

**Plat of Pooled Area**  
**NAUMANN OIL & GAS, INC.**  
**Sandtank Fed. Com. #1**  
**S/2 Section 31, T17S-R30E,**  
**Eddy County, New Mexico**  
 containing 315.24 acres, more or less  
 below 5,000'.

<p>Tr. 1 LC-060529 Phillips Petroleum Corporation 100% 155.24 ac.</p>	<p>Tr. 2 LC-028936-D Logro Corporation 18.75% Anadarko Pet. Corp. 81.25% 80.00 ac.</p> <p style="text-align: left;">            PROPOSED            LOCATION            2,220' FEL            660' FSL         </p>	<p>Tr.3 LC 028936-A Read &amp; Stevens, Inc., et al. 100% 80.00 ac.</p>
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**BEFORE THE**  
**OIL CONSERVATION DIVISION**  
 Santa Fe, New Mexico

96243

Case No. 11553 Exhibit No. 1

Submitted by: Naumann Oil & Gas, Inc.

Hearing Date: June 27, 1996

**NAUMANN OIL GAS, INC.  
SANDTANK FED. COM. #1**

**INTEREST**

TRACT NO.	OWNER	TRACT	315.24 AC UNIT	160 AC UNIT	80 AC UNIT	40 AC UNIT
* 1	PHILLIPS PET. CORP.	1.0000000	0.4924502	0.0000000	0.0000000	0.0000000
<b>TRACT NO. 1 TOTAL</b>		<b>1.0000000</b>	<b>0.4924502</b>	<b>0.0000000</b>	<b>0.0000000</b>	<b>0.0000000</b>
* 2	ANADARKO PETROLEUM CORP.	0.8125000	0.2061921	0.4062500	0.8125000	0.8125000
2✓	LOGRO CORPORATION	0.1875000	0.0475828	0.0937500	0.1875000	0.1875000
<b>TRACT NO. 2 TOTAL</b>		<b>1.0000000</b>	<b>0.2537749</b>	<b>0.5000000</b>	<b>1.0000000</b>	<b>1.0000000</b>
3	BAYNARD MALONE, TR. - ROSS L. MALONE TESTAMENTARY TRUST	0.0312500	0.0079305	0.0156250	0.0000000	0.0000000
3	BAYNARD MALONE, TR. - ELIZABETH A. MALONE TESTAMENTARY TRUST	0.0104167	0.0026435	0.0052083	0.0000000	0.0000000
3	EARL L. MALONE	0.0208333	0.0052870	0.0104167	0.0000000	0.0000000
3	JEAN A. EATON	0.0208333	0.0052870	0.0104167	0.0000000	0.0000000
3	BAYNARD MALONE, TR. - ANDERSON-MALONE TRUST DATED 12/5/91	0.0208333	0.0052870	0.0104167	0.0000000	0.0000000
3	CHARLES F. MALONE, TR. - CHARLES F. MALONE LIVING TRUST DTD 8/1/87	0.0208333	0.0052870	0.0104167	0.0000000	0.0000000
3	EDITH C. WHEELER, DEC.	0.0156250	0.0039652	0.0078125	0.0000000	0.0000000
3	MARY J. MCWHORTER	0.0156250	0.0039652	0.0078125	0.0000000	0.0000000
3	DAVID H. ARRINGTON, ET UX	0.0156250	0.0039652	0.0078125	0.0000000	0.0000000
3	<u>MICHAEL H. MOORE</u>	0.0156250	0.0039652	0.0078125	0.0000000	0.0000000
3	ANN D. ALLISON	0.0156250	0.0039652	0.0078125	0.0000000	0.0000000
3	DAVIS A. COPPEDGE	0.0078125	0.0019826	0.0039063	0.0000000	0.0000000
3	JAMES T. COPPEDGE	0.0078125	0.0019826	0.0039063	0.0000000	0.0000000
3	BRENT W. MCWHORTER OR RUTH A. MCWHORTER TRS - MCWHORTER FAMILY TRUST	0.0156250	0.0039652	0.0078125	0.0000000	0.0000000
3	LEE R. BRIGHAM ET UX, DORIS BRIGHAM, TRS - BRIGHAM TRUST UNDER AGREEMENT DTD 5/11/83	0.1000000	0.0253775	0.0500000	0.0000000	0.0000000
3	FIRST NATIONAL BANK OF CHICAGO, AGENT - ASTON PARTNERSHIP	0.0250000	0.0063444	0.0125000	0.0000000	0.0000000
3	HEIRS OF LINCOLN ASTON, DEC.	0.0250000	0.0063444	0.0125000	0.0000000	0.0000000
3	CHARLES A. ASTON III	0.0150000	0.0038066	0.0075000	0.0000000	0.0000000
3	VALERIE KOBAL	0.0150000	0.0038066	0.0075000	0.0000000	0.0000000
3	ELLEN PAULL	0.0150000	0.0038066	0.0075000	0.0000000	0.0000000
3	AUDREY BEAN	0.0150000	0.0038066	0.0075000	0.0000000	0.0000000
3✓	READ & STEVENS, INC.	0.0625000	0.0158609	0.0312500	0.0000000	0.0000000
3✓	ENRON OIL & GAS COMPANY	0.4931250	0.1251427	0.2465625	0.0000000	0.0000000
<b>TRACT NO. 3 TOTAL</b>		<b>1.0000000</b>	<b>0.2537749</b>	<b>0.5000000</b>	<b>0.0000000</b>	<b>0.0000000</b>
<b>UNIT TOTAL</b>			<b>1.0000000</b>	<b>1.0000000</b>	<b>1.0000000</b>	<b>1.0000000</b>

CANNOT BEACH - ONLY ADDITIONAL MACHINE

Examiner \_\_\_\_\_  
 Case No. 11553  
 EXHIBIT NO. 2

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Santa Fe, New Mexico

Case No. 11553 Exhibit No. 2

Submitted by: Naumann Oil & Gas, Inc.

Hearing Date: June 27, 1996

**LOGRO CORPORATION  
AUTHORIZATION FOR EXPENDITURE**

Examiner \_\_\_\_\_  
Case No. 11553  
EXHIBIT NO. 3

WELL NAME: SAND TANK FED. COM. NO. 1 PROPOSED DEPTH: 11,800  
FIELD NAME: SAND TANK LOCATION: 2,220' FEL & 660' FSL  
COUNTY: EDDY SECTION: 31  
STATE: NEW MEXICO TOWNSHIP, RANGE: T17S-R30E  
AFE NO.: 960502 BLK, SURVEY: \_\_\_\_\_

CODE	ITEM DESCRIPTION	COST TO CASING	COMPLETION	TOTAL
202	Roads, Location, Damages, Permits	20,000	2,000	22,000
204	Supervision	→ 30,000	2,800	32,800
206	Drilling-Footage	ft. at \$ /ft	0	0
208	Drilling Daywork	40 days at \$ 4,800 /day	0	192,000
210	Comp Daywork	6 days at \$ 2400 /day	14,400	14,400
212	Rig Move	30,000		30,000
214	Cementing Seives, Cement & Accessories	25,000	18,000	43,000
216	Mud & Chemicals	60,000	3,000	63,000
218	Fuel	500	0	500
220	Water	18,000	3,000	21,000
222	Coring	18,000	0	18,000
224	Logging & Testing	36,000	5,000	41,000
226	Perforating	0	25,000	25,000
228	Stimulation	0	23,000	23,000
230	Rental Equipment/Tools	20,000	3,000	23,000
232	Completion Rig		9,800	9,800
234	Mud Logging/Geological Services	12,500	0	12,500
236	Bits	60,000	0	60,000
238	Transportation/Freight	5,500	4,000	9,500
240	Supervision	0	0	0
242	Company Labor/Supervision	0	0	0
244	Overhead/Fixed Rate	10,000	0	10,000
246	Environmental & Safty Charges	5,000	5,000	10,000
248	Contingencies/Miscellaneous	22,000	7,000	29,000
250	Communications	2,000		2,000
299	TOTAL INTANGIBLE	\$566,500	\$125,000	\$691,500
402	Conductor Casing	40 ft. at \$ 25.00 /ft	0	1,000
404	Surface Casing	650 ft. at \$ 18.00 /ft	0	11,700
406	Intermediate Casing	4,000 ft. at \$ 11.45 /ft	0	45,800
408	Protective Casing	12,050 ft. at \$ 8.00 /ft	96,400	96,400
410	Production Casing	ft. at \$ /ft	0	0
412	Tubing	11,600 ft. at \$ 3.50 /ft	40,600	40,600
414	Wellhead	7,000	25,000	32,000
416	Sub-Surface Well Equipment	0	0	0
418	Tanks	0	25,000	25,000
420	Flow Lines		5,000	5,000
422	Valves & Fittings		7,500	7,500
424	Surface Equipment	0	25,000	25,000
426	Non-Controllable Equipment		3,000	3,000
428	Construction	0	10,000	10,000
430	Artificial Lift	0	0	0
499	TOTAL TANGIBLE	\$65,500	\$237,500	\$303,000
999	TOTAL COST	\$632,000	\$362,500	\$994,500

Approved By:   
WI Company: \_\_\_\_\_  
WI Approved By: \_\_\_\_\_

Date: 5/2/96  
WI, %: \_\_\_\_\_  
Date: \_\_\_\_\_

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Santa Fe, New Mexico

Case No. 11553 Exhibit No. 3

Submitted by: Naumann Oil & Gas, Inc.

Hearing Date: June 27, 1996

# LOGRO CORPORATION

## Oil and Gas Exploration and Production

May 2, 1996

Certified Mail

Paul Hall  
Phillips Petroleum Company  
4001 Penbrook  
Odessa, TX 79762

Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico

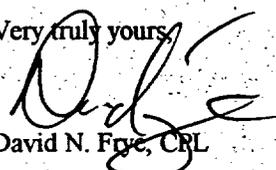
Dear Paul:

Logro Corporation hereby respectfully requests the participation of Phillips Petroleum Company ("Phillips") in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation would entertain a farmout of Phillip's interest under the following general terms:

1. Within 180 days of formal contract, Logro will drill or cause to be drilled an 11,800' Morrow test at a lawful location upon the captioned lands.
2. Upon successful completion of the test, Logro will earn an assignment of 100% of Phillip's interest in the spacing unit for the well from the base of the deepest currently producing zone to the base of the Morrow formation.
3. Logro will have the option to continuously develop the farmout acreage under a 180 day development program.
4. Phillips will retain an overriding royalty equal to the difference between 25% and existing lease burdens with the option to convert said override to a 25% working interest after payout or to increase said override by an additional 5% after payout.
5. All interests are subject to proportionate reduction.
6. The only penalty for failure of Logro to timely commence the above described test shall be the forfeiture of the right to earn any acreage hereunder.

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,

  
David N. Frye, CRL

DNF/sbp

96183

Enclosures P.O. Box 261324 • Plano, Texas 75026-1324

BEFORE THE  
OIL CONSERVATION DIVISION  
Santa Fe, New Mexico

Case No. 11553 Exhibit No. 4

Submitted by: Naumann Oil & Gas, Inc.

Hearing Date: June 27, 1996

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

Baynard W. Malone  
P. O. Box 87  
Roswell, NM 88202

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Mr. Malone:

Pursuant to my telephone conversation with Mr. Charles Malone, Logro Corporation hereby respectfully requests the participation of the Anderson - Malone Trust, the Ross L. Malone Testamentary Trust and the Elizabeth A. Malone Testamentary Trust in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,

  
David N. Frye, CPL

DNF/sbp

Enclosures

96199

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

Earl L. Malone  
2501 Cortez Court  
Roswell, NM 88201

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Mr. Malone:

Pursuant to my telephone conversation with Mr. Charles Malone, Logro Corporation hereby respectfully requests your participation in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Frye, CPL

DNF/sbp

Enclosures

96198

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

Charles F. Malone  
P. O. Drawer 700  
Roswell, NM 88202

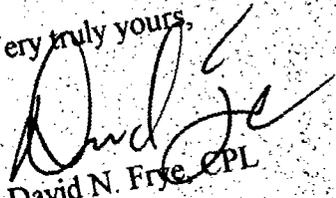
Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico

Dear Mr. Malone:

Logro Corporation hereby respectfully requests the participation of the Charles F. Malone Living Trust and Jean A. Eaton in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment.

We look toward your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,

  
David N. Frye, CPL

DNF/sbp

Enclosures

96197

P.O. Box 261324 • Plano, Texas 75026-1324 • (214) 964-0608 • Fax (214) 964-3319

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

Edith C. Wheeler  
P. O. Box 64035  
Lubbock, TX 79464-4035

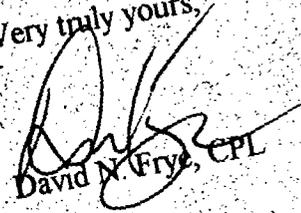
Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico

Dear Ms Wheeler:

Logro Corporation hereby respectfully requests your participation in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment.

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Frye, CPL

DNF/sbp

Enclosures

96200

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321-4316

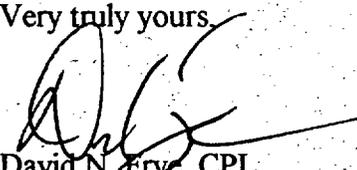
**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Ms McWhorter:

Logro Corporation hereby respectfully requests your participation in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,

  
David N. Fryc, CPL

DNF/sbp

Enclosures

96201

# **LOGRO CORPORATION**

## **Oil and Gas Exploration and Production**

May 31, 1996

**Certified Mail**

David H. Arrington, et ux  
P. O. Box 2071  
Midland, TX 79702

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Mr. & Mrs. Arrington:

Logro Corporation hereby respectfully request your participation in the drilling of a 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation would entertain a farmout of your interest under the following general terms:

1. Within 180 days of formal contract, Logro will drill or cause to be drilled an 11,800' Morrow test at a lawful location upon the captioned lands.
2. Upon successful completion of the test, Logro will earn an assignment of 100% of your interest in the spacing unit for the well from the base of the deepest currently producing zone to the base of the Morrow formation.
3. Logro will have the option to continuously develop the farmout acreage under a 180 day development program.
4. You will retain an overriding royalty equal to the difference between 25% and existing lease burdens with the option to convert said override to a 25% working interest after payout.
5. All interests are subject to proportionate reduction.
6. The only penalty for failure of Logro to timely commence the above described test shall be the forfeiture of the right to earn any acreage hereunder.

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,

David N. Frye, CPL

DNF/sbp  
96228  
Enclosures

# **LOGRO CORPORATION**

## **Oil and Gas Exploration and Production**

May 15, 1996

**Certified Mail**

Michael H. Moore  
14850 Oaks North Pl.  
Dallas, TX 75240

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Mr. Moore:

Logro Corporation hereby respectfully requests your participation in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Frye, CPL

DNF/sbp

Enclosures

96202

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

Ann D. Allison  
P. O. Box 64035  
Lubbock, TX 79464

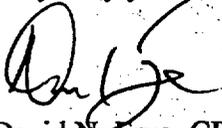
**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Ms Allison:

Logro Corporation hereby respectfully requests your participation in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Frye, CPL

DNF/sbp

Enclosures

96203

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

Davis A. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081-5549

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Mr. Coppedge :

Logro Corporation hereby respectfully requests your participation in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Frye, CPL

DNF/sbp

Enclosures

96205

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

James T. Coppedge  
P. O. Box 43  
Spencer, IN 47460

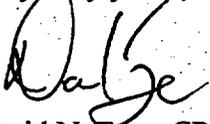
**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Mr. Coppedge :

Logro Corporation hereby respectfully requests your participation in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Frye, CPL

DNF/sbp

Enclosures

96206

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

Brent W. McWhorter  
6140 E. Voltaire  
Scottsdale, AZ 85254-3851

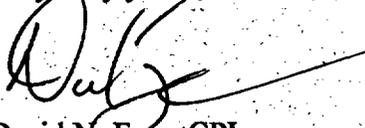
**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Mr. McWhorter:

Logro Corporation hereby respectfully requests your participation in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Erye, CPL

DNF/sbp

Enclosures

96204

# LOGRO CORPORATION

Oil and Gas Exploration and Production

May 15, 1996

Certified Mail

L. R. Brigham  
22303 Golden Canyon Circle  
Chatsworth, CA 91311-1259

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Mr. Brigham:

Logro Corporation hereby respectfully request the participation of the Brigham Trust in the drilling of an 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation is willing to purchase a three year Term Assignment of your leases for \$100.00 per net acre and an 82.5% net revenue interest. This offer is subject to approval of title and a mutually agreeable form of assignment

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Erye, CPL

DNF/sbp

Enclosures

96208

# LOGRO CORPORATION

---

P. O. BOX 261324  
PLANO, TEXAS 75026-1324

May 9, 1996

TEL: (214) 964-0608  
FAX: (214) 964-3319

Certified Mail

Aston Partnership  
c/o Gail Cotton  
First National Bank of Chicago, Agent  
8150 N. Central Expressway, Suite 1211  
Dallas, TX 75206

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

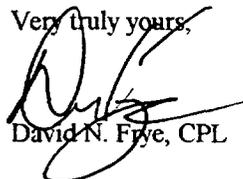
Dear Gail:

Logro Corporation hereby respectfully requests the participation of the Aston Partnership in the drilling of a 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation would entertain a farmout of your interest under the following general terms:

1. Within 180 days of formal contract, Logro will drill or cause to be drilled an 11,800' Morrow test at a lawful location upon the captioned lands.
2. Upon successful completion of the test, Logro will earn an assignment of 100% of your interest in the spacing unit for the well from the base of the deepest currently producing zone to the base of the Morrow formation.
3. Logro will have the option to continuously develop the farmout acreage under a 180 day development program.
4. You will retain an overriding royalty equal to the difference between 25% and existing lease burdens with the option to convert said override to a 25% working interest after payout or to increase said override by an additional 5% after payout.
5. All interests are subject to proportionate reduction.
6. The only penalty for failure of Logro to timely commence the above described test shall be the forfeiture of the right to earn any acreage hereunder.

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,

  
David N. Frye, CPL

DNF/sbp 96189

# LOGRO CORPORATION

---

P. O. Box 261324  
PLANO, TEXAS 75026-1324

May 9, 1996

TEL: (214) 964-0608  
FAX: (214) 964-3319

Certified Mail

Charles A. Aston, III  
Estate of Lincoln Aston  
P. O. Box 457  
Round Rock, TX 78681

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

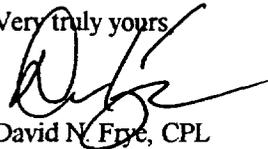
Dear Mr. Aston:

Logro Corporation hereby respectfully requests the participation of the Estate of Lincoln Aston in the drilling of a 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation would entertain a farmout of your interest under the following general terms:

1. Within 180 days of formal contract, Logro will drill or cause to be drilled an 11,800' Morrow test at a lawful location upon the captioned lands.
2. Upon successful completion of the test, Logro will earn an assignment of 100% of your interest in the spacing unit for the well from the base of the deepest currently producing zone to the base of the Morrow formation.
3. Logro will have the option to continuously develop the farmout acreage under a 180 day development program.
4. You will retain an overriding royalty equal to the difference between 25% and existing lease burdens with the option to convert said override to a 25% working interest after payout or to increase said override by an additional 5% after payout.
5. All interests are subject to proportionate reduction.
6. The only penalty for failure of Logro to timely commence the above described test shall be the forfeiture of the right to earn any acreage hereunder.

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours

  
David N. Frye, CPL

DNF/sbp 96188

Enclosures

# LOGRO CORPORATION

## Oil and Gas Exploration and Production

May 31, 1996

Certified Mail

Robert H. Watson  
Read & Stevens, Inc.  
P. O. Box 1518  
Roswell, NM 88202

**Re: Well Proposal  
S/2 Section 31,  
Township 17 South, Range 30 East  
Eddy County, New Mexico**

Dear Bob:

Logro Corporation hereby respectfully request the participation of Read & Stevens, Inc. in the drilling of a 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation would entertain a farmout of Read & Stevens' interest under the following general terms:

1. Within 180 days of formal contract, Logro will drill or cause to be drilled an 11,800' Morrow test at a lawful location upon the captioned lands.
2. Upon successful completion of the test, Logro will earn an assignment of 100% of Read & Stevens' interest in the spacing unit for the well from the base of the deepest currently producing zone to the base of the Morrow formation.
3. Logro will have the option to continuously develop the farmout acreage under a 180 day development program.
4. Read & Stevens will retain an overriding royalty equal to the difference between 25% and existing lease burdens with the option to convert said override to a 25% working interest after payout.
5. All interests are subject to proportionate reduction.
6. The only penalty for failure of Logro to timely commence the above described test shall be the forfeiture of the right to earn any acreage hereunder.

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,

David N. Frye, CPL

DNF/sbp

96227

Enclosures

P.O Box 261324 • Plano, Texas 75026-1324 • (214) 964-0608 • Fax (214) 964-3319

# LOGRO CORPORATION

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P. O. BOX 261324  
PLANO, TEXAS 75026-1324

May 9, 1996

TEL: (214) 964-0608  
FAX: (214) 964-3319

Certified Mail

Bill Shackelford  
Anadarko Petroleum Corporation  
P. O. Box 1330  
Houston, TX 77251-1330

Re: **Well Proposal**  
**S/2 Section 31,**  
**Township 17 South, Range 30 East**  
**Eddy County, New Mexico**

Dear Bill:

Logro Corporation hereby respectfully requests the participation of Anadarko Petroleum Corporation in the drilling of a 11,800' Morrow test to be located 2,220' FEL & 660' FSL of the captioned Section 31. The well is expected to cost \$994,500 as detailed on the attached AFE. In the alternative, Logro Corporation would entertain a farmout of your interest under the following general terms:

1. Within 180 days of formal contract, Logro will drill or cause to be drilled an 11,800' Morrow test at a lawful location upon the captioned lands.
2. Upon successful completion of the test, Logro will earn an assignment of 100% of your interest in the spacing unit for the well from the base of the deepest currently producing zone to the base of the Morrow formation.
3. Logro will have the option to continuously develop the farmout acreage under a 180 day development program.
4. You will retain an overriding royalty equal to the difference between 25% and existing lease burdens with the option to convert said override to a 25% working interest after payout or to increase said override by an additional 5% after payout.
5. All interests are subject to proportionate reduction.
6. The only penalty for failure of Logro to timely commence the above described test shall be the forfeiture of the right to earn any acreage hereunder.

We look toward to your prompt and favorable consideration of this proposal. If you have any questions, please do not hesitate to call.

Very truly yours,



David N. Frye, CPL

DNF/sbp 96187  
Enclosures

P 028 405 539



Receipt for Certified Mail

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

Sent to	Read & Stevens, Inc
Street and No.	P.O. Box 1518
P.O., State and ZIP Code	Roswell, NM 88202
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	MAY 31 1991

P 028 405 532



Receipt for Certified Mail

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

Sent to	David H. Arrington, et al
Street and No.	P.O. Box 2071
P.O., State and ZIP Code	Midland, TX 79702
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	MAY 31 1991

P 028 352 826



Receipt for Certified Mail

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

Sent to	Phillips Petroleum Comp
Street and No.	4001 Penbrook
P.O., State and ZIP Code	Odessa, TX 79762
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	MAY 31 1991

P 028 351 485



Receipt for Certified Mail

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

Sent to	Charles A. Astory, III
Street and No.	P.O. Box 457
P.O., State and ZIP Code	Round Rock, TX 78681
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	MAY 9 1991

P 028 351 482



Receipt for Certified Mail

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

Sent to	Nations Bank of Texas
Street and No.	P.O. Box 830308
P.O., State and ZIP Code	Dallas, TX 75283-0308
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	MAY 9 1991

P 028 352 821



Receipt for Certified Mail

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

Sent to	First National Bank of
Street and No.	8150 N. Central Express
P.O., State and ZIP Code	Dallas, TX 75206
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	MAY 9 1991

PS Form 3800, June 1991

P 028 352 825

### Receipt for Certified Mail

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



Sent to <i>Hamilton Handy, Trustee</i>	
Street and No. <i>701 B Street, Suite 176</i>	
P.O., State and ZIP Code <i>San Diego, CA 92101-8108</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date 	

P 028 351 507

### Receipt for Certified Mail

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



Sent to <i>Ann Mitchell Keenan</i>	
Street and No. <i>P.O. Box 248</i>	
P.O., State and ZIP Code <i>Avenue 1, CA 93204</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date 	

PS Form 3800, June 1991

P 028 352 827

### Receipt for Certified Mail

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



Sent to <i>Anadarko Pet. Corp.</i>	
Street and No. <i>P.O. Box 1330</i>	
P.O., State and ZIP Code <i>Houston, TX 77251-1330</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.10
TOTAL Postage & Fees	\$ 2.52
Postmark or Date 	

PS Form 3800, June 1991

P 028 352 870

### Receipt for Certified Mail

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



Sent to <i>Frank O. Mitchell et ux</i>	
Street and No. <i>2861 Tansble</i>	
P.O., State and ZIP Code <i>Altadena, CA 91001-1811</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date 	

P 028 352 828

### Receipt for Certified Mail

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



Sent to <i>L.R. Brigham</i>	
Street and No. <i>22303 Golden Canyon Circle</i>	
P.O., State and ZIP Code <i>Chatsworth, CA 91311-1259</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date 	

PS Form 3800, June 1991

P 028 351 508

### Receipt for Certified Mail

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



Sent to <i>Kathryn Nicholas</i>	
Street and No. <i>P.O. Box 18423</i>	
P.O., State and ZIP Code <i>Anaheim, CA 92817-8</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date 	

PS Form 3800, June 1991

P 028 351 483



### Receipt for Certified Mail

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

Sent to <i>Brant W. McWhorter</i>	
Street and No. <i>6190 E. Voltaire</i>	
P.O., State and ZIP Code <i>Scottsdale, AZ 85254-3851</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date	<i>7 JUN 91</i>

PS Form 3800, June 1991

P 028 352 857



### Receipt for Certified Mail

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

Sent to <i>Davis A. Coppedge</i>	
Street and No. <i>466 Goodwin Drive</i>	
P.O., State and ZIP Code <i>Richardson, TX 75081-5549</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date	<i>7 JUN 91</i>

PS Form 3800, June 1991

P 028 352 869



### Receipt for Certified Mail

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

Sent to <i>James T. Coppedge</i>	
Street and No. <i>P.O. Box 43</i>	
P.O., State and ZIP Code <i>Spencer, IN 47460</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date	<i>9 JUN 91</i>

PS Form 3800, June 1991

P 028 351 493



### Receipt for Certified Mail

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

Sent to <i>Mary J. McWhorter</i>	
Street and No. <i>769 Canyon Road</i>	
P.O., State and ZIP Code <i>Canyon, UT 84321-4316</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date	<i>7 JUN 91</i>

PS Form 3800, June 1991

P 028 351 492



### Receipt for Certified Mail

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

Sent to <i>Michael H. Moore</i>	
Street and No. <i>14850 Oaks Dale PL</i>	
P.O., State and ZIP Code <i>Dallas, TX 75240</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date	<i>7 JUN 91</i>

PS Form 3800, June 1991

P 028 352 855



### Receipt for Certified Mail

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

Sent to <i>Ann O. Allison</i>	
Street and No. <i>P.O. Box 64035</i>	
P.O., State and ZIP Code <i>Lubbock, TX 79460</i>	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.52
Postmark or Date	<i>7 JUN 91</i>

PS Form 3800, June 1991

P 028 352 831



### Receipt for Certified Mail

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

Sent to	
Barnard W. Malone	
Street and No.	
P.O. Box 87	
P.O., State and ZIP Code	
Roswell, NM 88202	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	
MAY 16 1991	

PS Form 3800, June 1991

P 028 351 494



### Receipt for Certified Mail

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

Sent to	
Edith C. Wheeler	
Street and No.	
P.O. Box 64035	
P.O., State and ZIP Code	
Lubbock, TX 79464-4035	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	
MAY 16 1991	

PS Form 3800, June 1991

P 028 352 833



### Receipt for Certified Mail

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

Sent to	
Charles F. Malone	
Street and No.	
P.O. Drawer 700	
P.O., State and ZIP Code	
Roswell, NM 88202	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	
MAY 16 1991	

PS Form 3800, June 1991

P 028 352 832



### Receipt for Certified Mail

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

Sent to	
Earl L. Malone	
Street and No.	
2501 Carter Court	
P.O., State and ZIP Code	
Roswell, NM 88201	
Postage	\$ .32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	
MAY 16 1991	

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Raynard W. Malone  
P.O. Box 87  
Roswell, NM 88202

4a. Article Number

P 028 352 831

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

*Raynard W. Malone*

6. Signature (Agent)

8. Addressee's Address (Only if requester 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?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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:

Earl L. Malone  
2501 Cortez Court  
Roswell, NM 88201

4a. Article Number

P 028 352 832

4b. Service Type

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

7. Date of Delivery

5-22-96

5. Signature (Addressee)

*Earl L. Malone*

6. Signature (Agent)

8. Addressee's Address (Only if requester 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?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 F. Malone  
P.O. Drawer 700  
Roswell, NM 88202

4a. Article Number

P 028 352 833

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

*C. Adams*

6. Signature (Agent)

*C. Adams*

8. Addressee's Address (Only if requester 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?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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:

Edith C. Wheeler  
P.O. Box 64035  
Lubbock, TX 79464-4035

4a. Article Number  
P 028 351 491

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

7. Date of Delivery  
MAY 20 1998  
TX SIMS STA  
USPS

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:

David H. Arrington, et ux  
P.O. Box 2071  
Midland, TX 79702

4a. Article Number  
P 028 405 532

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

7. Date of Delivery  
6-3-96

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:

Ann O. Allison  
P.O. Box 64035  
Lubbock, TX 79464

4a. Article Number  
P 028 352 855

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

7. Date of Delivery  
MAY 18 1998  
TX SIMS STA  
USPS

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?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Davis A. Coppedge  
 466 Goodwin Drive  
 Richardson, TX 75081-5549

4a. Article Number  
 P 028 352 857

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

7. Date of Delivery

5. Signature (Addressee)  
*Davis A. Coppedge*

6. Signature (Agent)

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?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 James T. Coppedge  
 P.O. Box 43  
 Spencer, IN 47460

4a. Article Number  
 P 028 352 869

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

7. Date of Delivery  
 5/30

5. Signature (Addressee)  
*James T. Coppedge*

6. Signature (Agent)

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?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Brent W. McWhorter  
 6140 E. Voltaire  
 Scottsdale, AZ 85254-8851

4a. Article Number  
 P 028 351 483

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

7. Date of Delivery  
 5-18-96

5. Signature (Addressee)  
*Brent W. McWhorter*

6. Signature (Agent)

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?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*L.R. Brigham*  
*22303 Golden Canyon Circle*  
*Chatsworth, CA 91311-1259*  
*[Signature]*

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
*P 028 352 828*

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

7. Date of Delivery  
*5-22-96*

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*First National Bank of Chicago*  
*8150 N. Central Expressway*  
*Suite 1211*  
*Dallas, TX 75206*  
*[Signature]*

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
*P 028 352 821*

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

7. Date of Delivery  
*5/20/96*

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Charles A. Aston, III*  
*P.O. Box 457*  
*Round Rock, TX 78681*  
*[Signature]*

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
*P 028 351 485*

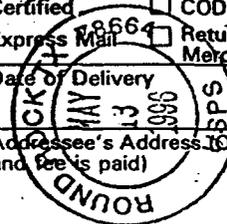
4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*18664*

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):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
*Nations Bank of Texas*  
*P.O. Box 830308*  
*Dallas, TX 75283-0308*

4a. Article Number  
*P 028 351 482*

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

7. Date of Delivery  
*5/10/96*

5. Signature (Addressee)

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

6. Signature (Agent)  
*[Signature]*

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):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
*Read & Stevens, Inc.*  
*P.O. Box 1518*  
*Roswell, NM 88202*

4a. Article Number  
*P 028 405 533*

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

7. Date of Delivery  
*6-3-96*

5. Signature (Addressee)

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

6. Signature (Agent)  
*Anna Seilheimer*

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):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
*Amadarko Pet Corp.*  
*P.O. Box 1330*  
*Houston, TX 77251-1330*

4a. Article Number  
*P 028 352 827*

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

7. Date of Delivery  
*MAY 13 1996*

5. Signature (Addressee)  
*CURTIS NICKERSON*

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.

**LOGRO CORPORATION**  
Oil and Gas Exploration and Production

P.O. Box 261324  
Plano, Texas 75026-1324

RETURNED TO SENDER  
NAME Ms  
1st Notice 6-17-96  
2nd Notice Unclaimed  
Return Unclaimed

Fold at line over top of envelope to the right of the return address

**CERTIFIED MAIL**

P 028 351 492

Michael H. Moore  
14850 Oaks North Pl.  
Dallas, TX 75240

75026/1324

NAME Moore  
1st Notice 6/17

RETURN RECEIPT REQUESTED

U.S. POSTAGE  
PAID  
PLANO, TX  
MAY 16, 1996  
AMOUNT  
\$2.52  
00026953-04

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 delivered.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Phillips Petroleum Company  
4001 Redbrook  
Odessa, Tx 79762

Signature (Addressee)  
Signature (Agent)

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

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

4a. Article Number  
Consult postmaster for fee.

0018 352 826

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD

7. Date of Delivery

5-6-96

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.



**EXHIBIT A**

First National Bank of Chicago, Agent  
Aston Partnership  
Gail Cotton, Vice President  
8150 N. Central Expressway, Suite 1211  
Dallas, TX 75206

NationsBank of Texas, Dallas, N.A., Trustee  
Charles A. Aston, III  
Valerie Kobal  
Ellen Paul  
Audrey Bean  
Jerry L. Bridgens  
Assistant Vice President  
P.O. Box 830308  
Dallas, TX 75283-0308

Phillips Petroleum Company  
Paul D. Hall  
4001 Penbrook  
Odessa, TX 79762

Read & Stevens, Inc.  
Robert H. Watson  
P.O. Box 1518  
Roswell, NM 88202

Enron Oil & Gas Company  
P.O. Box 2267  
Midland, TX 79702

Ann D. Allison  
P.O. Box 64035  
Lubbock, TX 79464

David H. Arrington, et ux  
P.O. Box 2071  
Midland, TX 79702

L. R. Brigham, et ux, Trustee  
of the Brigham Trust  
22303 Golden Canyon Circle  
Chatsworth, CA 91311-1259

Davis A. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081-5549

James T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

Ann Mitchell Keenan  
P.O. Box 248  
Avenal, CA 93204

Baynard W. Malone, Trustee  
Ross L. Malone Testamentary Trust  
Elizabeth A. Malone Testamentary Trust  
Anderson-Malone Trust  
P.O. Box 87  
Roswell, NM 88202

Charles F. Malone, Trustee  
Charles F. Malone Living Trust  
Agent for Jean A. Eaton  
P.O. Box 700  
Roswell, NM 88202

Earl L. Malone  
2501 Cortez Court  
Roswell, NM 88201

Brent W. McWhorter, Trustee  
McWhorter Family Trust  
6140 E. Voltaire  
Scottsdale, AZ 85254-3851

Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321-4316

Hamilton Moody, Trustee  
701 B. Street  
Suite 1765  
San Diego, CA 92101-8103

Michael H. Moore  
14850 Oaks North Pl.  
Dallas, TX 75240

Kathryn Nicholas  
P.O. Box 18473  
Anaheim, CA 92817-8473

Frank D. Mitchell, et ux  
2861 Tanoble  
Altadena, CA 91001-1811

Edith C. Wheeler  
P.O. Box 64035  
Lubbock, TX 79464-4035

Anadarko Petroleum Corporation  
Bill Shackelford  
P.O. Box 1330  
Houston, TX 77251-1330

Estate of Lincoln Aston  
Charles A. Aston, III  
Personal Representative  
P.O. Box 457  
Round Rock, TX 78681

**AFFIDAVIT,**  
**Page 3**

**BEFORE THE**  
**OIL CONSERVATION DIVISION**  
Santa Fe, New Mexico

Case No. 11553 Exhibit No. 5

Submitted by: Naumann Oil & Gas, Inc.

Hearing Date: June 27, 1996

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN

MICHAEL H. FELDEWERT  
TANYA M. TRUJILLO  
PAUL R. OWEN

JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
TELECOPIER: (505) 983-6043

June 6, 1996

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUEST**

**TO: TO INTEREST OWNERS IN THE S/2, SECTION 12, TOWNSHIP 22 SOUTH,  
RANGE 30 EAST, N.M.P.M., EDDY COUNTY, NEW MEXICO.**

**Re: Application of Naumann Oil & Gas, Inc. for Compulsory Pooling, Eddy County,  
New Mexico**

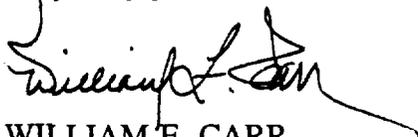
Gentlemen:

This letter is to advise you that Naumann Oil & Gas, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of certain mineral interests in and under the S/2 of Section 31, Township 17 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. Naumann Oil & Gas, Inc. proposes to drill this well for its partner, Logro Corporation and to dedicate these pooled units to its Sand Tank Federal Com No. 1 Well to be drilled at an orthodox location 660 feet from the South line and 2,220 feet from the East line of said Section 31.

This application has been set for hearing before a Division Examiner on June 27, 1996. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR NAUMANN OIL & GAS, INC.

WFC:yms

Enc.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

First National Bank of Chicago, Agent  
 Aston Partnership  
 Gail Cotton, Vice President  
 8150 N. Central Expressway, Suite 1211  
 Dallas, TX 75206

4a. Article Number

P 176 016 842

4b. Service Type

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

7. Date of Delivery

6-11-96

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Gail Cotton*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 176 016 842



**Receipt for Certified Mail**

No Insurance Coverage Provided

First National Bank of Chicago, Agent  
 Aston Partnership  
 Gail Cotton, Vice President  
 8150 N. Central Expressway, Suite 1211  
 Dallas, TX 75206

Postage	\$
Certified Fee	
Special Service Fee	
Restricted Delivery Fee	
Return Receipt Fee (only if you wish to receive a Return Receipt)	
Return Receipt Fee (only if you wish to receive a Return Receipt)	
1274 Postage & Fee	\$
Postmark or Date	JUN - 6 1996

PS Form 3800, June 1991

NationsBank of Texas, Dallas, N.A.,  
 Trustee  
 Charles A. Aston, III  
 Valerie Kobal  
 Ellen Paul  
 Audrey Bean

P 176 016 844



Receipt for  
 Certified Mail

No Insurance Coverage Provided

Jerry L. Bridgens  
 Assistant Vice President  
 P.O. Box 830308  
 Dallas, TX 75283-0308

Postage	\$
Certification	
Special Delivery Fee	
Registered Mail Fee	
Return Receipt (following 1. or 2.)	
Return Receipt (following 1. or 2.) with Restricted Delivery	
Postmark or Date	JUN - 6 1996

PS Form 3800 June 1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

NationsBank of Texas, Dallas, N.A.,

Trustee

Charles A. Aston, III

Valerie Kobal

Ellen Paul

Audrey Bean

Jerry L. Bridgens

Assistant Vice President

P.O. Box 830308

Dallas, TX 75283-0308

that we can return this

if space does not

article number,

and the date

I also wish to receive the

following services (for an

extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 176 016 844

4b. Service Type

Registered

Express Mail

Return Receipt for Merchandise

COD

Certified

Insured

COD

7. Date of Delivery

JUN 12 1996

8. Addressee's Address (Only if requested

and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee's)

X *Rodney Medlock*

PS Form 3811, December 1994

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, 4a, and 4b.
- 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:

Phillips Petroleum Company  
Paul D. Hall  
4001 Penbrook  
Odessa, TX 79762

4a. Article Number

P 106 676 263

4b. Service Type

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

7. Date of Delivery

6-10-96 *SMJ*

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

*SMJ*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X Paul D. Hall*

PS Form 3811, December 1994

Domestic Return Receipt

P-106 676 263

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Phillips Petroleum Company  
Paul D. Hall  
4001 Penbrook  
Odessa, TX 79762

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <b>JUN - 6 1996</b>	

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, 4a, and 4b.
- 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:

Read & Stevens, Inc.  
Robert H. Watson  
P.O. Box 1518  
Roswell, NM 88202

4a. Article Number

P 106 677 019

4b. Service Type

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

7. Date of Delivery

6-10-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

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

P-106 677 019

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Read & Stevens, Inc.  
Robert H. Watson  
P.O. Box 1518  
Roswell, NM 88202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

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, 4a, and 4b.
- 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:

**Enron Oil & Gas Company  
P.O. Box 2267  
Midland, TX 79702**

4a. Article Number

P 106 677 020

4b. Service Type

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

7. Date of Delivery

JUN 11 1996

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 020

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

**Enron Oil & Gas Company  
P.O. Box 2267  
Midland, TX 79702**

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	JUN - 6 1996

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

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

Ann D. Allison  
P.O. Box 64035  
Lubbock, TX 79464

4a. Article Number

P106677021

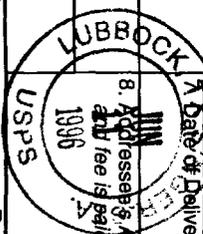
4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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



6. Signature: (Addressee or Agent)

X *[Handwritten Signature]*  
PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 021

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Ann D. Allison  
P.O. Box 64035  
Lubbock, TX 79464

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$

Postmark or Date  
JUN - 6 1996

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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. Arrington, et ux  
P.O. Box 2071  
Midland, TX 79702

4a. Article Number

P106 677 022

4b. Service Type

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

Date of Delivery

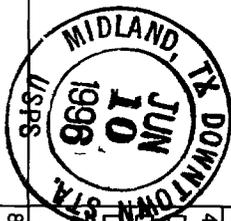
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*David H. Arrington*

PS Form 3811, December 1994

Domestic Return Receipt



Thank you for using Return Receipt Service.

P-106 677 022

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

David H. Arrington, et ux  
P.O. Box 2071  
Midland, TX 79702

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	JUN - 6 1996

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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. R. Brigham, et ux, Trustee  
of the Brigham Trust  
22303 Golden Canyon Circle  
Chatsworth, CA 91311-1259

4a. Article Number

P 106 677 023

4b. Service Type

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

7. Date of Delivery

JUN 6 1996

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811 December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 023

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

L. R. Brigham, et ux, Trustee  
of the Brigham Trust  
22303 Golden Canyon Circle  
Chatsworth, CA 91311-1259

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$

Postmark or Date  
**JUN - 6 1996**

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Davis A. Coppedge  
 466 Goodwin Drive  
 Richardson, TX 75081-5549

4a. Article Number

P 106 677 024

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Davis A. Coppedge*  
 PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 024

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL

Davis A. Coppedge  
 466 Goodwin Drive  
 Richardson, TX 75081-5549

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	JUN - 6 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

4a. Article Number

P 106 677 025

4b. Service Type

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

7. Date of Delivery

6-10-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 025

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

James T. Coppedge  
P.O. Box 43  
Spencer, IN 47460

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	JUN - 6 1006

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Ann Mitchell Keenan  
P.O. Box 248  
Avenal, CA 93204

4a. Article Number

PIK 677 026

4b. Service Type

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

7. Date of Delivery

**JUN 1 1996**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*Ann Mitchell Keenan*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 026

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Ann Mitchell Keenan  
P.O. Box 248  
Avenal, CA 93204

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	<b>JUN - 6 1996</b>

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

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

Baynard W. Malone, Trustee  
 Ross L. Malone Testamentary Trust  
 Elizabeth A. Malone Testamentary Trust  
 Anderson-Malone Trust  
 P.O. Box 87  
 Roswell, NM 88202

4a. Article Number

06677027

4b. Service Type

- Registered
- Express Mail
- Restricted Receipt for Merchandise
- Insured
- COD

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 027

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL

Baynard W. Malone, Trustee  
 Ross L. Malone Testamentary Trust  
 Elizabeth A. Malone Testamentary Trust  
 Anderson-Malone Trust  
 P.O. Box 87  
 Roswell, NM 88202

Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	JUN - 6 1996

PS Form 3800, June 1985

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 F. Malone, Trustee  
 Charles F. Malone Living Trust  
 Agent for Jean A. Eaton  
 P.O. Box 700  
 Roswell, NM 88202

4. Article Number

677028

5. Service Type

- Registered
- Express Mail

6. Return Receipt for Merchandise

7. Date of Delivery

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

10-10-96

5. Received By: (Print Name)

W. SILVA

6. Signature (Addressee or Agent)

X W. SILVA

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 028

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL

Charles F. Malone, Trustee  
 Charles F. Malone Living Trust  
 Agent for Jean A. Eaton  
 P.O. Box 700  
 Roswell, NM 88202

Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	JUN - 6 1996

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Earl L. Malone  
2501 Cortez Court  
Roswell, NM 88201

4a. Article Number

P 106 677 029

4b. Service Type

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

7. Date of Delivery

11/10/96

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

5. Received By: (Print Name)  
MRS. EARL L. MALONE

6. Signature: (Addressee or Agent)  
X Mrs. Earl L. Malone

PS Form 3811, December 1994

Domestic Return Receipt

P-106 677 029

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Earl L. Malone  
2501 Cortez Court  
Roswell, NM 88201

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	11/10/96

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, 4a, and 4b.
- 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.

<p>3. Article Addressed to:</p> <p><b>Brent W. McWhorter, Trustee</b>  <b>McWhorter Family Trust</b>          6140 E. Voltaire          Scottsdale, AZ 85254-3851</p>	<p>4a. Article Number  <i>P106 677 030</i></p> <p>4b. Service Type  <input type="checkbox"/> Registered  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> COD  <input checked="" type="checkbox"/> Certified  <input type="checkbox"/> Insured</p> <p>7. Date of Delivery  <i>6-10-96</i></p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee of Agent)</p> <p><i>X [Signature]</i></p>	

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 030

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL

**Brent W. McWhorter, Trustee**  
**McWhorter Family Trust**  
 6140 E. Voltaire  
 Scottsdale, AZ 85254-3851

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <div style="text-align: center; font-size: 1.2em; font-weight: bold;">JUN 10 1996</div>	

PS Form 3800, June 1985

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 J. McWhorter  
769 Canyon Road  
Logan, UT 84321-4316

4a. Article Number

P 106 677 031

4b. Service Type

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

7. Date of Delivery

6/10/96

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

5. Received By: (Print Name)  
6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 031

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Mary J. McWhorter  
769 Canyon Road  
Logan, UT 84321-4316

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	JUN - 6 1996

PS Form 3800, June 1985

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

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

Hamilton Moody, Trustee  
701 B. Street  
Suite 1765  
San Diego, CA 92101-8103

4a. Article Number  
P 106 677 032

4b. Service Type

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

7. Date of Delivery

**JUN 11**

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X Bekir Nalle**

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 032

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Hamilton Moody, Trustee  
701 B. Street  
Suite 1765  
San Diego, CA 92101-8103

Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	<b>JUN 11 - 6 1996</b>

PS Form 3800, June 1985

P-106 677 033

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

**Michael H. Moore**  
**14850 Oaks North Pl.**  
**Dallas, TX 75240**

PS Form 3800, June 1985

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <b>JUN - 6 1996</b>	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Kathryn Nicholas  
P.O. Box 18473  
Anaheim, CA 92817-8473

4a. Article Number

2106677034

4b. Service Type

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

7. Date of Delivery

JUN 11 1996

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P-106 677 034

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Kathryn Nicholas  
P.O. Box 18473  
Anaheim, CA 92817-8473

Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	JUN - 6 1996

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

**3. Article Addressed to:**  
 Frank D. Mitchell, et ux  
 2861 Tanofie  
 Altadena, CA 91001-1811

**4a. Article Number**  
 P111 332 789

**4b. Service Type**

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

**5. Received By (Print Name)**  
*[Signature]*

**6. Signature (Addressee or Agent)**  
 X

**7. Date of Delivery**  
 6/3/96

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

**Domestic Return Receipt**

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

P 111 332 789



**Receipt for Certified Mail**

No Insurance Coverage Provided

Frank D. Mitchell, et ux  
 2861 Tanofie  
 Altadena, CA 91001-1811

Postage	\$
Postage Due	
Additional Service 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	JUN - 6 1996

PS Form 3800, June 1991

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, 4a, and 4b.
- 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:

Edith C. Wheeler  
P.O. Box 64035  
Lubbock, TX 79464-4035

4a. Article Number  
P111 332 790

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

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt



P 111 332 790

**Receipt for Certified Mail**

No Insurance Coverage Provided



Edith C. Wheeler  
P.O. Box 64035  
Lubbock, TX 79464-4035

Postage	\$
Restricted Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom, Date, and Addressee's Address	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUN 5 1996

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, 4a, and 4b.
- 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:

Anadarko Petroleum Corporation  
 Bill Shackelford  
 P.O. Box 1330  
 Houston, TX 77251-1330

4a. Article Number

P 111 332 791

4b. Service Type

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

7. Date of Delivery

JUN 11 1996

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 111 332 791



**Receipt for Certified Mail**

No Insurance Coverage Provided

Anadarko Petroleum Corporation  
 Bill Shackelford  
 P.O. Box 1330  
 Houston, TX 77251-1330

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date of Delivery	
Return Receipt showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUN 11 1996



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

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