



File: 12:48:24

File: GEX1.DSF

PRODUCTION

100000

10000

10000

10000

10000

GECKO STATE 35 001  
CASEY (STRAWN)  
LEA COUNTY, NM  
GECKO INC.

10000

10000

10000

10000

10000

WATER (BPM)

GAS (MCFPM)

OIL (BOPM)

GAS (MCFPM)

OIL (BOPM)

1000

100

100

100

100

BEFORE THE

OIL CONSERVATION DIVISION

Case No. 11663 Exhibit No. 3

Submitted By:

Gecko, Inc.

Hearing Date: November 21, 1996

100

10

10

10

10

2013

2012

2011

2010

2009

2008

2007

2006

2005

2004

2003

2002

2001

2000

1999

1998

1997

1996

1995

1994

YEARS



Well: 124924

File: GEK1.DSF

GECKO STATE 35 002  
CASEY (STRAWN)  
LEA COUNTY, NM  
GECKO INC.

100000

100000

100000

100000

WATER (BWPB)

OIL (BOPB)

1000

1000

100

100

PRODUCTION

YEARS

BEFORE THE  
OIL CONSERVATION DIVISION  
Case No. 11663 Exhibit No. 4  
Submitted By:  
Gecko, Inc.  
hearing Date: November 21, 1996



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

o, Inc.

HBP

Gecko, Inc.

Gecko 35-1

Side-Track  
Bottomhole

PG&E State Lease

1-1-97

Gecko, Inc.

35

BEFORE THE  
OIL CONSERVATION DIVISION

Case No. 11663 Exhibit No. 6

Submitted By:

Gecko, Inc.

Hearing Date: November 21, 1996

STRAWN

cko, Inc.

Yates Pet.

HBP

Gecko, Inc.

Gecko 35-1

Side-Track  
Bottomhole

PG&E State Lease

1-1-97

Gecko, Inc.

BEFORE THE  
OIL CONSERVATION DIVISION  
Case No. 11663 Exhibit No. 7  
Submitted By:  
Gecko, Inc.  
Hearing Date: November 21, 1996

ISOPACH  
STRAWN REEF

PAY ZONE  
STRAWN

7700

7710

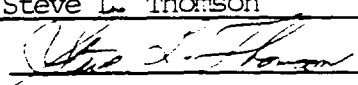
7720

7730

7740

7750

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery ☒ Pressure Maintenance ☐ Disposal ☐ Storage  
Application qualifies for administrative approval? ☒ Yes ☐ No
- II. OPERATOR: GECKO, Inc.  
ADDRESS: 310 W. Wall, Suite 702, LB-106, Midland, TX 79701  
CONTACT PARTY: Steve L. Thomson PHONE: 915-686-0121
- III. WELL DATA: Complete the data required on the reverse side of this form for each well processed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project: ☐ Yes ☒ No  
If yes, give the Division order number authorizing the project \_\_\_\_\_
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
  2. Whether the system is open or closed;
  3. Proposed average and maximum injection pressure;
  4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
  5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted.)
- \* XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Steve L. Thomson TITLE: President  
SIGNATURE:  DATE: 10/7/96
- \* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstance of the earlier submittal. \_\_\_\_\_



Application for Authorization to Inject

- III. Well Data (attached as Page 3 )
- V. Map (attached as Page 4 )
- VI. Tabulation of data (attached as Page 5 and 6 with Exhibits 1 through 5 )
- VII. 1.) Volume of fluid to be injected:
- Average = 0.4 BPM and 300 BPD  
Maximum = 0.7 BPM and 500 BPD
- 2.) Closed System
- 3.) Injection pressure:
- Average = 300 BWPD @ 200 psig  
Maximum = 500 BWPD @ 800 psig
- 4.) Reinject produced water
- 5.) N/A
- VIII. Injection Zone = 11,500'
- See attached C104 dated 05/06/94 ( attached as Page 7 )
- See attached C105 dated 05/09/94 ( attached as Page 8 )
- Underground Sources of drinking water: Oglala = 100' to 300'
- IX. 5000 gallons 15% Hcl acid
- X. See attached C104 dated 05/06/94 ( attached as Page 7 )
- See attached C105 dated 05/09/94 ( attached as Page 8 )
- XI. Chemical Analysis of fresh water ( only one well applicable ) attached ( attached as Page 9 )
- XII. N/A, applies to disposal wells only
- XIII. Proof of Notice (see section beginning on Page 10 )



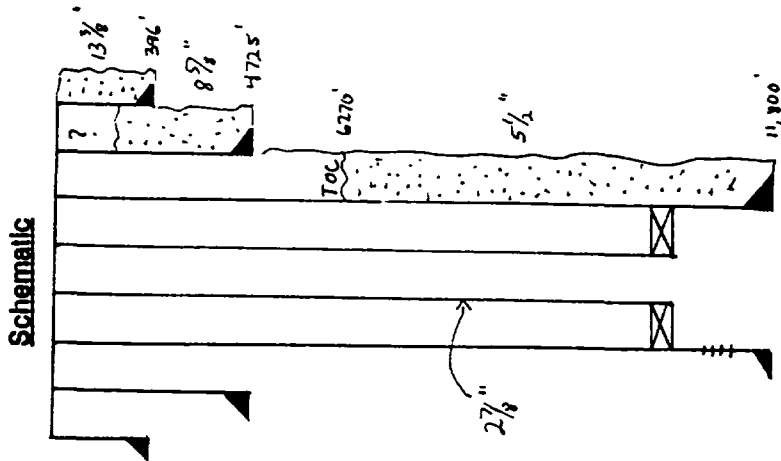
INJECTION WELL DATA SHEET

Side 1

OPERATOR GECKO, Inc. LEASE GECKO State -35-

WELL NO. #1 S/BH 434' /962' FNL and 1762' /1761' FEL 35 SECTION 16-S TOWNSHIP 37-E RANGE

FOOTAGE LOCATION



Well Construction Data

Surface Casing

Size 13 3/8 Cemented with 440 sx.

TOC Surface feet determined by Circulated

Hole Size 17 1/2"

Intermediate Casing

Size 8 5/8 Cemented with 1400 sx.

TOC N/A feet determined by calculated by fluid Did not circulate.

Hole Size 11" caliper to circulate full returns throughout cement job

Long String

Size 5 1/2 Cemented with 1025 sx.

TOC 6,270' feet determined by Cement Bond Log

Hole Size 7 7/8"

Total Depth 11,800



<b>OPERATOR</b>	<b>LEASE</b>	<b>CONSTRUCTION</b>	<b>SPUD</b>	<b>COMPLETED OR P&amp;A</b>	<b>LOCATION</b>	<b>DEPTH</b>
GECKO	GECKO State 35 #1	Active	03/26/94	05/01/94	434' FNL & 1,762' FEL of Section 35, 16S, 37E	11,750'
GECKO	GECKO State 35 #2	Active	03/02/95	05/02/95	1,874' FNL & 1,874' FEL of Section 35, 16S, 37E	11,750'
Mesa	Amerada State #1	P&A *	08/02/75	08/26/75	810' FNL & 1,980' FEL of Section 35, 16S, 37E	8,640'
Mesa	W. Knowles #6	TA	07/01/75	08/27/75	1,880' FNL & 1,880' FWL of Section 35, 16S, 37E	8,640'
Mesa	Alcorn Shipp #1	P&A	07/11/83	07/27/83	2,310' FSL & 1,980' FWL of Section 35, 16S, 37E	11,750'
Mesa	W. Knowles #9	TA	12/01/81	11/25/81	1,980' FNL & 660' FWL of Section 35, 16S, 37E	8,516'
Dalen	Ensearch State #10	P&A	11/09/95	12/16/95	660' FNL & 1,650' FWL of Section 35, 16S, 37E	11,905'
Sohio Petroleum	State 36 #1	P&A *	04/23/88	01/30/89	2,110' FNL & 710' FWL of Section 36, 16S, 37E	11,975'
GECKO	GECKO State 36 #2	Active	06/18/94	08/12/94	795' FNL & 594' FWL of Section 36, 16S, 37E	11,920'
Lynn Durham	State #1	D&A *	12/21/47	02/05/48	666' FNL & 666' FWL of Section 36, 16S, 37E	5,080'
GECKO	GECKO State 26 #1	P&A	08/16/94	09/15/94	555' FSL & 1,648' FWL of Section 26, 16S, 37E	11,800'
Yates Petroleum	Burton "AER" Corn #1	Active	10/05/87	01/13/88	2,400' FWL & 1,850' FEL of Section 26, 16S, 37E	11,933'

\* Denotes Schematic Attached  
Category VI



<u>OPERATOR</u>	<u>LEASE</u>	<u>CONSTRUCTION</u>	<u>SPUD</u>	<u>COMPLETED OR P&amp;A</u>	<u>LOCATION</u>	<u>DEPTH</u>
McCoy & Stephens	P.C. Bryce #1	P&A *	01/26/62	02/19/62	660' FSL & 660' FEL of Section 26, 16S, 37E	9,217'
McCoy & Stephens	P.C. Bryce #1X	P&A *	01/26/62	02/19/62	460' FSL & 460' FEL of Section 26, 16S, 37E	9,217'



1. DATE RECEIVED	
2. INPUT UNIT	
3. OUTPUT UNIT	
4. DATE	
5. TIME	
6. OFFICE	
7. NAME	
8. ADDRESS	
9. CITY	
10. STATE	
11. ZIP	

NEW MEXICO OIL CONSERVATION COMMISSION

# ILLEGIBLE

Form C-108  
 Successor: Old  
 C-108 and C-109  
 Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

1. <input type="checkbox"/> WELL <input type="checkbox"/> NEW WELL <input type="checkbox"/> OTHER: <u>Dry Hole</u>	7. Unit Agreement Name
2. Name of Operator <u>Mesa Petroleum Co.</u>	8. Name of Lessee Name <u>Amerada State</u>
3. Address of Operator <u>44 Ghls Tower West, Midland, Texas 79701</u>	9. Well No. <u>1</u>
4. Location <u>B</u> <u>310</u> <u>feet from the</u> <u>North</u> <u>line of</u> <u>1980</u>	10. Field and Pool, or Wildcat <u>Undesignated</u>
5. Direction (N, S, E, W) <u>East</u> <u>LINE SECTION</u> <u>35</u> <u>TOWNSHIP</u> <u>16</u> <u>RANGE</u> <u>30</u>	11. County <u>Lea</u>
6. Division (NAC, RT, GR, etc.) <u>3775' RFB 3762' GR</u>	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
<input type="checkbox"/> REPAIR OR REPAIR WORK	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> REMEDIAL WORK	<input type="checkbox"/> ALTERING CASING
<input type="checkbox"/> TEMPORARILY ABANDON	<input type="checkbox"/> CHANGE PLANS	<input type="checkbox"/> REMEDIAL DRILLING OPER.	<input checked="" type="checkbox"/> PLUG AND ABANDONMENT
<input type="checkbox"/> PULL OR ALTER CASING	<input type="checkbox"/> OTHER	<input type="checkbox"/> CASING TEST AND CEMENT JOB	<input type="checkbox"/> OTHER

12. On or After Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work, SEE RULE 110A.)

Drilled 7 7/8" hole to 8640' on 8-23-75. Well was cored from 8276' to 8635' (core analysis summary attached.) After running DST in Drinkard and Paddock, well was determined to be non-commercial. Verbal permission was obtained from NMCC to P&A. Cement plugs were spotted as follows:

- 35 sx from 8500'-8600' Across top of Abu.
- 35 sx from 8100'-8200' Across top of Drinkard.
- 35 sx from 8000'-8100' Across top of Paddock.
- 35 sx from 4900'-5000' Across top of San Andres.
- 35 sx from 4150'-4250' At base of 8 5/8" casing.
- 50 sx from 1250'-1350' across 8 5/8" casing stub @ 1303'.
- 75 sx from 325'-450' across 13 3/8" casing shoe.
- 20 sx at surface.

Mud weight of 9.2 PPG was used between all cement plugs. Installed and released rig on 8-26-75.

13. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signature: Michael P. Houston Title: Division Engineer Date: September 3, 1975



1. **WELL**  
P.O. Box 1980, Hobbs, NM 88240  
**WELL**  
P.O. Box 1980, Hobbs, NM 88240  
**WELL**  
P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**  
P.O. Box 2038  
Santa Fe, New Mexico 87504-2038

WELL API NO.  
30-025-30554  
5. Indicate Type of Lease  
LEASE ☒ STATE ☐ FREE ☐  
6. State Oil & Gas Lease No.  
VB-155

**SUNDY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:  
OIL ☒ GAS ☐ OTHER ☐  
2. Name of Operator  
CIBP EXPLORATION INC  
3. Address of Operator  
P.O. Box 4587, Houston, Texas 77210  
4. Well Location  
Unit Letter E Section 710 Feet From The West Line and 2110 Feet From The North Line  
Township 16S Range 37E NMIM 16a County   
10. Elevation (Show whether DF, RKB, RI, GR, etc.)  
5550' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>

12. Describe Proposed or Completed Operations. Clearly state all pertinent dates and give estimated dates including estimated date of starting any proposed work. (SEE RULE 11.3)

Well plugged and abandoned by The Pool Company.  
Set CIBP 1/17/89 @ 11,475'. Spot 20 sacks of cement plug on top of CIBP @ 11,475-11,375' wt of cement 15.6 slurry volume 23.6 class H; 1/18/89 Spot 25 sack plug @ 8702-8602' wt of cement 15.6 slurry volume 29.50 class H; 1/18/89 & 1/20/89 Spot 40 sack plug @ 6263' class H wt 15.6 slurry volume 47.20, tag plug 1/21/89 @ 6145'; 1/21/89 RIH tubing 4550' spot 60 sack cement plug wt 14.8 slurry volume 79.20 class C, tag plug 1/23/89 @ 4325'; 1/23/89 spo plug @ 2125' 50 sacks class C wt 14.8 slurry volume 66, calculated top 2,000'; 1/23/89 spo 10 sacks plug 20' to surface wt 14.8 class C slurry volume 13.20.

Pit and cellar were last filled on 1/30/89.

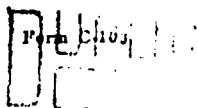
I hereby certify that the information herein is true and correct to the best of my knowledge and belief.  
Signature F. J. Hoffer Title North Area Production Superintendent Date 2/28/89  
Typed Name F. J. Hoffer Telephone No. 713-552-883

(Not open for State Use)  
Signature David R. Smith Title OIL & GAS INSPECTOR Date APR 26 1990

R 11

**ILLEGIBLE**





# OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

## MISCELLANEOUS REPORTS ON WELLS

APPROVED  
HOBBS OFFICE

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut off, result of plugging of well, and other important operations, even though the work is done by a contractor of the Commission. Reports on minor operations need not be signed and sworn to by a notary public. See also the regulations in the Rules and Regulations of the Commission.

Indicate nature of report by checking below.

REPORT ON BEGINNING DRILLING OPERATIONS	REPORT ON REPAIRING WELL
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	REPORT ON PULLING OR OTHERWISE ALTERING CASING
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	REPORT ON DEEPENING WELL
REPORT ON RESULT OF PLUGGING OF WELL	

OIL CONSERVATION COMMISSION,  
SANTA FE, NEW MEXICO.

Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the \_\_\_\_\_

Ignacio B. ... Well No. 1 in the \_\_\_\_\_  
Company or Operator Lease

37' of Sec. 1 T. 1 S. R. 37 N. M. P. M.

Will not Field, San County.

The dates of this work were as follows: From ... to ...

Notice of intention to do the work was (has been) submitted to Form C-102 on ...

and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

### DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Cement Plug 1500' to 5010'. Hole mudded up to 3300'. Cement Plug from 3300' to 3500'. Hole mudded up to 1500'. Cement Plug from 2000' to 2025'. Unable to pull any 2 1/2" casing. 1000' of 3 1/2" casing was pulled. Hole filled to surface with sand and cement on top. Pits and casing filled.

Witnessed by ... Name ... Company ... Title ...

Subscribed and sworn before me this 23 day of November, 1941. I hereby swear or affirm that the information given above is true and correct.

Name ...

Position ...

Representing ...

Company or Operator ...

My commission expires ... Address 244 Highland, T. 1

Remarks: ... Name ...

APPROVED ... Title ...

Date ... Title ...

ILLEGIBLE

<div style="border: 1px solid black; padding: 2px; width: 150px;">           NEW MEXICO OIL CONSERVATION COMMISSION            MISCELLANEOUS REPORTS AND WELLS            (Submit to appropriate District Office as per Commission Rule 1106)         </div>		FORM C-103 (Rev. 3-52)																			
Name of Company <b>McCoy &amp; Stevens</b>		Address <b>606 Security National Bank Bldg., Roswell, N.M.</b>																			
Name of Operator <b>C. Bryce</b>		Well No. <b>1</b>	Section <b>26</b>																		
Date Work Performed <b>1-31-62</b>		County <b>Lea</b>	Range <b>37E</b>																		
THIS IS A REPORT (Check appropriate block)																					
<input type="checkbox"/> Beginning Drilling Operations		<input type="checkbox"/> Casing Test and Cement Job																			
<input checked="" type="checkbox"/> Logging		<input type="checkbox"/> Remedial Work																			
Detailed account of work done, nature and quantity of materials used, and results obtained.																					
<p>Cut and pulled 45 joints 32 lb. intermediate casing - total 1435 feet.</p> <p>Flugged as follows on verbal permission Joe D. Ramey.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">-50 sack plug 9050-9214</td> <td style="width: 10%;">35 vis.</td> <td style="width: 45%;">9.5 lb mud between plugs</td> </tr> <tr> <td>-20 sack plug 6290-6335</td> <td>35 vis.</td> <td>9.5 lb mud between plugs</td> </tr> <tr> <td>-20 sack plug 4963-5028</td> <td>35 vis.</td> <td>9.5 lb mud between plugs</td> </tr> <tr> <td>-20 sack plug 1385-1440</td> <td>35 vis.</td> <td>9.5 lb mud between plugs</td> </tr> <tr> <td>-20 sack plug 362-450</td> <td>35 vis.</td> <td>9.5 lb mud between plugs</td> </tr> <tr> <td>-10 sack plug at surface</td> <td></td> <td></td> </tr> </table> <p>welded on dry hole marker.</p>				-50 sack plug 9050-9214	35 vis.	9.5 lb mud between plugs	-20 sack plug 6290-6335	35 vis.	9.5 lb mud between plugs	-20 sack plug 4963-5028	35 vis.	9.5 lb mud between plugs	-20 sack plug 1385-1440	35 vis.	9.5 lb mud between plugs	-20 sack plug 362-450	35 vis.	9.5 lb mud between plugs	-10 sack plug at surface		
-50 sack plug 9050-9214	35 vis.	9.5 lb mud between plugs																			
-20 sack plug 6290-6335	35 vis.	9.5 lb mud between plugs																			
-20 sack plug 4963-5028	35 vis.	9.5 lb mud between plugs																			
-20 sack plug 1385-1440	35 vis.	9.5 lb mud between plugs																			
-20 sack plug 362-450	35 vis.	9.5 lb mud between plugs																			
-10 sack plug at surface																					
ILLEGIBLE																					
Received by <b>W. G. McCoy</b>		Position <b>Partner</b>																			
		Company <b>McCoy &amp; Stevens</b>																			
ORIGINAL FILE DATA																					
Oil Elev.	TD	DBTT	Producing Interval																		
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth																		
Perforated Interval(s)		Producing Formation(s)																			
RESULTS OF FORTY-FOUR																					
Depth	Product	Oil Production	Gas Production																		
Feet	PPD	MCFD	BPD																		
			GPI																		
			Cubic feet, BPD																		
			Gas Well Potential																		
			MCFPD																		
OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.																			
Signed by <i>[Signature]</i>		Signed <i>[Signature]</i>																			
Date		Position <b>Partner</b>																			
		Company <b>McCoy &amp; Stevens</b>																			



NUMBER OF COPIES RECEIVED DISTRIBUTION TO: _____ BY: _____ DATE: _____ APPROVED BY: _____ OFFICE: _____ DIVISION: _____ SECTION: _____		NEW MEXICO OIL CONSERVATION COMMISSION <b>MISCELLANEOUS REPORTS ON WELLS</b> (Submit to appropriate District Office as per Commission Rule 1106)				FORM C-103 (Rev 3-55)	
Name of Company <b>McCoy &amp; Stevens</b>			Address <b>421 Hinkle Bldg., Roswell, New Mexico</b>				
Lease <b>F. C. Bryce</b>	Well No. <b>1-7</b>	Unit Letter <b>F</b>	Section <b>26</b>	Township <b>16S</b>	Range <b>37E</b>		
Date Work Performed <b>2-18-62</b>	Pool <b>Wildcat</b>		County <b>Lea</b>				
THIS IS A REPORT OF: (Check appropriate block)							
<input type="checkbox"/> Beginning Drilling Operations <input type="checkbox"/> Casing Test and Cement Job <input type="checkbox"/> Other (Explain): _____ <input checked="" type="checkbox"/> Plugging <input type="checkbox"/> Remedial Work							
Detailed account of work done, nature and quantity of materials used, and results obtained.							
Plugged on verbal permission Joe D. Ramsey on 2-17-62 as follows:  <div style="display: flex; justify-content: space-between;"> <div>             50 sack plug @ 450' to 370'              10 sack plug @ surface              Mud between plugs              Welded on cap and regulation marker               Cementing by Halliburton Ticket No. BC 660079           </div> <div style="font-size: 2em; font-weight: bold; text-align: center;">ILLEGIBLE</div> </div>							
Work done by <b>W. G. McCoy</b>		Position <b>Partner</b>		Company <b>McCoy &amp; Stevens</b>			
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY							
T.D.		P.B.T.D.		Producing Interval		Completion Date	
Casing Diameter	Casing Depth	Coupling Diameter	Oil String Depth				
Producing Interval		Producing Formations					
Open Hole Interval		Producing Formations					
RESULTS OF WORKOVER							
Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD	
Before Workover							
After Workover							
OIL CONSERVATION COMMISSION				I hereby certify that the information given above is true and complete to the best of my knowledge.			
Approved by <i>Leslie A. Clemente</i>				Name <i>W. G. McCoy</i>			
Title				Position <b>Partner</b>			
Date				Company <b>McCoy and Stevens</b>			

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator <b>GECKO, Inc.</b>	Well APN No. <b>30-025-32293</b>
Address <b>310 W. Wall, Suite 702-LB106 Midland, Texas 79701</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>GECKO State -35-</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Casey (Strawn)</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>V-4119</b>
Location <b>SABH</b>				
Unit Letter <b>B</b> : <b>434</b> Feet From The <b>North</b> Line and <b>1762</b> Feet From The <b>East</b> Line				
Section <b>35</b> Township <b>16S</b> Range <b>37E</b> NMPM, Lea County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Amoco Pipeline ICT</b>	<b>502 N. West Avenue, Levelland, Texas 79336</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>GPM Gas Corporation</b>	<b>GPM Corp. 4044 Penbrook, Odessa, Texas 79762</b>
If well produces oil or liquids, give location of tanks	Is gas actually connected? When?
Unit <b>B</b> Sec. <b>35</b> Twp. <b>16S</b> Rge. <b>37E</b>	<b>Yes</b> <b>5/1/94</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>3/25/94</b>	Date Compl. Ready to Prod. <b>5/1/94</b>	Total Depth <b>11,800' KB</b>	P.B.T.D. <b>11,758' KB</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>GL 3762'</b>	Name of Producing Formation <b>Strawn</b>	Top Oil/Gas Pay <b>11,500'</b>	Tubing Depth <b>11,565' KB</b>					
Perforations <b>11,583-640' KB</b>			Depth Casing Shoe <b>11,800 KB</b>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17 1/2</b>	<b>13 3/8</b>	<b>396</b>	<b>440</b>					
<b>12 1/2-11</b>	<b>8 5/8</b>	<b>4725</b>	<b>1400</b>					
<b>7 7/8</b>	<b>5 1/2</b>	<b>11,800'</b>	<b>1025</b>					
	<b>2 7/8</b>	<b>11,565'</b>						

## V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank <b>5/2/94</b>	Date of Test <b>5/3/94</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>500</b>	Casing Pressure <b>0</b>	Choke Size <b>17/64</b>
Actual Prod. During Test <b>Yes</b>	Oil - Bbls. <b>485</b>	Water - Bbls. <b>52</b>	Gas - MCF <b>245</b>

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Steve L. Thomson  
Steve L. Thomson President  
Printed Name Title  
Date 05/06/94 Telephone No. (915) 686-0121

## OIL CONSERVATION DIVISION

Date Approved 5/10/94

By \_\_\_\_\_

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for a drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

ILLEGIBLE



GECKO, Inc.  
FORM C-108  
Requirement VIII.  
Page 8

CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-32293
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-4119

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Lease Name or Unit Agreement Name GECKO State -35-		
b. Type of Completion: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DEEP RESEV <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Well No. 1		
2. Name of Operator GECKO, Inc.		9. Pool name or Wildcat Casey (Strawn)		
3. Address of Operator 310 W. Wall, Suite 702-LB106				
4. Well Location Unit Letter B 434 462 Feet From The North Line and 1762 176 Feet From The West East Line Section 35 Township 16S Range 37E NMPM Lea County				
10. Date Spudded 3/26/94	11. Date T.D. Reached 4/16/94	12. Date Compl. (Ready to Prod.) 5/1/94	13. Elevations (DF& RKB, RT, GR, etc.) 61 3762' DF 3774' KB 3775'	14. Elev. Casinghead 6L-2'
15. Total Depth 11,800'	16. Plug Back T.D. 11,758'	17. If Multiple Compl. How Many Zones? NA	18. Intervals Drilled By Rotary Tools Yes	Cable Tools
19. Producing interval(s), of this completion - Top, Bottom, Name 11,583' to 11,640' Strawn				20. Was Directional Survey Made Yes
21. Type Electric and Other Logs Run CML / D / CAL / GR , GR / DIL				22. Was Well Cored NO

23. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48	396	17 1/2	440 sxs	-
8 5/8	32	4725	11	1400 sxs	-
5 1/2	17,15.5	11,800	7 7/8	1025 sxs	-

24. LINER RECORD				25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SIZE	DEPTH SET	PACKER SET
				2 7/8	11,565	11,534

26. Perforation record (interval, size, and number) 11,583-640' 0.50" dia 94	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL 11,583-640 AMOUNT AND KIND MATERIAL USED 14000 gals 20% NEFE HCl
---	---

28. PRODUCTION							
Date First Production 5/1/94	Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing					Well Status (Prod. or Shut-in) Producing	
Date of Test 5/2/94	Hours Tested 24	Choke Size 17/64	Prod'n For Test Period	Oil - Bbl 485	Gas - MCF 245	Water - Bbl 52	Gas - Oil Ratio 505
Flow Tubing Press. 500	Casing Pressure 0	Calculated 24-Hour Rate	Oil - Bbl 485	Gas - MCF 245	Water - Bbl 52	Oil Gravity - API - (Corr.) 45	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold						Test Witnessed By Steve Thomson	

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Steve L. Thomson Printed Name Steve L. Thomson Title President Date 5/9/94

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico				Northwestern New Mexico			
T. Anhy	2100	T. Canyon		T. Ojo Alamo		T. Penn. "B"	
T. Salt		T. Strawn	11,505	T. Kirtland-Fruitland		T. Penn. "C"	
B. Salt		T. Atoka		T. Picured Cliffs		T. Penn. "D"	
T. Yates	3250	T. Miss		T. Cliff House		T. Leadville	
T. 7 Rivers		T. Devonian		T. Menefee		T. Madison	
T. Queen		T. Silurian		T. Point Lookout		T. Elbert	
T. Grayburg		T. Montoya		T. Mancos		T. McCracken	
T. San Andres	4930	T. Simpson		T. Gallup		T. Ignacio Otzie	
T. Giorieta	6430	T. McKee		Base Greenhorn		T. Granite	
T. Paddock	6526	T. Ellenburger		T. Dakota		T.	
T. Blinbry		T. Gr. Wash		T. Morrison		T.	
T. Tubb	8060	T. Delaware Sand		T. Todilto		T.	
T. Drinkard	8160	T. Bone Springs		T. Entrada		T.	
T. Abo	8650	T.		T. Wingate		T.	
T. Wolfcamp	9700	T.		T. Chinle		T.	
T. Penn	10,500	T.		T. Permian		T.	
T. Cisco (Bough C)		T.		T. Penn "A"		T.	

## OIL OR GAS SANDS OR ZONES

No. 1, from 11,583 to 11,640  
 No. 2, from to  
 No. 3, from to  
 No. 4, from to

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from to feet  
 No. 2, from to feet  
 No. 3, from to feet

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
10,300	400	100	Dolo, Sh, Chrt				
10,400	500	100	Dolo, Sh, Lm				
10,500	600	100	Dolo, Sh, Lm				
10,600	700	100	Dolo, Lm, Sh				
10,700	800	100	Dolo, Lm, Sh				
10,800	900	100	Dolo, Lm				
10,900	11,000	100	Dolo, Lm, Sh				
11,000	11,100	100	Lm, Chrt, Sh				
11,100	200	100	Lm, Sh, Chrt				
11,200	300	100	Lm, Sh, Chrt				
11,300	400	100	Lm, Sh				
11,400	500	100	Sh, Lm, Chrt				
11,500	600	100	Lm, Sh, Chrt				
11,600	700	100	Lm, Sh				
11,700	800	100	Lm, Sh				

RECEIVED

APR 12 1964

OFFICE



709 W INDIANA  
MIDLAND, TEXAS 79701  
PHONE 683-4521

### RESULT OF WATER ANALYSES

TO: Mr. Steve L. Thomson, P.E.  
310 W. Wall, Ste 702 -LB106, Midland TX 79701

LABORATORY NO. 996165  
SAMPLE RECEIVED 9-19-96  
RESULTS REPORTED 9-24-96

COMPANY GECKO, Inc. LEASE \_\_\_\_\_

FIELD OR POOL \_\_\_\_\_

SECTION 35 BLOCK      SURVEY T-16S & R-37E COUNTY Lea STATE NM

SOURCE OF SAMPLE AND DATE TAKEN:

NO. 1 Raw water - taken from Laurence water well #1.

NO. 2 \_\_\_\_\_

NO. 3 \_\_\_\_\_

NO. 4 \_\_\_\_\_

## REMARKS:

CHEMICAL AND PHYSICAL PROPERTIES				
	NO. 1	NO. 2	NO. 3	NO. 4
Specific Gravity at 60° F	1.0017			
pH When Sampled				
pH When Received	7.12			
Bicarbonate as HCO <sub>3</sub>	200			
Supersaturation as CaCO <sub>3</sub>				
Undersaturation as CaCO <sub>3</sub>				
Total Hardness as CaCO <sub>3</sub>	244			
Calcium as Ca	72			
Magnesium as Mg	16			
Sodium and/or Potassium	32			
Sulfate as SO <sub>4</sub>	92			
Chloride as Cl	38			
Iron as Fe	0.30			
Barium as Ba				
Turbidity, Electric				
Color as Pt				
Total Solids, Calculated	450			
Temperature °F				
Carbon Dioxide, Calculated				
Dissolved Oxygen				
Hydrogen Sulfide	0.0			
Resistivity, ohm-cm at 77° F	18.00			
Suspended Oil				
Filtrable Solids as mg/l				
Volume Filtered ml				
Nitrate, as N	3.3			
Results Reported As Milligrams Per Liter				
Additional Determinations And Remarks The undersigned certifies the above to be true and correct to the best of his knowledge and belief.				

GECKO, Inc.  
FORM C-108  
Requirement XI.  
Page 9

By Wavlan C. Martin, M.A.

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Case No. 11663 Exhibit No. 9  
Submitted By:  
**Becko, Inc.**  
Filing Date: November 21, 1996



KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87304-2265

W. THOMAS KELLAHIN\*

\*NEW MEXICO BOARD OF LEGAL SPECIALIZATION  
RECOGNIZED SPECIALIST IN THE AREA OF  
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

TELEPHONE (505) 982-4285

TELEFAX (505) 982-2047

October 30, 1996

TO: ALL INTERESTED PARTIES ENTITLED TO NOTICE  
OF THE HEARING OF THE FOLLOWING NEW MEXICO  
OIL CONSERVATION DIVISION CASE:

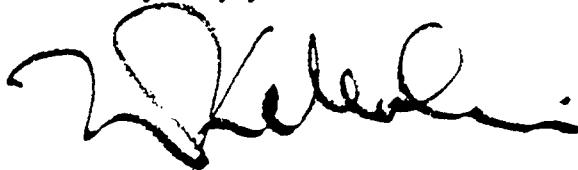
*Re: Application of GECKO, Inc.  
for approval of its State "35" Leasehold  
Pressure Maintenance Project and for the  
EOR Tax Credit, Lea County, New Mexico*

On behalf of GECKO Inc., please find enclosed our application for its State "35" Leasehold Pressure Maintenance Project which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for November 21, 1996. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

As a party who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, November 15, 1996, with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin

XIII. Proof of Notice

Page 10

Notification and copy of application mailed by certified mail to: (copies attached)

State of New Mexico  
Oil and Gas Division  
2040 So. Pacheco  
Santa Fe, NM 87505

New Mexico State Land Office  
2040 So. Pacheco  
Santa Fe, NM 87505

Olga M. Atwood  
c/o Charles F. Malone  
P.O. Box 700  
Roswell, NM 88201

Roy G. Barton, Jr.  
P.O. Box 978  
Hobbs, NM 88240

Elizabeth M. Brown  
P.O. Box 2237  
Midland, Texas 79702

H. L. Brown, Jr.  
P.O. Box 2237  
Midland, Texas 79702

Tom Brown, Inc.  
P. O. Box 2608  
Midland, Texas 79702

Cimmaron Exploration Co.  
4401 North Mesa, Suite 201  
El Paso, Texas 79902-1107

Charles Kyle Clark  
706 Mann  
Artesia, NM 88210

J. S. Curtis  
et ux. Loneta S. Curtis  
605 South 15th  
Artesia, NM 88210

Gilbert J. Eaton  
461 Rittenhouse Blvd.  
Jeffersonville, PA 19403



XIII. Proof of Notice  
Continued

Page 10

Virginia E. Eaton  
461 Rittenhouse Blvd.  
Jeffersonville, PA 19403

Evelyn Jackson Edwards  
1000 3rd Street  
Brownwood, Texas 76801

First National Bank at Lubbock  
Successor Trustee of  
J. E. Simmons Trust A, J. E. Simmons Trust B  
Beulah Simmons Trust A, Beulah Simmons Trust B  
P.O. Box 1241  
Lubbock, Texas 79408-1241

Lura Flanagan  
c/o Patrick J. Hanifan  
P.O. Box 428  
Santa Fe, NM 87501

Mary C. Fulton  
P.O. Box 1121  
Artesia, NM 88210

Floyd Gentry  
1925 Sycamore St.  
Abilene, Texas 79602

Emma Caraway Hightower  
1251 North Splendora  
Splendora, Texas 77372

Hamesco, Inc.  
P.O. Box 182  
Roswell, NM 88201

Baren Healey, Trustee  
for the Baren Healey Trust  
P.O. Box 888  
Davis, OK 73030

Burke Healey, Trustee  
for the Burke Healey Trust  
P.O. Box 100  
Davis, OK 73030

Alma M. Kemp Estate  
Texas Commerce Bank  
P.O. Box 2553  
Houston, Texas 77001

XIII. Proof of Notice  
Continued

Page 10

Walter & Emma Lawrence  
Walter Norris  
11700 N. Grimes  
Hobbs, NM 88240

Baynard W. Malone, Individually and as  
Trustee for the Elizabeth A. Malone Testamentary Trust  
f/b/o/ Edna M. Schwartz  
P.O. Box 87  
Roswell, NM 88201

Charles F. Malone, Living Trust dated 8/1/87  
900 Sunwest Centre  
P.O. Drawer 700  
Roswell, NM 88201

Earl D. Malone  
2501 Cortez Court  
Roswell, NM 88201

Janice Gentry Middlebrooks  
P.O. Box 5331  
Abilene, Texas 79608

Oryx Energy Company  
P.O. Box 2880  
Dallas, Texas 75221-2880

P G & E Resources  
6688 North Central Expressway, Suite 1000  
Dallas, TX 75206

W. Wesley Perry  
P.O. Box 371  
Midland, TX 79702

Petco, Ltd.  
P.O. Box 911  
Breckenridge, Texas 76024-0911

Santa Fe Exploration Co.  
P.O. Box 1136  
Roswell, NM 88202

Karen Gentry Schurig  
211 Rosement Ave.  
Mill Valley, CA 94941



XIII. Proof of Notice  
Continued

Page 10

Elbert D. Shipp  
a/k/a Daymon Shipp  
1104 West Ave J.  
Lovington, NM 88260

Frances J. Shipp  
a/k/a Patsy Shipp Freeman  
808 North Sal Paso  
Hobbs, NM 88240

Patsy Alston Ward  
P.O. Box 67  
McDonald, NM 88262

Subject to administrative approval:

Proof of Publication	Lovington Daily Leader attached as Page 11
	Hobbs Daily News-Sun attached as Page 12

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print: <b>Gecko Inc.</b> ■ At <b>November 21, 1996</b> ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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:  Elizabeth M. Brown P.O. Box 2237 Midland, Texas 79702		4a. Article Number <u>P 332 Y11 473</u> 4b. Service Type <input type="checkbox"/> Registered <input 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 <u>11-12-96</u>	
5. Received By: (Print Name)  Signature: (Addressee or Agent) <u>X Jeffery Carter</u>		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.

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print: <b>Gecko Inc.</b> ■ At <b>November 21, 1996</b> ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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:  Virginia E. Eaton 461 Rittenhouse Blvd. Jeffersonville, PA 19403		4a. Article Number <u>P 332 Y11 373</u> 4b. Service Type <input type="checkbox"/> Registered <input 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 <u>11-14-96</u>	
5. Received By: (Print Name)  Signature: (Addressee or Agent) <u>X Jeffery Carter</u>		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.

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print: <b>Gecko Inc.</b> ■ At <b>November 21, 1996</b> ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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:  Baren Healey, Trustee Baren Healey Trust P.O. Box 888 Davis, OK 73030		4a. Article Number <u>P 502 236 454</u> 4b. Service Type <input type="checkbox"/> Registered <input 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	
5. Received By: (Print Name)  Signature: (Addressee or Agent) <u>X Rita Prince</u>		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.

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print: <b>Gecko Inc.</b> ■ At <b>November 21, 1996</b> ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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:  Cimmaron Exploration Co. 4401 North Mesa, Suite 201 El Paso, Texas 79902-1107		4a. Article Number <u>P 332 Y11 376</u> 4b. Service Type <input type="checkbox"/> Registered <input 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	
5. Received By: (Print Name)  Signature: (Addressee or Agent) <u>X Jeffery Carter</u>		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.

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
 ■ P. Gecko Inc.  
 ■ November 21, 1996  
 ■ Write "Return Receipt Requested" on the manila return slip and attach it to the return.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Gilbert J. Eaton  
 461 Rittenhouse Blvd.  
 Jeffersonville, PA 19403

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

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994

4a. Article Number  
 P 332 411 479

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

7. Date of Delivery  
 11/21/96

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

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
 ■ P. Gecko Inc.  
 ■ November 21, 1996  
 ■ Write "Return Receipt Requested" on the manila return slip and attach it to the return.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Alma M. Kemp Estate  
 Texas Commerce Bank  
 P.O. Box 2553  
 Houston, Texas 77001

5. Received By: (Print Name)  
 X

6. Signature: (Addressee or Agent)  
 X

PS Form 3811, December 1994

4a. Article Number  
 P 602 236 436

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

7. Date of Delivery  
 NOV 04 1996

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

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
 ■ P. Gecko Inc.  
 ■ November 21, 1996  
 ■ Write "Return Receipt Requested" on the manila return slip and attach it to the return.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Janice Gentry Middlebrooks  
 P.O. Box 5331  
 Abilene, Texas, 79608

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

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994

4a. Article Number  
 P 502 236 461

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

7. Date of Delivery  
 11/21/96

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

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
 ■ P. Gecko Inc.  
 ■ November 21, 1996  
 ■ Write "Return Receipt Requested" on the manila return slip and attach it to the return.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 J.S. Curtis  
 et ux, Loneta S. Curtis  
 605 South 15th  
 Artesia, NM 88201

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

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994

4a. Article Number  
 P 332 411 472

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

7. Date of Delivery  
 11-21-96

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

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

Domestic Return Receipt

Thank you for using Return Receipt Service.



**SENDER:**  
Complete items 1 and/or 2 for additional services.  
Com ☒ Corb ☒ Print ☒ card ☒ Attach ☒ Write ☒ permit  
Gecko Inc.  
November 21, 1996  
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Olga M. Atwood  
c/o Charles F. Malone  
P.O. Box 700  
Rosewell, NM 88201

4a. Article Number  
P 332 511 577

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

7. Date of Delivery  
NOV 21 1996

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

5. Received By: (Print Name)  
Domestic Return Receipt

6. Signature: (Addressee or Agent)  
X [Signature]  
PS Form 3811, December 1994

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
Complete items 1 and/or 2 for additional services.  
Com ☒ Corb ☒ Print ☒ card ☒ Attach ☒ Write ☒ permit  
Gecko Inc.  
November 21, 1996  
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
H.L. Brown Jr.  
P.O. Box 2237  
Midland, Texas 79702

4a. Article Number  
P 332 511 577

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

7. Date of Delivery  
NOV 21 1996

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

5. Received By: (Print Name)  
Domestic Return Receipt

6. Signature: (Addressee or Agent)  
X [Signature]  
PS Form 3811, December 1994

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
Complete items 1 and/or 2 for additional services.  
Com ☒ Corb ☒ Print ☒ card ☒ Attach ☒ Write ☒ permit  
Gecko Inc.  
November 21, 1996  
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
P G & E Resources  
6688 North Central  
Expressway, Suite 1000  
Dallas, Texas 75206

4a. Article Number  
P 502 236 963

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

7. Date of Delivery  
NOV 21 1996

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

5. Received By: (Print Name)  
Domestic Return Receipt

6. Signature: (Addressee or Agent)  
X [Signature]  
PS Form 3811, December 1994

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
Complete items 1 and/or 2 for additional services.  
Com ☒ Corb ☒ Print ☒ card ☒ Attach ☒ Write ☒ permit  
Gecko Inc.  
November 21, 1996  
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
W. Wesley Perry  
P.O. Box 371  
Midland, Texas 79702

4a. Article Number  
P 502 236 963

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

7. Date of Delivery  
NOV 21 1996

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

5. Received By: (Print Name)  
Domestic Return Receipt

6. Signature: (Addressee or Agent)  
X [Signature]  
PS Form 3811, December 1994

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

Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print name and address of sender.
- Attach Return Receipt Requested on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

First National Bank of Lubbock  
Successor Trustee of: J.E. &  
Beulah Simmons Trusts A & B  
P.O. Box 1241  
Lubbock, Texas 79408-1241

**5. Received By: (Print Name)**

Signature: (Addressee or Agent)  
X *[Signature]*  
PS Form 3811, December 1994

Domestic Return Receipt

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

**4a. Article Number**

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)

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print name and address of sender.
- Attach Return Receipt Requested on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

Tom Brown Inc.  
P.O. Box 2608  
Midland, Texas 79702

**5. Received By: (Print Name)**

Signature: (Addressee or Agent)  
X *[Signature]*  
PS Form 3811, December 1994

Domestic Return Receipt

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

**4a. Article Number**

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)

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print name and address of sender.
- Attach Return Receipt Requested on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

Charles F. Malone, Living Trust  
dated 8/1/87  
900 Sunwest Centre  
P.O. Drawer 700  
Roswell, NM 88201

**5. Received By: (Print Name)**

Signature: (Addressee or Agent)  
X *[Signature]*  
PS Form 3811, December 1994

Domestic Return Receipt

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

**4a. Article Number**

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)

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address.
- Attach a return label.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

4a. Article Number

P 502 236 451

4b. Service Type

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

7. Date of Delivery

11-4-96

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

5. Received By: (Print Name)  
*Alma Leuter*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address.
- Attach a return label.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

4a. Article Number

P 502 236 452

4b. Service Type

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

7. Date of Delivery

NOV 04 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

Thank you for using Return Receipt Service.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address.
- Attach a return label.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

4a. Article Number

P 502 236 451

4b. Service Type

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

7. Date of Delivery

11-4-96

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

5. Received By: (Print Name)  
*Alma Leuter*

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

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address.
- Attach a return label.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

4a. Article Number

P 502 236 450

4b. Service Type

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

7. Date of Delivery

11-6-96

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

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 side.
- Attach to you.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

November 21, 1996

3. Article Addressed to:

Burke Healey, Trustee  
Burke Healey Trust  
P.O. Box 100  
Davis, OK 73030

5. Received By: (Print Name)  
Burke Healey

6. Signature: (Addressee or Agent)  
X *Burke Healey*

PS Form 3811, December 1994

Domestic Return Receipt

4a. Article Number  
P 502-236 447

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

7. Date of Delivery  
11/21/96

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

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

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

Thank you for using Return Receipt Service.

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 side.
- Attach to you.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

November 21, 1996

3. Article Addressed to:

State of New Mexico  
Oil and Gas Division  
2040 So. Pacheco  
Santa Fe, NM 87505

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *Barbara Clark*

PS Form 3811, December 1994

Domestic Return Receipt

4a. Article Number  
P 332 411 469

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

7. Date of Delivery  
11/21/96

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

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

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

Thank you for using Return Receipt Service.

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 side.
- Attach to you.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

November 21, 1996

3. Article Addressed to:

Evelyn Jackson Edwards  
1000 3rd Street  
Brownwood, Texas 76801

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *Evelyn Jackson Edwards*

PS Form 3811, December 1994

Domestic Return Receipt

4a. Article Number  
P 505-236 447

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

7. Date of Delivery  
11-26-96

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

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

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

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 side.
- Attach to you.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

November 21, 1996

3. Article Addressed to:

New Mexico State Land Office  
2040 So. Pacheco  
Santa Fe, NM 87505

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *Barbara Clark*

PS Form 3811, December 1994

Domestic Return Receipt

4a. Article Number  
P 332 411 470

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

7. Date of Delivery  
11/21/96

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

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

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

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 card to
- Attach **November 21, 1996**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

return this  
1 not  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

Roy G. Barton Jr.  
P.O. Box 978  
Hobbs NM 88240

4a. Article Number  
P 332 411 472

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

7. Date of Delivery  
11-1-96

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *Bill Barton*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your card to
- Attach **November 21, 1996**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

return this  
1 not  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

Patsy Alston Ward  
P.O. Box 67  
McDonald, NM 88262

4a. Article Number  
P 502 236 472

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

7. Date of Delivery  
11-1-96

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

5. Received By: (Print Name)  
Bill Ward

6. Signature: (Addressee or Agent)  
X *Bill Ward*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your card to
- Attach **November 21, 1996**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

return this  
1 not  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

Walter & Emma Lawrence  
Walter Norris  
11700 N. Grimes  
Hobbs, NM 88240

4a. Article Number  
P 502 236 457

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 *Walter Norris*

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your card to
- Attach **November 21, 1996**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

return this  
1 not  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

Frances J. Shipp  
a/k/a Patsy Shipp Freeman  
808 North Sal Paso  
Hobbs, NM 88240

4a. Article Number  
P 502 236 469

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

7. Date of Delivery  
11-1-96

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *Frances J. Shipp*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Corr
- Print
- card
- Atta
- perm
- With
- The Return Receipt will show to whom the article was delivered and the date delivered.

**Gecko Inc.**  
November 21, 1996

in return this  
does not  
number,  
the date

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

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

3. Article Addressed to:

Petco, Ltd.  
P.O. Box 911  
Breckenridge, TX 76024-0911

4a. Article Number

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 *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Corr
- Print
- card
- Atta
- perm
- With
- The Return Receipt will show to whom the article was delivered and the date delivered.

**Gecko Inc.**  
November 21, 1996

can return this  
does not  
number,  
the date

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

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

3. Article Addressed to:

Karen Gentry Schuring  
211 Rosement Ave.  
Mill Valley, CA 94941

4a. Article Number

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 *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

P 502 236 449

US Postal Service  
Receipt for Certified MailLura Flanagan  
c/o Patrick L Hanifan  
P.O. Box 428  
Santa Fe, NM 87501

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	\$

November 21, 1996

Gecko Inc.

P 502 236 460

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage ProvidedEarl D. Malone  
2501 Cortez Court  
Rosewell, NM 88201

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	\$

00 April 1995

Gecko Inc.  
November 21, 1996

P 502 236 468

US Postal Service  
Receipt for Certified MailElbert D. Shipp  
a/k/a/ Daymon Shipp  
1104 West Ave J.  
Lovington, NM 88260

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	\$

3800 April 1995

Gecko Inc.

November 21, 1996

P 502 236 466

US Postal Service  
Receipt for Certified MailSanta Fe Exploration Co.  
P.O. Box 1136  
Roswell, NM 88202

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	\$

3800 April 1995

Gecko Inc.

November 21, 1996

P 332 411 477

US Postal Service  
Receipt for Certified MailCharles Kyle Clark  
706 Mann  
Artesia, NM 88201

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	\$

00 April 1995

Gecko Inc.  
November 21, 1996

P 502 236 452

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage ProvidedEmma Caraway Hightower  
1251 North Splendora  
Splendora, Texas 77372

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	\$

3800 April 1995

Gecko Inc.

November 21, 1996