

BEFORE THE
OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Case No. 11588 Exhibit No. 1

Submitted by: InterCoast Oil and Gas Company

Hearing Date: August 8, 1996

Exhibit 2
Ownership Breakdown
 E/2 Section 2, T17S, R34E
 Lea County, New Mexico

*Gallagher
 share for the
 whole group*

E/2 = 321.55 acres

<u>InterCoast Oil and Gas Company</u>	50.8151%
Gallagher, et al.	25.2664%
<u>Mallon Oil Company</u>	18.2580%
<u>Bright Hawk/Barkhard Venture</u>	3.1133%
<u>Ayco Energy, LLC</u>	2.5472%
	100.0000%

repres

*still
 majority*

NE/4 = 161.55 acres

InterCoast Oil and Gas Company	25.9058%
Gallagher, et al.	50.2904%
Mallon Oil Company	18.1704%
Bright Hawk/Barkhard Venture	3.0984%
Ayco Energy, LLC	2.5350%
	100.0000%

red

Green

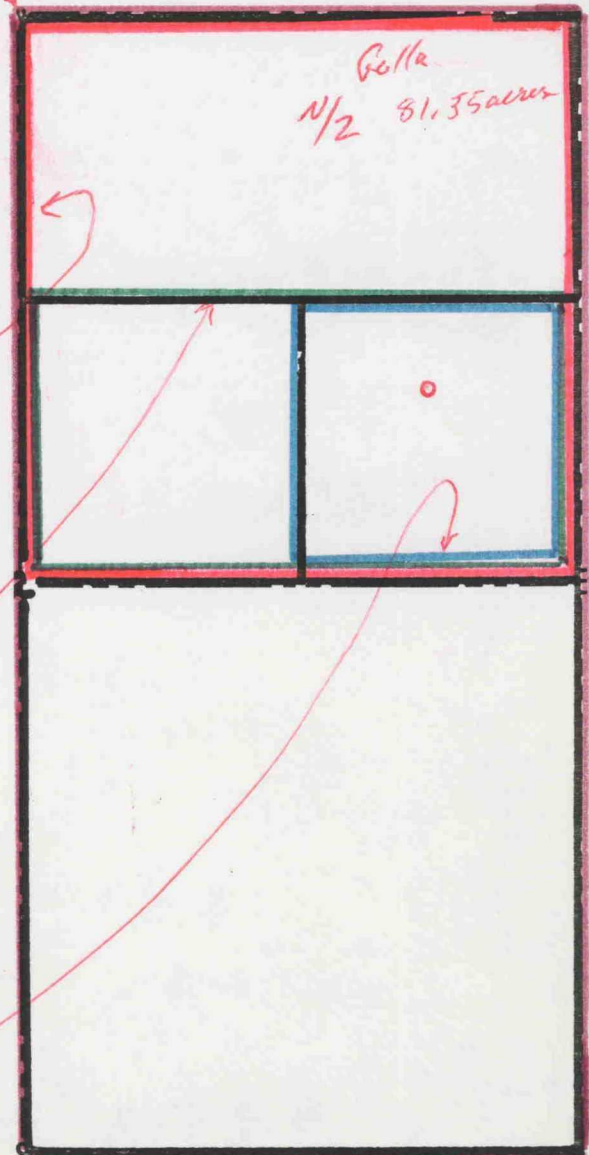
S/2 NE/4 = 80 acres

InterCoast Oil and Gas Company	51.9312%
Mallon Oil Company	36.6929%
Bright Hawk/Barkhard Venture	6.2568%
Ayco Energy, LLC	5.1191%
	100.0000%

blue

SE/4 NE/4 = 40 acres

InterCoast Oil and Gas Company	3.8624%
Mallon Oil Company	73.3858%
Bright Hawk/Barkhard Venture	12.5135%
Ayco Energy, LLC	10.2383%
	100.0000%



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

Case No. 11588 Exhibit No. 2

Submitted by: InterCoast Oil and Gas Company

Hearing Date: August 8, 1996

INTERCOAST OIL AND GAS COMPANY

AUTHORIZATION FOR EXPENDITURES

Exh. #3

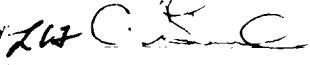
Description of Work: Footage Drill, Log, DST, complete and equip a single zone Morrow Sand gas well

Prospect	Elk-2	Well No.	1	Date	7/2/96
Lease	To Be Determined	Section	2	AFE No.	
Location	1650' FNL-660 FEL	County	Lea	Twp	17S Range 34E
Field	S. Kemnitz Atoka Morrow	Prim. Obj.	Morrow	State	New Mexico
Well TD	12700'			Sec. Obj.	

	Before Csg Point	After Csg Point	Total		Before Csg Point	After Csg Point	Total
INTANGIBLE COSTS	BCP-820	ACP-840		TANGIBLE COSTS	BCP-830	ACP-850	
.01 Location/Damage Payment	4,500		4,500	.01 Cattle Guards & Fencing	0	0	0
.02 Location Construction	17,500	1,500	19,000	.02 Csg. Cond.	0	X	0
.03 Contracted Equipment	0	0	0	.03 Csg. Surface	6,500	X	\$ 6,500
.04 Rotary Rig: MI, RU, RD, MO	0	0	0	400' 13-3/8" 48# H-40			
.05 Rotary Rig: Daywork	11,000	11,000	22,000	.04 Csg. Intermediate	43,200	X	\$ 43,200
.06 Rotary Rig: Footage	242,250	0	242,250	4600' 9-5/8" 40#			
.07 Fuel	2,000	0	2,000	.05 Csg. Production	X	91,900	91,900
.08 Drilling Bits	0	0	0	5-1/2' @ 12750'			
.09 Drilling Fluid	42,000	1,000	43,000	.06 Float Equip, Centrizers, etc.		2,000	2,000
.10 Mud Disposal	3,000	X	3,000	.07 Well Head	8,800	11,500	20,300
.11 Drill Stem Tests	4,000	X	4,000	.08 Tubing	X	38,250	38,250
.12 Cement and Cementing Service	18,000	12,000	30,000	2-7/8"			
.13 Casing Crew, Equipment	3,500	3,500	7,000	.09 Pump Unit	X	0	0
.14 Logging: Open Hole	15,000	X	15,000	.10 Motor/Engine	X	0	0
.15 Completion Rig	X	15,000	15,000	.11 Rods & Pump	X	0	0
.16 Stimulation	X	55,000	55,000	.12 Pkr & Sub-surface Equip.	X	10,000	10,000
.17 Misc. Pumping Services	0	3,500	3,500	.13 Tanks	X	5,500	5,500
.18 Log & Perf Cased Hole	X	8,000	8,000	.14 Separator/Production Unit	X	9,700	9,700
.19 Rentals	5,000	5,000	10,000	.15 Heater Treater/Dehydrator	X	7,500	\$ 7,500
.20 Water/Water Hauling	10,500	6,000	16,500	.16 Fittings & Small Pipe	X	12,500	12,500
.21 Hauling/Freight	0	1,000	1,000	.17 Other Equipment	0	0	0
.22 Tubular Inspection	1,500	2,500	4,000	.18 Installation Costs	X	15,000	15,000
.23 Well Testing	1,500	1,000	2,500	.19 Miscellaneous			
.24 Labor: Contract	1,500	2,500	4,000	.20 Contingency			
.25 Company Geologist/Engineer	2,500	0	2,500	Subtotal	58,500	203,850	262,350
.26 Overhead	3,700	1,000	4,700				
.27 Professional Services	19,500	6,000	25,500	Pipeline		PL-880	
.28 Insurance	1,700	0	1,700	.01 Line Pipe	X	25,000	25,000
.29 Miscellaneous tax	15,000	8,550	23,550	.02 Metering Equipment	X	0	
.30 Contingency	500	0	500	.03 Meter Sta. Valves, Fittings	X	0	
.31 Coiled Tubing Work	0	3,500	3,500	Subtotal		25,000	25,000
.32 Packer Redress	X		0	TOTAL TANGIBLE COSTS	58,500	228,850	287,350
Subtotal	425,650	147,550	573,200				

Pipeline	PL-880	TOTAL WELL COSTS	484,150	376,400	860,550
.01 Tapping Fee	X	Total Well Cost to Casing Point			484,150
.02 Purchased Right of Way	X	Plugging Cost			\$15,000
.03 Damage Payments	X	Total Dry & Abandonment Cost			\$499,150
.04 Right of Way Acquisition	X	Total Cost Through Evaluation of Zone of Interest			775,350
.05 Permits	X	Prepared By:	LCF/TR		
.06 Freight	X	Estimated Spud Date			
.07 PL & Meter Sta. Construction	X	Medallion WIO %			
.08 Surveying and Drafting	X	Medallion Net Expenditure			\$0
.09 Field Construction Sup.	X	Supplement No.			
.10 Misc. and Contingency	X	Original AFE Amount			
Subtotal		Amount This Supplement			
TOTAL INTANGIBLE COSTS	\$425,650	Revised AFE Amount			

MEDALLION PRODUCTION COMPANY APPROVED

By: 

Date: 7/2/96

By:

Date:

By:

Date:

WORKING INTEREST OWNER APPROVED

Company Name:

By:

Date:

Name:

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

Case No. 11588 Exhibit No. 3

Submitted by: InterCoast Oil and Gas Company

Hearing Date: August 8, 1996



Medallion Production Company

An InterCoast Energy Company

7130 S. LEWIS AVE, SUITE 700 • TULSA, OK 74136 • PHONE (918) 488-8283 • FAX (918) 488-8182

Exh. 24

June 9, 1995

Mallon Resources Corp.
999 18th Street, Suite 1700
Denver, Colorado 80202-1927

Attention: Mr. Randy Stalcup

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Dear Mr. Stalcup:

Medallion Production Company proposes to drill a test well at a location in the NE/4 of Section 2-17S-34E, Lea County, New Mexico. Medallion proposes that the test well be drilled to a depth of approximately 12,750' in order to sufficiently test the Atoka formation. Dry hole costs are estimated to be \$512,000, with total completed well costs estimated at \$800,000.

Our records indicate that Mallon owns the SE/4 NE/4 and NE/4 SE/4 of Section 2 and that there is no current Atoka production in this section. We propose a stand-up 320 for the proposed well. Medallion proposes that Mallon grant us a farmout under the following terms:

1. On or before 120 days following the execution of a definitive agreement, Medallion would commence or cause the commencement of a 12,750' Atoka test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, Medallion would earn an assignment covering all of Mallon's interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. Mallon would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and shall be proportionately reduced to the interest being assigned.

Mallon Resources Corp.

June 9, 1995

Page 2

4. Upon payout of the test well, Mallon shall have the right and option to convert the previously reserved $\frac{1}{8}$ of $\frac{8}{8}$ ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, Medallion would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw

21734pro

BEFORE THE
OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Case No. 11588 Exhibit No. 4

Submitted by: InterCoast Oil and Gas Company

Hearing Date: August 8, 1996



Medallion Production Company

An InterCoast Energy Company

7130 S. LEWIS AVE, SUITE 700 • TULSA, OK 74136 • PHONE (918) 488-8283 • FAX (918) 488-8182

June 9, 1995

OXY USA Inc.
P. O. Box 50250
Midland, TX 79710

Attention: Mr. Mike Gooding

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Dear Mike:

Medallion Production Company proposes to drill a test well at a location in the NE/4 of Section 2-17S-34E, Lea County, New Mexico. Medallion proposes that the test well be drilled to a depth of approximately 12,750' in order to sufficiently test the Atoka formation. Dry hole costs are estimated to be \$512,000, with total completed well costs estimated at \$800,000.

Our records indicate that OXY owns the SW/4 NE/4, E/2 SE/4 and SE/4 SE/4 of Section 2 and that there is no current Atoka production in this section. We propose a stand-up 320 for the proposed well. Medallion proposes that OXY grant us a farmout under the following terms:

1. On or before 120 days following the execution of a definitive agreement, Medallion would commence or cause the commencement of a 12,750' Atoka test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, Medallion would earn an assignment covering all of OXY's interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. OXY would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and shall be proportionately reduced to the interest being assigned.

OXY USA Inc.
June 9, 1995
Page 2

4. Upon payout of the test well, OXY shall have the right and option to convert the previously reserved $\frac{1}{8}$ of $\frac{8}{8}$ ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, Medallion would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw



Medallion Production Company
An InterCoast Energy Company

7130 S. LEWIS AVE, SUITE 700 • TULSA, OK 74136 • PHONE (918) 488-8283 • FAX (918) 488-8182

June 9, 1995

C. R. Gallagher, Jr.
P. O. Box 628
Pass Christian, MS 39571-0628

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Dear Mr. Gallagher:

Medallion Production Company proposes to drill a test well at a location in the NE/4 of Section 2-17S-34E, Lea County, New Mexico. Medallion proposes that the test well be drilled to a depth of approximately 12,750' in order to sufficiently test the Atoka formation. Dry hole costs are estimated to be \$512,000, with total completed well costs estimated at \$800,000.

Our records indicate that you own the N/2 NE/4 of Section 2 and that there is no current Atoka production in this section. We propose a stand-up 320 for the proposed well. Medallion proposes that you grant us a farmout under the following terms:

1. On or before 120 days following the execution of a definitive agreement, Medallion would commence or cause the commencement of a 12,750' Atoka test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, Medallion would earn an assignment covering all of your interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. You would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and shall be proportionately reduced to the interest being assigned.

C. R. Gallagher, Jr.
June 9, 1995
Page 2

4. Upon payout of the test well, you shall have the right and option to convert the previously reserved $\frac{1}{8}$ of $\frac{8}{8}$ ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, Medallion would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw



Medallion Production Company

An InterCoast Energy Company

7130 S. LEWIS AVE, SUITE 700 • TULSA, OK 74136 • PHONE (918) 488-8283 • FAX (918) 488-8182

June 20, 1995

original letter of Mr

Gregory J. Gallagher
1033 San Jacinto Bldg.
Houston, TX 77010

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Dear Mr. Gallagher:

Medallion Production Company proposes to drill a test well at a location in the NE/4 of Section 2-17S-34E, Lea County, New Mexico. Medallion proposes that the test well be drilled to a depth of approximately 12,750' in order to sufficiently test the Atoka formation. Dry hole costs are estimated to be \$512,000, with total completed well costs estimated at \$800,000.

Our records indicate that you own in the N/2 NE/4 of Section 2 and that there is no current Atoka production in this section. We propose a stand-up 320 for the proposed well. Medallion proposes that you grant us a farmout under the following terms:

1. On or before 120 days following the execution of a definitive agreement, Medallion would commence or cause the commencement of a 12,750' Atoka test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, Medallion would earn an assignment covering all of your interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. You would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and shall be proportionately reduced to the interest being assigned.

Gregory J. Gallagher
June 9, 1995
Page 2

4. Upon payout of the test well, you shall have the right and option to convert the previously reserved $\frac{1}{8}$ of $\frac{8}{8}$ ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, Medallion would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw



Medallion Production Company

An InterCoast Energy pany

7130 S. LEWIS AVE, SUITE 700 • TULSA, OK 74136 • PHONE (918) 488-8283 • FAX (918) 488-8182

July 13, 1995

Christopher Knieriem
5773 Mesa Verde Circle
Rocklin, California 95677

Re: E/2 Sec. 2-175-34E
Lea County, New Mexico

Dear Mr. Knieriem,

We have received your letter of July 3, 1995 indicating a desire to sell your interests in the referenced lands. Our records indicate that you own .375% of the N/2 NE/4 of Section 2, being only .31 acres.

Even though leases in this area are commonly traded for \$100.00 an acre, we understand that \$31.00 is hardly worth your time in closing a transaction. Therefore we are willing to offer you \$100.00 flat for your interest.

If this offer is acceptable please so indicate by signing below and returning one copy of this letter to my attention. Upon receipt I will prepare the necessary documentation.

Sincerely,

Chris Girouard
Vice President - Land

CG/mb

Agreed and accepted

this _____ day of _____.

By: _____



Medallion Production Company
An InterCoast Energy Company

7130 S. LEWIS AVE, SUITE 700 • TULSA, OK 74136 • PHONE (918) 488-8283 • FAX (918) 488-8182

July 13, 1995

C. R. Gallagher, Jr.
P. O. Box 628
Pass Christian, MS 39571-0628

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Dear Mr. Gallagher:

Regarding our proposal to drill a 12,750' Atoka well in the SE/4 NE/4 of Section 2, Medallion Production Company now proposes that you farmout pursuant to the following modified terms:

1. On or before 120 days following the execution of a definitive agreement, Medallion would commence or cause the commencement of a 12,750' Atoka test near the center of the SE/4 NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, Medallion would earn an assignment covering all of your interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. You would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty. Such override shall be proportionately reduced to the interest being assigned. Our current records indicate that your interest is burdened only by a 1/8th royalty.

C. R. Gallaghr , Jr.
July 13, 1995
Page 2

4. Upon payout of the test well, you shall have the right and option to convert the previously reserved 1/8 of 8/8ths overriding royalty interest to a proportionately reduced 30% working interest.

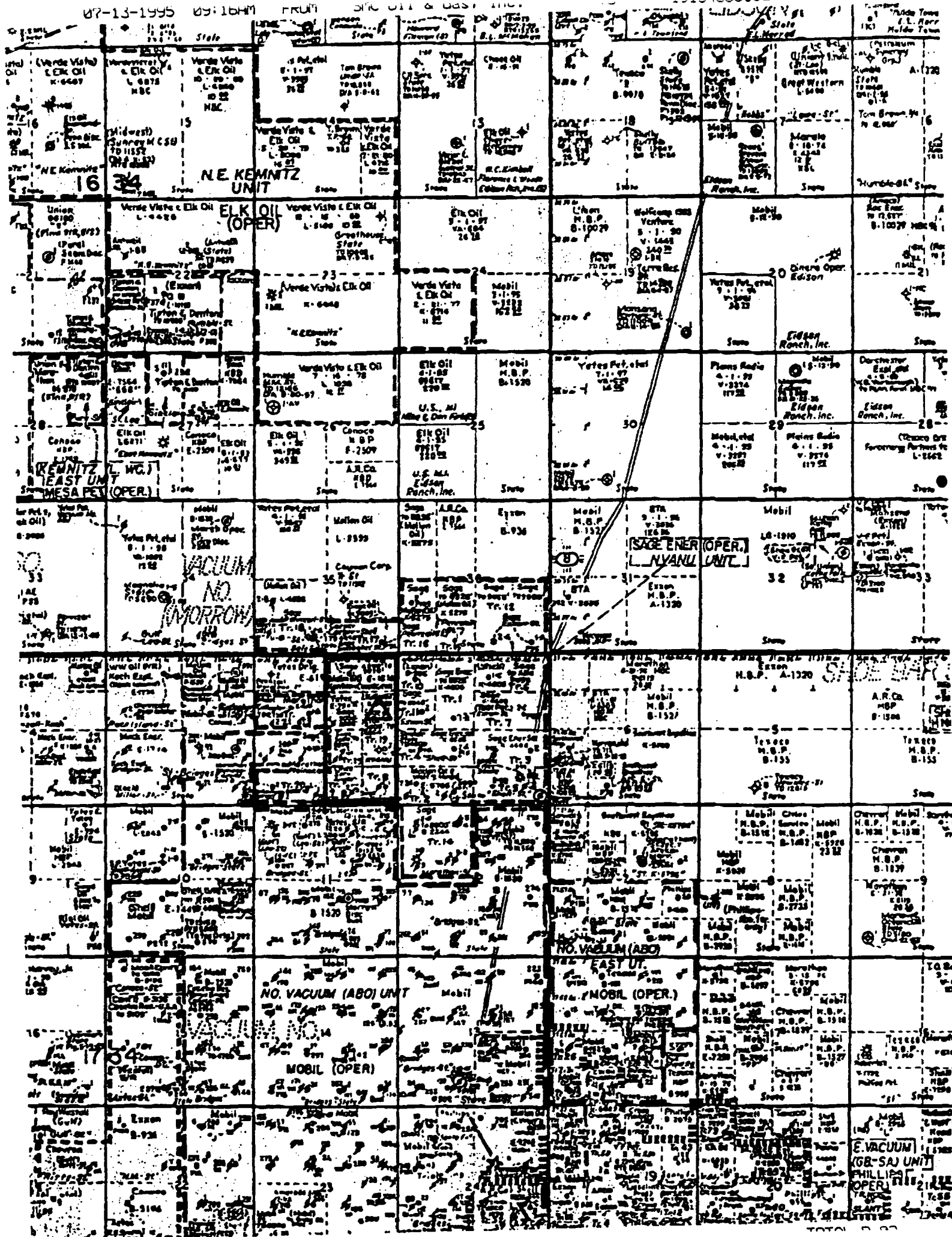
As you requested, I have enclosed a plat showing the proposed location and unit with your acreage highlighted in yellow. If the above terms are acceptable please let me know and I will prepare the necessary documentation.

Very truly yours,



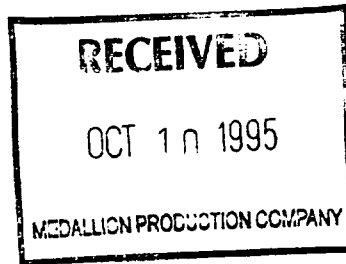
Chris Girouard
Vice President - Land

CG:rkw





T. Kent Woolley, CPL
Senior Landman
Phone (915) 685-5906
FAX: (915) 685-5888



OXY USA INC.
Box 50250, Midland, TX 79710

October 2, 1995

Medallion Production Company
7130 Lewis Ave., Suite 700
Tulsa, Oklahoma 74136

Attention: Mr. Chris Girouard

RE: **Farmout Request**
E/2 Section 2, T-17S R-34E,
Lea county, New Mexico
6-3010346/3010346

Dear Mr. Girouard:

This letter is in response to your letter of June 9, 1995, in which you requested a farmout from OXY USA Inc. covering the above referenced lands. Please be advised that, at this time, OXY is not able to respond to your request.

I personally wish to apologize for the delay in providing this response. Should Oxy determine it will farmout the acreage at a future time, your letter will be kept on file and you will be contacted.

Should you have any questions, please feel free to contact me.

Yours truly,

T. Kent Woolley, CPL
Senior Landman

TKW/fh



InterCoast Oil and Gas Company
7130 South Lewis Avenue
Suite 700
Tulsa, Oklahoma 74136
918 488-8283 Telephone
918 488-8182 Fax

July 2, 1996

Gregory J. Gallagher
1033 San Jacinto Bldg.
Houston, TX 77010

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Dear Mr. Gallagher:

Subsequent to our previous well proposal to you in the above referenced lands, InterCoast Oil and Gas Company (formerly named Medallion Production Company) "InterCoast" has acquired interests in such lands pursuant to well trade agreements with Mallon Oil Company and Christopher W. Knieriem. Recall that InterCoast's proposal was for the drilling of a 12,700' Atoka/Morrow well at a legal location in the NE/4 of Section 2. Dry hole costs are now estimated to be \$499,150, with total completed well costs estimated at \$860,500. Enclosed please find a copy of our AFE.

InterCoast again proposes that you support the test well by participating with your proportionate 4.597% share or by granting us a farmout pursuant to the following terms:

1. On or before 150 days following the execution of a definitive agreement, InterCoast would commence or cause the commencement of a 12,750' Atoka/Morrow test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, InterCoast would earn an assignment covering all of you's interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. You would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and would be proportionately reduced to the interest being assigned.

Gregory J. Gallagher
July 2, 1996
Page 2

4. Upon payout of the test well, you would have the right and option to convert the previously reserved $\frac{1}{8}$ of $\frac{8}{8}$ ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, InterCoast would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw



InterCoast Oil and Gas Company
7130 South Lewis Avenue
Suite 700
Tulsa, Oklahoma 74136
918 488-8283 Telephone
918 488-8182 Fax

July 2, 1996

C. R. Gallagher, Jr.
P. O. Box 628
Pass Christian, MS 39571-0628

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Dear Mr. Gallagher:

Subsequent to our previous well proposal to you in the above referenced lands, InterCoast Oil and Gas Company (formerly named Medallion Production Company) "InterCoast" has acquired interests in such lands pursuant to well trade agreements with Mallon Oil Company and Christopher W. Knieriem. Recall that InterCoast's proposal was for the drilling of a 12,700' Atoka/Morrow well at a legal location in the NE/4 of Section 2. Dry hole costs are now estimated to be \$499,150, with total completed well costs estimated at \$860,500. Enclosed please find a copy of our AFE.

InterCoast again proposes that you support the test well by participating with your proportionate 4.763% share or by granting us a farmout pursuant to the following terms:

1. On or before 150 days following the execution of a definitive agreement, InterCoast would commence or cause the commencement of a 12,750' Atoka/Morrow test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, InterCoast would earn an assignment covering all of you's interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. You would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and would be proportionately reduced to the interest being assigned.

C. R. Gallagher, Jr.


July 2, 1996

Page 2

4. Upon payout of the test well, you would have the right and option to convert the previously reserved $\frac{1}{8}$ of $\frac{8}{8}$ ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, InterCoast would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw



InterCoast Oil and Gas Company
7130 South Lewis Avenue
Suite 700
Tulsa, Oklahoma 74136
918 488-8283 Telephone
918 488-8182 Fax

July 8, 1996

Ayco Energy, L.L.C.
P. O. Box 131233
Houston, TX 7721901233

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Gentlemen:

InterCoast Oil and Gas Company (formerly named Medallion Production Company) "InterCoast" has acquired interests in the referenced lands pursuant to well trade agreements with Mallon Oil Company and Christopher W. Knieriem. In this connection, InterCoast proposes the drilling of a 12,700' Atoka/Morrow well at a legal location in the NE/4 of Section 2. Dry hole costs are estimated to be \$499,150, with total completed well costs estimated at \$860,500. Enclosed please find a copy of our AFE.

2.55%

InterCoast proposes that you support the test well by participating with your proportionate 5.09% share or by granting us a farmout pursuant to the following terms:

1. On or before 150 days following the execution of a definitive agreement, InterCoast would commence or cause the commencement of a 12,750' Atoka/Morrow test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, InterCoast would earn an assignment covering all of Ayco's interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. Ayco would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and would be proportionately reduced to the interest being assigned.

Ayco Energy, L.L.C.
July 8, 1996
Page 2

4. Upon payout of the test well, Ayco would have the right and option to convert the previously reserved $1/8$ of $8/8$ ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, InterCoast would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw

*** ACTIVITY REPORT ***

TRANSMISSION OK

TX/RX NO.	2600
CONNECTION TEL	15123068712
CONNECTION ID	
START TIME	07/08 15:44
USAGE TIME	01'10
PAGES	3
RESULT	OK

Facsimile Cover Sheet

To: John Ashmun
Company: Ayco Energy, L.L.C.
Phone:
Fax: 512/306-8712

From: Chris Girouard
Company: InterCoast Oil and Gas Company
(formerly named Medallion
Production Company)
Phone: 918+488-8283
Fax: 918+488-8182

Date: 07/08/96
**Pages including this
cover page:** 3

Comments:



InterCoast Oil and Gas Company
7130 South Loop West, Suite 100
Houston, Texas 77057
Tel: 713 468-8000
Fax: 713 468-8100

July 8, 1996

Bright Hawk/Burkhard Venture
c/o Bright Hawk Resources, Inc.
P. O. Box 79790
Houston, TX 77279-9790

Attn: Mr. James W. Carroll

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Gentlemen:

InterCoast Oil and Gas Company (formerly named Medallion Production Company) "InterCoast" has acquired interests in the referenced lands pursuant to well trade agreements with Mallon Oil Company and Christopher W. Knieriem. In this connection, InterCoast proposes the drilling of a 12,700' Atoka/Morrow well at a legal location in the NE/4 of Section 2. Dry hole costs are estimated to be \$499,150, with total completed well costs estimated at \$860,500. Enclosed please find a copy of our AFE.

InterCoast proposes that you support the test well by participating with your proportionate 6.23% share or by granting us a farmout pursuant to the following terms:

1. On or before 150 days following the execution of a definitive agreement, InterCoast would commence or cause the commencement of a 12,750' Atoka/Morrow test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, InterCoast would earn an assignment covering all of Bright Hawk/Burkhard's interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. Bright Hawk/Burkhard would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and would be proportionately reduced to the interest being assigned.

Bright Hawk/Burkhard Venture
July 8, 1996
Page 2

4. Upon payout of the test well, Bright Hawk/Burkhard would have the right and option to convert the previously reserved 1/8 of 8/8ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, InterCoast would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw

2elkpro

*** ACTIVITY REPORT ***

TRANSMISSION OK

TX/RX NO.	2599
CONNECTION TEL	17132368189
CONNECTION ID	
START TIME	07/08 15:39
USAGE TIME	01'07
PAGES	3
RESULT	OK

Facsimile Cover Sheet

To: James W. Carroll
Company: Bright Hawk/Burkhard Venture
Phone:
Fax: 713/236-8189

From: Chris Girouard
Company: InterCoast Oil and Gas Company
(formerly named Medallion
Production Company)
Phone: 918+488-8283
Fax: 918+488-8182

Date: 07/08/96
**Pages including this
cover page:** 3

Comments:



**InterCoast
Oil and Gas**

InterCoast Oil and Gas Company
7130 South Lewis Avenue
Suite 700
Tulsa, Oklahoma 74136
918 488-8283 Telephone
918 488-8182 Fax

July 2, 1996

Mr. Kent Wooley
OXY USA Inc.
P. O. Box 50250
Midland, TX 79710

RE: E/2 Section 2-17S-34E
Lea County, New Mexico

Dear Kent:

Subsequent to our previous well proposal to you in the above referenced lands, InterCoast Oil and Gas Company (formerly named Medallion Production Company) "InterCoast" has acquired interests in such lands pursuant to well trade agreements with Mallon Oil Company and Christopher W. Knieriem. Recall that InterCoast's proposal was for the drilling of a 12,700' Atoka/Morrow well at a legal location in the NE/4 of Section 2. Dry hole costs are now estimated to be \$499,150, with total completed well costs estimated at \$860,500. Enclosed please find a copy of our AFE.

InterCoast again proposes that you support the test well by participating with your proportionate share or by granting us a farmout pursuant to the following terms:

1. On or before 150 days following the execution of a definitive agreement, InterCoast would commence or cause the commencement of a 12,750' Atoka/Morrow test in the NE/4 of Section 2.
2. In the event the test well results in a well capable of producing in commercial quantities, InterCoast would earn an assignment covering all of OXY's interest in the E/2 of Section 2 from the surface of the earth to the total depth drilled in the test well.
3. OXY would reserve in such assignment a 1/8th of 8/8ths overriding royalty interest which would absorb all burdens in excess of the usual 1/8th royalty, and would be proportionately reduced to the interest being assigned.

Mr. Kent Wooley
OXY USA Inc.
July 2, 1996
Page 2

4. Upon payout of the test well, OXY would have the right and option to convert the previously reserved $\frac{1}{8}$ of $\frac{8}{8}$ ths overriding royalty interest to a proportionately reduced 25% working interest.

As an alternative to the above, InterCoast would be willing to purchase all of your interest in the E/2 of Section 2. If you prefer this alternative, please let us know.

Very truly yours,



Chris Girouard
Vice President - Land

CG:rkw

INTERCOAST OIL AND GAS COMPANY

AUTHORIZATION FOR EXPENDITURES

Description of Work: Footage Drill, Log, DST, complete and equip a single zone Morrow Sand gas well

Prospect	Elk-2	Well No.	1	Date	7/2/96
Lease	To Be Determined	AFE No.			
Location	1650' FNL-660 FEL	Section	2	Twp	17S Range 34E
Field	S. Kemnitz Atoka Morrow	County	Lea	State	New Mexico
Well TD	12700'	Prim. Obj.	Morrow	Sec. Obj.	

	Before Csg Point	After Csg Point	Total		Before Csg Point	After Csg Point	Total
INTANGIBLE COSTS	BCP-820	ACP-840		TANGIBLE COSTS	BCP-830	ACP-850	
.01 Location/Damage Payment	4,500		4,500	.01 Cattle Guards & Fencing	0	0	0
.02 Location Construction	17,500	1,500	19,000	.02 Csg. Cond.	0	X	0
.03 Contracted Equipment	0	0	0	.03 Csg. Surface	6,500	X	\$ 6,500
.04 Rotary Rig: MI, RU, RD, MO	0	0	0	400' 13-3/8" 48# H-40			
.05 Rotary Rig: Daywork	11,000	11,000	22,000	.04 Csg. Intermediate	43,200	X	\$ 43,200
.06 Rotary Rig: Footage	242,250	0	242,250	4600' 9-5/8" 40#			
.07 Fuel	2,000	0	2,000	.05 Csg. Production	X	91,900	91,900
.08 Drilling Bits	0	0	0	5-1/2" @ 12750'			
.09 Drilling Fluid	42,000	1,000	43,000	.06 Float Equip, Centrizers, etc.		2,000	2,000
.10 Mud Disposal	3,000	X	3,000	.07 Well Head	8,800	11,500	20,300
.11 Drill Stem Tests	4,000	X	4,000	.08 Tubing	X	38,250	38,250
.12 Cement and Cementing Service	18,000	12,000	30,000	2-7/8"			
.13 Casing Crew, Equipment	3,500	3,500	7,000	.09 Pump Unit	X	0	0
.14 Logging: Open Hole	15,000	X	15,000	.10 Motor/Engine	X	0	0
.15 Completion Rig	X	15,000	15,000	.11 Rods & Pump	X	0	0
.16 Stimulation	X	55,000	55,000	.12 Pkr & Sub-surface Equip.	X	10,000	10,000
.17 Misc. Pumping Services	0	3,500	3,500	.13 Tanks	X	5,500	5,500
.18 Log & Perf Cased Hole	X	8,000	8,000	.14 Separator/Production Unit	X	9,700	9,700
.19 Rentals	5,000	5,000	10,000	.15 Heater Treater/Dehydrator	X	7,500	\$ 7,500
.20 Water/Water Hauling	10,500	6,000	16,500	.16 Fittings & Small Pipe	X	12,500	12,500
.21 Hauling/Freight	0	1,000	1,000	.17 Other Equipment	0	0	0
.22 Tubular Inspection	1,500	2,500	4,000	.18 Installation Costs	X	15,000	15,000
.23 Well Testing	1,500	1,000	2,500	.19 Miscellaneous			
.24 Labor: Contract	1,500	2,500	4,000	.20 Contingency			
.25 Company Geologist/Engineer	2,500	0	2,500	Subtotal	58,500	203,850	262,350
.26 Overhead	3,700	1,000	4,700				
.27 Professional Services	19,500	6,000	25,500	Pipeline		PL-880	
.28 Insurance	1,700	0	1,700	.01 Line Pipe	X	25,000	25,000
.29 Miscellaneous tax	15,000	8,550	23,550	.02 Metering Equipment	X	0	0
.30 Contingency	500	0	500	.03 Meter Sta. Valves, Fittings	X	0	0
.31 Coiled Tubing Work	0	3,500	3,500	Subtotal		25,000	25,000
.32 Packer Redress	X		0	TOTAL TANGIBLE COSTS	58,500	228,850	287,350
Subtotal	425,650	147,550	573,200				

	Pipeline	PL-880	TOTAL WELL COSTS	484,150	376,400	860,550
.01 Tapping Fee	X					
.02 Purchased Right of Way	X		Total Well Cost to Casing Point			484,150
.03 Damage Payments	X		Plugging Cost			\$15,000
.04 Right of Way Acquisition	X		Total Dry & Abandonment Cost			\$499,150
.05 Permits	X		Total Cost Through Evaluation of Zone of Interest			775,350
.06 Freight	X		Prepared By:	LCF/TR		
.07 PL & Meter Sta. Construction	X		Estimated Spud Date			
.08 Surveying and Drafting	X		Medallion WIO %			
.09 Field Construction Sup.	X		Medallion Net Expenditure			\$0
.10 Misc. and Contingency	X		Supplement No.			
Subtotal			Original AFE Amount			
TOTAL INTANGIBLE COSTS	\$425,650	\$147,550	Amount This Supplement			
			Revised AFE Amount			

MEDALLION PRODUCTION COMPANY APPROVED

By: [Signature] Date: 7/2/96
 By: _____ Date: _____
 By: _____ Date: _____

WORKING INTEREST OWNER APPROVED

Company Name: _____
 By: _____ Date: _____
 Name: _____

*** ACTIVITY REPORT ***

TRANSMISSION OK

TX/RX NO.	2608
CONNECTION TEL	19156855888
CONNECTION ID	
START TIME	07/08 16:52
USAGE TIME	01'43
PAGES	4
RESULT	OK

Facsimile Cover Sheet

To: Kent Wooley
Company: OXY USA Inc.
Phone:
Fax: 915/685-5888

From: Chris Girouard
Company: InterCoast Oil and Gas Company
(formerly named Medallion
Production Company)
Phone: 918+488-8283
Fax: 918+488-8182

Date: 07/08/96
**Pages including this
cover page:** 4

Comments:



InterCoast Oil and Gas Company
7130 South Lewis Avenue
Suite 700
Tulsa, Oklahoma 74136
918 488-8283 Telephone
918 488-8182 Fax

RETAIN THIS NUMBER-CUSTOMER
RECEIPT WILL BE MAILED TO YOU.

TB839210339US

July 12, 1996

C. R. Gallagher, Jr.
P.O. Box 628
Pass Christian, MS 39571-0628

Re: E/2 Sec. 2-17S-34E
Lea County, NM

Dear Mr. Gallagher:

Pursuant to your request please find enclosed an Operating Agreement covering the referenced lands. If the terms of the Operating Agreement are acceptable, please let me know which members of your family desire to participate. Upon receipt of such data I will prepare and forward execution copies per your instructions.

Please feel free to call should you have any questions.

Sincerely,

A handwritten signature in ink, appearing to read "Chris Girouard".

Chris Girouard
Vice President - Land

CG:mb

CUSTOMER RECEIPT

TO: MR. C.R. GALLAGHER, JR.
P.O. BOX 628
PASS CHRISTIAN, MS 39571-0628

FROM: HEADLION PRODUCTION COMPANY
7130 S LEWIS AVE STE 700
TULSA OK 74136-5489
(106) TRW

Express Mail Account No.: X741-975


Federal Agency Account No.:

Signature and Indemnity (Domestic Only)

Telephone Number:

INSURANCE COVERAGE AND CLAIMS.

THANK YOU FOR CHOOSING EXPRESS MAIL SERVICE.



EXPRESS MAIL

180372LJ331 US TO ADDRESSEE

PRIVACY ACT: Your name and address may be used by the Postal Service to send you updated information about Express Mail service. You may request removal of your name and address from our mailing list by writing Assistant Postmaster General, Marketing Department, USPS, Washington, DC 20260-6300.

Authority: 39 U.S.C. 401, 403, 404.

Additional information on Express Mail Service can be obtained at any post office or by writing USPS Headquarters, Washington, DC 20260-6334.

SERVICE GUARANTEE: If this shipment is mailed at designated USPS Express Mail service facilities on or before the specified deposit time for overnight delivery to the addressee, it will be delivered to the addressee or agent before noon or 3:00 p.m. the next day. Upon application by the mailer, the USPS will refund the postage for this shipment if it is not delivered before noon or 3:00 p.m. the next day.

INSURANCE COVERAGE: (See Section 295 of the Domestic Mail Manual for exclusions of coverage, such as negotiable items and consequential loss.)

(1) *Merchandise Insurance* Merchandise is insured against loss, damage or rifling up to a maximum of \$500. Indemnity will not be paid for spoilage of perishable items.

(2) *Document Reconstruction Insurance* Non-negotiable documents are insured against loss, damage or rifling up to \$50,000 per piece subject to a limit of \$500,000 per occurrence.

(3) The maximum indemnity payable for negotiable items, cash, currency, or bullion is \$15.

CLAIMS: (1) Claims for delivery of mail must be made by the addressee or agent before noon or 3:00 p.m. the next day after the day of delivery.

Exh. #5

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

IN THE MATTER OF THE APPLICATION
OF INTERCOAST OIL AND GAS COMPANY
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 11588

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, authorized representative of InterCoast Oil and Gas Company, the Applicant herein, being first duly sworn, upon oath, states that in accordance with the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division the Applicant has attempted to find the correct addresses of all interested persons entitled to receive notice of this application and that notice has been given at the addresses shown on Exhibit "A" attached hereto as provided in Rule 1207.

William F. Carr
William F. Carr

SUBSCRIBED AND SWORN to before me this 11 day of August, 1996.

[Signature]
Notary Public

My Commission Expires: August 11, 1999

EXHIBIT A

Oxy USA, Inc.
Attn: Mr. Kent Wooley
Post Office Box 50250
Midland, TX 79710

Bright Hawk/Burkhard Venture
Attn: James W. Carroll
Post Office Box 79790
Houston, TX 77279-9790

Ayco Energy, L.L.C.
Post Office Box 131233
Houston, TX 77219-1233

C.R. Gallagher, Jr., Trustee under Tr.
Agr. dated September 24, 1990
Post Office Box 628
Pass Christian, MS 39571-0628

Mary G. Gallagher
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christina, MS 39571-0628

Mary G. Herndon
Post Office Box 435
Point Clear, AL 36564

Charles G. Knieriem
Post Office Box 421
Zephyr Cove, NV 89448

Charleen G. Knieriem
c/o Mr. Tom O'Donnell
8055 W. Manchester, #420
Playa Del Ray, CA 90293

Natalie G. Pope

8148 Avenida Navidad, #21
San Diego, CA 92122

Charles Bernard Gallagher
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christian, MS 39571-0628

Susan Gallagher Grey
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christian, MS 39571-0628

Christine Gallagher Seger
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christian, MS 39571-0628

Gregory J. Gallagher, Trustee
8550 Katy Freeway
Suite 208
Houston, TX 77024

Marguerite Gallagher Price
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Mary Catherine Knieriem Taylor
4535 Miller Oak
Auburn, CA 95603

Gregory Charles Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Kathleen Marie Gallagher Cooper

c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Natalie Pope
c/o William G. Pope
4417 Tracy Street
Meraux, LA 70075

Stephen Lawrence Knieriem
5730-A Callie Lane
Sacramento, CA 95841

Stephen L. Knieriem
5743 Shadow Creek Drive
Sacramento, CA 95841

Delphine Edith Pope Keller
9330 N.E. Schuyler
Portland, OR 97230

Delphine E. Keller
3227 NE 145th Avenue
Portland, OR 97230

Robin C. Herndon, Jr.
Post Office Box 435
Point Clear, AL 36564

Frances Herndon Bertolla
Post Office Box 701
Point Clear, AL 36564

Raymond Stanley Herndon
82 Mack Street
Mobile, AL 36607

Mary Herndon Ray
Post Office Box 164
Daphne, AL 36526

Veronica Herndon
32 Valley Road
Largemont, NY 10538

William G. Pope, Jr.
4417 Tracy Street
Meraux, LA 70075

Mary Margret Pope
c/o William G. Pope, Jr.
4417 Tracy Street
Meraux, LA 70075

Charles Raymond Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Michael Joseph Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

C.R. Gallagher
Post Office Box 628
Pass Christian, MS 39571-0628

Natalie G. Pope
10889 Wilshire Blvd., #1100
Los Angeles, CA 90024

Gregory J. Gallager
8550 Katy Freeway, Suite 208
Houston, TX 77024

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

July 18, 1996

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: INTEREST OWNERS IN THE E/2 SECTION 2, TOWNSHIP 17 SOUTH, RANGE 34 EAST, N.M.P.M., LEA COUNTY, NEW MEXICO

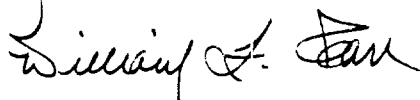
Re: Application of InterCoast Oil and Gas Company for Compulsory Pooling, Lea County, New Mexico.

This letter is to advise you that InterCoast Oil and Gas Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of certain mineral interests from a depth of 9000 feet to the base of the Morrow formation, in and under the E/2 of Section 2, Township 17 South, Range 34 East, N.M.P.M., Lea County, New Mexico. InterCoast Oil and Gas Company proposes to dedicate the pooled units to a well to be drilled at a standard location in the NE/4 of said Section 2.

This application has been set for hearing before a Division Examiner on August 8, 1996. You are not required to attend this hearing, but as an owner of an interest that may be subject to pooling, 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 INTERCOAST OIL AND GAS COMPANY

Enc.

cc: Mr. Chris Girouard

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

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Oxy USA, Inc. Attn: Mr. Kent Wooley Post Office Box 50250 Midland, TX 79710		4a. Article Number P 326 932 202	
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	
5. Received By: (Print Name) Joshua Thomas		7. Date of Delivery JUL 7 - 22	
6. Signature: (Addressee or Agent) X Joshua Thomas		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994			

Thank you for using Return Receipt Service.

P 326 932 202
 US Postal Service
Receipt for Certified Mail
 No Insurance Coverage

Oxy USA, Inc.
 Attn: Mr. Kent Wooley
 Post Office Box 50250
 Midland, TX 79710

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date JUL 18 1996	

PS Form 3800, April 1995

Domestic Return Receipt

P 326 932 203

US Postal Service

Receipt for Certified Mail

PS Form 3800, April 1995

Bright Hawk/Burkhard Venture
Attn: James W. Carroll
Post Office Box 79790
Houston, TX 77279-9790

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
JUL 1 8 1996	

PS Form 3800, April 1995

P 326 932 204

US Postal Service

Receipt for Certified Mail

Ayco Energy, L.L.C.
Post Office Box 131233
Houston, TX 77219-1233

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date JUL 1 8 1996	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ayco Energy, L.L.C. Post Office Box 131233 Houston, TX 77219-1233		4a. Article Number P 326 932 204	
5. Received By: (Print Name) X <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> 3800	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery JUL 1 8 1996 USPS	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

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

SENDER:

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

C.R. Gallagher, Jr., Trustee under Tr.
Agr. dated September 24, 1990
Post Office Box 628
Pass Christian, MS 39571-0628

4a. Article Number

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

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

P 326 932 205

US Postal Service

Receipt for Certified Mail

C.R. Gallagher, Jr., Trustee under Tr.
Agr. dated September 24, 1990
Post Office Box 628
Pass Christian, MS 39571-0628

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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:

Mary G. Gallagher
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christina, MS 39571-0628

4a. Article Number

P 326 932 206

4b. Service Type

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

7. Date of Delivery

7-22-96

5. Received By: (Print Name)

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

6. Signature of Addressee or Agent

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 206

US Postal Service

Receipt for Certified Mail

Mary G. Gallagher
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christina, MS 39571-0628

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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 G. Herndon
Post Office Box 435
Point Clear, AL 36564

4a. Article Number

P 326 932 207

4b. Service Type

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

7. Date of Delivery

7/25/96

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

5. Received By: (Print Name)

Burnell West

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 207

US Postal Service
Receipt for Certified Mail

Mary G. Herndon
Post Office Box 435
Point Clear, AL 36564

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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 G. Knieriem
Post Office Box 421
Zephyr Cove, NV 89448

4a. Article Number

P 326 932 208

4b. Service Type

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

7. Date of Delivery

JUL 18 1996

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

P 326 932 208

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

Charles G. Knieriem
Post Office Box 421
Zephyr Cove, NV 89448

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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:

Charleen G. Knieriem
c/o Mr. Tom O'Donnell
8055 W. Manchester, #420
Playa Del Ray, CA 90293

4a. Article Number

P 326 932 209

4b. Service Type

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

7. Date of Delivery

7-27-96

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Charleen G. Knieriem*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 209

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

Charleen G. Knieriem
c/o Mr. Tom O'Donnell
8055 W. Manchester, #420
Playa Del Ray, CA 90293

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800 April 1995

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:

Natalie G. Pope
8148 Avenida Navidad, #21
San Diego, CA 92122

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 210

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

Natalie G. Pope
8148 Avenida Navidad, #21
San Diego, CA 92122

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date JUL 18 1996	

PS Form 3800, April 1995

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 Bernard Gallagher
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christian, MS 39571-0628

4a. Article Number

P 326 932 211

4b. Service Type

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

7. Date of Delivery

7-22-91

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 211

US Postal Service

Receipt for Certified Mail

Charles Bernard Gallagher
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christian, MS 39571-0628

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3811, April 1995

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:

Susan Gallagher Grey
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christian, MS 39571-0628

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

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 326 932 212

US Postal Service

Receipt for Certified Mail

Susan Gallagher Grey
c/o C.R. Gallagher, Jr.
Post Office Box 628
Pass Christian, MS 39571-0628

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 1 8 1996

PS Form 3811, April 1995

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:

Christine Gallagher Seger
 c/o C.R. Gallagher, Jr.
 Post Office Box 628
 Pass Christian, MS 39571-0628

4a. Article Number

0386 932 213

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

☒ Certified
☐ Insured

7. Date of Delivery

7-22-96

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 326 932 213

US Postal Service

Receipt for Certified Mail

Christine Gallagher Seger
 c/o C.R. Gallagher, Jr.
 Post Office Box 628
 Pass Christian, MS 39571-0628

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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:

Gregory J. Gallagher, Trustee
8550 Katy Freeway
Suite 208
Houston, TX 77024

4a. Article Number

8006 932 214

4b. Service Type

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

7. Date of Delivery

7-22-96

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

P 326 932 214

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

Gregory J. Gallagher, Trustee
8550 Katy Freeway
Suite 208
Houston, TX 77024

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800 April 1995

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:

Marguerite Gallagher Price
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 215

US Postal Service

Receipt for Certified Mail

Marguerite Gallagher Price
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 1 8 1996

5961 April 1995 Form 3800 PS

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 Catherine Knieriem Taylor
4535 Miller Oak
Auburn, CA 95603

4a. Article Number

9326 932 216

4b. Service Type

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

7. Date of Delivery

7/28/96
8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Mary Taylor

6. Signature: (Addressee or Agent)

X Mary Taylor

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 216

US Postal Service

Receipt for Certified Mail

Mary Catherine Knieriem Taylor
4535 Miller Oak
Auburn, CA 95603

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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:

Gregory Charles Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 217

US Postal Service
Receipt for Certified Mail

Gregory Charles Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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:

Kathleen Marie Gallagher Cooper
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

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 326 932 218

US Postal Service

Receipt for Certified Mail

Kathleen Marie Gallagher Cooper
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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:

Natalie Pope
c/o William G. Pope
4417 Tracy Street
Meraux, LA 70075

4a. Article Number

P 326 932 219

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

7/18/96

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 326 932 219

US Postal Service
Receipt for Certified Mail

Natalie Pope
c/o William G. Pope
4417 Tracy Street
Meraux, LA 70075

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3811, April 1995

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

P 326 932 220

MAIL



Stephen Lawrence Knieriem
 5730-A Callie Lane
 Sacramento, CA 95841

NAME 2-A 1006
 1st Notice
 2nd Notice
 Return

() NO SUCH NUMBER () UNCLAIMED
 () FORWARDING EXPIRED () VACANT
 () INSUFFICIENT ADDRESS
 () ATTEMPTED-UNKNOWN () REFUSED
 CARRIER: RT NO.

P 326 932 220

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided

Stephen Lawrence Knieriem
 5730-A Callie Lane
 Sacramento, CA 95841

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800 April 1995

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:

Stephen L. Knieriem
5743 Shadow Creek Drive
Sacramento, CA 95841

4a. Article Number

P 326 932 221

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)

Received 1994, December 1994

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

Domestic Return Receipt

P 326 932 221

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

Stephen L. Knieriem
5743 Shadow Creek Drive
Sacramento, CA 95841

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

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

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

P 326 932 222

MAIL



ATTEMPTED
NOT KNOWN

Delphine Edith Pope Keller 230
9330 N.E. Schuyler
Portland, OR 97230

P 326 932 222

US Postal Service

Receipt for Certified Mail

Delphine Edith Pope Keller
9330 N.E. Schuyler
Portland, OR 97230

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 1 8 1996

PS Form 3800, April 1995

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:

Delphine E. Keller
3227 NE 145th Avenue
Portland, OR 97230

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3800, December 1994

4a. Article Number
P 326 932 223

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

7. Date of Delivery

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

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail

Delphine E. Keller
3227 NE 145th Avenue
Portland, OR 97230

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date JUL 18 1996	

PS Form 3800 April 1995

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:

Robin C. Herndon, Jr.
Post Office Box 435
Point Clear, AL 36564

4a. Article Number

P 326 932 224

4b. Service Type

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

7. Date of Delivery

7/20/96

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Robin C. Herndon*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 224

US Postal Service

Receipt for Certified Mail

Robin C. Herndon, Jr.
Post Office Box 435
Point Clear, AL 36564

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800 April 1995

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:

Frances Herndon Bertolla
Post Office Box 701
Point Clear, AL 36564

4a. Article Number

4b. Service Type

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

7. Date of Delivery

5/30/96

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X M of Herndon

PS Form 3811, December 1994

Domestic Return Receipt

P 326 932 225

US Postal Service

Receipt for Certified Mail

Frances Herndon Bertolla
Post Office Box 701
Point Clear, AL 36564

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

JUL 1 8 1996

PS Form 3800, April 1995

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:

Raymond Stanley Herndon
82 Mack Street
Mobile, AL 36607

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

7-23-96

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

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

PS Form 3811/December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 226

US Postal Service

Receipt for Certified Mail

No Insurance

Raymond Stanley Herndon
82 Mack Street
Mobile, AL 36607

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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:

Veronica Herndon
32 Valley Road
Largemont, NY 10538

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt Requested
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

8. Addressee's Address

Address Only if Restricted and fee is paid

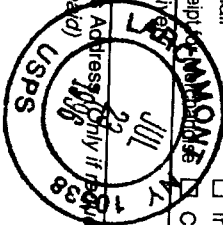
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt



P 326 932 228

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

Veronica Herndon
32 Valley Road
Largemont, NY 10538

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800 April 1995

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:

William G. Pope, Jr.
4417 Tracy Street
Meraux, LA 70075

4a. Article Number

P 326 932 229

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 326 932 229

US Postal Service

Receipt for Certified Mail

William G. Pope, Jr.
4417 Tracy Street
Meraux, LA 70075

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

P 326 932 230

US Postal Service

Receipt for Certified Mail

Mary Margret Pope
c/o William G. Pope, Jr.
4417 Tracy Street
Meraux, LA 70075

PS Form 3800 April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mary Margret Pope c/o William G. Pope, Jr. 4417 Tracy Street Meraux, LA 70075		4a. Article Number P 326 932 2-30	
5. Received By: (Print Name) X <i>Mary Margret Pope</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Mary Margret Pope</i>		7. Date of Delivery JUL 18 1996	
PS Form 3811, December 1994		8. Addressee's Address (if requested and fees paid) MERAUX, LA 70075	

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:

Charles Raymond Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

4a. Article Number

4b. Service Type

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

7. Date of Delivery

7-22-96

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

P 326 932 231

US Postal Service

Receipt for Certified Mail

Charles Raymond Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

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:

Michael Joseph Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Signature: (Addressee or Agent)

4a. Article Number
P 326 932 232

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

7. Date of Delivery

7. Date of Delivery

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

P 326 932 232

US Postal Service

Receipt for Certified Mail

Michael Joseph Gallagher
c/o Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
JUL 18 1996	

PS Form 3800, April 1995

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:

C.R. Gallagher
Post Office Box 628
Pass Christian, MS 39571-0628

4a. Article Number

9326932233

4b. Service Type

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

7. Date of Delivery

7-22-96

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 326 932 233

US Postal Service

Receipt for Certified Mail

C.R. Gallagher
Post Office Box 628
Pass Christian, MS 39571-0628

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

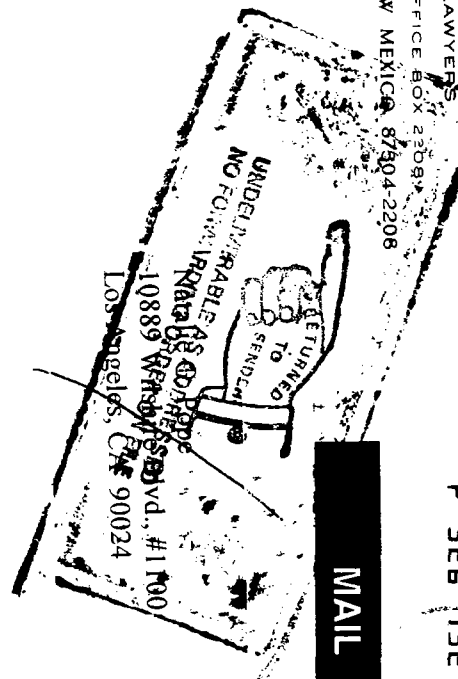
1st Notice
 2nd Notice
 Return
 AUG 05 1996
 8-5

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

P 326 932 234

US Postal Service
Receipt for Certified Mail

Natalie G. Pope
 10889 Wilshire Blvd., #1100
 Los Angeles, CA 90024



CERTIFIED

P 326 932 234

MAIL

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

P 326 932 235

US Postal Service

Receipt for Certified Mail

Gregory J. Gallagher
8550 Katy Freeway, Suite 208
Houston, TX 77024

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JUL 18 1996

PS Form 3800, April 1995

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

SENDER: <ul style="list-style-type: none">■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Gregory J. Gallagher 8550 Katy Freeway, Suite 208 Houston, TX 77024		4a. Article Number P 326 932 235	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
5. Received By: (Print Name) X <i>Gregory J. Gallagher</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Gregory J. Gallagher</i>			
PS Form 3811, December 1994			
Domestic Return Receipt			

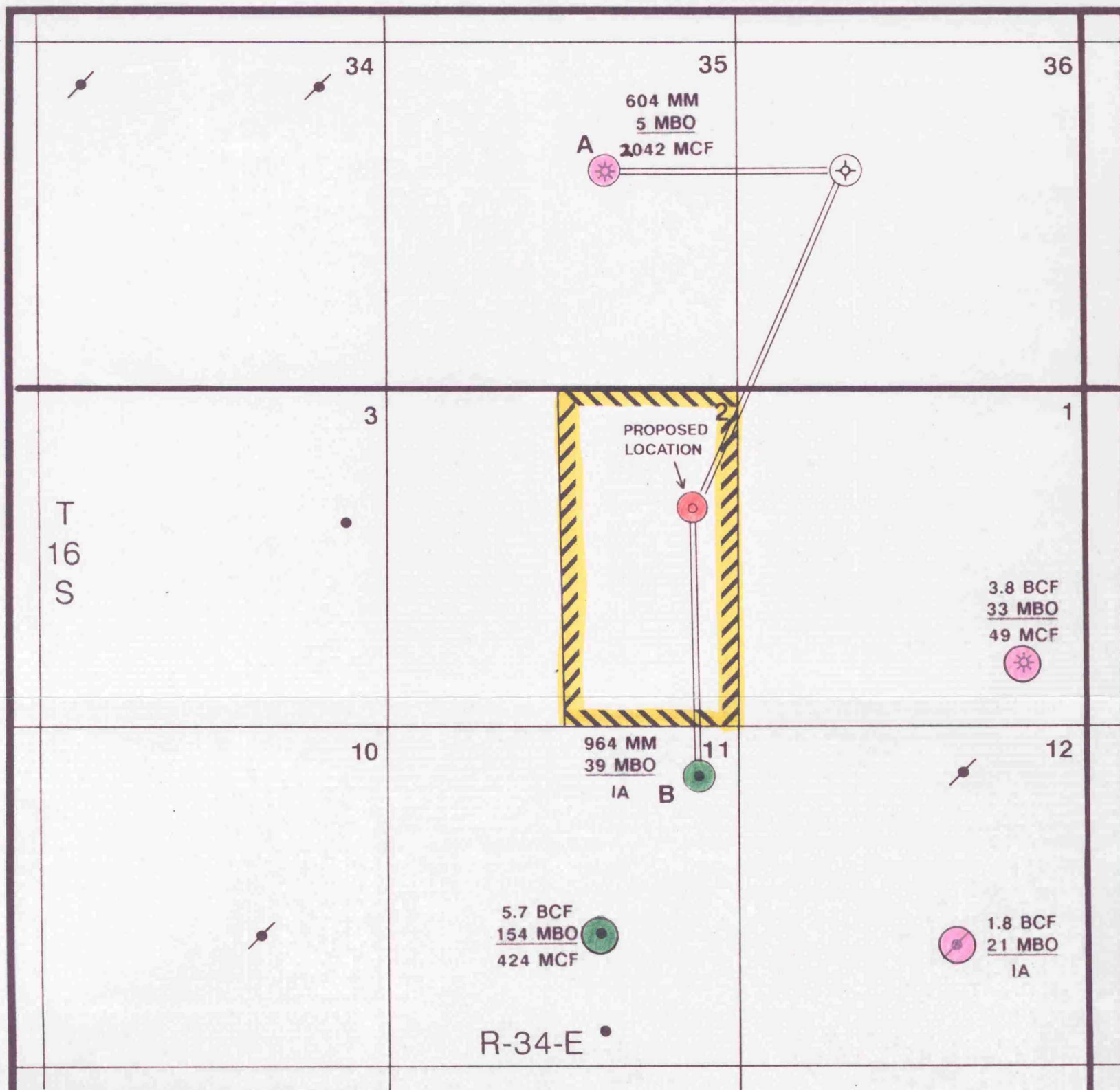
Thank you for using Return Receipt Service.

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

Case No. 11588 Exhibit No. 5

Submitted by: InterCoast Oil and Gas Company

Hearing Date: August 8, 1996



INTER COAST OIL & GAS

ELK #2 PROSPECT
Lea County, New Mexico

PRODUCTION MAP

2000 1000 0 2000 4000

Scale in Feet

WAS 8/96

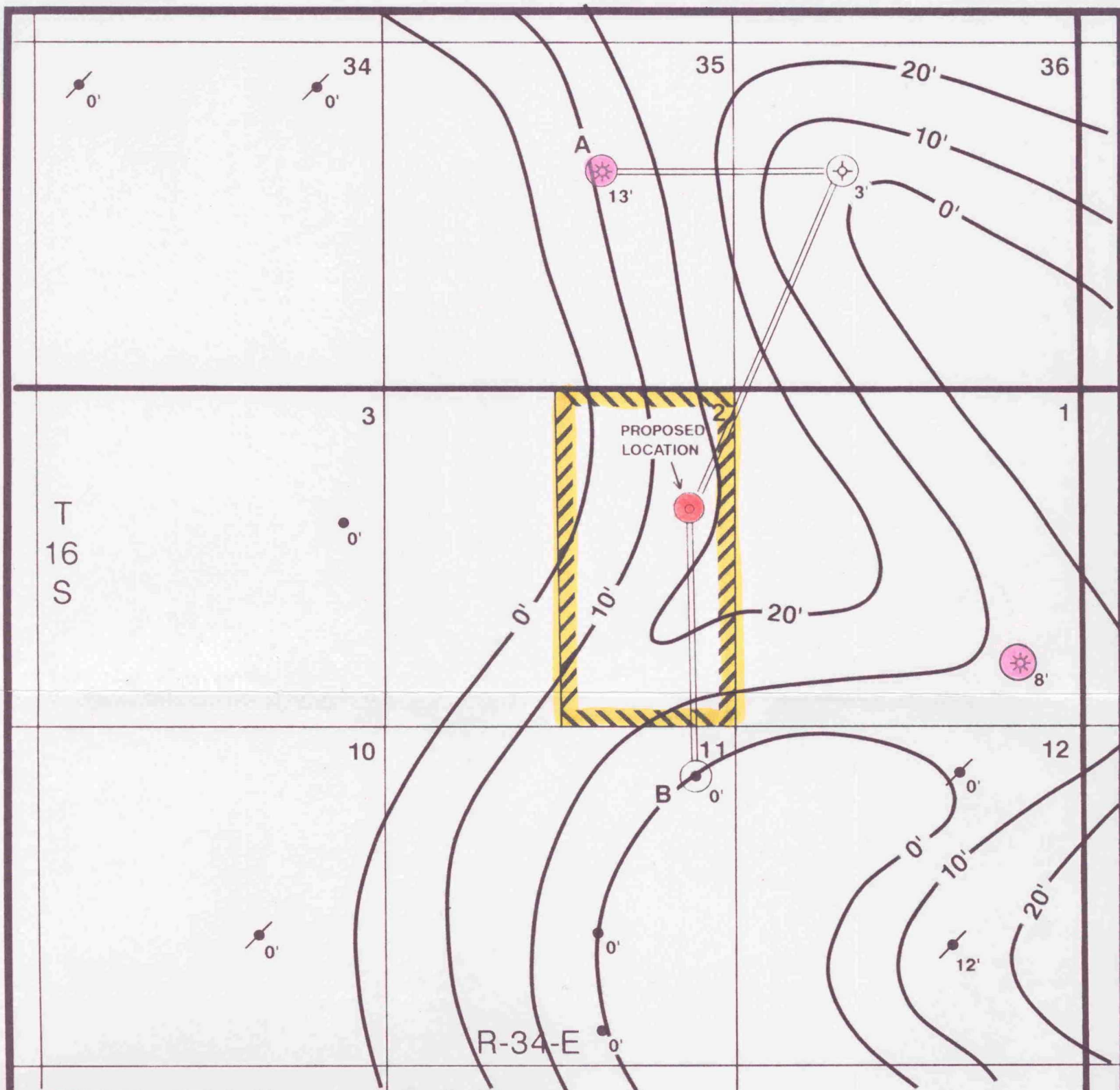
- ATOKA PRODUCTION
- MORROW PRODUCTION

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

Case No. 11588 Exhibit No. 6

Submitted by: InterCoast Oil and Gas Company

Hearing Date: August 8, 1996



INTER COAST OIL & GAS	
ELK #2 PROSPECT	
Lea County, New Mexico	
NET ATOKA SAND ISOPACH	
CONTOUR INTERVAL: 10'	
2000 1000 0 2000 4000	
Scale in Feet	
WAS	8/96

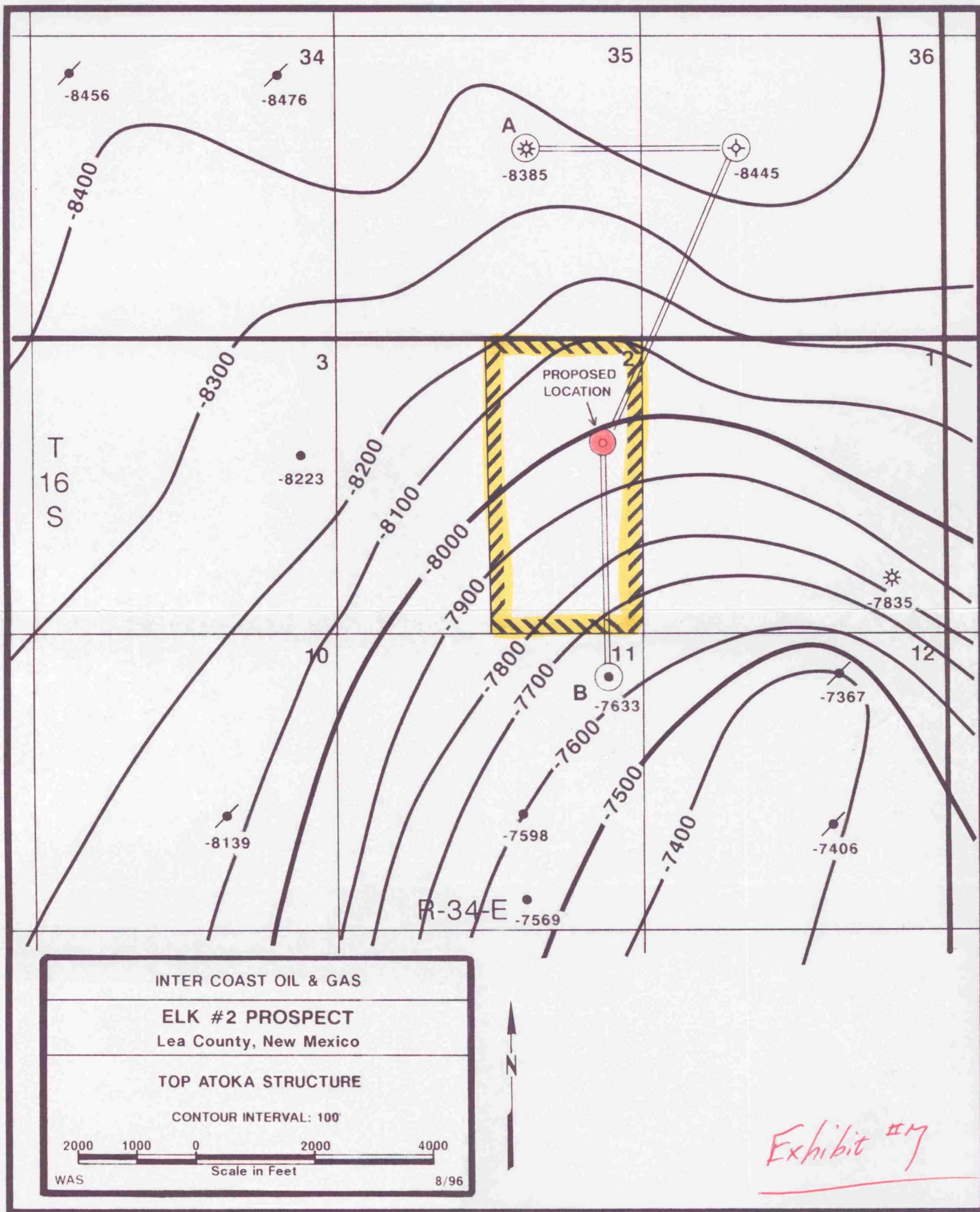
● - Atoka Production

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

Case No. 11588 Exhibit No. 8

Submitted by: InterCoast Oil and Gas Company

Hearing Date: August 8, 1996



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

Case No. 11588 Exhibit No. 7

Submitted by: InterCoast Oil and Gas Company

Hearing Date: August 8, 1996

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