will be no revenue or royalty loss due to commingling.

Since it appears that there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, the above-mentioned request is hereby approved. Any deviation from the substance of your request will be sufficient grounds for rescinding our approval. Our approval is subject to like approval by the New Mexico Oil Conservation Division and the Bureau of Land Management.

Your filing fee in the amount of thirty ($30.00) dollars has been received.

After the appropriate test period, please provide this office with the allocation data for the State's wells.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY POWELL, M.S., D.V.M.
COMMISSIONER OF PUBLIC LANDS

BY: Jami Bailey
JAMI BAILEY, Deputy Director
Oil, Gas and Minerals Division
(505) 827-5745

RP/JB/pm

cc: Reader File
OCD-Attn: Mr David Catanach
BLM-Attn: Mr. Duane Spencer

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 5
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

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

APPLICATION OF CONOCO INC. CASE:
FOR DOWNHOLE COMMINGLING
RIO ARRIBA COUNTY, NEW MEXICO.

SUMMARY OF APPLICATION

(1) Conoco Inc. is the operator of the San Juan 28-7 Unit which currently contains approximately 110 Mesaverde wells (See Exhibit "A") and approximately 127 Basin Dakota Gas Pool wells (See Exhibit "B") all located within an area consisting of the following described acreage:

TOWNSHIP 28 NORTH, RANGE 7 WEST, NMPM
Sections 7-36: All

TOWNSHIP 27 NORTH, RANGE 7 WEST, NMPM
Sections 1-12: all
Section 15: W/2
Sections 16-21: All
Section 22: W/2
Section 27: NW/4
Section 28: N/2
Sections 29-30: All

(2) In the absence of special circumstances, Division general state-wide Rule 303(C) requires that administrative applications for downhole commingling of gas production be submitted, processed and approved on a well by well basis.

(3) Sufficient data is now available from existing wells in the San Juan 28-7 Unit to support the Division approving on an "area-wide" basis the downhole commingling of Dakota and Mesaverde gas production within the Unit, including the approval of 17 new wells to be drilled as downhole commingled Dakota-Mesaverde wells and the approval to convert 14 existing Dakota wells by downhole commingling Dakota and Mesaverde production within those wellbores.

(4) In order to recover significant additional remaining Dakota and Mesaverde production from the Unit, Conoco Inc. intends to undertake an "infill" program which is more effectively and efficiently accomplished by downhole commingling all Dakota and Mesaverde production from any existing wells and any new wells.

(5) Conoco has proposed and staked the location of seventeen (17) new wells which it desires to drill initially as downhole commingled Mesaverde-Dakota wells. Conoco also seeks approval of unorthodox well locations for the San Juan 28-7 Unit Well No. 125 and Well No. 157 which are required because of topographical restrictions. Also, Conoco has initially identified fourteen (14) existing Dakota wells in the Unit which it desires to recomplete as downhole commingled production by adding the Mesaverde formation to those wellbores.

(6) Finally, there exists the potential within the San Juan 28-7 Unit for an additional thirty (38) new wells which can be initially drilled as downhole commingled Mesaverde and Dakota wells.

(7) Production from the Dakota pool is now either marginal or uneconomic from many existing wells within the Unit and the economic life of that production is extended if it is downhole commingled by adding the Mesaverde in those wellbores. The approval of downhole commingling of these formations in the Unit will extend the economic life of the existing wells and thereby increase ultimate recovery from these formations.

(8) Conoco Inc. requests the adoption of a summary administrative procedure, without further notice and hearing, with the necessary exceptions to Division Rule 303(C) so that the Supervisor of the Aztec District Office of the Division shall approve the downhole commingling of said production on an area-wide basis for the Unit.

(9) Because the Participating Areas for the Mesaverde formation and for the Dakota formation are different, the ownership is not common among these two formations within the San Juan 28-7 Unit.

(10) Conoco also seeks an exception from Rule 303-C-(1)(b)(ii) and (vi) to allow for crossflow and a bottomhole pressure differential of more than 50 percent.

(11) Conoco Inc. will submit at the hearing, its proposed formula for the allocation of production to each of the commingled zones and/or a description of the factors or data to be used by the OCD-Aztec in determining such a formula.

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 6
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

SAN JUAN 28-7 UNIT

LISTS OF:

Royalty Interest Owners

Carried working Interest Owners

Working Interest Owners

Overriding Royalty Interest Owners

Royalty Interest Owners

REGISTERED MAIL RECEIPTS

In Mesaverde & Dakota PA + offset Operators

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 7
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

SAN JUAN 28-7 UNIT

ROYALTY INTEREST OWNERS, CARRIED WORKING INTEREST OWNERS, WORKING INTEREST OWNERS AND OVERRIDING ROYALTY INTEREST OWNERS MESAVERDE AND DAKOTA INTERESTS

Interest Owner	Interest Type*	Mesaverde	Dakota
ROYALTY INTEREST OWNERS			
Commissioner of Public Lands, State of New Mexico	RI	0.0026274	0.0045923
Nora I. Jacquez	RI	0.0007984	0.0007158
Minerals Management Service	RI	0.0886367	0.1033880
Gerald G. Williams & Alta Jane Williams	RI	0.0007985	0.0007157
CARRIED WORKING INTEREST OWNERS			
Conoco A/C Atwell & Co.	CWI	0.0000011	0.0000018
Conoco A/C Shirley Bernstein	CWI	0.0000010	0.0000017
Conoco A/C Kathleen B. Lipkins	CWI	0.0000003	0.0000004
Mesa Royalty Trust	CWI	0.0043345	0.0070311
WORKING INTEREST OWNERS			
Mary Jeanne Simmons Banks	WI	0.0019229	0.0009720
Cindy Brady	WI	—	0.0002912
Conoco Inc.	WI	0.5021842	0.5094127
El Paso Production Co.	WI	0.2991184	0.2304503
Koch Exploration	WI	—	0.0394606
June Simmons Lively	WI	0.0019229	0.0009720
Kathleen McLane Trust	WI	—	0.0002912
Michael S. McLane Trust	WI	—	0.0002911
W. G. Peavy Oil Company	WI	0.0010646	0.0008736
D. J. Simmons Co. Ltd. Partnership	WI	0.0230745	0.0116634
Helen Louise Simmons	WI	0.0019228	0.0009720
Carolee Simmons Smith	WI	0.0019229	0.0009719
Texaco Exploration & Production, Inc.	WI	—	0.0056372
Dawn J. Turnbull	WI	—	0.0002912
Derrick Turnbull	WI	—	0.0002912
Elizabeth J. Turner-Calloway	WI	—	0.0003494
J. Glenn Turner, Jr.	WI	—	0.0003494
John Lee Turner	WI	—	0.0003494
Mary F. Turner Trust No. 6743	WI	—	0.0003494
University of Texas Law School Foundation	WI	0.0005323	0.0004368
UNOCAL	WI	0.0111365	0.0091389
Denise Turnbull Williams	WI	—	0.0002912
The Wiser Oil Company	WI	0.0047725	0.0034265
OVERRIDING ROYALTY INTEREST OWNERS			
Joe Renee Abbott	ORRI	0.0002129	0.0001747
John B. Allinson, Jr.	ORRI	0.0000320	0.0000197
Amoco Production Co.	ORRI	**0.0002615	0.0010014
Lucille Anderson	ORRI	—	0.0000450
Verneal Anderson	ORRI	—	0.0000450
Jerry J. Andrew	ORRI	0.0000179	0.0000148
W. R. Archer, U/W/O Eleanor M. Archer Trustee	ORRI	0.0001057	0.0001000
Virginia Ann Asher	ORRI	—	0.0000075
Atlantic Richfield Co.	ORRI	**0.0005988	0.0004914

*Legend: ***WI*** - Working Interest ***CWI*** - Carried Working Interest ***RI*** - Royalty Interest ***ORRI*** - Overriding Royalty Interest

**Oil ORRI used; Gas ORRI unavailable.

Interest Owner	Interest Type*	Mesaverde	Dakota
ROYALTY INTEREST OWNERS			
Joyce K. Atttebury	ORRI	—	0.0000150
Douglas E. Atwill	ORRI	0.0000042	0.0000044
Edward R. Atwill	ORRI	0.0000080	0.0000072
James H. Atwill	ORRI	0.0000080	0.0000072
Pamela Gray Baldwin	ORRI	0.0000049	0.0000045
Mary Jean Simmons Banks	ORRI	0.0001986	—
R. E. Beamon, III	ORRI	0.0002132	0.0001838
John Nickson Beers	ORRI	0.0003527	0.0002988
Marcia Berger	ORRI	**0.0000232	—
Theodore J. Blechar	ORRI	0.0000851	0.0001593
Bolack Minerals Company	ORRI	0.0012787	0.0019675
Hazel Ashley Bracken	ORRI	0.0000206	0.0000187
Anita Briggs	ORRI	0.0000852	0.0001593
Herbert R. Briggs	ORRI	**0.0000232	0.0000887
William C. Briggs	ORRI	**0.0000232	0.0000887
Betsy Henderson Bryant	ORRI	0.0000670	0.0000637
Harriet M. Buchenau	ORRI	0.0000845	0.0000726
James W. Childress	ORRI	0.0001455	0.0001270
Shirley Childress	ORRI	0.0001455	0.0001271
Carolyn Judith Combs	ORRI	0.0000325	0.0000010
William Warren Cooper	ORRI	0.0000327	0.0000010
Sally Covington	ORRI	0.0002248	0.0001955
Creps Family Trust dated 12-5-91	ORRI	0.0000745	0.0000708
Frank Cronican & Harriet Cronican Trust	ORRI	—	0.0000994
H. B. Cronican Revocable Trust 11-19-81	ORRI	**0.0000260	—
Cross Timbers Oil Co	ORRI	0.0005110	0.0005871
Davant Family Trust C U/A dated 11-19-86	ORRI	0.0001854	0.0001766
Jeremy S. Davis	ORRI	0.0000474	0.0000435
Waters S. Davis, III	ORRI	0.0000478	0.0000427
Sam Dazzo, Sr., Trustee for Samuel Lionel Dazzo and Frances Joy Dazzo U/T/A dated 5-18-83	ORRI	0.0026668	0.0128250
Thelma Demott	ORRI	—	0.0000450
Lynn E. Desper	ORRI	0.0000485	0.0000423
Barbara Reese Dinges	ORRI	0.0000052	0.0000046
Martha Dixon	ORRI	0.0000851	0.0001595
James Duffin	ORRI	0.0000450	0.0000392
Thomas R. Duffin	ORRI	0.0000450	0.0000391
Robert N. Dumble, Jr.	ORRI	0.0000084	0.000070
Mitzi H. Easley	ORRI	0.0000670	0.0000637
Jane Taylor Ebersole	ORRI	0.0000387	0.0000572
Bessie E. Evans	ORRI	—	0.0000450
James L. Fashing Irrevocable Trust	ORRI	0.0000028	0.0000023
R. H. Feuille	ORRI	0.0000192	0.0000181
Catherine M. Florance Trust	ORRI	0.0022297	0.0021174
Douglas E. Florance Trust	ORRI	0.0022296	0.0021174
Florence A. Florance Trust	ORRI	0.0055739	0.0052933
James J. Florance Trust	ORRI	0.0022294	0.0021174
Maureen E. Florance Trust	ORRI	0.0022296	0.0021173
Maurice J. Florance, Jr., Trust	ORRI	0.0022295	0.0021173
Hazle L. Gentle	ORRI	0.0000081	0.0000104
Kathlyn H. Gibson Estate	ORRI	0.0003061	0.0002723
Richard Godfrey	ORRI	0.0001277	0.0001468

*Legend: ***WI*** - Working Interest ***CWI*** - Carried Working Interest ***RI*** - Royalty Interest ***ORRI*** - Overriding Royalty Interest

**Oil ORRI used; Gas ORRI unavailable.

Interest Owner	Interest Type*	Mesaverde	Dakota
ROYALTY INTEREST OWNERS			
Charles B. Gonsales	ORRI	—	0.0000393
Emily D. Grambling	ORRI	0.0000384	0.0000364
John A. Grambling	ORRI	0.0000479	0.0000454
David H. Gray	ORRI	0.0000192	0.0000175
John L. Gray	ORRI	0.0000141	0.0000131
Thyra Gregersen	ORRI	—	0.0000075
A. R. Grover, San Juan Royalty JV-90	ORRI	0.0000069	—
Arden R. Grover	ORRI	—	0.0000065
Grover Bros. Ltd. Ptnshp., San Juan Royalty JV-90	ORRI	0.0000070	0.0000064
Mabel Glenn Ham Revocable Trust	ORRI	0.0003061	0.0002729
Hanson-McBride Petro. Co.	ORRI	0.0033158	0.0029918
Emilie M. Hardie Royalty Trust	ORRI	0.0000240	0.0000228
Mary Elizabeth Hardie Royalty Trust	ORRI	0.0000239	0.0000226
William B. Hardie, Sr. Royalty Trust	ORRI	0.0000383	0.0000363
Nancy H. Harman	ORRI	—	0.0003538
Patricia G. Harvey	ORRI	0.0000479	0.0000455
Helen L. Hedrick	ORRI	0.0004756	0.0004306
David Henderson	ORRI	0.0000205	0.0000192
Marguerite E. Hess	ORRI	—	0.0000150
Mozelle C. Hill	ORRI	0.0001278	0.0001468
Valetta S. Hill	ORRI	0.0001549	0.0001168
Anna Celia Howell Hilton	ORRI	0.0000095	0.0000089
Willadean Hirsch	ORRI	—	0.0000944
Ben R. Howard	ORRI	—	0.0002767
Mary Anne Howard & Robert Howard, Joint Tenants	ORRI	0.0000130	0.0000123
Ben R. Howell Trust	ORRI	0.0000479	—
Howell Grandchildren's Trust	ORRI	0.0000096	0.0000090
Howell Trust Estate	ORRI	—	0.0000455
Glen D. Hughes	ORRI	0.0002294	0.0002041
Elizabeth T. S. Hutchins	ORRI	0.0002419	0.0002901
Mary Doll Ingram	ORRI	0.0000249	0.0000205
Cyrene L. Inman	ORRI	**0.0000458	0.0001751
Marcellene Giesken Jacks	ORRI	—	0.0000450
Madeline Howell Jastrzembski	ORRI	0.0000096	0.0000091
Richard A. Jennings	ORRI	0.0000012	0.0000011
W. L. Jennings	ORRI	0.0000041	0.0000038
Eula May Johnston Trust	ORRI	0.0000718	0.0000587
James J. Johnston	ORRI	0.0000180	0.0000147
V. A. Johnston Family Trust	ORRI	0.0000178	0.0000147
Harvey A. Jorgensen	ORRI	—	0.0000449
E. F. Kalb Estate	ORRI	0.0000279	0.0000228
Margaret A. Kearns Trust, U/A F/B/O Helene D. Gorman, Helene D. Gorman, Trustee	ORRI	0.0000759	0.0000724
Margaret A. Kearns Trust, F/B/O James B. Draper, James B. Draper, Trustee	ORRI	0.0000759	0.0000724
W. D. Kennedy	ORRI	0.0000138	0.0000134
W. A. Kernaghan	ORRI	0.0001277	0.0001048
Terry H. Kessler	ORRI	—	0.0000150
William D. Lakey	ORRI	**0.0001597	0.0002621
Richard H. Landsheft, Jr.	ORRI	0.0000485	0.0000424
William B. Landsheft	ORRI	0.0000485	0.0000424
Mildred Lane	ORRI	0.0002127	0.0001745
B. H. Langford, % Eppler, Guerin & Turner	ORRI	—	0.0000078

*Legend: ***WI*** - Working Interest ***CWI*** - Carried Working Interest ***RI*** - Royalty Interest ***ORRI*** - Overriding Royalty Interest

**Oil ORRI used; Gas ORRI unavailable.

Interest Owner	Interest Type*	Mesaverde	Dakota
ROYALTY INTEREST OWNERS			
Ben Howell Langford, % Principal Financial Group	ORRI	0.0000096	0.0000011
Richard Parker Langford	ORRI	0.0000096	0.0000092
Margaret Allinson Laycock	ORRI	0.0000319	0.0000196
Alice S. Leck Trust	ORRI	0.0002130	0.0001747
James R. Leeton, Jr.	ORRI	0.0000007	0.0000012
Trust for Zelma W. Lets, the Colorado Springs Nat. Bank	ORRI	—	0.0000283
June Simmons Lively	ORRI	0.0001985	—
Elizabeth H. Lund Royalty Trust	ORRI	0.0000240	0.0000228
Pattie Beamon Lundell	ORRI	0.0001687	0.0001470
C. Fred Luthy	ORRI	—	0.0001751
Fred Luthy, Jr.	ORRI	**0.0000456	
McBride Production Trust	ORRI	0.0000204	0.0000260
William Clay McCord, Jr. Trust #13647-02	ORRI	0.0000067	0.0000099
Mary McCulley	ORRI	0.0000320	0.0000456
Kathy Duffin McKnab	ORRI	0.0000449	0.0000390
Faye M. MacIntosh Trust	ORRI	—	0.0002241
Harry A. MacIntosh 122600	ORRI	0.0003097	0.0002335
Helen P. Matthews	ORRI	0.0005110	0.0005870
Cynthia Gray Milani	ORRI	0.0000047	0.0000045
Ann McCord Miller Trust #13647-01	ORRI	0.0000066	0.0000098
Sarah S. Mims Trust	ORRI	0.0001804	0.0000725
Michelle D. Minica Irrevocable Trust	ORRI	0.0000028	0.0000023
L. J. & R. R. Money 1990 Trust dated 10-9-90	ORRI	0.0000134	0.0000131
Kelley A. Murrell	ORRI	0.0000320	0.0000197
Joseph Richard Nickson	ORRI	0.0003528	0.0002988
Martha J. Nickson	ORRI	0.0003527	0.0002989
Roger B. Nielsen	ORRI	**0.0000463	0.0001775
The Nordan Trust	ORRI	0.0000906	0.0000829
Pearl Neugent Nordan	ORRI	0.0000906	0.0000830
Mabel Otstot & Company	ORRI	0.0005110	0.0004193
Cecelia Otto Revocable Trust	ORRI	0.0001799	0.0001477
Cecelia V. Otto	ORRI	—	0.0000087
Ethel Parnell	ORRI	0.0002295	0.0002044
W. L. Peters	ORRI	0.0000320	0.0000461
Peterson Family Trust	ORRI	0.0003098	0.0004576
Jane Manning Pitkin	ORRI	0.0002292	0.0002045
Leta M. Pool	ORRI	0.0004253	0.0003490
Harry D. Porter	ORRI	0.0000650	—
Harry D. Porter Revocable Trust U/A 12-23-82	ORRI	—	0.0000596
Potenziani Family	ORRI	**0.0000016	0.0000059
Cheryl L. Potenziani	ORRI	**0.0000442	0.0001693
Raybourn, Lorene Raybourn Smith, Claud W Raybourn & Jesse S. Raybourn, Co-Trustees	ORRI	0.0000663	0.0000627
David Elbert Reese	ORRI	0.0000050	0.0000053
Elizabeth Goodwin Reese	ORRI	0.0000049	0.0000051
Catharine Gray Remenick	ORRI	0.0000048	0.0000043
H. K. Riddle, II Trust	ORRI	—	0.0006299
Hansel King Riddle Estate	ORRI	0.0002555	0.0002097
Violet & Edward Ripley, Joint Tenants	ORRI	0.0002129	0.0001747
Susan Henderson Ritter	ORRI	0.0000668	0.0000638
David A. Rogers	ORRI	0.0000015	0.0000012
Rogers-Gibbard Trust	ORRI	0.0000178	0.0000146

*Legend: ***WI*** - Working Interest ***CWI*** - Carried Working Interest ***RI*** - Royalty Interest ***ORRI*** - Overriding Royalty Interest

**Oil ORRI used; Gas ORRI unavailable.

Interest Owner	Interest Type*	Mesaverde	Dakota
ROYALTY INTEREST OWNERS			
Joanne Thompson Rugeley	ORRI	0.0000745	0.0000709
The Salvation Army	ORRI	0.0003630	0.0005365
Harry O. Schmidt Trust	ORRI	0.0001548	0.0001168
Harry F. Schram	ORRI	0.0000203	0.0000259
Wilma C. Schreiner	ORRI	—	0.0002242
Carolyn Nielsen Sedberry	ORRI	**0.0000463	0.0001774
Nancy Taylor Shivers	ORRI	0.0001548	0.0002288
Pearl W. Siegenthaler	ORRI	0.0000046	0.0000038
D. J. Simmons Company	ORRI	0.0023828	—
Helen Louise Simmons	ORRI	0.0001986	—
Fannie Singleton	ORRI	—	0.0000087
Paul Slayton	ORRI	0.0017093	0.0015612
Bobby Dale Smith	ORRI	—	0.0000075
Carolee Simmons Smith	ORRI	0.0001986	—
Dale Stanley Smith	ORRI	—	0.0000075
George H. Smith	ORRI	—	0.0002686
Larry Smith	ORRI	—	0.0000075
Alberta Mae Smyser	ORRI	—	0.0000075
Mabelle H. Sowers Royalty Trust	ORRI	0.0000239	0.0000228
Ballard E. Spencer Trust, Inc. Trust	ORRI	0.0005643	0.0004804
Betty West Stedman	ORRI	0.0003443	0.0003267
E. Hunter Stone, II Trust	ORRI	0.0000239	0.0000228
Emilie Swinney	ORRI	0.0000086	0.0000205
David B. Talbot, III	ORRI	**0.0001597	0.0002621
Nan Taylor	ORRI	0.0000387	0.0000573
Ray R. Taylor, III	ORRI	0.0000387	0.0000572
Susan Taylor	ORRI	0.0000388	0.0000572
TC/UST-MISC, % Texas Commerce Bank	ORRI	0.0001201	0.0000985
Mary Gose Teesdale	ORRI	0.0000511	0.0001227
Enid Lillian Thompson	ORRI	0.0000298	0.0000281
G. E. Thompson	ORRI	0.0000264	0.0000249
Jane M. Thompson Trust	ORRI	0.0000298	0.0000218
Jane Monroe Thompson, Individually & Trustee Llewellyn E. Thompson	ORRI	—	0.0000058
Mary Virginia Thompson	ORRI	—	0.0001057
Total Minatome Corp.	ORRI	0.0003481	0.0013329
Fran Troiani	ORRI	0.0000086	0.0000205
F. L. Tucker	ORRI	0.0000264	0.0000247
Fred E. Turner	ORRI	0.0000523	0.0000497
J. Glenn Turner, Jr.	ORRI	0.0000522	0.0000498
John L. Turner	ORRI	0.0000523	0.0000498
Elizabeth Turner-Calloway	ORRI	0.0000521	0.0000492
Union Oil Company of California	ORRI	0.0089586	0.0086910
James M. Vandewart & Bobby B. Vandewart Trust	ORRI	0.0001799	0.0001565
Rachel S. Vandewart	ORRI	0.0001800	0.0001565
Margaret Hardy Van Sant	ORRI	0.0000265	0.0000249
Mary E. Walker Life Estate	ORRI	0.0000320	0.0000456
Rebecca Ann Reese Ward	ORRI	0.0000052	0.0000045
Neal S. Waterfall	ORRI	0.0000239	0.0000229
Gladys Watford Trust	ORRI	0.0001379	0.0001273
Frances Holman Weaver	ORRI	0.0000070	0.0000058
Martha Peters Werlla	ORRI	0.0000320	0.0000454

*Legend: ***WI*** - Working Interest ***CWI*** - Carried Working Interest ***RI*** - Royalty Interest ***ORRI*** - Overriding Royalty Interest

**Oil ORRI used; Gas ORRI unavailable.

Interest Owner	Interest Type*	Mesaverde	Dakota
ROYALTY INTEREST OWNERS			
Wesley West Mineral Corp.	ORRI	0.0002120	0.0002013
James Wendell West	ORRI	0.0003974	0.0003769
Elizabeth H. White Family Trust	ORRI	0.0003061	0.0002722
L. Doris Williams Estate	ORRI	0.0001090	0.0001012
Lynda Wilson	ORRI	0.0000085	0.0000205
Edward Winterer & Jacqueline M. Winterer Revocable Trust #1	ORRI	0.0000120	0.0001004
Winterwider Family Revocable Trust	ORRI	0.0000120	0.0000115
WWR Enterprises Inc.	ORRI	**0.0000231	0.0000888

*Legend: ***WI*** - Working Interest ***CWI*** - Carried Working Interest ***RI*** - Royalty Interest ***ORRI*** - Overriding Royalty Interest

**Oil ORRI used; Gas ORRI unavailable.

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:
Amoco Production Company
P.O. Box 800
Denver, CO 80201

4a. Article Number: Z 740 – 462 – 141
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26
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

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:
Bledsoe Petroleum Corporation
5850 Bank One Center
1717 Main Street
Dallas, TX 75201

4a. Article Number: Z 740 – 462 – 109
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
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

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:
El Paso Production Co.
% Meridian Oil Inc.
Attn: Land
P.O. Box 4289
Farmington, NM 87499-4289

4a. Article Number: Z 740 – 462 – 119
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
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

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:
Lively Exploration Company
1300 Post Oak Blvd., Suite 1900
Houston, TX 77056-3013

4a. Article Number: Z 740 – 462 – 111
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
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

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:
Meridian Oil Inc.
P.O. Box 4289
Farmington, NM 87499-4289

4a. Article Number: Z 740 – 462 – 112
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
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

Thank you for using Return Receipt Service.

Z 740 462 113
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail

Phillips Petroleum Company
5525 Highway 64 NBU 3004
Farmington, NM 87401

Postage	$
Certified Fee	
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	6/21/95

PS Form 3800, March 1993

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:
R & G Drilling Co.
% M & G Drilling Company
P.O. Box 9560
Palm Springs, CA 92263

4a. Article Number: Z 740 – 462 – 114
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)
6. Signature (Agent)

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:
Snyder Oil Corporation
1625 Broadway, Suite 2200
Denver, CO 80202

4a. Article Number: Z 740 – 462 – 115
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
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

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:
Union Oil Company of California
14141 Southwest Freeway
Sugar Land, TX 77478

4a. Article Number: Z 740 – 462 – 116
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26
8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee)
6. Signature (Agent)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- 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:

Commissioner of Public Lands
State of New Mexico
P.O. Box 1148
Santa Fe, NM 87504-1148

4a. Article Number: Z 740-462-100

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

7. Date of Delivery: JUN 23 1995

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

Is your RETURN ADDRESS completed on the reverse side?

- 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:

Nora Jacquez
146 S. Kendall St.
Lakewood, CO 80226-2235

4a. Article Number: Z 740-462-101

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

7. Date of Delivery: 6/26/95

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

Minerals Mgt. Service
Onshore Federal #17555
P.O. Box 5810
Denver, CO 80217-5810

4a. Article Number: Z 740-462-102

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

7. Date of Delivery: 6/26

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

Gerald G. Williams & Alta Jane Williams,
Trustees under Trust Agreement dated 9-12-91
315 N. Clark Dr.
Aztec, NM 87410-2015

4a. Article Number: Z 740-462-103

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

7. Date of Delivery: 6-26-95

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

Conoco A/C Atwell & Co.
% United States Tr. Co. of NY
Box 456, Wall St. Station
New York, NY 10005

4a. Article Number: Z 740-462-104

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

7. Date of Delivery: JUN 26 1995

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

Conoco A/C Shirley Bernstein
654 Madison Ave.
New York, NY 10021-8404

4a. Article Number: Z 740-462-105

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

7. Date of Delivery: 6/27/95

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

Conoco A/C Kathleen B. Lipkins
812 Park Ave., #4A
New York, NY 10021-2759

4a. Article Number: Z 740-462-106

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

7. Date of Delivery: 6/26/95

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

Mesa Royalty Trust
Texas Commerce Bank
Attn: David Snyder
P.O. Box 4717
Houston, TX 77210-4717

4a. Article Number: Z 740-462-107

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

7. Date of Delivery: JUN 26 1995

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

Is your RETURN ADDRESS completed on the reverse side?

- 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:

Mary Jeanne Simmons Banks
2104 Winter Sunday Way
Arlington, TX 76012-4941

4a. Article Number: Z 740-462-117

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

7. Date of Delivery: 6-28-95

5. Signature (Addressee): M Banks

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

Is your RETURN ADDRESS completed on the reverse side?

- 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:

Cindy Bailey
2222 Flat Creek
Richardson, TX 75080-2332

4a. Article Number: Z 740-462-118

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

7. Date of Delivery: 6-24-95

5. Signature (Addressee): Cindy Bailey

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

El Paso Production Company
% Meridian Oil Inc.
P.O. Box 4289
Farmington, NM 87499-4289

4a. Article Number: Z 740-462-110

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

7. Date of Delivery: 6-26-95-RB

5. Signature (Addressee)

6. Signature (Agent): Judith Dee

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

Thank you for using Return Receipt Service.

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

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:

Koch Exploration
Attn: R. J. Miller
P.O. Box 2256
Wichita, KS 67201-2256

4a. Article Number: Z 740-462-120

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

7. Date of Delivery: JUN 26 1995

5. Signature (Addressee)

6. Signature (Agent): L Wilmeth / L Wilmeth

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

Thank you for using Return Receipt Service.

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

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:

June Simmons Lively
3529 Bellaire Drive North
Fort Worth, TX 76109-2110

4a. Article Number: Z 740-462-121

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

7. Date of Delivery: 7-6-95

5. Signature (Addressee): June Lively

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

Kathleen McLane Trust
P.O. Box 214430
Dallas, TX 75221-4430

4a. Article Number: Z 740-462-122

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

7. Date of Delivery: JUN 28 1995

5. Signature (Addressee)

6. Signature (Agent): R. G. Williams

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

Thank you for using Return Receipt Service.

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

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:

Michael S. McLane Trust
P.O. Box 214430
Dallas, TX 75221-4430

4a. Article Number: Z 740-462-123

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

7. Date of Delivery: JUN 28 1995

5. Signature (Addressee)

6. Signature (Agent): R. G. Williams

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

Thank you for using Return Receipt Service.

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

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:

W. G. Peavy Oil Company
P.O. Box 5667
Richardson, TX 75083

4a. Article Number: Z 740-462-124

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

7. Date of Delivery: 7/3

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

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:

D. J. Simmons Co. Ltd. Partnership
P.O. Box 1469
Farmington, NM 87499-1469

4a. Article Number: Z 740-462-125

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)

Thank you for using Return Receipt Service.

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

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:

Helen Louise Simmons
2429 Wabash
Fort Worth, TX 76109-1018

4a. Article Number: Z 740-462-126

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

7. Date of Delivery: 6-24-95

5. Signature (Addressee): Helen L Simmons

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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 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:
Carolee Simmons Smith
5717 Jacqueline Road
Fort Worth, TX 76112-3952

4a. Article Number: Z 740-462-127
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee): Carolee Smith
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Texaco Exploration & Production, Inc.
Attn: Gary E. Cox
P.O. Box 2100
Denver, CO 80201

4a. Article Number: Z 740-462-128
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Dawn J. Turnbull
5847 Lakehurst Avenue
Dallas, TX 75230-5031

4a. Article Number: Z 740-462-129
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 4 95
5. Signature (Addressee): Dawn J. Turnbull
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Derrick Turnbull
5847 Lakehurst Avenue
Dallas, TX 75230-5031

4a. Article Number: Z 740-462-130
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 4 95
5. Signature (Addressee): Derrick Turnbull
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Elizabeth J. Turner Calloway
4801 Saint Johns Drive
Dallas, TX 75205-3143

4a. Article Number: Z 740-462-131
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee)
6. Signature (Agent): Elizabeth J. Calloway
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
J. Glenn Turner, Jr.
3131 Turtle Creek Blvd., Suite 1201
Dallas, TX 75219-5441

4a. Article Number: Z 740-462-132
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 30 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
John Lee Turner
P.O. Box 797215
Dallas, TX 75379-7215

4a. Article Number: Z 740-462-133
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee): John L. Turner
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Mary F. Turner Trust Nº 6743
Texas Commerce Trust Co., NA
P.O. Box 660197
Dallas, TX 75226-0197

4a. Article Number: Z 740-462-134
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 27 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Univ. of Texas Law School Foundation
Attn: M. Atlas
727 East 26th Street
Austin, TX 78705-3224

4a. Article Number: Z 740-462-135
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 24 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
UNOCAL, Central U.S. Business Unit
Attn: Carbett J. Duhon, Jr.
P.O. Box 4551
Houston, TX 77210-4551

4a. Article Number: Z 740-462-136
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Denise Turnbull Williams
5847 Lakehurst Avenue
Dallas, TX 75230-5031

4a. Article Number: Z 740-462-137
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)
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
The Wiser Oil Company
8115 Preston Road, Suite 400
Dallas, TX 75225-6311

4a. Article Number: Z 740-462-138
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Joe Renee Abbott
3733 Avenida Palo Verde
Rancho Palos Verdes, CA 91902-1007

4a. Article Number: Z 740-462-139
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24/95
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

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

PS Form 3800, March 1993

Postage	$
Certified Fee	
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	6/21/95

John B. Allinson, Jr.
P.O. Box 16
Knickerbocker, TX 76939-0016

Z 740 462 140
Receipt for Certified Mail
No Insurance Coverage Provided
Not for International Mail

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:
Amoco Production Company
P.O. Box 800
Denver, CO 80201

4a. Article Number: Z 740-462-108
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)
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Lucille Anderson
Box 1
Clarinda, IA 51632-0001

4a. Article Number: Z 740-462-142
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee): Grey Anderson
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Verneal Anderson
311 Columbus Ave. N, Apt. 206
New Prague, MN 56071-1747

4a. Article Number: Z 740-462-143
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)
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Jerry J. Andrew
408 Longwoods
Houston, TX 77024-5617

4a. Article Number: Z 740-462-144
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24/95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
W. R. Archer
U/W/O Eleanor M. Archer, Trustee
3615 Piping Rock Ln.
Houston, TX 77027-4116

4a. Article Number: Z 740-462-145
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/28/95
8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee): Eleanor M. Archer
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Virginia Ann Asher
RR 2, Box 80
Sheridan, MO 64486-9802

4a. Article Number: Z 740-462-146
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee): Virginia Ann Asher
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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:
Atlantic Richfield Co.
% Vastar Resources, Inc.
15375 Memorial Drive
Houston, TX 77079

4a. Article Number: Z 740-462-147
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/15/95
5. Signature (Addressee)
8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent): S/O

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:
Joyce K. Attebury
3202 Lipscomb
Amarillo, TX 79109

4a. Article Number: Z 740-462-148
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.

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:
Douglas E. Atwill
602 Canyon Rd.
Santa Fe, NM 87501-2722

4a. Article Number: Z 740-462-149
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
5. Signature (Addressee)
8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent): Lindy Mendoza

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:
Edward H. Atwill
P.O. Box 1551
Tubac, AZ 85646-1551

4a. Article Number: Z 740-462-150
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-30-95
5. Signature (Addressee): Edward H. Atwill
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.

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:
James H. Atwill
P.O. Box 1810
Port Aransas, TX 78373-1810

4a. Article Number: Z 740-462-151
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.

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:
Pamela Gray Baldwin
Texas Commerce Bank, NA
Agent & Attorney in Fact
Trust Minerals Section 32400 07
P.O. Box 200555
Houston, TX 77216 0555

4a. Article Number: Z 740-462-152
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent): G. HOLT

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:
R. E. Beamon, III
Three Riverway, Suite 470
Houston, TX 77056

4a. Article Number: Z 740-462-153
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24/95
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.

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:
John Nickson Beers
20579 Missionary Ridge
Walnut, CA 91789-3529

4a. Article Number: Z 740-462-154
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 29 1995
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.

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:
Marcia Berger
% Sunwest Bank of Albuquerque, Agent
P.O. Box 26900
Albuquerque, NM 87125 6900

4a. Article Number: Z 740-462-155
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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.

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:
Theodore J. Blechar
138 La Canada Way
Santa Cruz, CA 95060-1031

4a. Article Number: Z 740-462-156
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee): Ted Blechar
8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent): MSM

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

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 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:
Bolack Minerals Company
3901 Bloomfield Hwy.
Farmington, NM 87401-2831

4a. Article Number: Z 740-462-157
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee)
8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent): Chris Kleinsburger

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Hazel Ashley Bracken
101 Westcott, #403
Houston, TX 77007-7030

4a. Article Number: Z 740-462-158
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee)
8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent): [illegible]

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Anita Briggs
712 Raleigh Rd.
Oxford, NC 27565-3740

4a. Article Number: Z 740-462-159
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-30-95
5. Signature (Addressee): Anita Briggs
8. Addressee's Address (Only if requested and fee is paid): [redacted]
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Herbert R. Briggs
% Sunwest Bank of Albuquerque, Agent
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z 740-462-160
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

Consult postmaster for fee.

3. Article Addressed to:
William C. Briggs
Sunwest Bank of Albuquerque
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z 740-462-161
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Betsy Henderson Bryant
2201 Brookhollow Drive
Abilene, TX 79605-5507

4a. Article Number: Z 740-462-162
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 23 1995
5. Signature (Addressee): Betsy Bryant
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Harriet M. Buchenau
P.O. Box 867585
Plano, TX 75086-7585

4a. Article Number: Z 740-462-163
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
James W. Childress
P.O. Box 209
Roswell, NM 88202-0209

4a. Article Number: Z 740-462-164
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-23-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Shirley Childress
604 N. Delaware Ave., #2
Roswell, NM 88201-2135

4a. Article Number: Z 740-462-165
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee): Shirley Childress
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Carolyn Judith Combs
6114 E. Gilbert
Wichita, KS 67218-2822

4a. Article Number: Z 740-462-166
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24/95
5. Signature (Addressee)
8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent): Elaine Cooper

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

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- 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:
William Warren Cooper
4040 San Felipe St., Suite 112
Houston, TX 77027-3940

4a. Article Number: Z 740-462-167
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/21/95
5. Signature (Addressee): [signature]
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?

- 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:
Sally Covington
902 Riverside Dr.
Carlsbad, NM 88220-5250

4a. Article Number: Z 740-462-168
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-23-95
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.

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:
John E. Creps Jr. & Virginia Creps, Co Trustees
Creps Family Trust dated 12-5-91
4500 Hwy 92 E. #206
Lakeland, FL 33801-9592

4a. Article Number: Z 740-462-169
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee): [signature]
6. Signature (Agent): KD
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:
Frank Cronican & Harriet Cronican Trust
Sunwest Bank of Albuquerque, Agent
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z-740-462-170
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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:
Mackie Reid & Co P.A. AIC Frank A Cronican Jr
& Peter B Cronican Tr U/T F A Cronican
& H B Cronican Rev Tr 11-19-81
4001 Indian Sch Rd NE
Albuquerque, NM 87110

4a. Article Number: Z 740-462-171
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26
5. Signature (Addressee): J Johnson
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:
Cross Timbers Oil Co.
P.O. Box 840287
Dallas, TX 75284-0287

4a. Article Number: Z 740-462-172
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 24 1995
5. Signature (Addressee)
6. Signature (Agent): C WORTH
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:
Davant Family Trust C U/A dated 11-19-86
NationsBank of Texas, NA, Trustee
Acct. No. 3001105344264 7
P.O. Box 840738
Dallas, TX 75284-0738

4a. Article Number: Z 740-462-173
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
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.

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:
Jeremy S. Davis
7539 Brompton Blvd.
Houston, TX 77025-2267

4a. Article Number: Z 740-462-174
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
5. Signature (Addressee)
6. Signature (Agent): Helen B. Davis
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:
Waters S. Davis, III
Texas Commerce Bank, NA, Agent & Attorney-in-Fact
Trust Min Sec #32400 01
P.O. Box 200555
Houston, TX 77216-0555

4a. Article Number: Z 740-462-175
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent): C HOLT
8. Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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:
Sam Dazzo, Sr., Trustee for Samuel Lionel Dazzo
and Frances Joy Dazzo U/TA dated 5-17-83
901 Val Verde SE
Albuquerque, NM 87108-3471

4a. Article Number: Z 740-462-176
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee): [signature]
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

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 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:
Thelma Demott
RR 2, Box 36
Hermitage, MO 64461-9603

4a. Article Number: Z 740-462-177
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee): Thelma Demott
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Lynn E. Desper
3405 Calle Cuervo NW, #821
Corrales, NM 87048-9229

4a. Article Number: Z 740-462-178
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: [illegible]
5. Signature (Addressee): Aubrey Desper
6. Signature (Agent): [signature]
8. Addressee's Address (Only if requested and fee is paid): Aubrey Desper

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Barbara Reese Dinges
6510 Shadow Crest
Houston, TX 77074-6818

4a. Article Number: Z 740-462-179
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-28-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Martha Dixon
311 W. Taggard St.
Burnet, TX 78611-1722

4a. Article Number: Z 740-462-180
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
James Duffin
P.O. Box 1352
Artesia, NM 88211-1352

4a. Article Number: Z 740-462-181
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-23-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Thomas R. Duffin
1508 Adams
Carlsbad, NM 88220-4603

4a. Article Number: Z 740-462-182
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-23-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

Consult postmaster for fee.

3. Article Addressed to:
Robert N. Dumble, Jr.
P.O. Box 42177
Houston, TX 77242-2177

4a. Article Number: Z 740-462-183
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: [illegible]
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Mitzi H. Easley
5605 Shoaledge Crt
Austin, TX 78756-1024

4a. Article Number: Z 740-462-184
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 7/3/95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Jana Taylor Ebersole
P.O. Box 918
Tehachapi, CA [redacted]0918

4a. Article Number: Z 740-462-185
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: [illegible]
5. Signature (Addressee): [signature]
6. Signature (Agent): [signature]
8. Addressee's Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Bessie E. Evans
623 W. Torrance
Maryville, MO 64468-2514

4a. Article Number: Z 740-462-186
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
5. Signature (Addressee): Bessie Evans
6. Signature (Agent): [signature]
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? 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 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:
James L. Fashing Irrev. Tr.
David A. Rogers, Trustee
4899 N. Mesa, Suite 122
El Paso, TX 79912-5939

4a. Article Number: Z 740-462-187
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)
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
R. H. Feuille
11th Floor
Texas Commerce Bank Building
El Paso, TX 79901

4a. Article Number: Z 740-462-188
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Catherine M. Florance Trust
% Northern Trust Bank of Texas
Attn: Ms. Barbara Brunt
P.O. Box 226270
Dallas, TX 75222-6270

4a. Article Number: Z 740-462-189
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Douglas E. Florance Trust
% Northern Trust Bank of Texas
Attn: Ms. Barbara Brunt
P.O. Box 226270
Dallas, TX 75222-6270

4a. Article Number: Z 740-462-190
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Florence A. Florance Trust
% Northern Trust Bank of Texas
Attn: Ms. Barbara Brunt
P.O. Box 226270
Dallas, TX 75222-6270

4a. Article Number: Z 740-462-191
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
James J. Florance Trust
% Northern Trust Bank of Texas
Attn: Ms. Barbara Brunt
P.O. Box 226270
Dallas, TX 75222-6270

4a. Article Number: Z 740-462-192
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Maureen Florance Trust
% Northern Trust Bank of Texas
Attn: Ms. Barbara Brunt
P.O. Box 226270
Dallas, TX 75222-6270

4a. Article Number: Z 740-462-193
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Maurice J. Florance, Jr., Trust
% Northern Trust Bank of Texas
Attn: Ms. Barbara Brunt
P.O. Box 226270
Dallas, TX 75222-6270

4a. Article Number: Z 740-462-194
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Hazle L. Gentle
1117 S. Michigan St.
Roswell, NM 88201-4339

4a. Article Number: Z 740-462-195
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee): Willie Harlan for G.G.
6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Kathlyn H. Gibson Estate
George Ann Scharhag, Pers Rep
P.O. Box 546
Tesuque, NM 87574-0546

4a. Article Number: Z 740-462-196
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)
6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- 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:
Richard Godfrey
Revocable Trust
P.O. Box 18661
Oklahoma City, OK 73154-0661

4a. Article Number: Z 740-462-197
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 30 1995
5. Signature (Addressee): Richard Godfrey
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?

- 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:
Charles B. Gonsales
P.O. Drawer 2509
Santa Fe, NM 87504-2509

4a. Article Number: Z 740-462-198
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-28-95
5. Signature (Addressee): Charles B Gonsales
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:
Emily D. Grambling
916 Cherry Hill Lane
El Paso, TX 79912-3327

4a. Article Number: Z 740-462-199
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 24 1995
5. Signature (Addressee): Mrs. John A. Grambling
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:
John A. Grambling
916 Cherry Hill
El Paso, TX 79912-3327

4a. Article Number: Z 740-462-200
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent): G. HOLT
8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 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:
David H. Gray
Texas Commerce Bank, NA, Agent & Attorney in-Fact
Trust Minerals Section 32400 03
P.O. Box 200555
Houston, TX 77216 0555

4a. Article Number: Z 740-462-201
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 24 1995
5. Signature (Addressee): Mrs. John A. Grambling
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:
John L. Gray
Texas Commerce Bank, NA, Agent & Attorney in-Fact
Trust Minerals Section 32400 04
P.O. Box 200555
Houston, TX 77216 0555

4a. Article Number: Z 740-462-202
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent): G. HOLT
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:
Thyra Gregersen
RR No. 2, Box 82
Wahoo, IA 51577-9424

4a. Article Number: Z 740-462-203
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee): Bernal Gregersen Agent
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:
A. R. Grover
San Juan Royalty JV-90
P.O. Box 3666
Midland, TX 79702-3666

4a. Article Number: Z 740-462-204
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
5. Signature (Addressee)
6. Signature (Agent): C. Whitaker
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:
Grover Bros. Ltd. Ptnship
San Juan Royalty JV-90
P.O. Box 3666
Midland, TX 79702-3666

4a. Article Number: Z 740-462-205
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
5. Signature (Addressee)
6. Signature (Agent): C. Whitaker
8. Addressee's Address (Only if requested and fee is paid)

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:
Mabel Glenn Ham Rev Tr
Kathlyn Nora Black, Trustee
921 Grecian NW
Albuquerque, NM 87107-5732

4a. Article Number: Z 740-462-206
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6 JUL 95
5. Signature (Addressee): Kathlyn Black
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

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 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:
Hanson McBride Petro Co.
P.O. Box 1515
Roswell, NM 88202-1515

4a. Article Number: Z 740-462-207
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-22-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Emilie M. Hardie Royalty Trust
Emilie M. Hardie, Trustee
1065 Los Jardines
El Paso, TX 79912-1942

4a. Article Number: Z 740-462-208
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)
6. Signature (Agent)

EL PASO, TX CORONADO JUN 24 1995 USPO

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Mary Elizabeth Hardie Royalty Trust
Thorton Hardie, III, Trustee
1700 Pacific Ave., Suite 3300
Dallas, TX 75201 4656

4a. Article Number: Z 740-462-209
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)
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

Consult postmaster for fee.

3. Article Addressed to:
William B. Hardie, Sr. Royalty Trust
Jane Hardie, Trustee
1065 Los Jardines
El Paso, TX 79912-1942

4a. Article Number: Z 740-462-210
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)
6. Signature (Agent)

EL PASO, TX CORONADO JUN 24 1995

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Nancy H. Harman
6206 Bahache Ave.
Dallas, TX 75225-2813

4a. Article Number: Z 740-462-211
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Patricia G. Harvey
Box 328
Cave Creek, AZ 85331-0328

4a. Article Number: Z 740-462-212
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-28-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Helen Hedrick
P.O. Box 7185
Santa Fe, NM 87504 2185

4a. Article Number: Z 740-462-213
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
David Henderson
9411 Winding Ridge Drive
Dallas, TX 75238

4a. Article Number: Z 740-462-214
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 7-14-95
8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee)
6. Signature (Agent) David Henderson

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Marguerite E. Hess
1209 Hunters Glen Rd.
San Angelo, TX 76904

4a. Article Number: Z 740-462-215
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-28-95
8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee) Marguerite E. Hess
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Mozelle C. Hill
1405 Kenilworth Road
Oklahoma City, OK 73120-1412

4a. Article Number: Z 740-462-216
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-21-95
8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee) Mozelle C. Hill
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

Z 740 462 218

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for international mail

Anna Celia Howell Hilton
3930 Port Royal
Dallas, TX 75244-7256

Certified Fee	$
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	6/21/95

PS Form 3800, March 1993

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:
[illegible]ta S. Hill
[illegible] North Putnam Str
Pueblo, CO 81005-1345

4a. Article Number: Z 740-462-217
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
5. Signature (Addressee): [illegible]
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:
Willadean Hirsch
P.O. Box 3130
Pueblo, CO 81005-0130

4a. Article Number: Z 740-462-219
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
5. Signature (Addressee): [illegible]
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:
Ben R. Howard
3807 Cypresswood Dr.
Spring, TX 77388-5729

4a. Article Number: Z-740-462-220
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-29-95
5. Signature (Addressee): Ben Howard
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:
Mary Anne Howard & Robert Howard
Joint Tenants
438 Fox Briar
Sugarland, TX 77478-3717

4a. Article Number: Z 740-462-221
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
5. Signature (Addressee): Mary Anne Howard
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:
Ben R. Howell Trust
Texas Commerce Bank, Trustee
P.O. Box 722
El Paso, TX 79944-0722

4a. Article Number: Z 740-462-222
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery:
5. Signature (Addressee): [illegible]
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:
Howell Grandchildrens Trust Estate
% Texas Commerce Bank, NA, Trustee
P.O. Box 722
El Paso, TX 79944-0722

4a. Article Number: Z 740-462-223
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery:
5. Signature (Addressee): [illegible]
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:
Glen D. Hughes
2321 Candelaria NW
Albuquerque, NM 87107-3055

4a. Article Number: Z 740-462-224
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-28-95
5. Signature (Addressee): [illegible]
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:
Elizabeth T. S. Hutchins
#11309 Clovercrest Dr. SW
Tacoma, WA 98499-1222

4a. Article Number: Z 740-462-225
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
5. Signature (Addressee): [illegible]
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:
Mary Doll Ingram
7600 Burgoyne, #153
Houston, TX 77063-3103

4a. Article Number: Z 740-462-226
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee): Mary Doll Ingram
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.

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:
Cyrene L. Inman
Sunwest Bank of Albuquerque NA, Agent
Attn: Catherine Rugen
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z 740-462-227
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Marcellene Giesken Jacks
5231 Blue Ridge Blvd.
Kansas City, MO 64133-3060

4a. Article Number: Z 740-462-228
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 28 1995
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Marcellene Jacks
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Madeline Howell Jastrzembski
1106 Mesita
El Paso, TX 79902-1913

4a. Article Number: Z 740-462-229
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 7-3-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Richard A. Jennings, Trustee
P.O. Box 3759
Midland, TX 79702-3759

4a. Article Number: Z 740-462-230
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)
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
W. L. Jennings
San Juan Royalty JV-90
P.O. Box 117
Abilene, TX 79604-0117

4a. Article Number: Z 740-462-231
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 23 1995
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Eula May Johnston Tr.
% NCNB TX Ft. Worth
Trust Oil & Gas Section
P.O. Box 840738
Dallas, TX 75284-0738

4a. Article Number: Z 740-462-232
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 24 1995
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
6. Signature (Agent): C NORTHY

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
James J. Johnston
11 Greenway Plaza, Ste 2608
Houston, TX 77046-1105

4a. Article Number: Z 740-462-233
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
V. A. Johnston Family Tr.
Katherine Prewitt &
Mary Frances Chesser, Trs.
P.O. Box 925
Ralls, TX 79357-0925

4a. Article Number: Z 740-462-234
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)
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Harvey A. Jorgensen
& Virginia Jorgensen
5722 (C) S. National Ave.
Springfield, MO 65810-2974

4a. Article Number: Z 740-462-235
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-28-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Virginia M. Jorgensen
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
E. F. Kalb Estate
Elva Kalb Dumas, Trustee
5555 Del Monte Dr.
Houston, TX 77056-4116

4a. Article Number: Z 740-462-236
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/6/95
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

Is your RETURN ADDRESS completed on the reverse side?

- 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:
Margaret A. Kearns Trust
James B. Draper, Trustee
F/B/O James B. Draper
77 S. Birch Rd., Apt. #80
Fort Lauderdale, FL 33316-1556

4a. Article Number: Z 740-462-237
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): James B Draper
6. Signature (Agent)

COLORADO JUN 3 1995 USPS

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?

- 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:
Margaret A. Kearns Trust
U/A F/B/O Helene D. Gorman
Helene D. Gorman, Trustee
1440 Osprey Ave.
Naples, FL 33962-3410

4a. Article Number: Z 740-462-238
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/29/95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
6. Signature (Agent): Helene Gorman

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:
W. D. Kennedy
550 W. Texas, Suite 1225
Midland, TX 79701-4257

4a. Article Number: Z 740-462-239
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/23
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
6. Signature (Agent): Betty Evans

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:
W. A. Kernaghan
5650 Charlestown Dr.
Dallas, TX 75230-1730

4a. Article Number: Z 740-462-240
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): W Kernaghan
6. Signature (Agent)

DALLAS, TX JUL 24 1995

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:
Terry H. Kessler
216 N. Highland Rd.
Springfield, PA 19064

4a. Article Number: Z 740-462-241
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Terry H Kessler
6. Signature (Agent)

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:
William D. Lakey
P.O. Box 186
Sayre, OK 73662-0186

4a. Article Number: Z 740-462-242
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Sue Ann Lakey
6. Signature (Agent)

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:
Richard H. Landsheit, Jr.
2313 Jim Dent
El Paso, TX 79936-2802

4a. Article Number: Z 740-462-243
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 06/24/95
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

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:
William B. Landsheit
Route 6
15880 S. Peoria
Bixby, OK 74008-5221

4a. Article Number: Z 740-462-244
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Brian Landsheit
6. Signature (Agent)

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:
Mildred Lane
2907 Rae Dell
Austin, TX 78704-5831

4a. Article Number: Z 740-462-245
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Mildred Lane
6. Signature (Agent)

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:
Ben Howell Langford
% Principal Financial Group
201 E. Main Dr., Suite 900
El Paso, TX 79901-1333

4a. Article Number: Z 740-462-247
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
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

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 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:
Richard Parker Langford
1512 Jersey Dr.
Austin, TX 78758-3645

4a. Article Number: Z 740-462-248
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 06-30-95
5. Signature (Addressee): Robin Parker-Langford
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 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 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:
Margaret Allinson Laycock
1511 W. 31st St.
Austin, TX 78703-1405

4a. Article Number: Z 740-462-249
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-30-95
5. Signature (Addressee): M. Laycock
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 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 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:
Alice S. Leck Trust
Carlsbad Natl Bk Tst
Box 1359
Carlsbad, NM 88221-1359

4a. Article Number: Z 740-462-250
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 23
5. Signature (Addressee): Sheila Gilbert
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 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 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:
James R. Leeton, Jr.
P.O. Box 10561
Midland, TX 79702-7561

4a. Article Number: Z 740-462-251
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-23-95
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 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 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:
The Colorado Springs National Bank
Trust for Zelma W. Lets
% United Bank of Colorado Springs Trust Dept.
P.O. Box 400
Colorado Springs, CO 80901-0400

4a. Article Number: Z 740-462-252
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 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 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:
Elizabeth H. Lund Royalty Trust
Elizabeth H. Lund, Trustee
6128 Sierra Valle Ln.
El Paso, TX 79912-1934

4a. Article Number: Z 740-462-253
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 24 1995
5. Signature (Addressee): Elizabeth Lund
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 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 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:
Pattie Beamon Lundell
1616 S. Voss Rd., #870
Houston, TX 77057-2626

4a. Article Number: Z-740-462-254
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee)
6. Signature (Agent): Walt Lundell
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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 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:
C. Fred Luthy, Jr.
Sunwest Bank of Albuquerque, Agent
Attn: Katherine Rugen
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z 740-462-255
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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 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:
Fred Luthy, Jr.
Sunwest Bank of Albuquerque, Agent
Account #60166-00
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z 740-462-256
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
5. Signature (Addressee): Norm Marquez
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? 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 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:
McBride Production Trust
Douglas L. McBride, Trustee
P.O. Box 1515
Roswell, NM 88202-1515

4a. Article Number: Z 740-462-257
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- 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:

William Clay McCord, Jr.
Trust #13647-02
NationsBank, Co-Trustee
P.O. Box 840738
Dallas, TX 75284-0738

4a. Article Number: Z 740-462-258

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

7. Date of Delivery: 6-24-95

5. Signature (Addressee)

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

6. Signature (Agent): David W. Carr

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?

- 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:

Mary McCulley
[illegible] Longleaf Dr.
Shreveport, LA 71106-1221

4a. Article Number: Z 740-462-259

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

7. Date of Delivery: 6-27-95

5. Signature (Addressee): Mrs Mary Dr. McCulley

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.

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:

Kathy Duffin McKnab
P.O. Box 1108
Parker, CO 80134-1108

4a. Article Number: Z 740-462-260

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

7. Date of Delivery

5. Signature (Addressee): Kathy McKnab

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.

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:

Faye M. MacIntosh Trust
Robert A. MacIntosh, Trustee
c/o Mrs. Esther Gatzek
607 N. Iowa
Gunnison, CO 81230-2227

4a. Article Number: Z 740-462-261

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

7. Date of Delivery: 6/26/95

5. Signature (Addressee)

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

6. Signature (Agent): Christine Robertson

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:

Harry A. MacIntosh 122600
First Interstate Bank of Denver, NA
Suc. Trustee – Attn: Trust Minerals 9N 0
P.O. Box 5825
Denver, CO 80217-5825

4a. Article Number: Z 740-462-262

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): 6/26/95

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:

Helen P. Matthews
200 Patterson Ave., No. 806
San Antonio, TX 78209-6268

4a. Article Number: Z 740-462-263

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

7. Date of Delivery: 6/27/95

5. Signature (Addressee)

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

6. Signature (Agent): John R. McCulley

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:

Cynthia Gray Milani
Texas Commerce Bank, NA, Agent & Attorney-in-Fact
Trust Minerals Section 32400 07
P.O. Box 200555
Houston, TX 77216 0555

4a. Article Number: Z 740-462-264

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

7. Date of Delivery: JUN 26 1995

5. Signature (Addressee)

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

6. Signature (Agent): C. HOLT

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:

Anne McCord Miller Trust #13647-01
NationsBank, Co-Trustee
P.O. Box 840738
Dallas, TX 75284-0738

4a. Article Number: Z 740-462-265

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

7. Date of Delivery: JUN 24 1995

5. Signature (Addressee)

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

6. Signature (Agent): CW

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:

Sarah S. Mims Trust
Williams L. Madison & Sara S. Mims, Co-Trst
P.O. Box 111846
Carrollton, TX 75011-1846

4a. Article Number: Z 740-462-268

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

7. Date of Delivery: 6-29-95

5. Signature (Addressee): William L. Madison

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.

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:

Michelle [illegible]Monica Irrevocable Trust
David A. Rogers, Trustee
4855 N. Mesa, Suite 122
El Paso, TX 79912-5939

4a. Article Number: Z 740-462-269

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.

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:
J. J. & R. R. Money 1990 Tr dated 10-9-90
Lloyd J. & Ruth Money Tst
1904 21st Street
Hermosa Beach, CA 90254-3105

4a. Article Number: Z-740-462-268
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): J. J. Money
6. Signature (Agent)

REDONDO BEACH JUN 27 1995 USPS POSTAGE

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Kelley A. Murrell
3512 Cornell
Dallas, TX 75205-2817

4a. Article Number: Z-740-462-269
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Kelley A Murrell
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Joseph Richard Nickson
205 West 19th St.
New York, NY 10011-4012

4a. Article Number: Z 740-462-270
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Martha J. Nickson
P.O. Box 10352
Midland, TX 79702-7352

4a. Article Number: Z 740-462-271
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 27 1995
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
6. Signature (Agent): Ellen Sanderford

MIDLAND JUN 27 1995 USPS

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Roger B. Nielsen
% Sunwest Bank Albuquerque, NA, Agent,
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z 740-462-272
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
6. Signature (Agent)

ALBUQUERQUE JUN 26 1995

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
The Nordan Trust
Louis Belinsky, Trustee
112 E. Pecan, Suite 500
San Antonio, TX 78205-1516

4a. Article Number: Z 740-462-273
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
6. Signature (Agent): B Schul

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Pearl Neugent Nordan
112 E. Pecan, Suite 500
San Antonio, TX 78205-1516

4a. Article Number: Z 740-462-274
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): B Schul
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Mabel Otstot & Company
14050 E. Linvale Pl., Apt. 406
Aurora, CO 80014-3735

4a. Article Number: Z 740-462-275
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 7-1-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Raymond Otstot
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Cecelia Otto Revoc Trust
Cecelia V. Otto, Trustee U/A dated 5-21-90
TX St Bk Acct # 63 145 0
2850 Colorado Ave.
San Angelo, TX 76901-3613

4a. Article Number: Z 740-462-276
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-23-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): Cecelia Otto
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Ethel Parnell
503 W. Duarte Rd., #5
Arcadia, CA 91007-7325

4a. Article Number: Z 740-462-277
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 7-6-95
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee): L. M. Del Rosario
6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
W. L. Peters
Mary Peters McCulley, Attorney-in-Fact
141 Longleaf Rd.
Shreveport, LA 71106-1221

4a. Article Number: Z 740-462-278
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
5. Signature (Addressee): Mrs. Mary M. McCulley
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Peterson Family Trust
Joseph L. Peterson, Trustee
7450 Olivetas Ave WH
La Jolla, CA 92037-4900

4a. Article Number: Z-740-462-279
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee)
6. Signature (Agent): Linda Porter
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Jane Manning Pitkin
503 W. Duarte Rd., No. 6
Arcadia, CA 91007-7325

4a. Article Number: Z 740-462-280
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee): J. M. Pitkin
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Leta M. Pool
8720 E. Pckellips Rd., Space 256
Scottsdale, AZ 85257-4838

4a. Article Number: Z 740-462-281
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26
5. Signature (Addressee): Leta M. Pool
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Harry D. Porter
NationsBank of Texas, NA, Trustee
% Trust Dd & Gas #15-020-6401500
P.O. Box 840738
Dallas, TX 75284-0738

4a. Article Number: Z 740-462-282
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 24 1995
5. Signature (Addressee)
6. Signature (Agent): C WORTHY
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Harry D. Porter Revocable Trust
U/A 12-23-82 - % Trust Dd & Gas
NationsBank of Texas, NA, Trustee
P.O. Box 840738
Dallas, TX 75284-0738

4a. Article Number: Z 740-462-283
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 24 1995
5. Signature (Addressee)
6. Signature (Agent): C WORTHY
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Potenziani Family Partnership
P.O. Box 36600
Station D
Albuquerque, NM 87176-6600

4a. Article Number: Z 740-462-284
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/27/95
5. Signature (Addressee): Lori Kenick
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Cheryl L. Potenziani
P.O. Box 36600
Station D
Albuquerque, NM 87176-6600

4a. Article Number: Z 740-462-285
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/27/95
5. Signature (Addressee): Lori Kenick
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Lorene Raybourn Smith, Claud W. Raybourn
& Jesse S. Raybourn, Co-Trustees
207 Wilshire Ln.
Newark, DE 19711-2757

4a. Article Number: Z 740-462-286
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 26 JUN 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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
David Elbert Reese
2203 N. Belmont
Richmond, TX 77469-5501

4a. Article Number: Z 740-462-287
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee)
6. Signature (Agent): M. Lo Reese
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Elizabeth Goodwin Reese
7800 Nairn
Houston, TX 77074-5321

4a. Article Number: Z 740 – 462 – 288
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee): Elizabeth Reese
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Catherine Gray Remenick
Texas Commerce Bank, NA, Agent & Attorney in Fact
Trust Minerals Section 37400 07
P.O. Box 200555
Houston, TX 77216 0555

4a. Article Number: Z 740 – 462 – 289
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent): G. HOLT
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
H. K. Riddle, II, Trust
H. K. Riddle, Trustee
P.O. Box 13326
Albuquerque, NM 87192-3326

4a. Article Number: Z 740 – 462 – 290
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24
5. Signature (Addressee): Riddle
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Hansel King Riddle Est.
Donna Riddle & John Hager, Co Personal Rep.
P.O. Box 13326
Albuquerque, NM 87192-3326

4a. Article Number: Z 740 – 462 – 291
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24
5. Signature (Addressee): Riddle
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Violet & Edward Ripley
Joint Tenants
P.O. Box 5011
Santa Fe, NM 87502-5011

4a. Article Number: Z 740 – 462 – 292
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
5. Signature (Addressee): Violet & Edward Ripley
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Susan Henderson Ritter
1415 25 St.
Galveston, TX 77550-4543

4a. Article Number: Z 740 – 462 – 293
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
David A. Rogers
4855 N. Mesa, Suite 122
El Paso, TX 79912-5939

4a. Article Number: Z 740 – 462 – 294
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Rogers Gibbard Trust, Orville C. Rogers, Veva Gibbard, & Elaine Gibbard Howe, Trustees
% Susan Rogers Eveland
6804 La Costa Drive
Tyler, TX 75703 9613

4a. Article Number: Z 740 – 462 – 295
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 7-5-95
5. Signature (Addressee): Susan R Eveland
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Joanne Thompson Rugeley
3813 Tolmas
Metairie, LA 70002-1846

4a. Article Number: Z 740 – 462 – 296
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
5. Signature (Addressee): Joanne Rugeley
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? 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 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:
The Salvation Army
Del Valle Station
P.O. Box 60899
Los Angeles, CA 90015 0899

4a. Article Number: Z 740 – 462 – 297
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 27 1995
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- 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:
Harry O. Schmidt Trust
Colorado Natl Bnk Pueblo, Trustee
% Colorado Natl Bank of (CNDT 2311)
P.O. Box 17532
Denver, CO 80217-0532

4a. Article Number: Z 740-462-298
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
5. Signature (Addressee): JUN 26 1995
6. Signature (Agent): Lanny Clayburg
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

Z 740 462 299
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail

Harry F. Schram
P.O. Box 271243
Corpus Christi, TX 78427-1243

Certified Fee	$
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	6/21/95

PS Form 3800, March 1993

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:
Wilma C. Schreiner – Account #42-2513-9
% Sunwest Bank of Albuquerque
P.O. Box 25500
Albuquerque, NM 87125-0500

4a. Article Number: Z 740-462-300
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

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:
Carolyn Nielsen Sedberry
% Sunwest Bank Albuquerque NA, Agent
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z 740-462-301
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

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:
Nancy Taylor Shivers
87 Silver Fox Dr.
Greenwood Village, CO 80121-2127

4a. Article Number: Z 740-462-302
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
5. Signature (Addressee): Nancy T. Shivers
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

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:
Pearl W. Siegenthaler
P.O. Drawer Z
Artesia, NM 88211-7525

4a. Article Number: Z 740-462-303
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: Oct 23 95
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

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:
Fannie Singleton
787 Graceland Ave.
Barberton, OH 44203

4a. Article Number: Z 740-462-304
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
5. Signature (Addressee): Fannie L. Singleton
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

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:
Paul Slayton
P.O. Box 2035
Roswell, NM 88202-2035

4a. Article Number: Z 740-462-305
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUL 27 1995
5. Signature (Addressee)
6. Signature (Agent): Sidney Buckingham, Secty.
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

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:
Bobby Dale Smith
P.O. Box 5145
Parris Island, SC 29905

4a. Article Number: Z 740-462-306
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 7-3-95
5. Signature (Addressee): Tone Ulmer
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

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:
Dale Stanley Smith
909 State St.
Bedford, IA 50833-1103

4a. Article Number: Z 740-462-307
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

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 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:
George H. Smith
1211 Royal Dr.
Kaufman, TX 75142 3513

4a. Article Number: Z 740 – 462 – 308
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
5. Signature (Addressee): George H. Smith
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Larry Smith
1150 Lotus Pl.
Boone, IA 50036 7162

4a. Article Number: Z 740 – 462 – 309
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 27 1995
5. Signature (Addressee): Larry Smith
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Alberta Mae Smyser
RR 2, Box 98
Sheridan, MO 64486

4a. Article Number: Z 740 – 462 – 310
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 7-1-95
5. Signature (Addressee): Alberta Smyser
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Mabelle H. Sowers Royalty Trust
Mabell Bramhall, Trustee
3012 Cochise Ct.
College Station, TX 77845-6529

4a. Article Number: Z 740 – 462 – 311
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/28/95
5. Signature (Addressee): Mabelle Bramhall
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Ballard E. Spencer Trust, Inc. Trust
First National Bank Artesia, Trustee
Attn: Trust Department
P.O. Box AA
Artesia, NM 88211 7526

4a. Article Number: Z 740 – 462 – 312
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-23-95
5. Signature (Addressee)
6. Signature (Agent): P. Lawson
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

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

Z 740 462 313

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail

Betty West Stedman
Attn: LB Dept.
P.O. Box 1349
Houston, TX 77251-1349

Postage	$
Certified Fee	
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	6/21/95

PS Form 3800, March 1993

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:
E. Hunter Stone, II, Trust
E. Hunter Stone, Trustee
P.O. Box 61419
Denver, CO 80206-8419

4a. Article Number: Z 740 – 462 – 314
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
5. Signature (Addressee): E. Stone
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Emilie Swinney
2311 Hampstead
Wichita Falls, TX 76308-2039

4a. Article Number: Z 740 – 462 – 315
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-27-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
David B. Talbot, III
1320 Lake St.
Fort Worth, TX 76102-4505

4a. Article Number: Z 740 – 462 – 316
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Nan Taylor
P.O. Box 90959
Santa Barbara, CA 93190-0959

4a. Article Number: Z 740 – 462 – 317
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)

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Ray R. Taylor, III
P.O. Box 1324
Cortez, CO 81321-1324

4a. Article Number: Z 740-462-318
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 23 1995 CORTEZ, CO USPS
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Susan Taylor
263 University Drive
Menlo Park, CA 94025-5221

4a. Article Number: Z 740-462-319
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Mary Gose Teesdale
4005 Fairway Dr.
Granbury, TX 76049-5302

4a. Article Number: Z 740-462-320
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24/95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Enid Lillian Thompson Life Estate
POA: MWOOD Robert Thompson
316 Dahlia
Denver, CO 80220-5714

4a. Article Number: Z 740-462-321
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
G. E. Thompson
P.O. Box 111
Round Top, TX 78954-0111

4a. Article Number: Z 740-462-322
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-28-95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Jane M. Thompson Trust
The Four Seasons, Apt. 407
333 Sunset Dr.
Fort Lauderdale, FL 33301-2647

4a. Article Number: Z 740-462-323
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/27/95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Jane Monroe Thompson, Individually
& Trustee, Llewellyn E. Thompson
333 Sunset Drive, Apt. 407
Fort Lauderdale, FL 33301-2647

4a. Article Number: Z 740-462-324
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/27/95
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Mary Virginia Thompson
P.O. Box 8224
Santa Fe, NM 87504-8224

4a. Article Number: Z 740-462-325
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Total Minatome Corp.
P.O. Box 201769
Houston, TX 77216-1769

4a. Article Number: Z 740-462-326
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: JUN 26 1995
5. Signature (Addressee)
6. Signature (Agent) G. HOLT
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Fran Troiani
12309 Kingsbrook
Oklahoma City, OK 73142-5114

4a. Article Number: Z 740-462-327
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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
F. L. Tucker
301 Sage Road, #3
Houston, TX 77056 1421

4a. Article Number: Z 740 – 462 – 328
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/24/95
5. Signature (Addressee): Stephanie Tucker
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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 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:
Fred E. Turner
4925 Greenvaille, #852
Dallas, TX 75206-4016

4a. Article Number: Z 740 – 462 – 329
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/27
5. Signature (Addressee): Fred E Turner
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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 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:
James M. Vandewart & Bobby B. Vandewart Trst
James M. Vandewart & Bobby B. Vandewart,
Trustees
2401 E 2nd Rt 3
Roswell, NM 88201 7389

4a. Article Number: Z 740 – 462 – 330
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-26-95
5. Signature (Addressee): Bobby Vandewart
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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 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:
Rachel S. Vandewart
Box 162
Flying H, NM 88339-0162

4a. Article Number: Z 740 – 462 – 331
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee): Rachel Vandewart
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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

Z 740 462 332

Receipt for Certified Mail
No Insurance Coverage Provided

Margaret Hardy Van Sant
P.O. Box 817
League City, TX 77574-0817

Postage	$
Certified Fee	
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	6/21/95

PS Form 3800, March 1993

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:
Mary E. Walker Life Estate
1617 South Columbia Road
West Columbia, TX 77486-3607

4a. Article Number: Z-740-462-333
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/30/95
5. Signature (Addressee): Mary E Walker
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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 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:
Rebecca Ann Reese Ward
2210 Custer Parkway
Richardson, TX 75080-2502

4a. Article Number: Z 740 – 462 – 334
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6-24-95
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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 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:
Neal S. Waterfall
12020 SW Par 4 Dr.
King City, OR 97224-2512

4a. Article Number: Z 740 – 462 – 335
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26
5. Signature (Addressee): N S Waterfall
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

OR 970 26 JUN 95 SPS

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

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 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:
Gladys Watford Trust
Gladys Watford, Trustee
11 Greenway Plaza, Suite 2608
Houston, TX 77046-1105

4a. Article Number: Z – 740 – 462 – 336
4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery: 6/26/95
5. Signature (Addressee)
6. Signature (Agent)
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

PS Form 3811, December 1991

EL PASO TX 798 07/06/95 17:47

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:
Frances Holman Weaver
P.O. Box 2102
El Paso, TX 79951-2102

4a. Article Number: Z 740 – 462 – 337
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)

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Martha Peters Werlla
Peter Claude Jacobsen
Attorney-in-Fact
3724 Crestline Road
Fort Worth, TX 76107-3334

4a. Article Number: Z 740-462-338

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

7. Date of Delivery: 6-24-95

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Wesley West Mineral Corp.
P.O. Box 4383
Houston, TX 77210-4383

4a. Article Number: Z 740-462-339

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

7. Date of Delivery: JUN 26 1995

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
James Wendell West
P.O. Box 5591
Sherman Oaks, CA 91413-5591

4a. Article Number: Z 740-462-340

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Elizabeth H. White Family Trust
Linda Payne, Trustee
P.O. Box 780099
Dallas, TX 75378-0099

4a. Article Number: Z 740-462-341

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

7. Date of Delivery: JUL 6 - 1995

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
L. Doris Williams Estate
William P. Traylor & John G. Heard,
Co-Indpt Executors
P.O. Box 8306
Houston, TX 77288-8306

4a. Article Number: Z 740-462-342

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Lynda Wilson
4011 Kingsbury Dr.
Wichita Falls, TX 76309-3640

4a. Article Number: Z 740-462-343

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

7. Date of Delivery: 7-24-95

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Edward Winterer & Jacqueline M. Winterer
Revocable Trust #1 dated 12-4-91
2857 Oceanview Ave.
Dehesa, CA 92014-3321

4a. Article Number: Z 740-462-344

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
Winterwider Family Rev. Trust
Roy Fulwider & Joan Winterer, Trustees
600 N. 6th St.
Santa Paula, CA 93060-1605

4a. Article Number: Z 740-462-345

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

7. Date of Delivery: JUN 26 1995

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

Is your RETURN ADDRESS completed on the reverse side? 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 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:
WWR Enterprises Inc.
% Sunwest Bank of Albuquerque, NA, Agent
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: Z 740-462-346

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

7. Date of Delivery: JUN 26

5. Signature (Addressee)

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

WAIVERS TO OBJECTION

FOR

CASE NO: 11349

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 8
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, TX 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

El Paso Production Company

COMPANY: Meridian Oil Production Inc.
(PRINT or TYPE)

APPROVED BY: Linda Donohue

NAME: Linda Donohue

TITLE: Senior Landman

DATE: July 24, 1995

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

COMPANY: Union Oil Company of California
(PRINT or TYPE)

APPROVED BY: D L Ellington DL PKM

NAME: David L. Ellington

TITLE: Asset Manager

DATE: April 3rd 1995

SOCO
Snyder Oil Corporation
1625 Broadway
Suite 2200
Denver, CO 80202
303/592-8500
Fax 303/592-8600

June 27, 1995

State of New Mexico
Energy and Minerals Department
Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87504-2088

RE: San Juan 28-7 Unit
Application of Conoco Inc. for Downhole Commingling, and Unorthodox Gas Well Locations, Rio Arriba County, New Mexico

Gentlemen:

This letter is to notify you that Snyder Oil Corporation (SOCO) is in support of the application from Conoco concerning the above captioned subject.

If you require further specifics concerning the above referenced application, please contact me in our Denver office at (303) 592-8557.

Very truly yours,

H. Richard Pate
Director of Operations - RMU

HRP/aw

cc: Conoco
Kellahin and Kellahin

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

COMPANY: The Wiser Oil Company
(PRINT or TYPE)

APPROVED BY: Brett R. Schweikle

NAME: Brett R. Schweikle

TITLE: Manager - Primary Operations

DATE: March 30, 1995

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

COMPANY: _____
(PRINT or TYPE)

APPROVED BY: _____

NAME: DERRICK TURNBULL

TITLE: _____

DATE: 3/30/95

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

COMPANY: _____
(PRINT or TYPE)

APPROVED BY: Dawn J Turnell

NAME: _____

TITLE: _____

DATE: 4-17-95

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

COMPANY: _____
(PRINT or TYPE)

APPROVED BY:

NAME: JUNE S. LIVELY

TITLE:

DATE: 3-31-95

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

COMPANY: Helen Louise Simmons
(PRINT or TYPE)

APPROVED BY: _____

NAME: _____

TITLE: _____

DATE: 3-30-95

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

COMPANY: _____
(PRINT or TYPE)

APPROVED BY: _____
NAME: Desiree Turnbull Williams
TITLE: _____
DATE: 3/31/95

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

COMPANY: CaroLee Simmons Smith 3/31-95
(PRINT or TYPE)

APPROVED BY: _____

NAME: _____

TITLE: _____

DATE: _____

Midland Division
Exploration Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500
(915) 686-5400

Application to the New Mexico Oil Conservation Division for approval to initially downhole commingle Basin Dakota and Blanco Mesaverde production in twelve (12) new infill producing wells to be drilled and equipped as single completions in the San Juan 28-7 Unit. Approval of this application will result in the recovery of additional reserves from both pools that cannot be economically developed either in separate single completion nor in dual completion wellbores, thereby preventing waste and protecting the correlative rights of the interest owners in this unit.

WAIVER TO OBJECTION

We, the undersigned, as a working interest owner in the San Juan 28-7 Unit, hereby support the Unit Operator, Conoco Inc., and waive any objection to its plan to downhole commingle production from the Basin Dakota and Blanco Mesaverde pools in the above mentioned twelve (12) drilling wells as identified on the 1995 Plan of Development for the San Juan 28-7 Unit.

W.I. OWNER COMPANY: MARY JEANNE SIMMONS BANKS
(PRINT or TYPE)

APPROVED BY: _____

NAME: _____

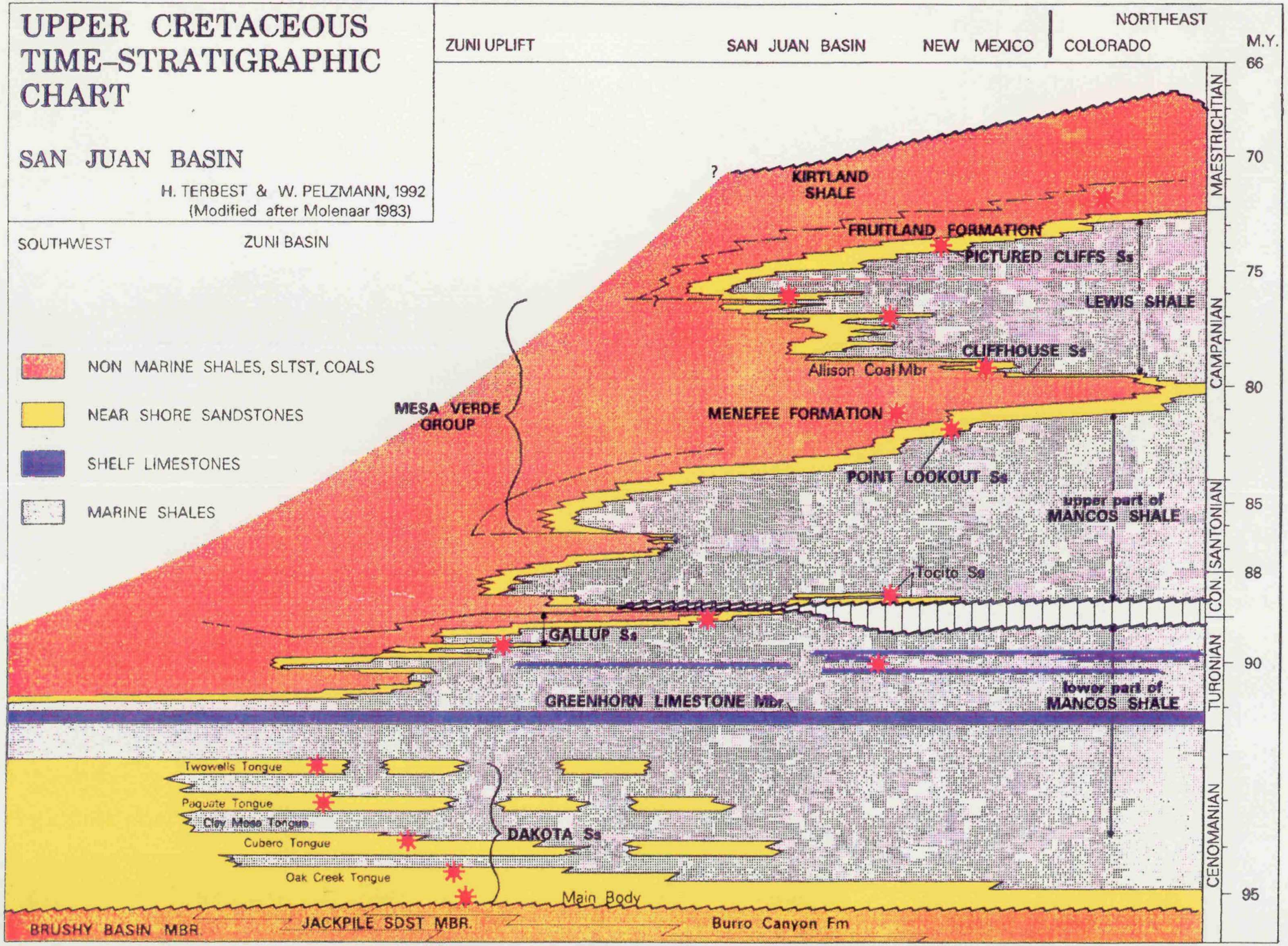
TITLE: _____

DATE: MARCH 31, 1995

UPPER CRETACEOUS TIME–STRATIGRAPHIC CHART

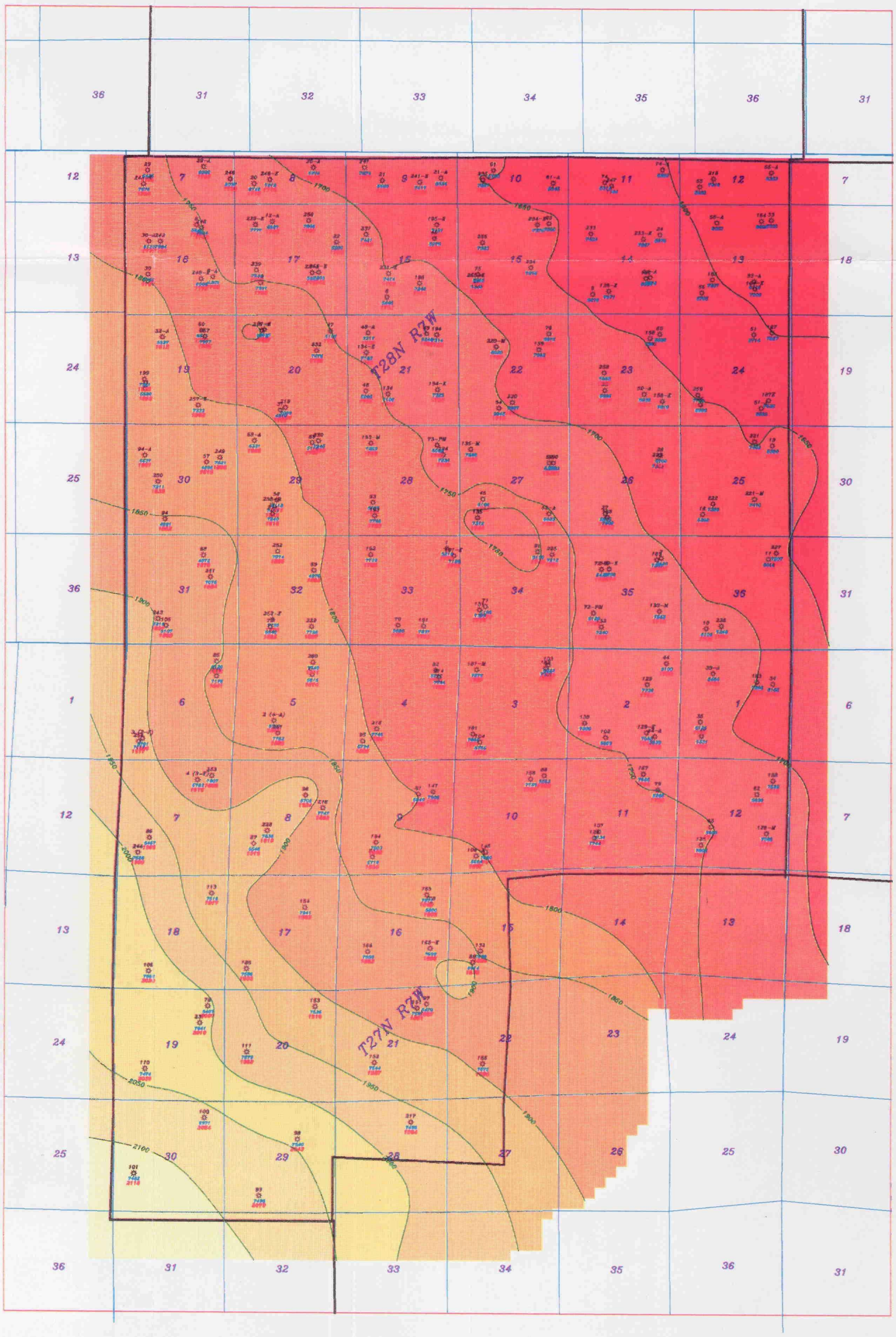
SAN JUAN BASIN

H. TERBEST & W. PELZMANN, 1992
(Modified after Molenaar 1983)



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 9
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

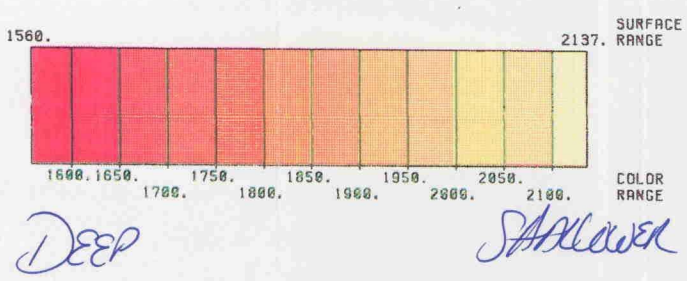


Cliffhouse Structure Map
50 Foot Interval

CONOCO INC
MIDLAND DIVISION

SAN JUAN 28-7 UNIT
NEW MEXICO

1:60000
STATUTE MILES 0 .5 STATUTE MILES
FEET 0 5000 FEET

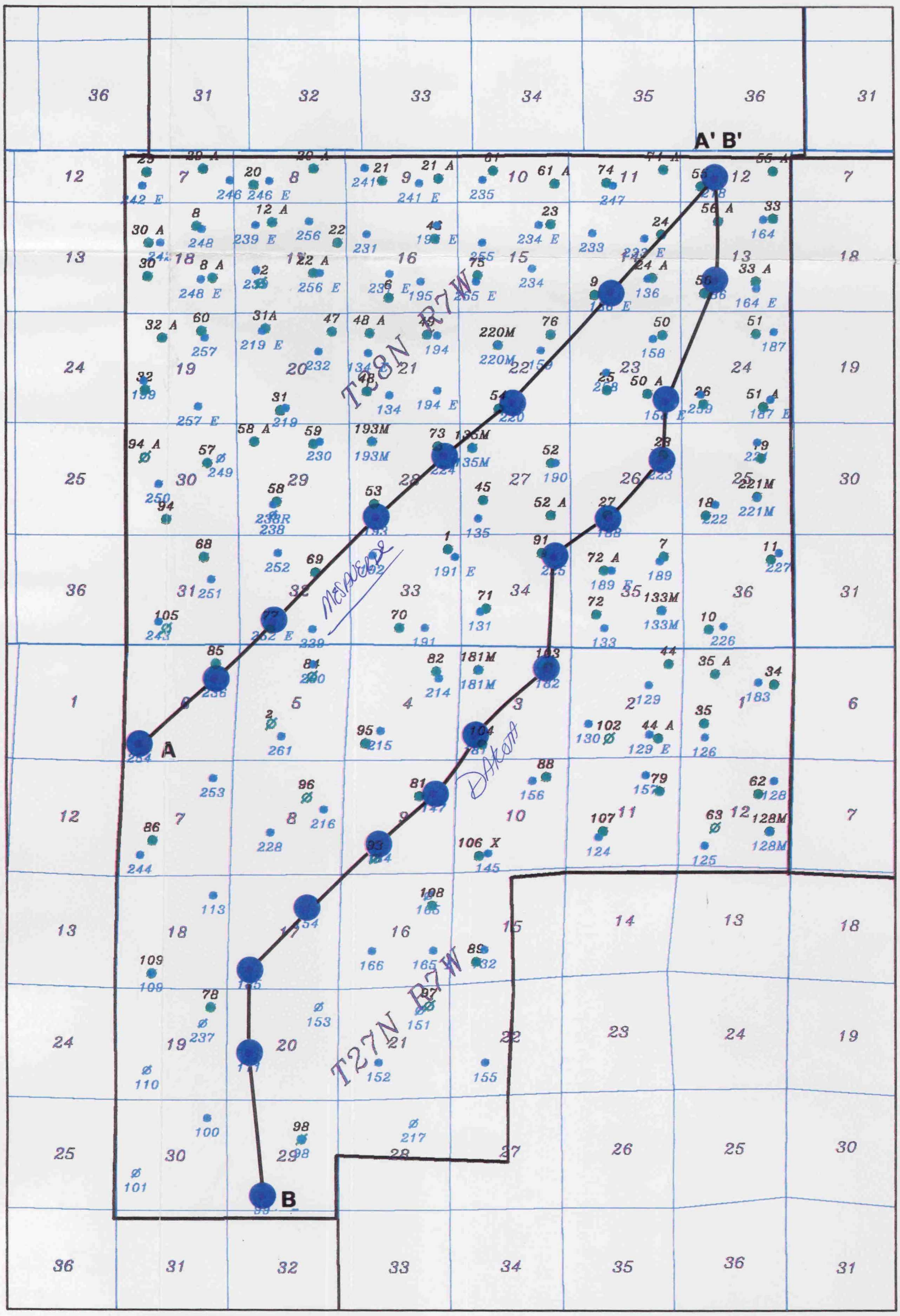


DEEP

SAXLOWER

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 10
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995



Mesaverde & Dakota Wells

Conoco Inc

San Juan Basin 28-7 Unit
New Mexico

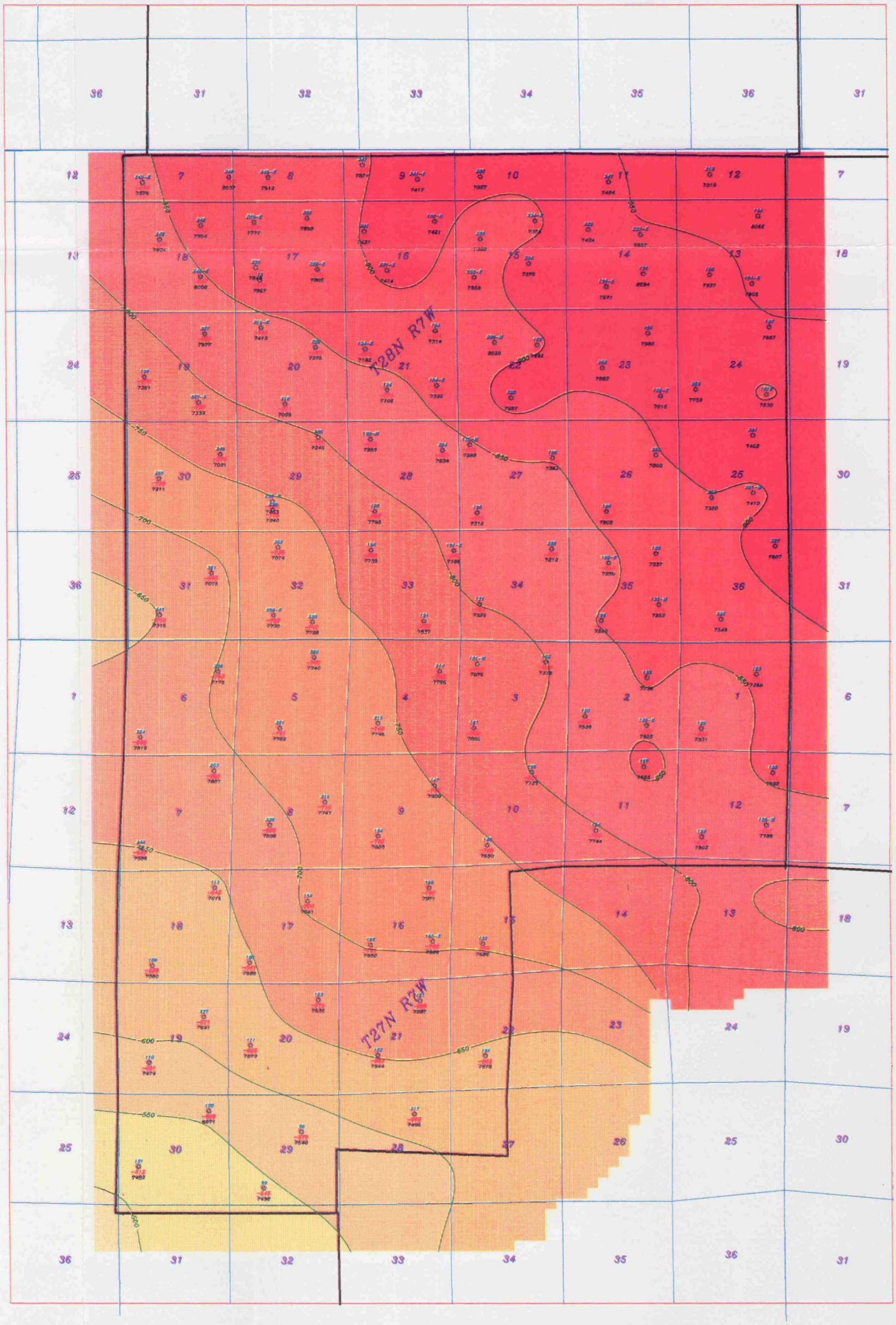
1:60000 | Mercney | 21-JUL-95

Symbol Key
- Mesaverde
- Dakota

1:60000
STATUTE MILES 0 .5 STATUTE MILES
FEET 0 5000 FEET

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 12
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

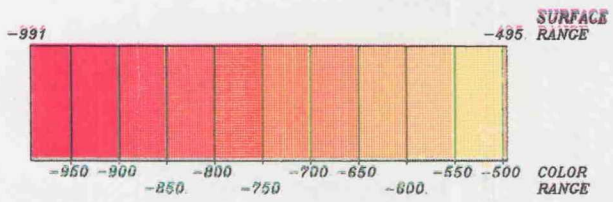


Graneros Structure Map
50 Foot Interval

CONOCO INC
MIDLAND DIVISION

SAN JUAN 28-7 UNIT
NEW MEXICO

1:60000
STATUTE MILES 0 .5 STATUTE MILES
FEET 0 5000 FEET

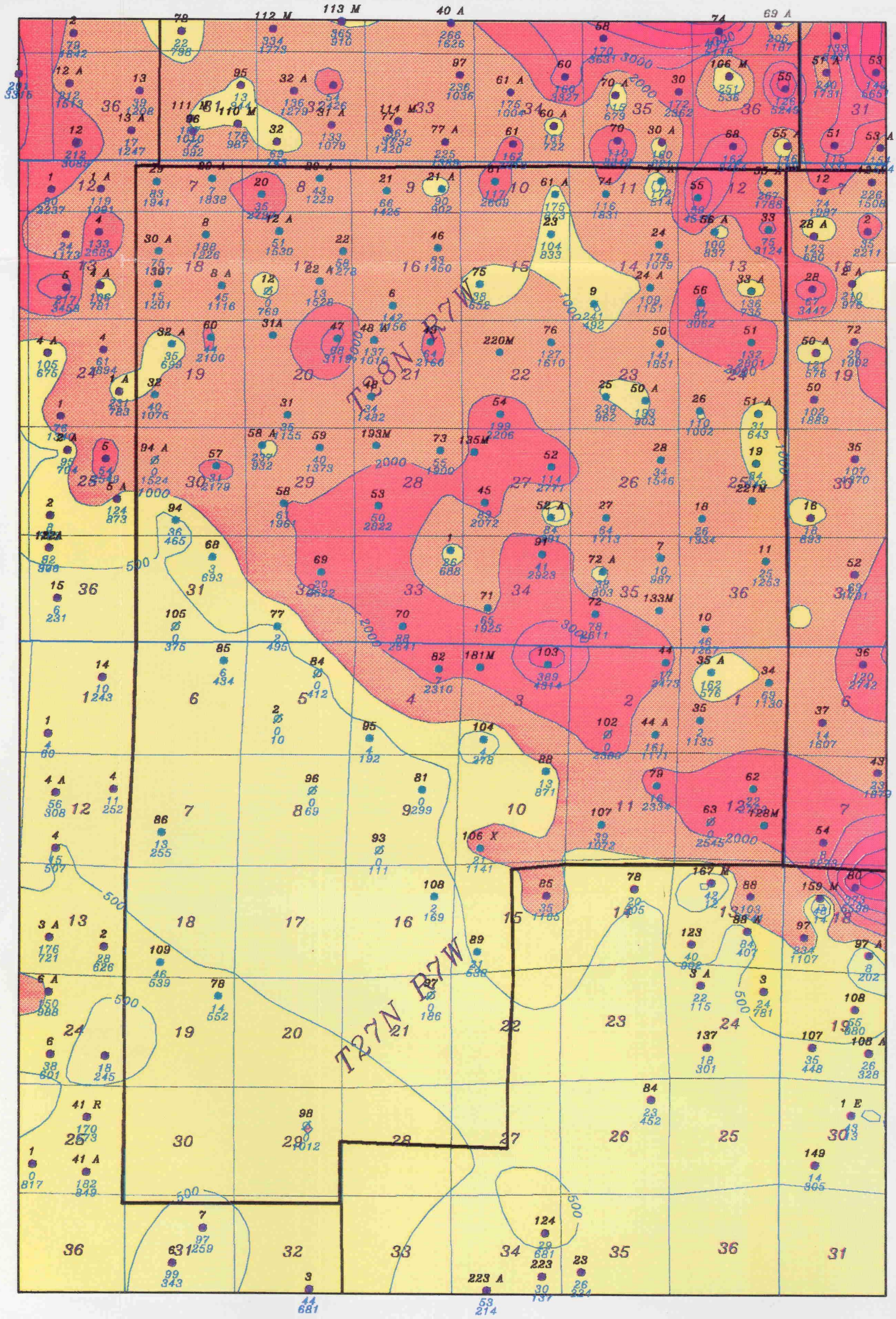


BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 11
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

LARGE FORMAT EXHIBIT HAS BEEN REMOVED AND IS LOCATED IN THE NEXT FILE

LARGE FORMAT EXHIBIT HAS BEEN REMOVED AND IS LOCATED IN THE NEXT FILE

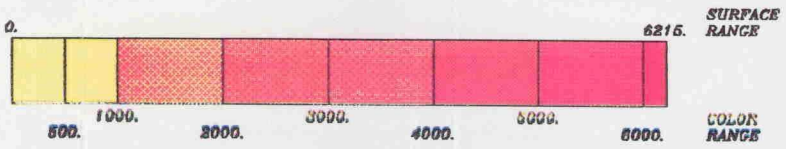


Mesaverde Gas Cums (MMCF)

Conoco Inc

San Juan Basin 28-7 Unit
New Mexico

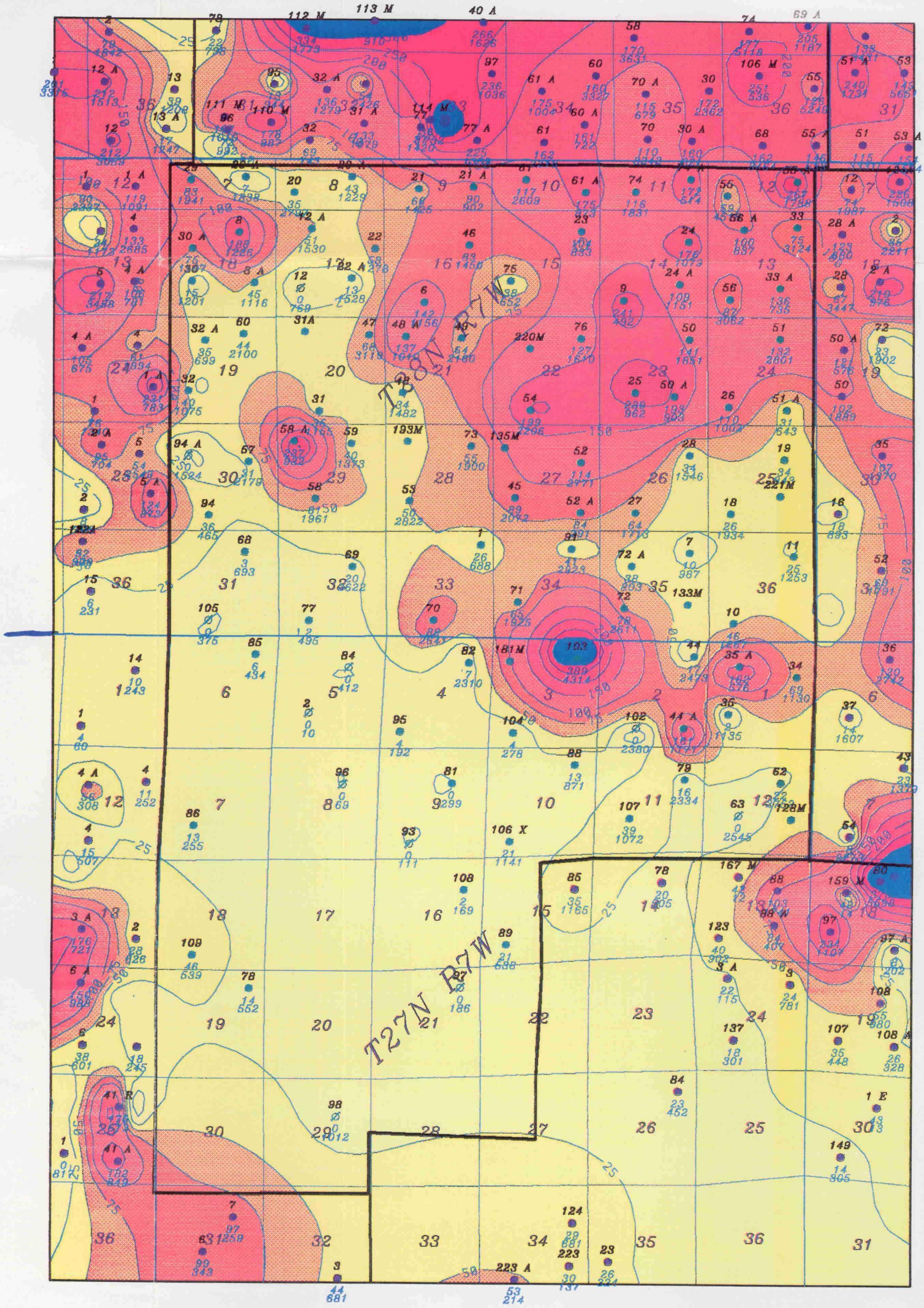
1:60000 | Moroney | 21-JUL-95



1:60000
STATUTE MILES 0 .5 STATUTE MILES
FEET 0 5000 FEET

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 15
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

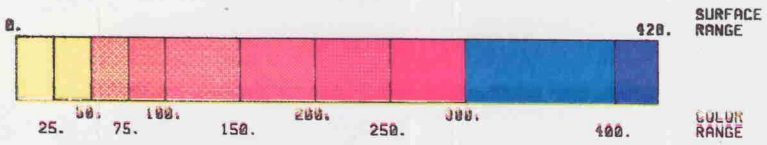


Mesaverde Daily Rates (MCFD)

Conoco Inc

San Juan Basin 28-7 Unit
New Mexico

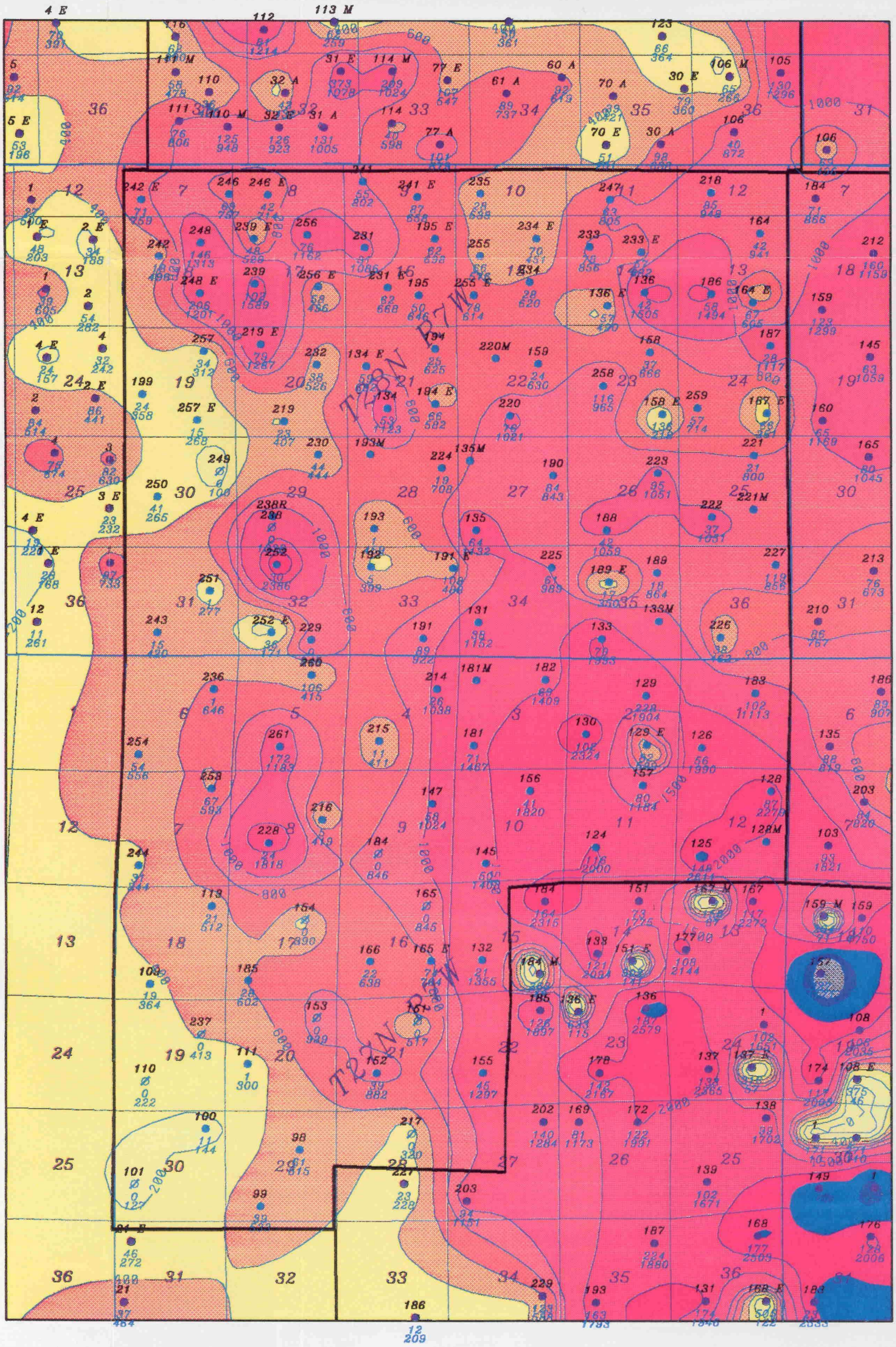
1:60000 | Mercney | 21-JUL-95



1:60000
STATUTE MILES 0 .5 STATUTE MILES
FEET 0 5000 FEET

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 16
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

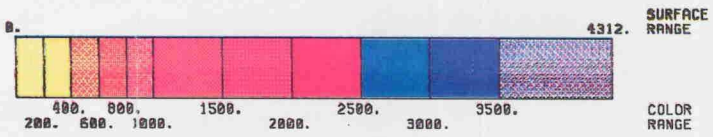


Dakota Gas Cums (MMCF)

Conoco Inc

San Juan Basin 28-7 Unit
New Mexico

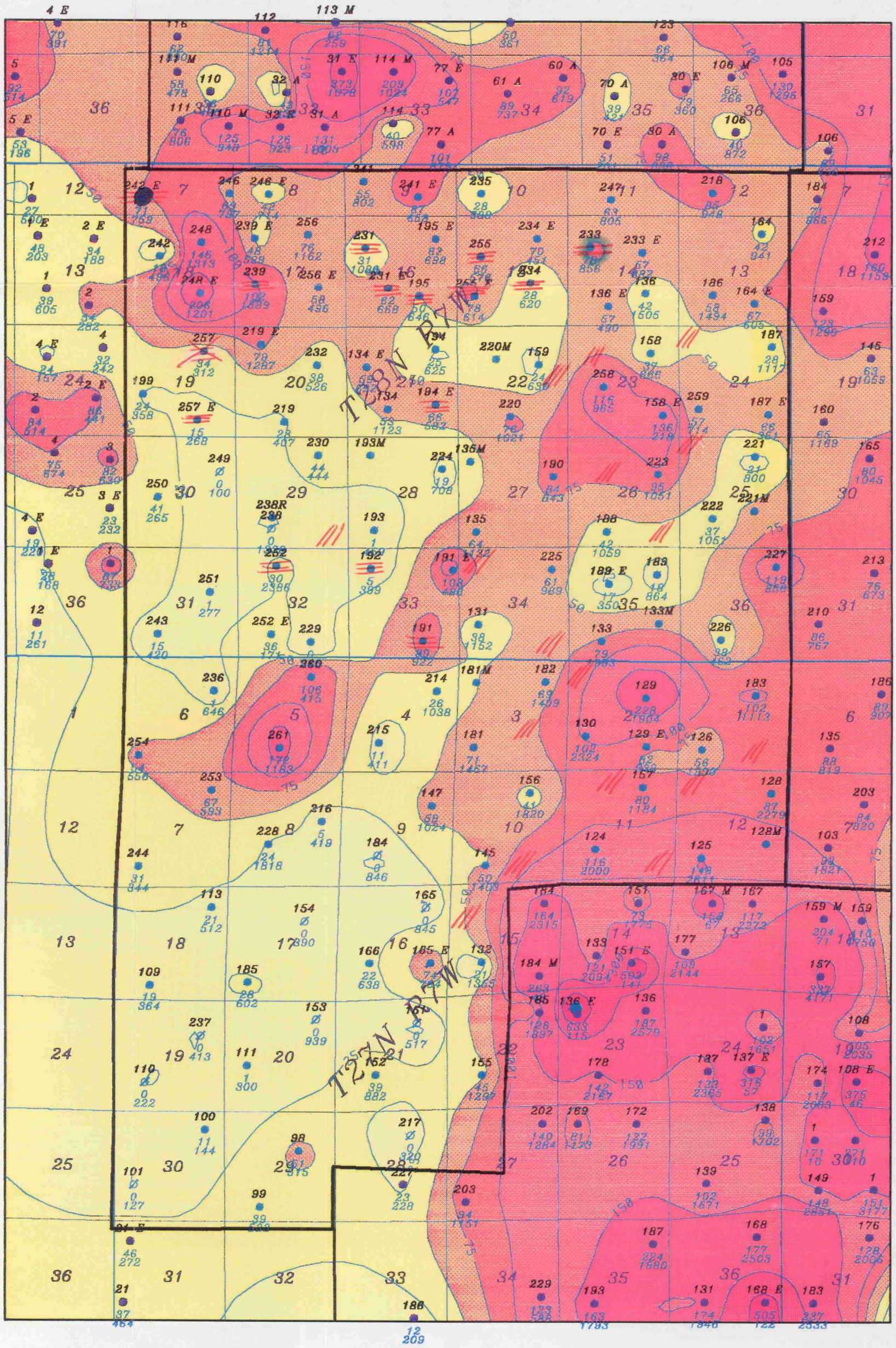
1:60000 | Meroney | 21-JUL-95



1:60000
STATUTE MILES 0 .5 STATUTE MILES
FEET 0 5000 FEET

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 17
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

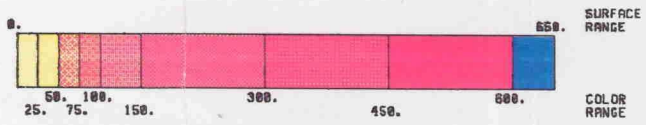


Dakota Daily Rates (MCFD)

Conoco Inc

San Juan Basin 28-7 Unit
New Mexico

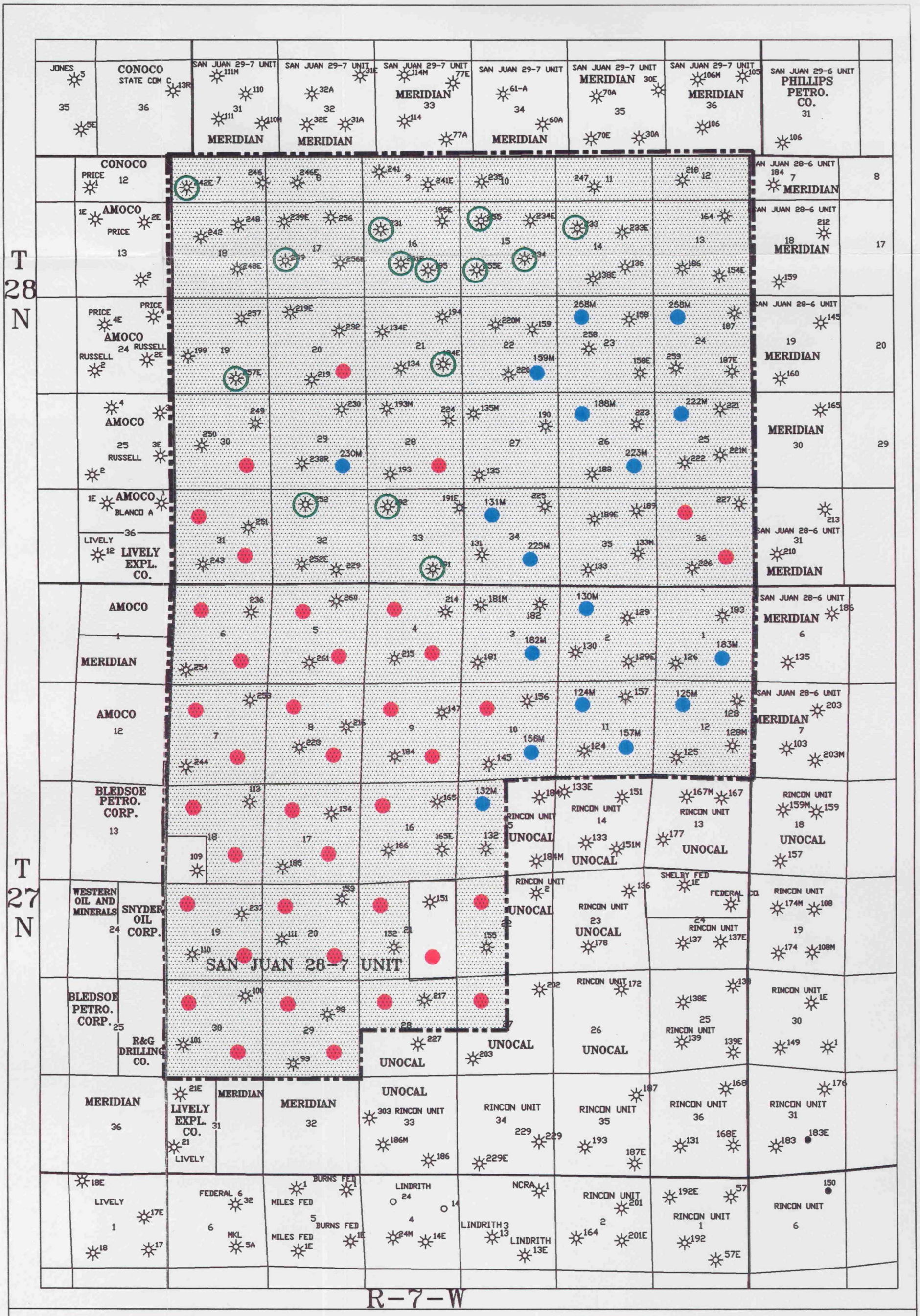
1:60000 | Moroney | 21-JUL-95



1:60000
STATUTE MILES 0 .5 STATUTE MILES
FEET 0 5000 FEET

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 18
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 19
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

17 New Drills

SAN JUAN 28-7 UNIT

STAKED LOCATIONS FOR PROPOSED MESAVERDE-DAKOTA DOWNHOLE COMMINGLED DRILLING WELLS

WELL NO.		Township 28 North, Range 7 West
159M		Sec. 22, Unit J, 1550' FSL & 1850 FEL
258M		Sec. 23, Unit E, 1523' FNL & 933' FWL
259M		Sec. 24, Unit D, 790' FNL & 960' FWL
222M		Sec. 25, Unit D, 916' FNL & 813' FWL
188M		Sec. 26, Unit F, 1640' FNL & 1530' FWL
223M		Sec. 26, Unit P, 830' FSL & 930' FEL
230M		Sec. 29, Unit P, 1190' FSL & 870' FEL
131M		Sec. 34, Unit D, 1150' FNL & 1055' FWL
225M		Sec. 34, Unit P, 830' FSL & 930' FEL
		Township 27 North, Range 7 West
183M		Sec. 1, Unit O, 870' FSL & 1480' FEL
130M		Sec. 2, Unit D, 808' FNL & 1182' FWL
182M		Sec. 3, Unit J, 1610' FSL & 1674' FEL
156M		Sec. 10, Unit O, 1028' FSL & 1872' FEL
124M		Sec. 11, Unit C, 1170' FNL & 1842' FWL
157M	**	Sec. 11, Unit P, 780' FSL & 703' FEL
125M	**	Sec. 12, Unit D, 580' FNL & 1140' FWL
132M		Sec. 15, Unit E, 1488' FNI & 1100' FWL

** UNORTHODOX LOCATIONS due to topographical constraints.

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 20
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

38 mcube wells

SAN JUAN 28-7 UNIT

ADDITIONAL UNDRILLED MESAVERDE-DAKOTA QUARTER SECTIONS

Township 28 North, Range 7 West

Section	Quarter-Section	Section	Quarter-Section
20	Southeast	31	Northwest
28	Southeast	31	Southeast
30	Southeast	36	Northwest
		36	Southeast

Township 27 North, Range 7 West

Section	Quarter-Section	Section	Quarter-Section
4	Northwest	18	Northwest
4	Southeast	18	Southeast
5	Northwest	19	Northwest
5	Southeast	19	Southeast
6	Northwest	20	Northwest
6	Southeast	20	Southeast
7	Northwest	21	Northwest
7	Southeast	21	Southeast
8	Northwest	22	Northwest
8	Southeast	27	Northwest
9	Northwest	28	Northwest
9	Southeast	29	Northwest
10	Northwest	29	Southeast
16	Northwest	30	Northwest
17	Northwest	30	Southeast
17	Southeast		

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 21
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

1st wells to be commingled

SAN JUAN 28-7 UNIT

PROPOSED MESAVERDE RECOMPLETIONS IN CURRENT DAKOTA WELLS TO BE DOWNHOLE COMMINGLED

Township 28 North, Range 7 West

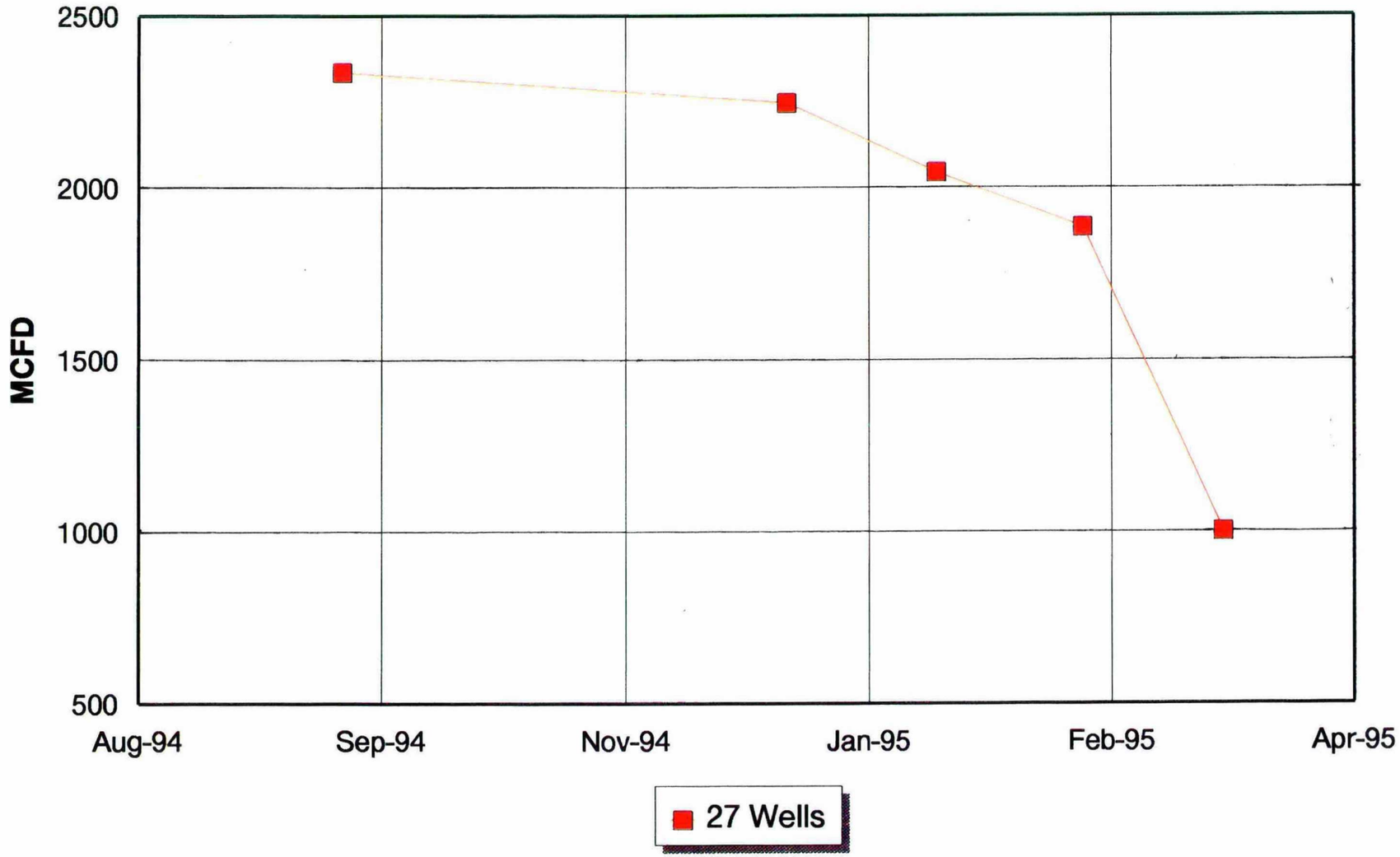
WELL NO.	SECTION	FOOTAGE LOCATION
242E	7	900' FSL & 800' FWL
233	14	1460' FNL & 1000' FWL
255	15	1890' FNL & 1130' FWL
255E	15	1540' FSL & 800' FWL
234	15	2150' FWL & 1840' FEL
231	16	1495' FNL & 875' FWL
231E	16	1915' FSL & 1930' FWL
195	16	1550' FSL & 1840' FEL
239	17	2080' FSL & 950' FWL
257E	19	990' FSL & 1850' FEL
194E	21	1670' FSL & 1060' FEL
252	32	79' FNL & 1850' FWL
192	33	736' FNL & 990' FWL
191	33	890' FSL & 1780' FEL

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 22
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

PRODUCTION DROP DUE TO LIQUID LOADING

Wells for which Plunger-Lift Controls were Removed or Inefficient

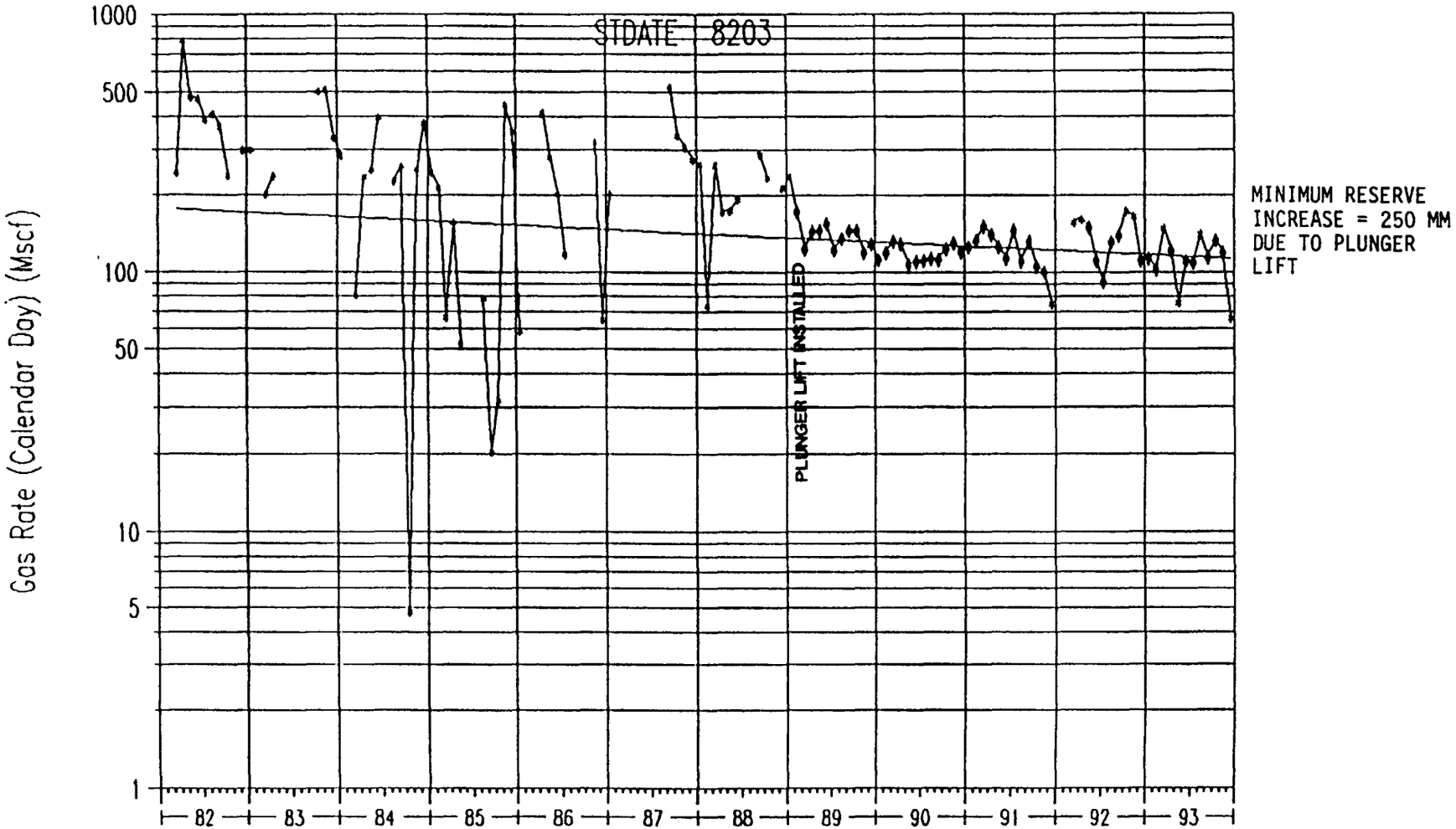


BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 23
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

SAN JUAN 28 7 UNIT 00134E PRDFORM : DKOT

SPOT : E SECTION : 21 TOWN : 28N RANGE : 07W



Decline Rate (frac) Nominal: 0.003135 Effective: 0.003130 Annual: 0.036925

Current Gas rate: 66.48 Mscf/d

Economic Limit: 15.000 Mscf/d

Cumulative Gas Produced: 684.27 MMscf

Remaining Reserves: 499.5 MMscf

Total Reserves: 1183.7 MMscf - At the Economic Limit

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 24

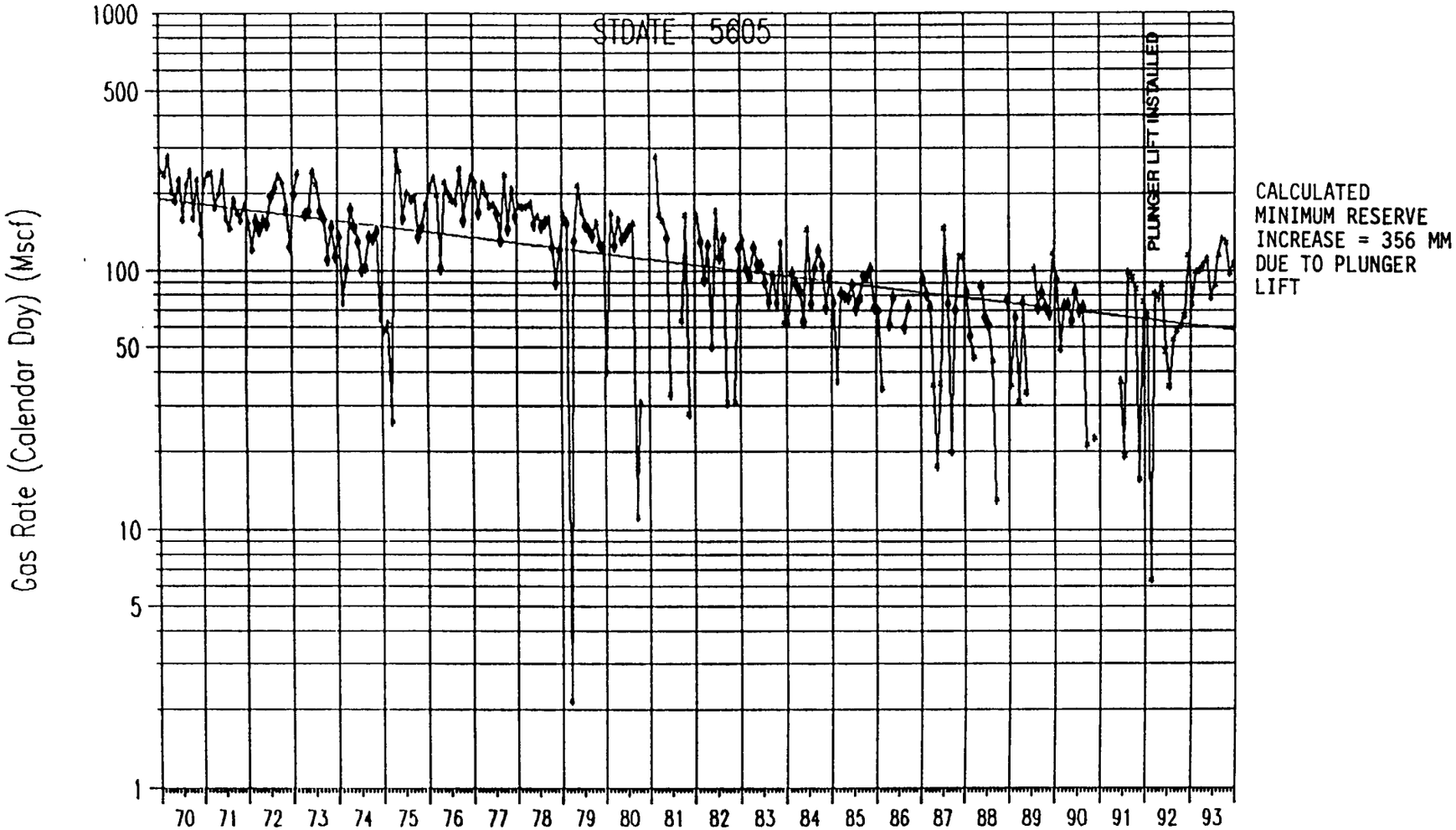
CASE NO.: 11349

Submitted by: Conoco Inc.

Hearing Date: July 27, 1995

SAN JUAN 28 7 UNIT 000044 PRDFORM : MVRD

SPOT : A SECTION : 2 TOWN : 27N RANGE : 07W



Decline Rate (frac) Nominal: 0.004097 Effective: 0.004088 Annual: 0.047974

Current Gas rate: 60.00 Mscf/d

Economic Limit: 15,000 Mscf/d

Cumulative Gas Produced: 2425.38 MMscf

Remaining Reserves: 334.1 MMscf

Total Reserves: 2759.5 MMscf – At the Economic Limit

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

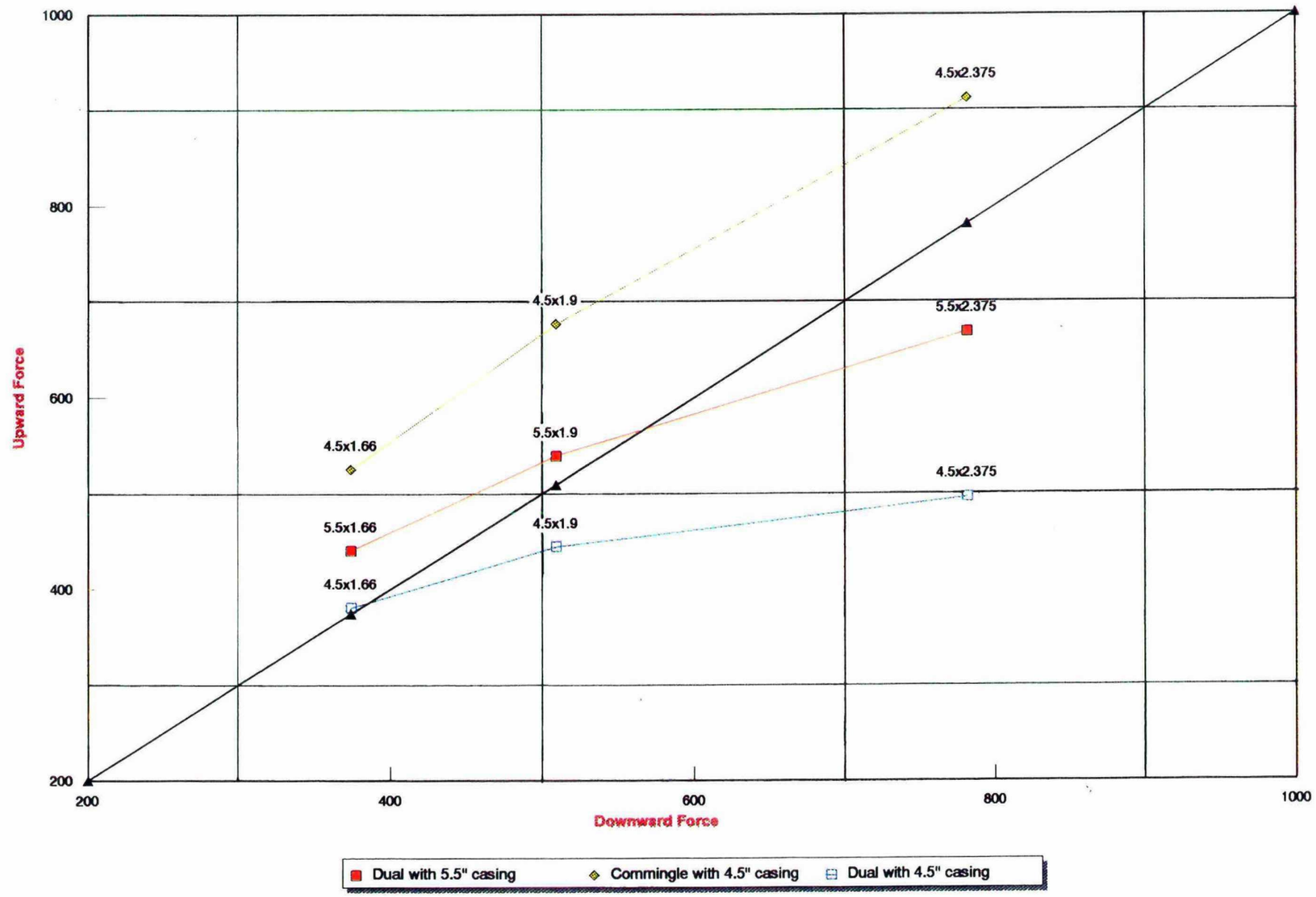
EXHIBIT NO. 25

CASE NO.: 11349

Submitted by: Conoco Inc.

Hearing Date: July 27, 1995

FORCE CALCULATIONS FOR PLUNGER OPERATION



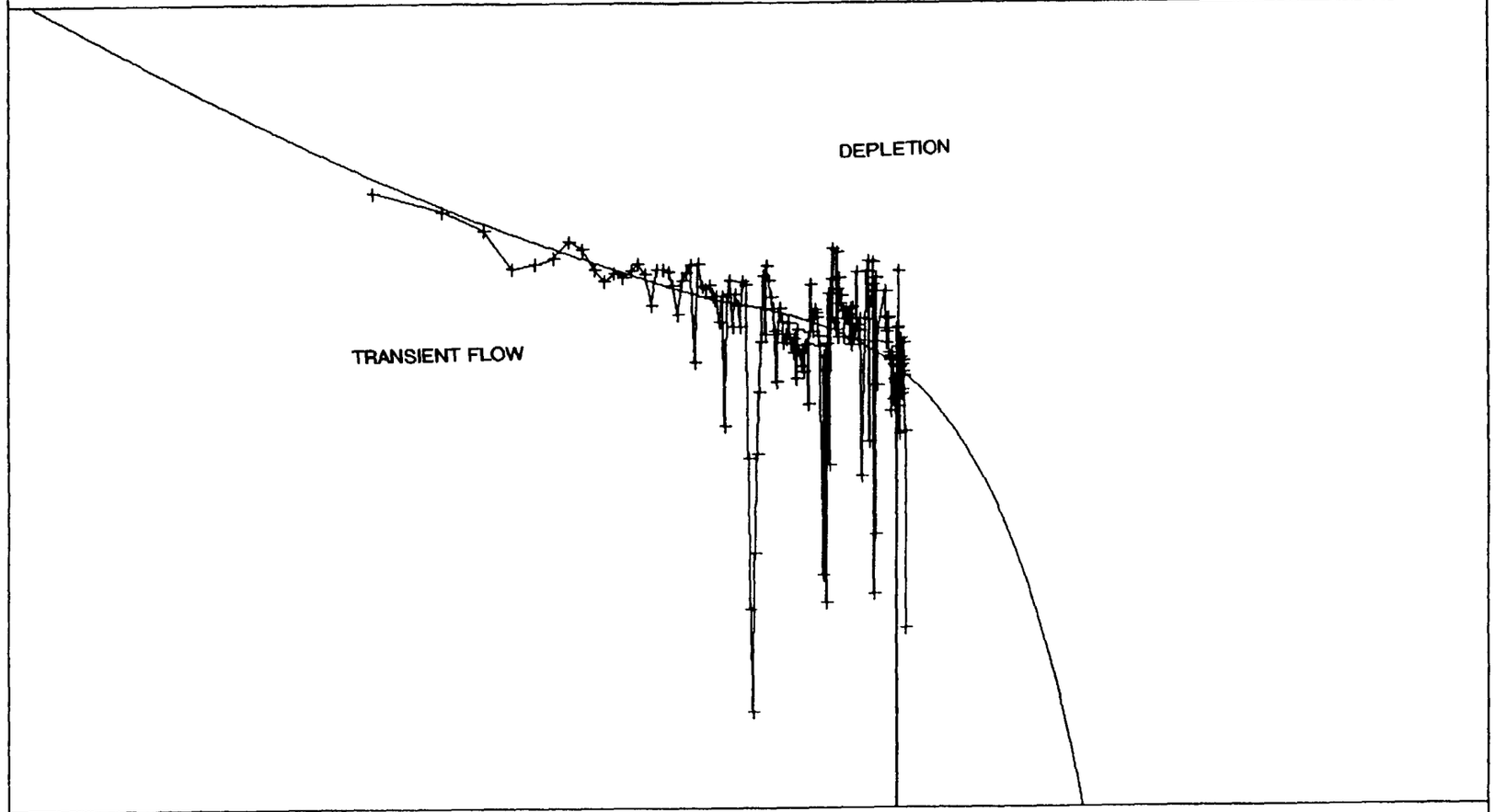
Note: NO slippage or friction included!

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 26
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

FETKOVICH TYPE CURVE

Start: 05/01/75 Rd = 10 b = 0.000 () TOPDK:229 #1



Rd match stats		b match stats		Total match stats	
Points:	30	Points:	149	Points:	179
Res:	-0.02423	Res:	-9.16731	Res:	-9.19154
Dev:	0.00450	Dev:	0.75355	Dev:	0.68701

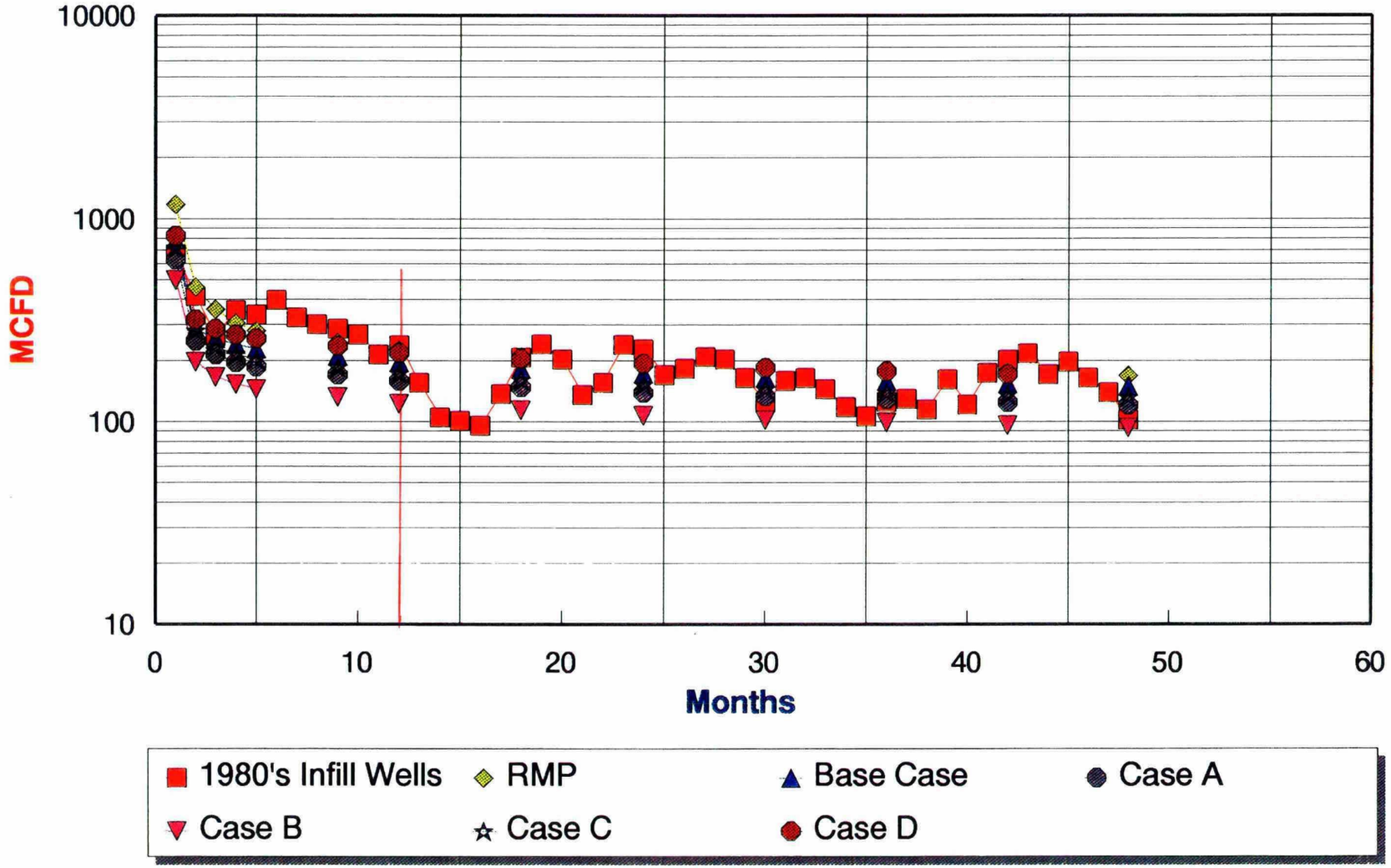
Rd:	10.000 feet	VP:	30.555 MMcf	As of:	03/01/92
Re:	1863.737 feet	Ad:	250.514 Acres	Abandon:	600 Mcf/M
Rw':	186.374 feet	Phi:	8.000 %	Remaining:	686.461 MMcf
S:	-6.336	h:	35.000 feet	OGIP:	3.338 Bcf
k:	0.027 md	GIP:	3.308 Bcf	Rec Fact:	46.982 %
Cti:	326.000 x10E-6	Qi:	6303.678 Mcf/M	Ultimate:	1.568 Bcf
b:	0.000	Di:	0.004		

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 27
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

SAN JUAN 28-7 UNIT

Dakota Models and Actual Gas Production Rates

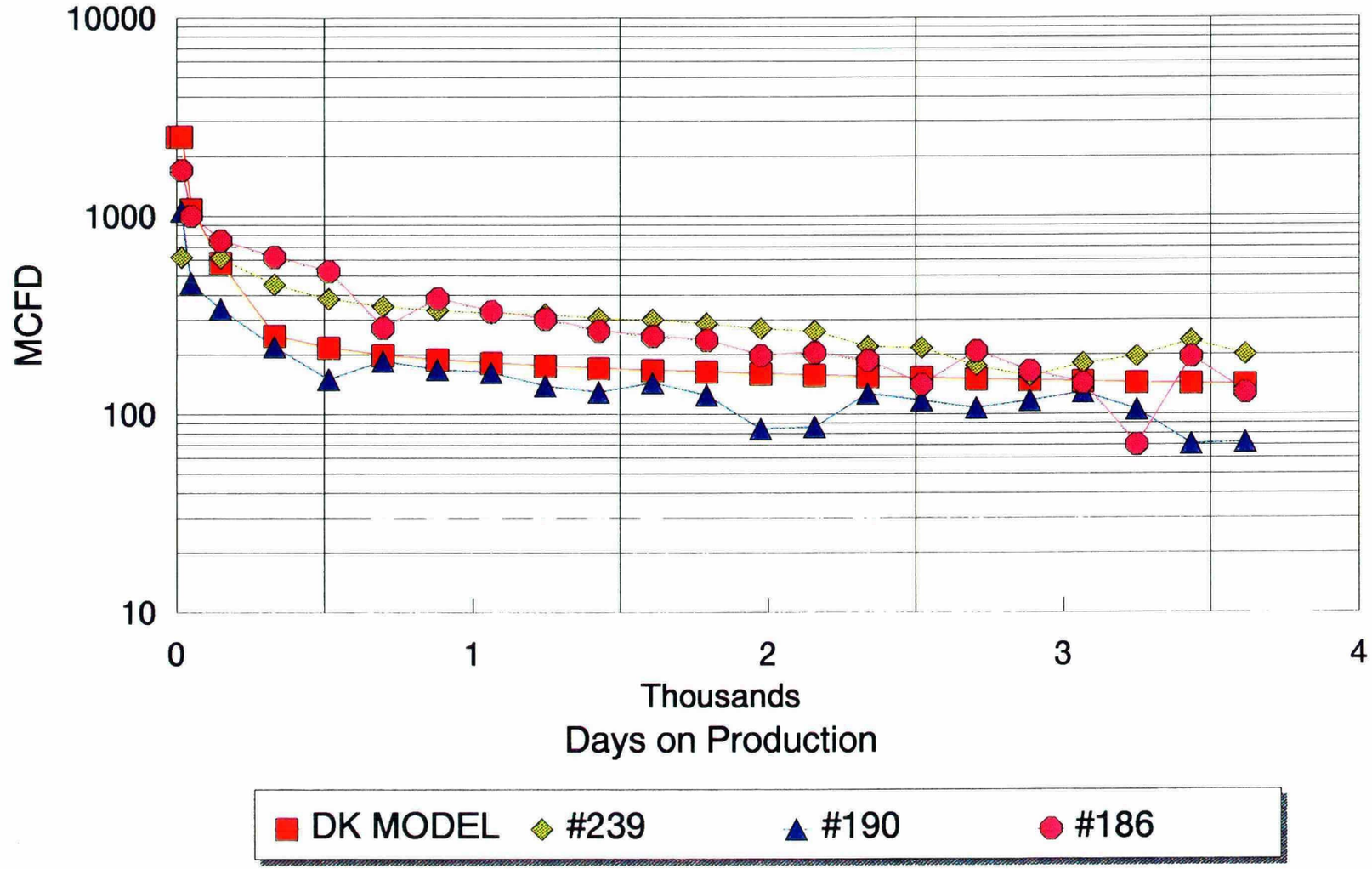


BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 28
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

SAN JUAN 28-7 UNIT

Dakota Model and Actual Gas Production Rates



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 29

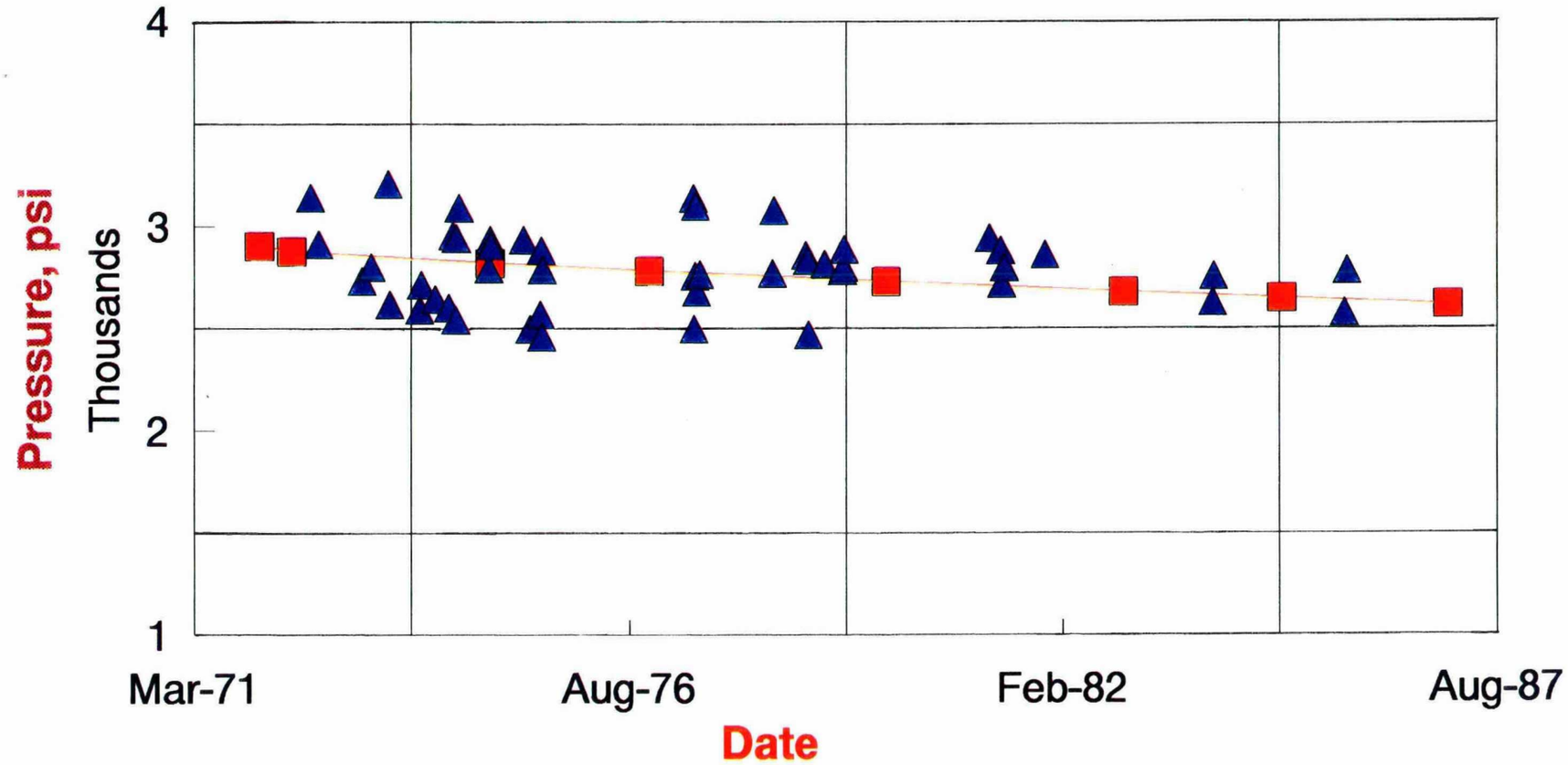
CASE NO.: 11349

Submitted by: Conoco Inc.

Hearing Date: July 27, 1995

SAN JUAN 28-7 UNIT

Dakota Formation Pressure



RMP Model

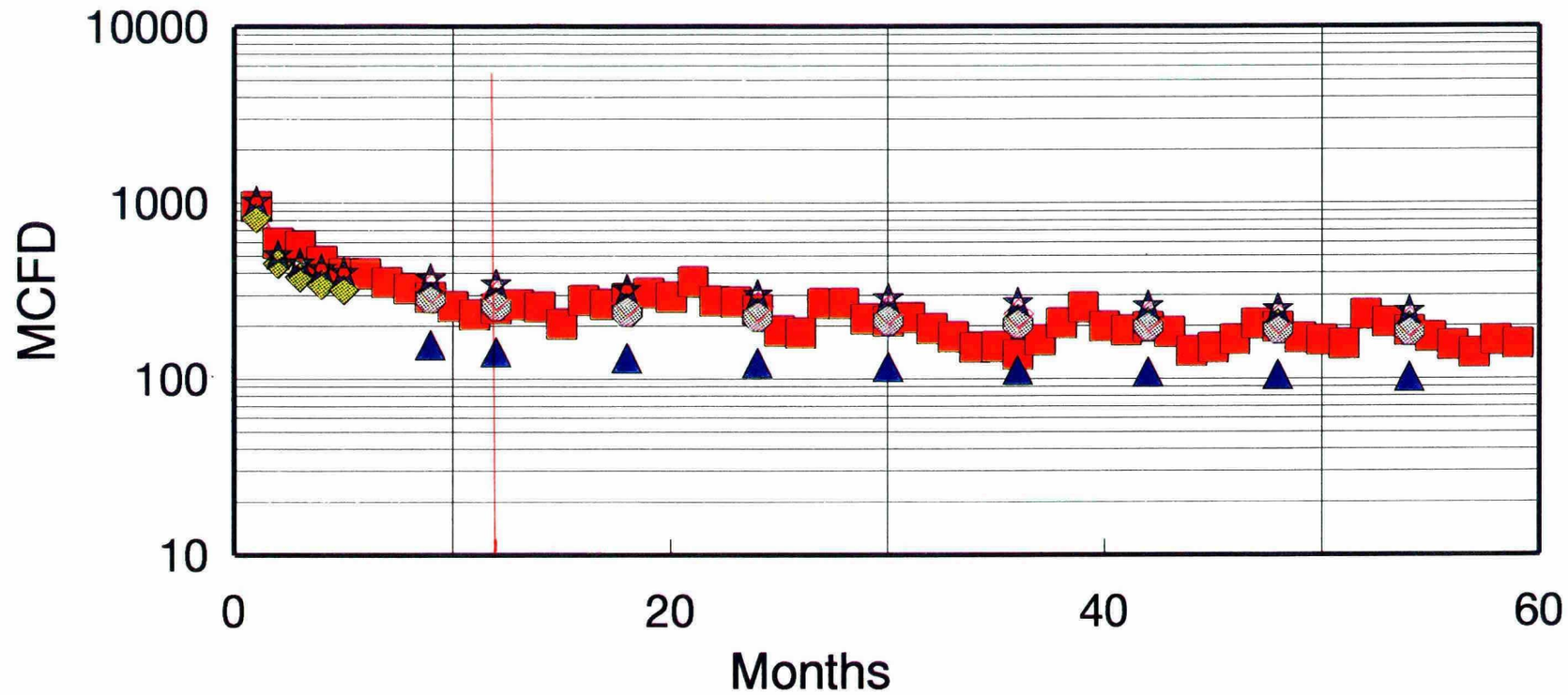
Initial SIBHP's, 28-7 Unit Wells

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 30
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

SAN JUAN 28-7 UNIT

Mesaverde Models and Actual Gas Production Rates



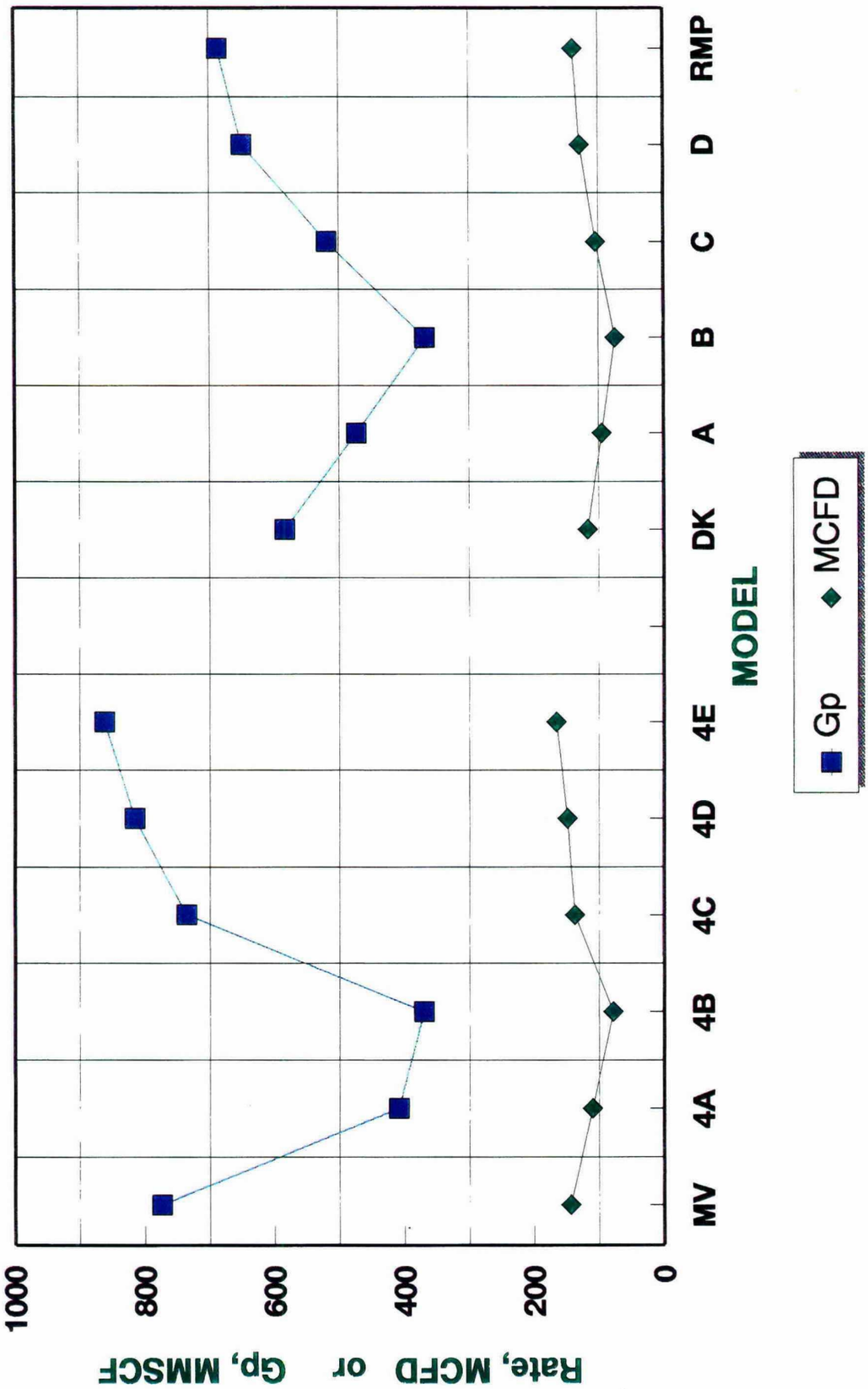
1980's Infill Wells | Base Case | Case 4B
Case 4C | Case 4D | Case 4E

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 31
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

28-7 UNIT MODELLING

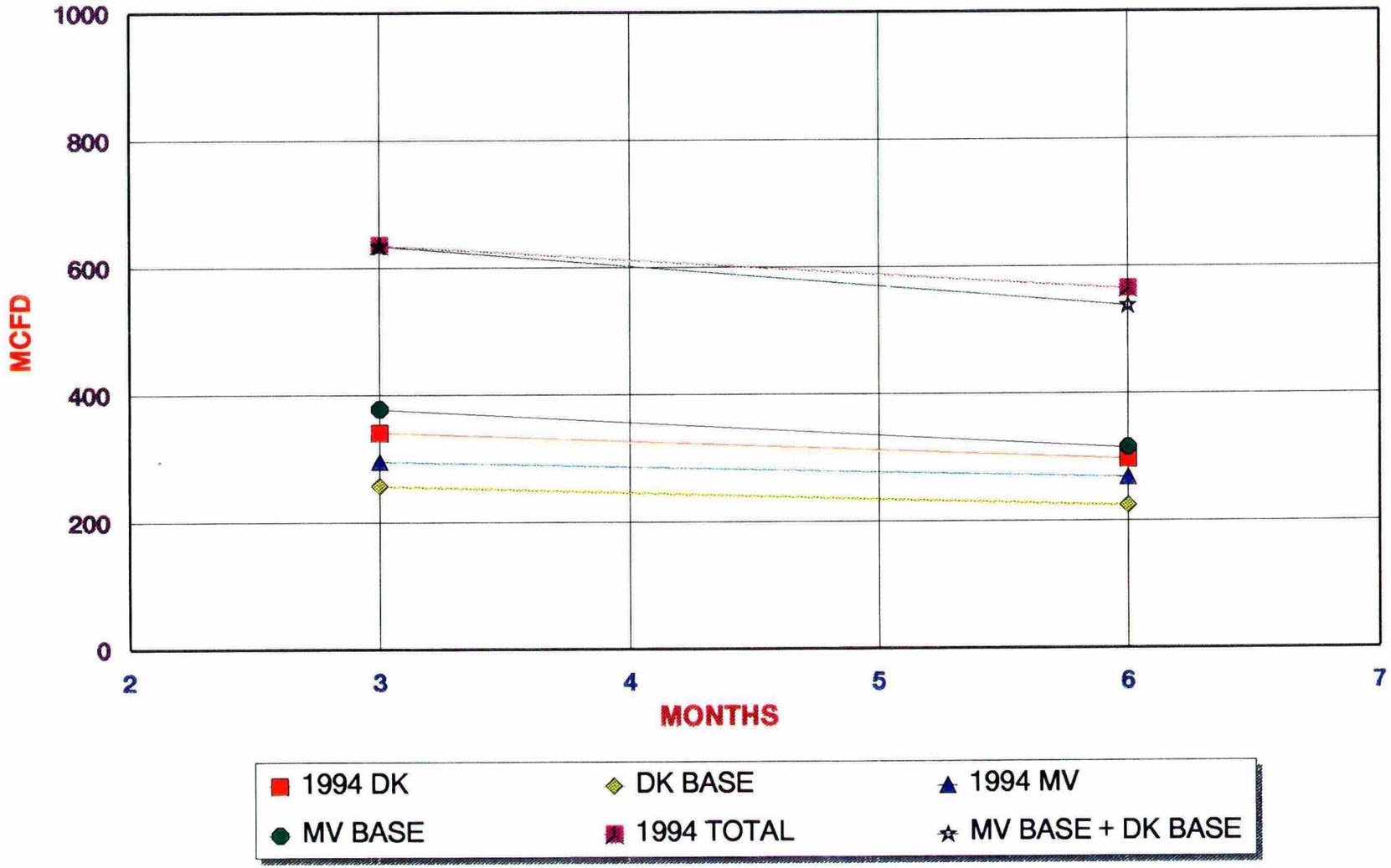
Production from Models After 10 years



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 32
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

COMPARISON: 1994 INFILL WELLS AND MODELS



Excludes 128M.

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 33
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

DEVELOPMENT COSTS

HISTORICAL	
1994 Average for Duals (Amoco):	$785,000
Conoco Benchmark (Dual):	$724,000
Conoco Benchmark (Single):	$560,000
Merit Energy Dakota Single:	$412,000
Meridian Oil Dual:	$740,000

PROJECTED	
Dakota/Mesaverde Commingle:	$545,000
Dakota/Mesaverde Dual:	$650,000

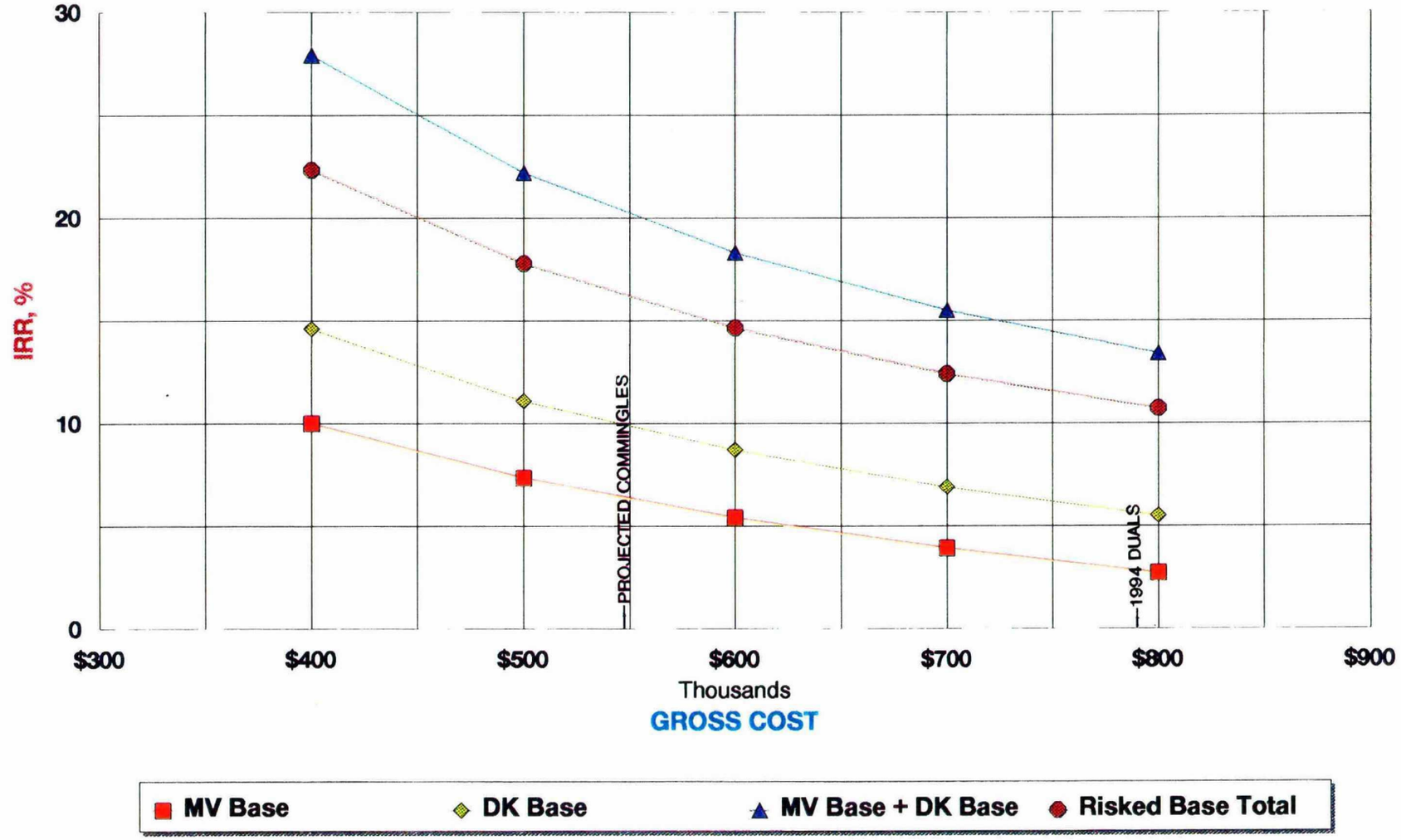
Saving due to Commingling: $240,000

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 34
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

ECONOMICS FOR BASE MODEL CASES

$1.18/MCF INITIAL GAS PRICE

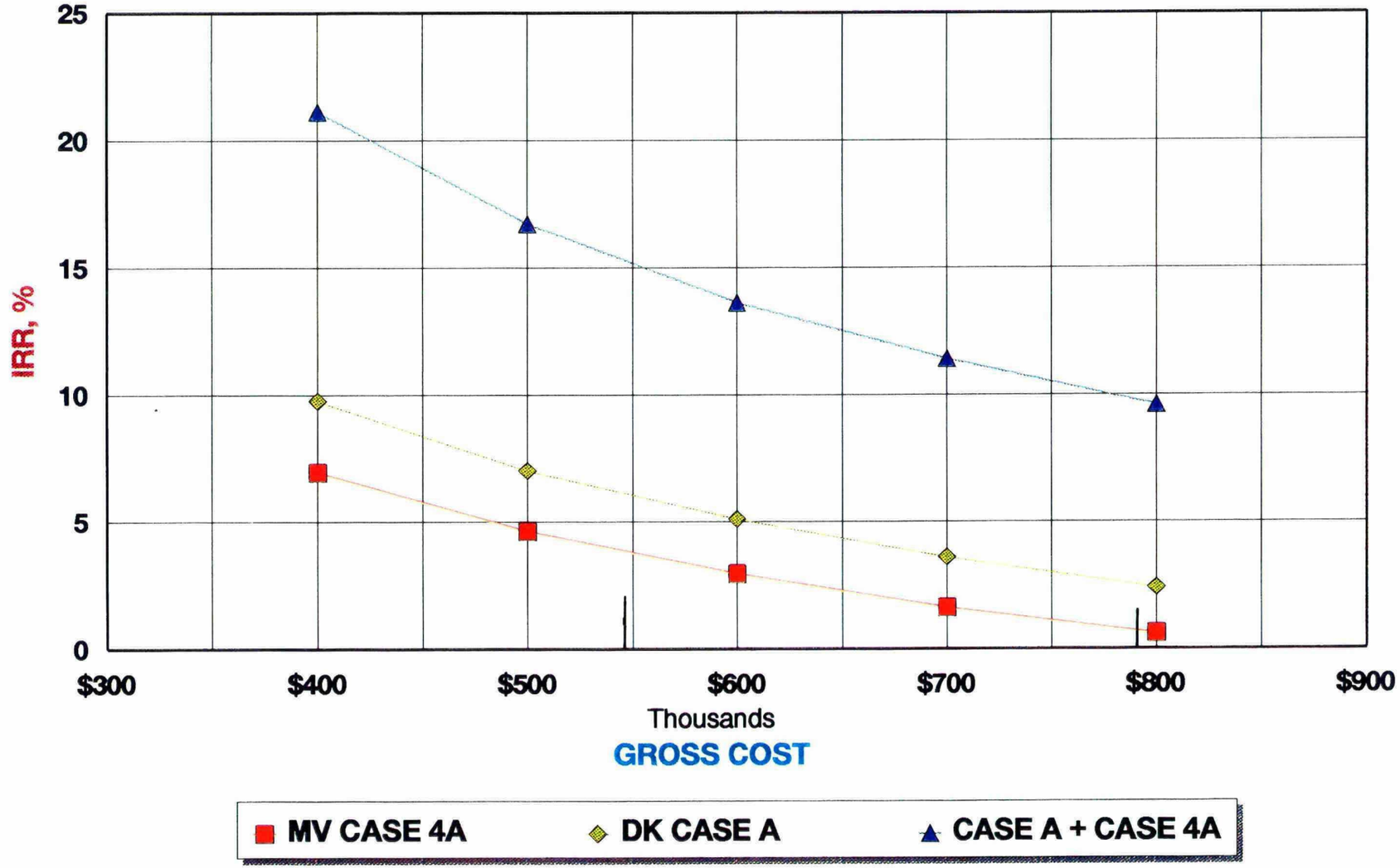


BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 35
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

ECONOMICS FOR MODEL CASES A, 4A, COMBINED

$1.18/MCF INITIAL GAS PRICE

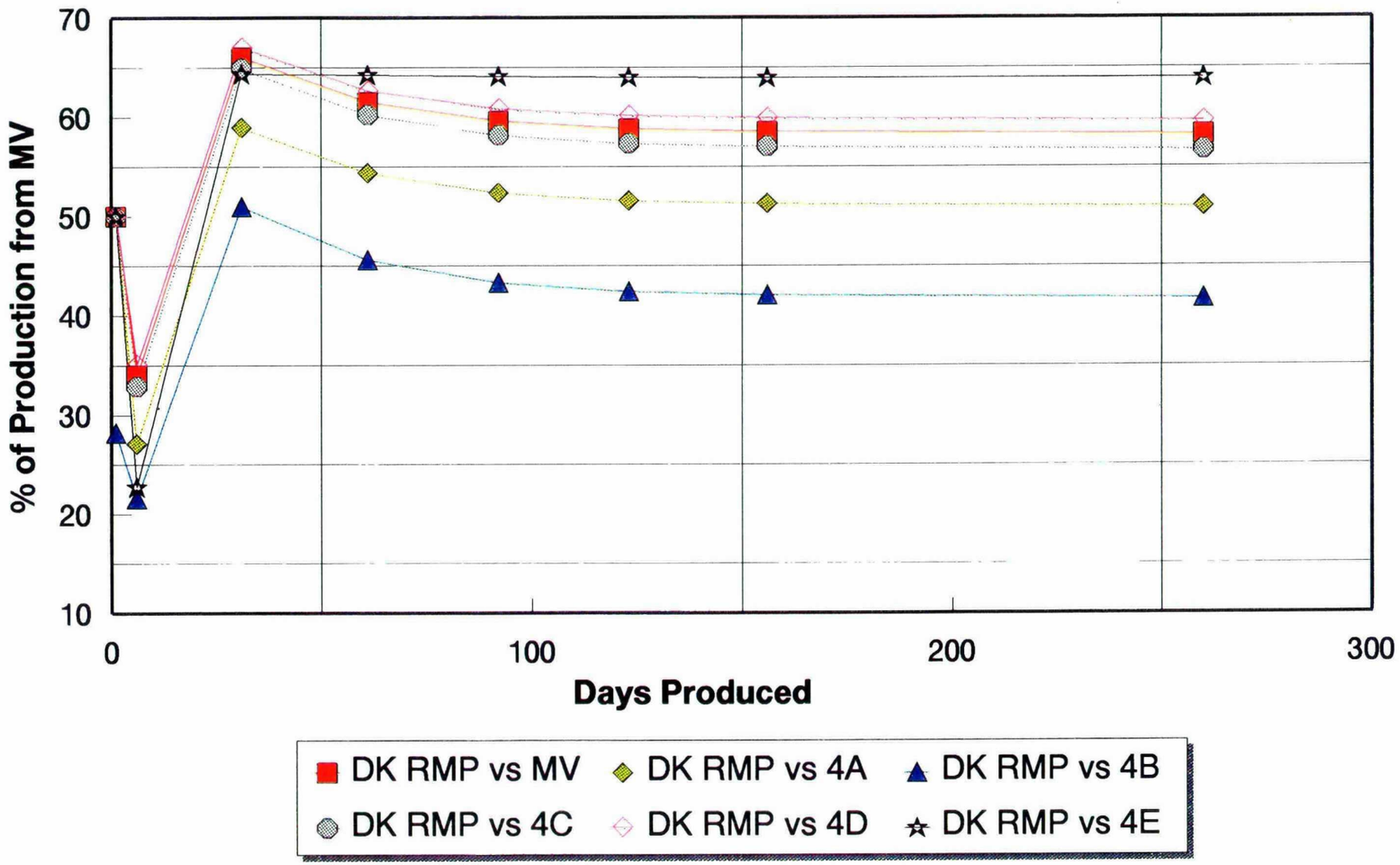


BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 36
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

28-7 UNIT COMMINGLING SIMULATION

% of Production from Mesaverde; 6 MV Cases vs DK RMP Case

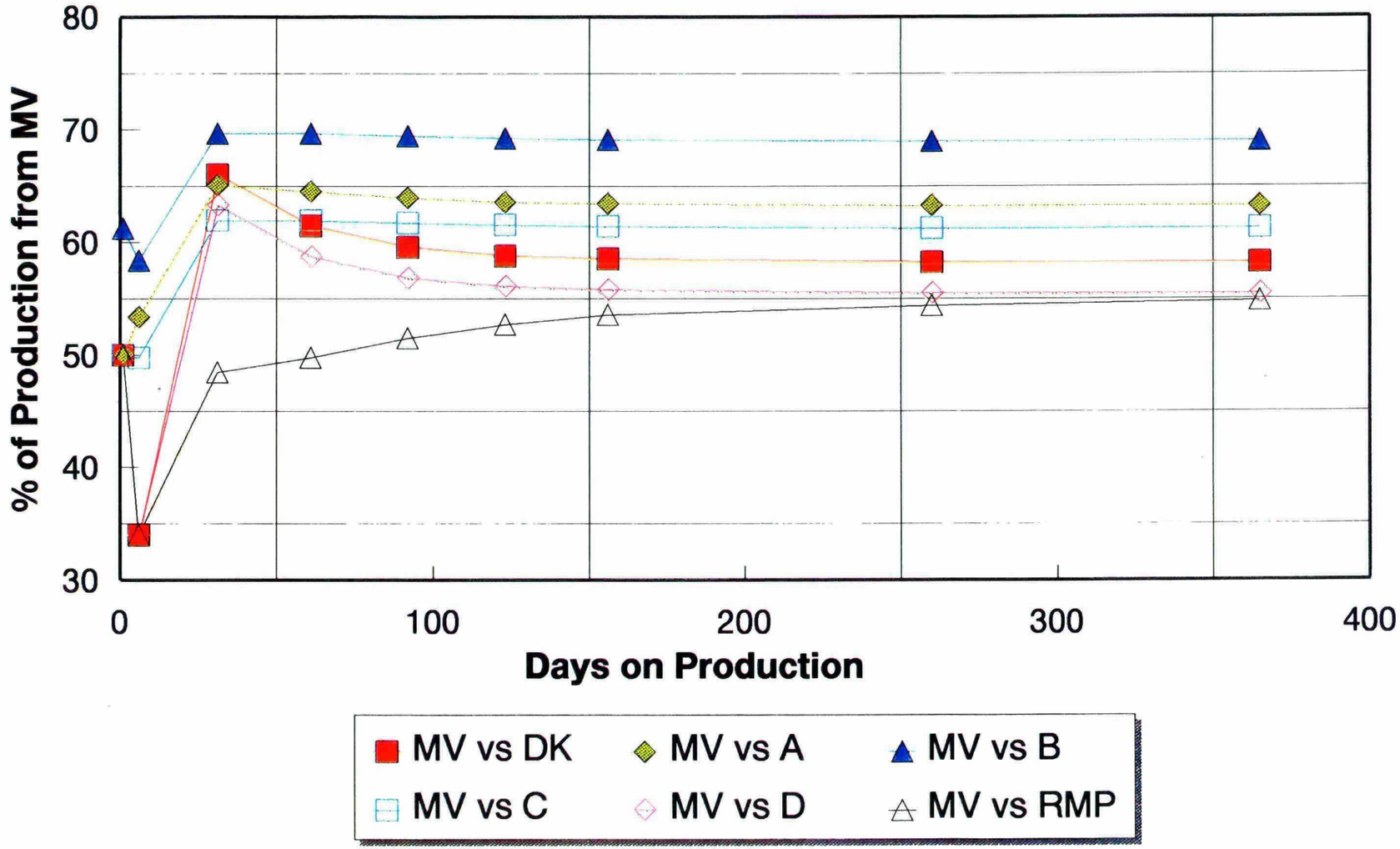


BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 37
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

28-7 UNIT COMMINGLING SIMULATION

% of Production from Mesaverde; 6 DK Cases vs MV Case



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 38

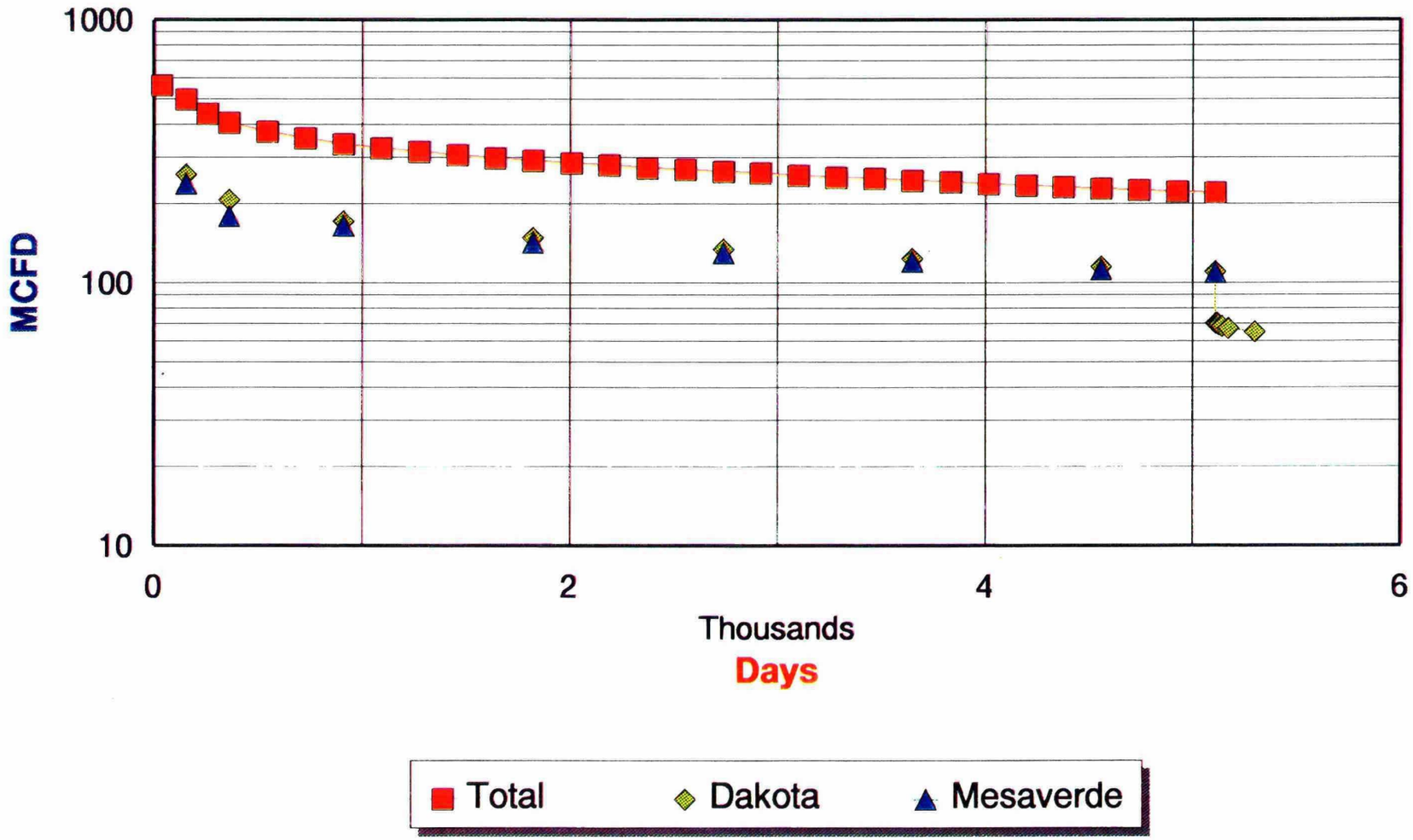
CASE NO.: 11349

Submitted by: Conoco Inc.

Hearing Date: July 27, 1995

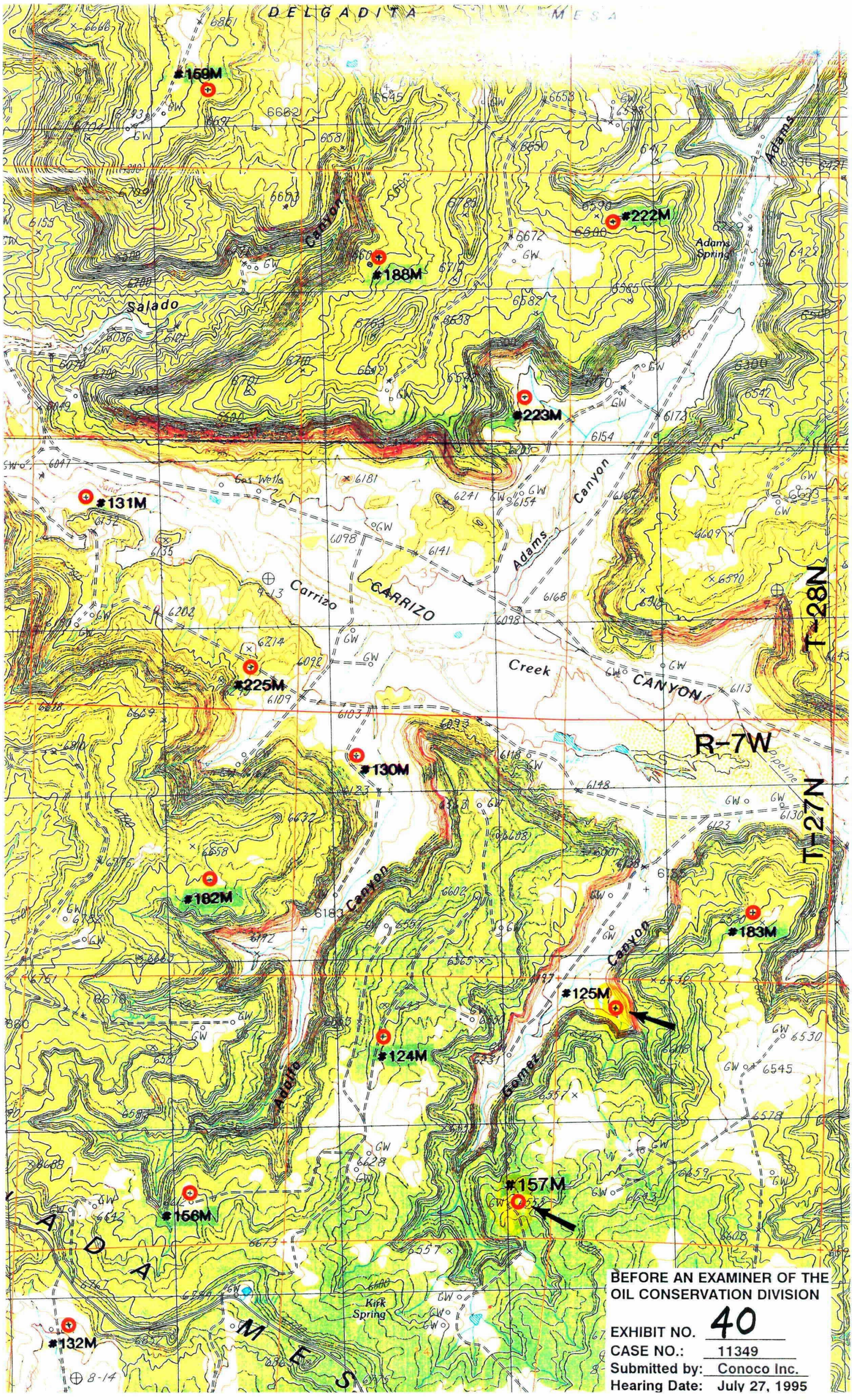
SAN JUAN 28-7 UNIT

Commingling Simulation



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 39
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 40
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

[1] API Number	[2] Pool Code	[3] Pool Name
	72319 / 71599	Blanco Mesa Verde / Basin Dakota

[4] Property Code	[5] Property Name	[6] Well Number
	San Juan 28 - 7	#125M

[7] OGRID No.	[8] Operator Name	[9] Elevation
005073	Conoco, Inc	6209'

[10] Surface Location

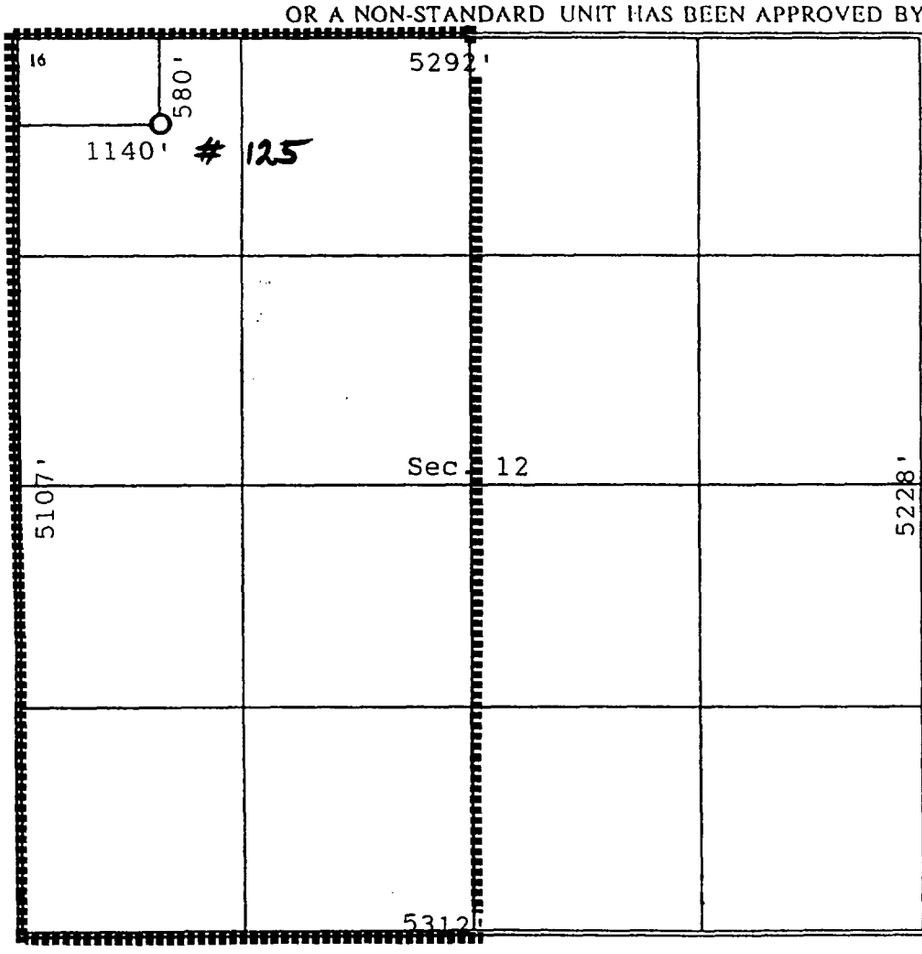
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	12	27N	7W		580'	North	1140'	West	RA

[11] Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

[12] Dedicated Acres	[13] Joint or Infill	[14] Consolidation Code	[15] Order No.
W/2 320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



[17] OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Signature

Jerry W. Hoover
Printed Name

Sr. Conservation Coord.
Title

Date

[18] SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

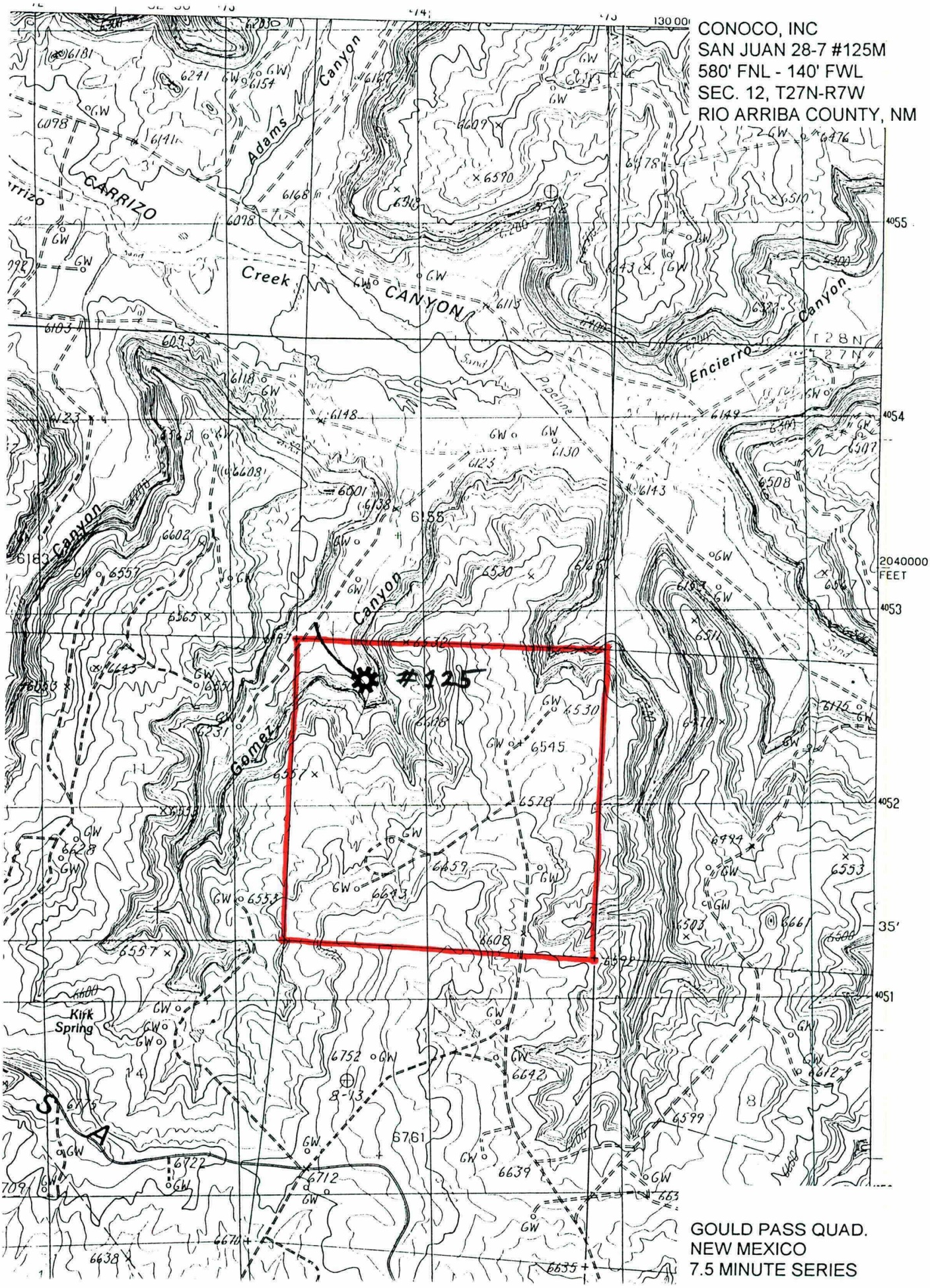
Date of Survey

Signature and Seal of Professional Surveyor:

Certificate Number

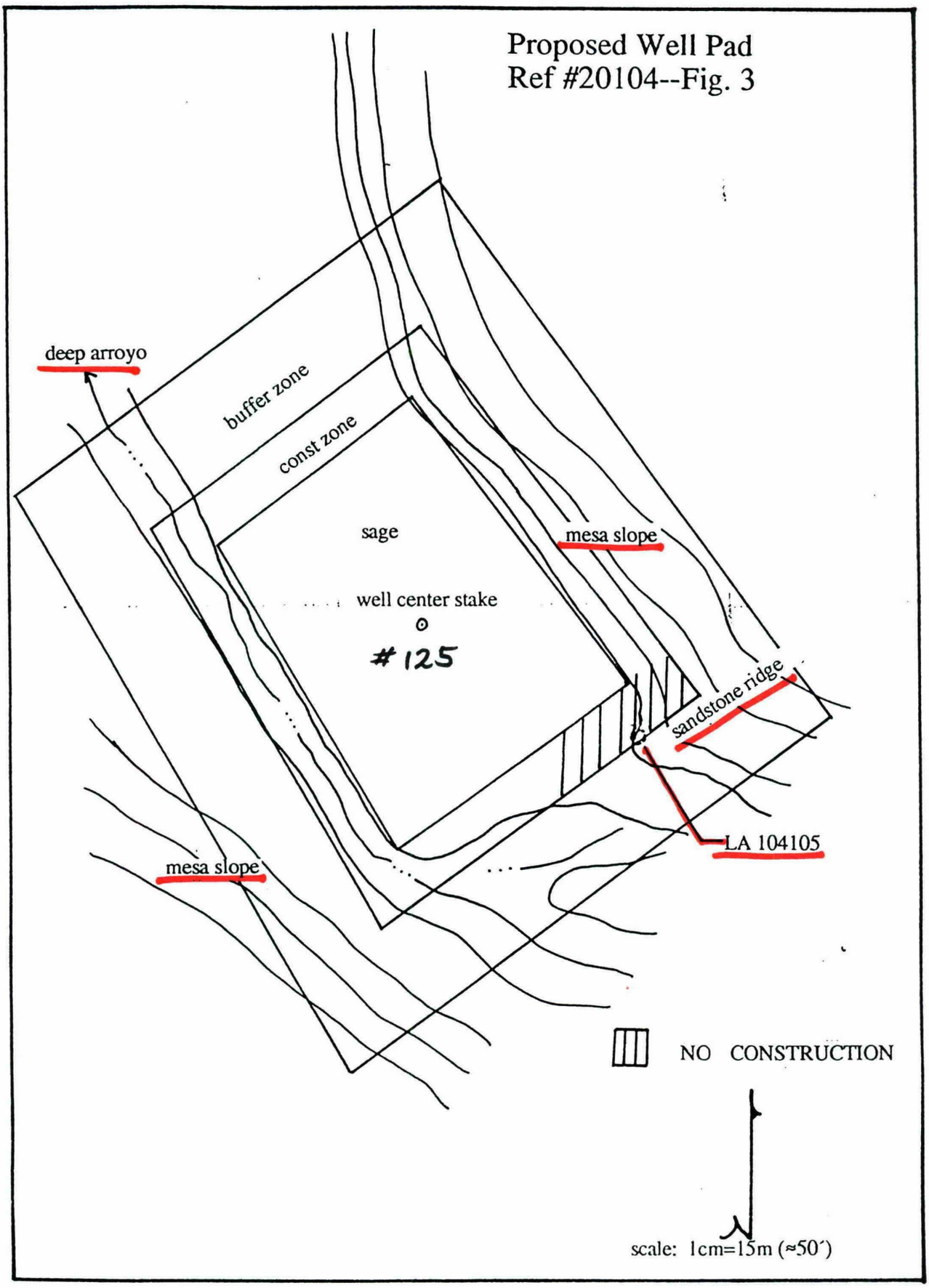
BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 41
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995



BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 42
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 43
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

[1] API Number	[2] Pool Code	[3] Pool Name
	72319 / 71599	Blanco Mesa Verde / Basin Dakota

[4] Property Code	[5] Property Name	[6] Well Number
	San Juan 28 - 7	#157M

[7] OGRID No.	[8] Operator Name	[9] Elevation
005073	Conoco, Inc	6548

[10] Surface Location

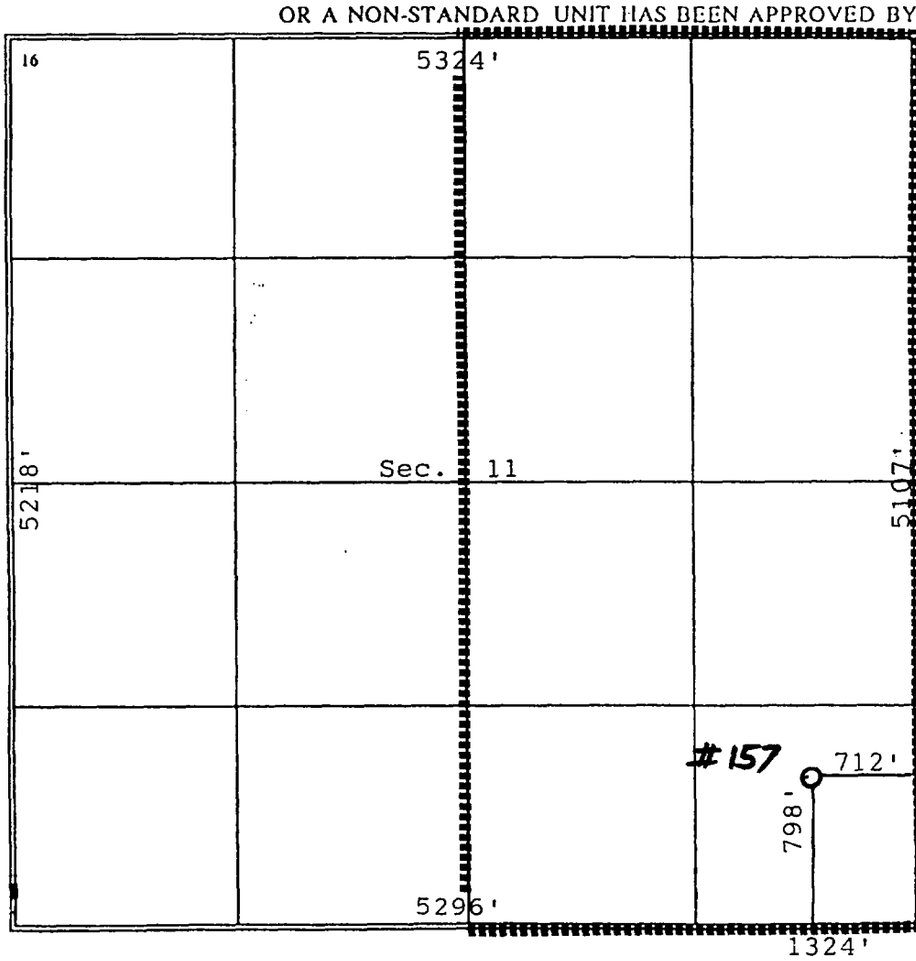
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	11	27	7		798	South	712	East	RA

[11] Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

[12] Dedicated Acres	[13] Joint or Infill	[14] Consolidation Code	[15] Order No.
W/2 320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



[17] OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Signature

Jerry W. Hoover
Printed Name

Sr. Conservation Coord.
Title

Date

[18] SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

3/25/95
Date of Survey

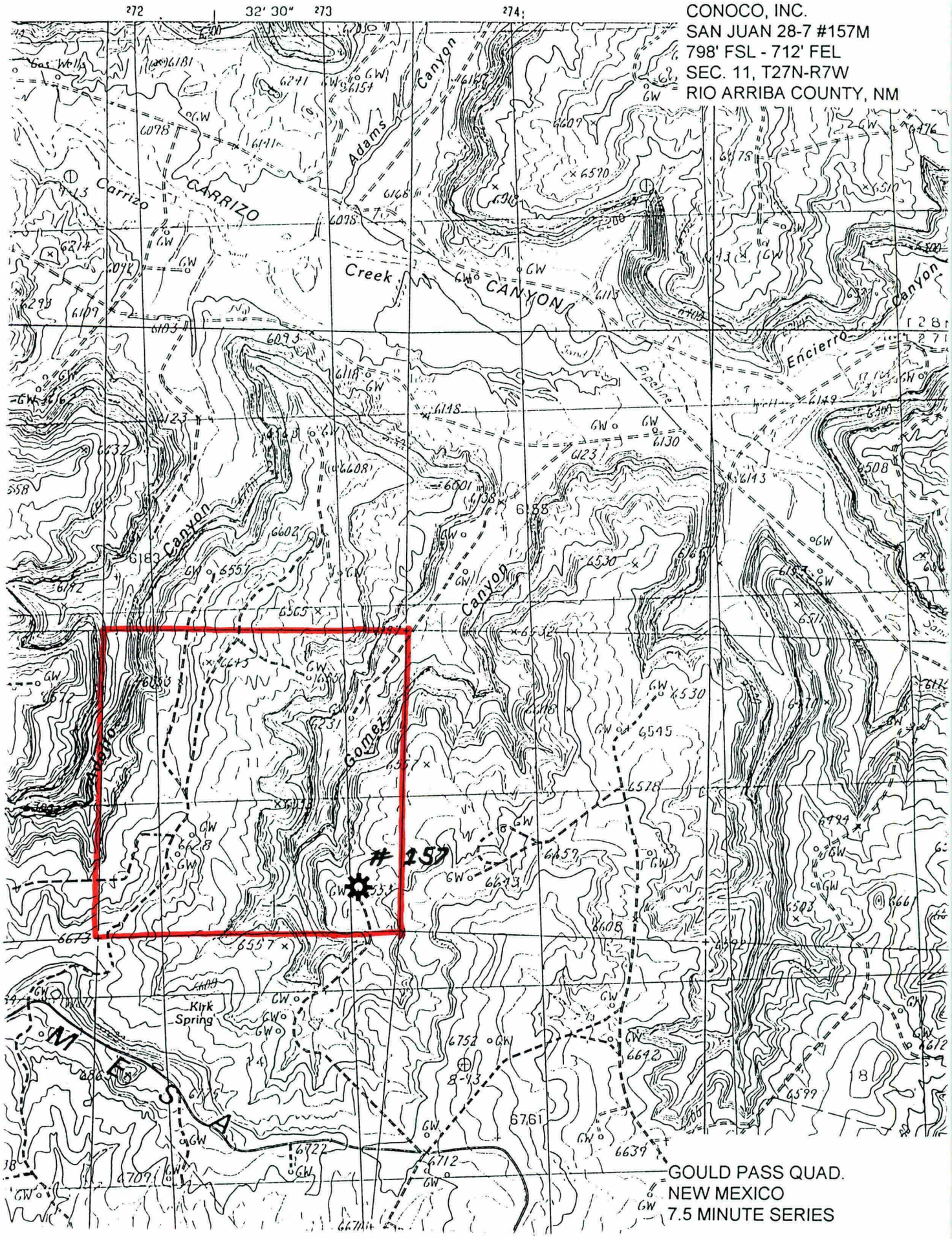
Signature and Seal of Professional Surveyor:

HENRY P. BROADHURST, JR. NEW MEXICO 11393 PROFESSIONAL SURVEYOR

Certificate Number

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 44
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995



BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 45
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

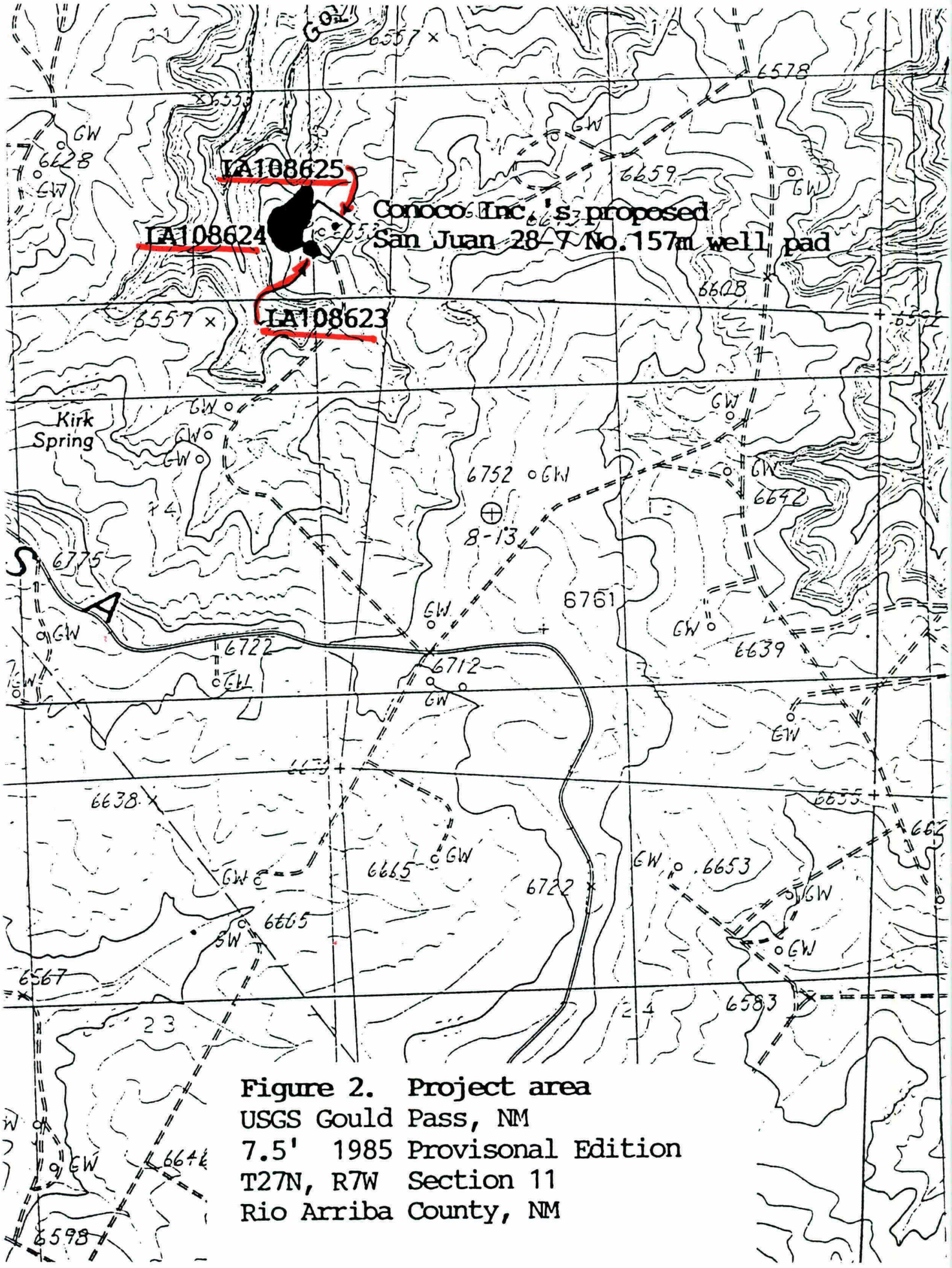


Figure 2. Project area
USGS Gould Pass, NM
7.5' 1985 Provisonal Edition
T27N, R7W Section 11
Rio Arriba County, NM

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 46
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995

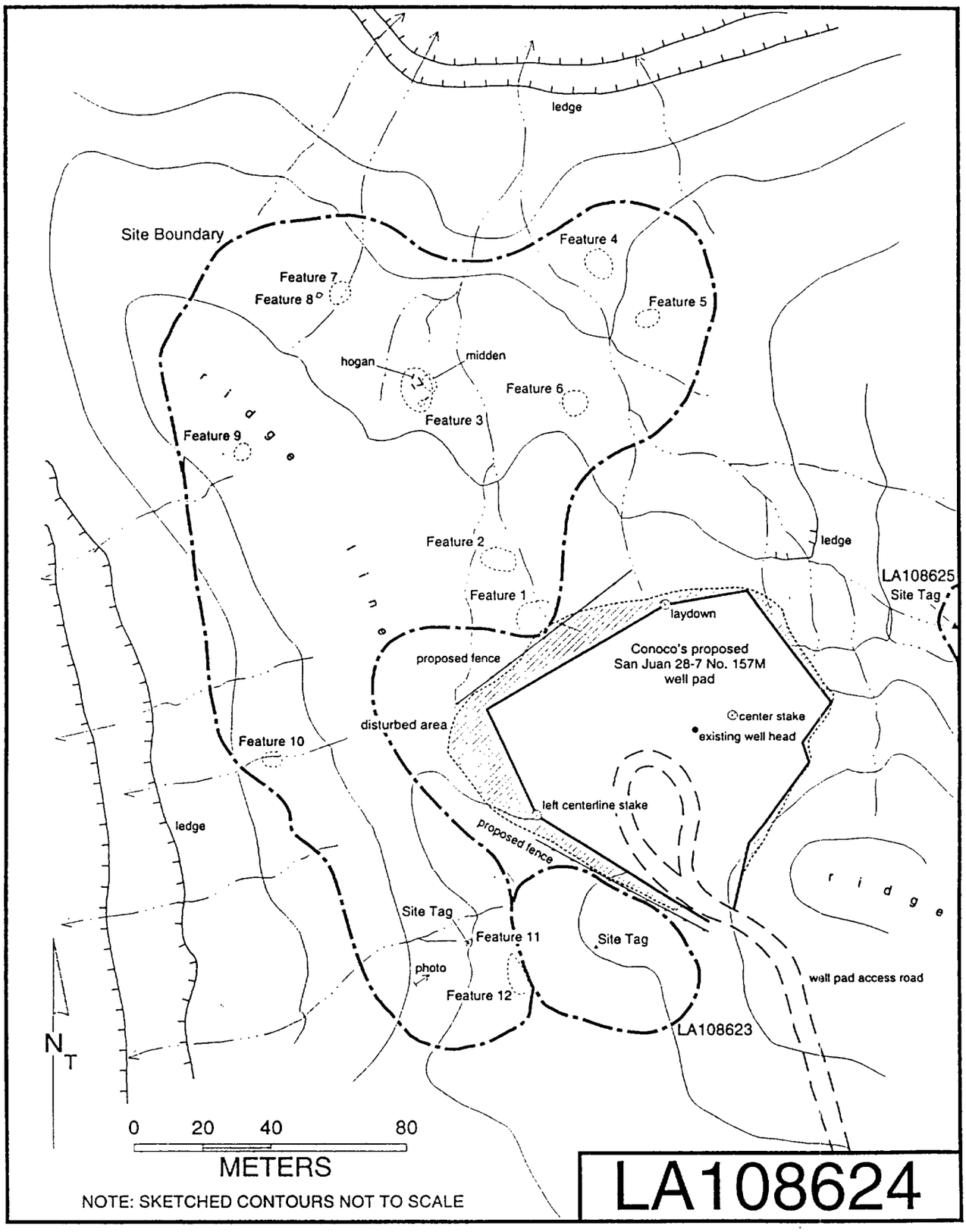


Figure 5. Site plan map

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 47
CASE NO.: 11349
Submitted by: Conoco Inc.
Hearing Date: July 27, 1995