

KELLAHIN AND KELLAHIN

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117 NORTH GUADALUPE

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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)

January 13, 1999

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

TO: NOTICE OF THE HEARING OF THE FOLLOWING
NEW MEXICO OIL CONSERVATION DIVISION CASE:

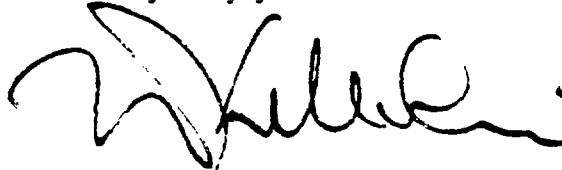
Re: Application of Conoco Inc. for downhole commingling, six unorthodox gas well locations and approval of a pilot project including an exception from Rule 2(b) of the Basin-Dakota Gas Pool rules for purposes of establishing a pilot infill drilling program within the San Juan 28-7 Unit, Rio Arriba County, New Mexico.

On behalf of Conoco Inc., please find enclosed a copy of its referenced application. This case has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for 8:15 am, Thursday, February 4, 1999. 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, January 29, 1999, with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
 Florance, Maureen Trust
 Northern Trust Bank of Texas
 Attn: Ms. Barbara Brunt
 P.O. Box 226270
 Dallas, TX 75222-6270

4a. Article Number: 2750 261 083

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

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

6. Signature: (Addresser or Agent): *[Signature]*

7. Date of Delivery: *JAN 19 1994*

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

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.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to:
 Florance, Douglas E. Trust
 Northern Trust Bank of Texas
 Attn: Ms. Barbara Brunt
 P.O. Box 226270
 Dallas, TX 75222-6270

4a. Article Number: 2127 530 083

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

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

6. Signature: (Addresser or Agent): *[Signature]*

7. Date of Delivery: *JAN 19 1994*

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

PS Form 3811, December 1994

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

3. Article Addressed to:
 Florance, James J. Trust
 Northern Trust Bank of Texas
 Attn: Ms. Barbara Brunt
 P.O. Box 226270
 Dallas, TX 75222-6270

4a. Article Number: 790 462 094

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

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

6. Signature: (Addresser or Agent): *[Signature]*

7. Date of Delivery: *JAN 19 1994*

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

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.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- Write "Return 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:
 Florance, Catherine M. Trust
 Northern Trust Bank of Texas
 Attn: Ms. Barbara Brunt
 P.O. Box 226270
 Dallas, TX 75222-6270

4a. Article Number: 2127 530 082

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

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

6. Signature: (Addresser or Agent): *[Signature]*

7. Date of Delivery: *JAN 19 1994*

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

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.

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:

Flarance, James J. Trust
 Northern Trust Bank of Texas
 Attn: Ms. Barbara Brunt
 P.O. Box 226270
 Dallas, TX 75222-6270

4a. Article Number

2137530025

4b. Service Type

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

7. Date of Delivery

1

5. Received By: *Print Name*
James J. Brunt

6. Signature: *(Addressed to Agency)*
[Signature]

6. Signature: (Addressed to Agency)

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

PS Form 3811, December 1994

102595-98-3-0229

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.

3. Article Addressed to:
 Florence, Maurice J. Jr., Trust
 Northern Trust Bank of Texas
 Attn: Ms. Barbara Brunt
 P.O. Box 226270
 Dallas, TX 75222-6270

4a. Article Number: 2137 530 137

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

7. Date of Delivery: 12 27 1994

5. Received By: (Print Name)
Barbara Brunt (COLN 477)

6. Signature: (Addressed to Agent)
[Signature]

PS Form 3811, December 1994

102595-98-8-0229 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.

3. Article Addressed to:
 Everen Securities Inc.
 Ben Howell Langford
 201 E. Main Dr., Ste 900
 El Paso, TX 79901-1334

4a. Article Number: 2 137 530 137

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

7. Date of Delivery: JAN 9 1999

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

6. Signature: (Addressed to Agent)
[Signature]

PS Form 3811, December 1994

102595-98-8-0229 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.
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- Write "Return 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:
 Florence, Florence A. Trust
 Northern Trust Bank of Texas
 Attn: Ms. Barbara Brunt
 P.O. Box 226270
 Dallas, TX 75222-6270

4a. Article Number: 2 137 530 054

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

7. Date of Delivery: 1 20 1999

5. Received By: (Print Name)
James E. Colwell

6. Signature: (Addressed to Agent)
[Signature]

PS Form 3811, December 1994

102595-98-8-0229 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.

3. Article Addressed to:
 Porter, Harry D. Revocable Trust
 U/A 12-23-82 Trust Oil & Gas
 NationsBank of Texas, N.A., Trustee
 P.O. Box 840738
 Dallas, TX 75284-0738

4a. Article Number: 2 740 468 054

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

7. Date of Delivery: JAN 16 1999

5. Received By: (Print Name)
 Doug Dobbins

6. Signature: (Addressed to Agent)
[Signature]

PS Form 3811, December 1994

102595-98-8-0229 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: U/A dated 11-19-86
 NationsBank of Texas, N.A. Trustee
 Acct. No. 30011053442647
 P.O. Box 840738
 Dallas, TX 75284-0738

4a. Article Number 2187538002

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

7. Date of Delivery 11-19-86

5. Received By: Kenneth Phillips
 Kenneth Phillips

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

PS Form 3811, December 1994 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.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to: Phillips Petroleum Co.
 William C. Russell
 5225 Highway 64 NBU 3004
 Farmington, NM 87401

4a. Article Number 2740468052

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

7. Date of Delivery 1-19

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.

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

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

3. Article Addressed to: Werlla, Martha Peters
 Peter Claude Jacobsen, Attorney-in-Fact
 3724 Crestline Road
 Ft. Worth, TX 76107-3334

4a. Article Number 153538003

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

7. Date of Delivery 1-23-86

5. Received By: (Print Name) Angela D. and fee is paid

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

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.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to: Lucille Anderson
 Box 1
 Clarinda, IA 51632-0001

4a. Article Number 153538003

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

7. Date of Delivery 1-23-86

5. Received By: (Print Name) Lucille Anderson

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

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

PS Form 3811, December 1994 Domestic Return Receipt

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- Write "Return 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:
 Salvation Army, The
 Del Valle Station
 P.O. Box 15899
 Los Angeles, CA 90015-0899

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

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

PS Form 3811, December 1994

102595-98-3-2229 Domestic Return Receipt

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

4a. Article Number
 2 740 468 053

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

7. Date of Delivery
 1-18-99

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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3. Article Addressed to:
 Wilma C. Schreiner
 Account #42-2513-9
 Sunwest Bank of Albuquerque
 P.O. Box 25500
 Albuquerque, NM 87125-0500

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

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

PS Form 3811, December 1994

102595-98-3-2229 Domestic Return Receipt

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

4a. Article Number
 2 740 468 053

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

7. Date of Delivery
 1-18-99

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

Thank you for using Return Receipt Service.

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- Write "Return Receipt Requested" on the mailpiece below the article number.
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3. Article Addressed to:
 Porter, Harry D.
 NationsBank of Texas, N.A. Trustee
 Trust Oil & Gas #15-020-6401500
 P.O. Box 840738
 Dallas, TX 75284-0738

5. Received By: (Print Name)
 Doug Dobbins

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

PS Form 3811, December 1994

102595-98-3-2229 Domestic Return Receipt

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4a. Article Number
 2 740 468 053

4b. Service Type
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3. Article Addressed to:
 A. R. Grover
 San Juan Royalty IV-90
 P.O. Box 3666
 Midland, TX 79702-3666

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

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

PS Form 3811, December 1994

102595-98-3-2229 Domestic Return Receipt

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

4a. Article Number
 2 740 468 053

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

7. Date of Delivery

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- Write "Return 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:

John L. Turner
P.O. Box 33610
Kernville, TX 78029-3610

4a. Article Number: 2 137 528949

4b. Service Type: Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery: JAN 27 1990

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

3. 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

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

3. Article Addressed to:

Johnston, Betty Marial Trust
c/o Betty Johnston, Lyle Carbaugh & Paul Hardwick,
Co-Trustees
2425 Fountainview #310
Houston, TX 77057-4811

4a. Article Number: 2 740 468 021

4b. Service Type: Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery: 1/19/89

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- Write "Return 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:

Marcia Berger
Sunwest Bk of Albuquerque, Agr
P.O. Box 26900
Albuquerque, NM 87125-6900

4a. Article Number: 2 740 468 117

4b. Service Type: Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery: 1-19

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

Violet & Edward Ripley Joint Tenants
P.O. Box 5011
Sante Fe, NM 87502-5011

4a. Article Number: 2 137 532 108

4b. Service Type: Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery: 1-13-89

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

3. 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

Thank you for using Return Receipt Service.

Fold at line above to enter return to sender

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
Thompson, Enid Lillian Life Estate
POA: MWOOD Robert Thompson
316 Dahlia
Denver, CO 80220-5714

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)
[Signature]

PS Form 3811, December 1994 102595-96-E-0225 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.

3. Article Addressed to:
Lucille Anderson,
Box 1
Clanndia, IA 51632-0001

4a. Article Number: 2740468101
4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery: 1-23-99

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

5. Received By: (Print Name)
LUCILLE ANDERSON

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

PS Form 3811, December 1994 102595-96-E-0225 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.

3. Article Addressed to:
UNOCAL
Carbett J. Duhon, Jr.
P.O. Box 4531
Houston, TX 77210-4531

4a. Article Number: 250530297
4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery: JAN 15 1998

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

5. Received By: (Print Name)

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

PS Form 3811, December 1994 102595-96-E-0225 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.

3. Article Addressed to:
Richard H. Hughes
311 Calle Loma Norte
Santa Fe, NM 87501-1256

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)
Richard H. Hughes

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

PS Form 3811, December 1994 102595-96-E-0225 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.

3. Article Addressed to:
 Simmons, D. J. Co. Ltd. Partnership
 Theima Ford Simmons
 P.O. Box 1469
 Farmington, NM 87499-1469

5. Received By: (Print Name)
 D. J. Simmons

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

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

4a. Article Number
 2740 530 022

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

7. Date of Delivery
 JAN 1 5 1995

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
 Simmons, Theima Ford Trust
 c/o D. J. Simmons Co.
 P.O. Box 1469
 Farmington, NM 87499-1469

5. Received By: (Print Name)
 D. J. Simmons

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

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

4a. Article Number
 2740 468 064

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

7. Date of Delivery
 JAN 1 5 1995

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
 Letsch, Zelma W. Trust
 The Colorado Springs Natl Bank
 United Bk of Colorado Springs Tr. Deprt.
 P.O. Box 400
 Colorado Springs, CO 80901-0400

5. Received By: (Print Name)
 Zelma W. Letsch

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

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

4a. Article Number
 2740 468 030

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

7. Date of Delivery
 JAN 1 5 1995

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
 Letsch, Zelma W. Trust
 Norwest Bank of Colorado
 1740 Broadway
 Denver, CO 80271-0001

5. Received By: (Print Name)
 Zelma W. Letsch

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

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

4a. Article Number
 2740 468 031

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

7. Date of Delivery
 JAN 1 5 1995

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

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

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

2208 700 186

4b. Service Type

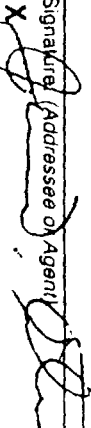
- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X 

PS Form 3811, December 1994

102595-98 8-0229

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:

Lively Exploration Co.
1300 Post Oak Blvd., Ste. 1900
Houston, TX 77056

4a. Article Number

2 208 700 001

1c. Service Type

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

5. Date of Delivery

1-14-99

5. Received By: (Print Name)

6. Signature: (Address or Agent)

X L. Thompson

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

PS Form 3811, December 1994

102595-98-3-229

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: TC/UST-Misc
2200 Ross Ave., 8th Floor
P.O. Box 660197
Dallas, TX 75201-2787

5. Received By: Print Name

6. Signature: [Signature]

7. Date of Delivery: 12-28-94

4a. Article Number: 2208 700 024

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

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

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

5. Received By: Print Name

6. Signature: [Signature]

7. Date of Delivery: 12-28-94

4a. Article Number: 2208 700 088

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

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

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

PS Form 3811, December 1994

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: J. Glenn Turner, Jr.
3131 Turtle Creek Blvd. #1201
Dallas, TX 75219-5441

5. Received By: Print Name

6. Signature: [Signature]

7. Date of Delivery: JAN 11 1995

4a. Article Number: 2208 700 088

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

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

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

PS Form 3811, December 1994

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: Eula May Johnston Tr.
N CNB TX FE Worth
Trust Oil & Gas Section
P.O. Box 840738
Dallas, TX 75284-0738

5. Received By: Print Name

6. Signature: [Signature]

7. Date of Delivery: 12-28-94

4a. Article Number: 2208 700 243

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

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

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

5. Received By: Print Name

6. Signature: [Signature]

7. Date of Delivery: 12-28-94

4a. Article Number: 2208 700 202

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

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

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.

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

5. Received By: Print Name

6. Signature: [Signature]

7. Date of Delivery: 10-28-94

4a. Article Number: 2208 700 202

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

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

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.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Nancy H. Hartman 6206 DeLoache Ave. Dallas, TX 75225-2813</p>		<p>4a. Article Number 2 208 700 154</p>	
<p>5. Received By: (Print Name) Nancy H. Hartman</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent) Nancy H. Hartman</p>		<p>7. Date of Delivery 12-9-94</p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>The Nordan Trust Louis Belinsky, Trustee 112 E. Pecan, Ste. 500 San Antonio, TX 78205-1516</p>		<p>4a. Article Number 2 137 530 073</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent) X [Signature]</p>		<p>7. Date of Delivery 12-9-94</p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Commissioner of Public Lands State of New Mexico P.O. Box 1148 Santa Fe, NM 87504-1148</p>		<p>4a. Article Number 2 208 700 003</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent) X [Signature]</p>		<p>7. Date of Delivery 12-9-94</p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Elizabeth H. Lund Royalty Trust Elizabeth H. Lund, Trustee 6128 Sierra Valle Ln. El Paso, TX 79912-1934</p>		<p>4a. Article Number 2 208 700 168</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent) X [Signature]</p>		<p>7. Date of Delivery 12-9-94</p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Thank you for using Return Receipt Service.

Domestic Return Receipt

Domestic Return Receipt

Domestic Return Receipt

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>David B. Talbot, III 1320 Lake St. Ft. Worth, TX 76102-4505</p>		<p>4a. Article Number Z 208 700 073</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p>		<p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery JAN 12 1994</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><i>X David B. Talbot III</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, December 1994

102535-98-8-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Harriet M. Buchenau Living Trust P.O. Box 867585 Plano, TX 75086-7585</p>		<p>4a. Article Number Z 208 700 200</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p>		<p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery 1-15-99</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><i>X Harriet M. Buchenau</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, December 1994

102535-98-8-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>L. J. & R. R. Money 1990 Tr dated 10-9-90 Lloyd J. & Ruth Money Tr 904 21st St. Hemosa Beach, CA 90254-3105</p>		<p>4a. Article Number Z 208 700 172</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p>		<p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery 1-14-99</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><i>X Lloyd J. & Ruth Money</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Mary Doll Ingram 7600 Burgoyne, #153 Houston, TX 77063-5103</p>		<p>4a. Article Number Z 208 700 222</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p>		<p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery 1-16-99</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><i>X Mary Doll Ingram</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

PS Form 3811, December 1994

102535-98-8-0229

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Harry D. Porter Revocable Trust U/22-23-82 Trust Oil & Gas National Bank of Texas, NA, Trustee P.O. Box 840738 Dallas, TX 75284-0738		4a. Article Number 2208	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) Doug Seegars		7. Date of Delivery JAN 15 1999	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 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: Patricia G. Harvey Box 328 Cave Creek, AZ 85331-0328		4a. Article Number 2208	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) P. O. Harvey		7. Date of Delivery JAN 14 1999	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 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: Barbara Reese Dinges 6510 Shadow Crest Houston, TX 77074-6813		4a. Article Number 2208	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) Rae Rae Reese Dinges		7. Date of Delivery 1/16/99	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 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: Marcellene Giesken Jacks 5231 Blue Ridge Blvd. Kansas City, MO 64133-3060		4a. Article Number 2208	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) X		7. Date of Delivery JAN 15 1999	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Michelle D. Minica Irrevocable Trust David A. Rogers, Trustee 4855 N. Mesa, Ste. 122 El Paso, TX 79912-5939</p>		<p>4a. Article Number</p> <p>2187530077</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>5. Received By: (Print Name)</p> <p>6.5</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>		

Thank you for using Return Receipt Service.

Receipt

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Kelley A. Murrell 3512 Cornell Dallas, TX 75205-2817</p>		<p>4a. Article Number</p> <p>2208700028</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>5. Received By: (Print Name)</p> <p>6. Signature (Addressee or Agent)</p> <p>PS Form 3811, December 1994</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>		

Thank you for using Return Receipt Service.

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<p>3. Article Addressed to:</p> <p>James Wendell West P.O. Box 5591 Sherman Oaks, CA 91413-5591</p>		<p>4a. Article Number</p> <p>2208700082</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>5. Received By: (Print Name)</p> <p>6. Signature (Addressee or Agent)</p> <p>PS Form 3811, December 1994</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>		

Thank you for using Return Receipt Service.

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<p>3. Article Addressed to:</p> <p>Watford, Gladys Trust Gladys Watford, Trustee 5455 La Sierra Dr. Apt. 216 Dallas, TX 75231-4145</p>		<p>4a. Article Number</p> <p>2208700091</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>5. Received By: (Print Name)</p> <p>6. Signature (Addressee or Agent)</p> <p>PS</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>		

Thank you for using Return Receipt Service.

Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
R. E. Beamon, III
Three Riverway, Ste. 470
Houston, TX 77056

5. Received By: (Print Name)
M. Weber

6. S. 1
PS F

4a. Article Number
2208700023

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

7. Date of Delivery
1/15/99

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
Harry F. Schram
P.O. Box 271243
Corpus Christi, TX 78427-1243

5. Received By: (Print Name)
Muddy K. Schram

6. Signature: (Addresser or Agent)
Muddy K. Schram

PS Form 3811 December 1994

4a. Article Number
2208700046

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

7. Date of Delivery
1/15/99

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

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

Thank you for using Return Receipt Service.

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

5. Received By: (Print Name)

6. S.
PS

4a. Article Number
2208700250

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

7. Date of Delivery
1-15-99

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

5. Received By: (Print Name)
Kenneth Phelps

4a. Article Number
213753001

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)
Receipt

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

n Rece

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

3. Article Addressed to:
 Lynda Wilson
 4011 Kingsbury Dr.
 Wichita Falls, TX 76309-3640

5. Received By: (Print Name)
 LYNDA K WILSON

6. Signature: (Addressee or Agent)
Lynda Wilson

PS Form 3811, December 1994

4a. Article Number
 2 208 700 095

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

7. Date of Delivery
 1-16-99

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

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

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

102395-98-8-2229 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.

3. Article Addressed to:
 Western Oil & Minerals Ltd.
 P.O. Box 1228
 Farmington, NM 87499

5. Received By: (Print Name)
 Lynda Wilson

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

PS Form 3811, December 1994

4a. Article Number
 2 137 530 059

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

7. Date of Delivery
 1-16-99

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

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

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

102395-98-8-2229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
 Frances Holman Weaver
 P.O. Box 2102
 El Paso, TX 79951-2102

5. Received By: (Print Name)
 Frances Holman Weaver

6. Signature: (Addressee or Agent)
Frances Holman Weaver

PS Form 3811, December 1994

4a. Article Number
 2 208 700 072

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

7. Date of Delivery
 JAN 15 1999

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

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

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

102395-98-8-2229 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.

3. Article Addressed to:
 Sandra T. Currie
 12603 Radenz
 Houston, TX 77066-3418

5. Received By: (Print Name)
 Sandra T. Currie

6. Signature: (Addressee or Agent)
Sandra T. Currie

PS Form 3811, December 1994

4a. Article Number
 2 208 700 203

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

7. Date of Delivery
 1-15-99

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

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

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

102395-98-8-2229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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 on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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 Anne Howard Robert Howard Joint Tenants 438 Fox Briar Sugarland, TX 77478-3717		4a. Article Number 2208700148	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) W. DELANE HOWARD	6. Signature: (Addressee or Agent) X <i>W. Delane Howard</i>	7. Date of Delivery 12/17/94	8. Addressee's Address (Only if requested and fee is paid) 102595-97-8-0179 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: William D. Lakey P.O. Box 186 Sayre, OK 73662-0186		4a. Article Number 2205700246	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) William D. Lakey	6. Signature: (Addressee or Agent) X <i>William D. Lakey</i>	7. Date of Delivery 1-14-99	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.

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: John B. Allinson, Jr. 444 Mission Valley Road Corrales, NM 87048-1000		4a. Article Number 2208700182	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) John B. Allinson, Jr.	6. Signature: (Addressee or Agent) X <i>John B. Allinson, Jr.</i>	7. Date of Delivery 12/15/94	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.

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: Jane Taylor Ebersole P.O. Box 100 Tahshupai, CA 93581-0100		4a. Article Number 2208700219	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) Jane Taylor Ebersole	6. Signature: (Addressee or Agent) X <i>Jane Ebersole</i>	7. Date of Delivery 1-15-99	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.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to:	4a. Article Number	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>Glen R. Gentle Living Trust George H. Didlake Willie Horton, Trustees 633 Via Santa Cruz Vista, CA 92083-6336</p>		
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)
	1-14-99	
<p>1 Receipt</p>		

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to:	4a. Article Number	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>Martha Dixon 311 W. Taggard St. Burnet, TX 78611-1722</p>		
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)
JAMES PAYNE	1-14-99	
<p>PS Form 3811, December 1994</p> <p>102595-97-3-0179 Domestic Return Receipt</p>		

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to:	4a. Article Number	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>Atlantic Richfield Co. Vastar Resources, Inc. 15375 Memorial Drive Houston, TX 77079</p>		
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)
Henry V. Voreck	1/14/99	
<p>1 Receipt</p>		

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to:	4a. Article Number	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>Henri Louise Simmons 2429 Wabash Ave. Ft. Worth, TX 76109-1018</p>		
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)
	1-16-99	
<p>PS F</p> <p>Receipt</p>		

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Johnston, James J. Estate c/o Betty J. Johnston, Executrix 2425 Fountainview Dr. #310 Houston, TX 77057-4811		4a. Article Number 2208 700225	
5. Received By: (Print Name) James J. Johnston		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 11/5/94	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Richard Parker Langford 816 Espolon El Paso, TX 79912-1707		4a. Article Number 2208 700248	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Writenwider Family Rev. Trust Roy Fulwider & Joan Writener, Trustees 600 N. 6th St. Santa Ana, CA 93060-1605		4a. Article Number 2137 530064	
5. Received By: (Print Name) Roy Fulwider		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 11/5-94	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Wesley West Mineral Corp. P.O. Box 4383 Houston, TX 77210-4383		4a. Article Number 2208 700012	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Joanne Thompson Rugeley 3813 Talmas Metairie, LA 70002-1846		4a. Article Number 2 208 700 0831	
5. Received By: (Print Name) L. S. RUGLEY		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
5. Signature of Addressee or Agent X [Signature]		7. Date of Delivery 1-19-99	
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.

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3. Article Addressed to: Faye M. MacIntosh Trust Robert A. MacIntosh, Trustee Mrs. Esther Gazzoli 607 N. Iowa Gunnison, CO 81230-2227		4a. Article Number 2 208 700 169	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. [Signature]		7. Date of Delivery 1-15-99	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

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3. Article Addressed to: Theodore J. Blechar 138 La Canada Way Santa Cruz, CA 95060-1031		4a. Article Number 2 208 700 024	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
5. Signature of Addressee or Agent X [Signature]		7. Date of Delivery JAN 15 1999	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Virginia Ann Asher RR 2, Box 80 Sheridan, MO 64486-9802		4a. Article Number 2 208 700 194	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. [Signature]		7. Date of Delivery 1-15-99	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

PS

Receipt

PS

Receipt

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3. Article Addressed to: Nan Taylor P.O. Box 90959 Santa Barbara, CA 93190-0959		4a. Article Number 2 208 700 083	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) [Signature]		7. Date of Delivery 12-19-94	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt			

Thank you for using Return Receipt Service.

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3. Article Addressed to: Susan Fry Bracken P.O. Box 7550 Tyler, TX 75711-7550		4a. Article Number 2 208 700 198	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) [Signature]		7. Date of Delivery 12-19-94	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt			

Thank you for using Return Receipt Service.

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3. Article Addressed to: Rogers-Gibbard Trust, Orville C. Rogers, Veva Gibbard & Elaine Gibbard Howe, Trustees Susan Rogers Eveland 6804 La Costa Drive Tyler, TX 75703-9613		4a. Article Number 2 137 530 063	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) SUSAN R. EVELAND		7. Date of Delivery 12-20-94	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mary Virginia Thompson P.O. Box 8224 Santa Fe, NM 87504-8224		4a. Article Number 2 208 700 085	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) [Signature]		7. Date of Delivery JAN 19 1995	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid) USPS-8750105	
PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt			

Thank you for using Return Receipt Service.

PS F

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 on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:
Grover Family Pl
San Juan Royalty
JV-90
P.O. Box 3666
Midland, TX 79702-3666

4a. Article Number: **2208 700181**

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

7. Date of Delivery: **12/23/94**

8. Addressee's Address (Only if requested and fee is paid):
 102595-98-3-0223 Domestic Return Receipt

5. Received By: (Print Name)
 PS Form 3811, December 1994

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

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:
Grover Bros. Ltd. Parship
San Juan Royalty JV-90
P.O. Box 3666
Midland, TX 79702-3666

4a. Article Number: **2137 530061**

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

7. Date of Delivery: **12/23/94**

8. Addressee's Address (Only if requested and fee is paid):
 102595-98-3-0229 Domestic Return Receipt

5. Received By: (Print Name)
 PS Form 3811, December 1994

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

Thank you for using Return Receipt Service.

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SENDER:

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- 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:
Zelma W. Letsch Trust
Norwest Bank of Colorado
1740 Broadway
Denver, CO 80274-0001

4a. Article Number: **2208 700147**

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

7. Date of Delivery: **12/23/94**

8. Addressee's Address (Only if requested and fee is paid):
 102595-98-3-0229 Domestic Return Receipt

5. Received By: (Print Name)
 PS Form 3811, December 1994

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

Thank you for using Return Receipt Service.

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SENDER:

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- 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:
Thomas R. Duffin
1508 Adams
Carlsbad, NM 88720-4603

4a. Article Number: **2208 700206**

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

7. Date of Delivery: **12/23/94**

8. Addressee's Address (Only if requested and fee is paid):
 102595-98-3-0229 Domestic Return Receipt

5. Received By: (Print Name)
 PS Form 3811, December 1994

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

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Sorey-Lincoln Partnership
21011 Marine View Dr. SW
Seattle, WA 98166-4245

4a. Article Number: 2 208 700 016

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

7. Date of Delivery: JAN 15 1999

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 102595-98-8-0229 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mabelle H. Sowers Royalty Trust
Mabell Bramhall, Trustee
3012 Cochise Ct.
College Station, TX 77843-6529

4a. Article Number: 2 208 700 041

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

7. Date of Delivery: 1/19/99

5. Received By: (Print Name)
Mabelle Bramhall

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

6. Signature: (Addressee or Agent)
X Mabelle Bramhall

PS Form 3811, December 1994 102595-98-8-0229 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.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Glen D. Hughes
2321 Candelaria NW
Albuquerque, NM 87107-3055

4a. Article Number: 2 208 700 035

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

7. Date of Delivery: 1/15/99

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 102595-97-8-0179 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

David A. Rogers
4855 N. Mesa, Ste. 122
El Paso, TX 79912-5930

4a. Article Number: 2 208 700 045

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

7. Date of Delivery

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994 102595-98-8-0229 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:

Bessie E. Evans
 623 W. Torrance
 Marvillie, MO 64468-2514

4a. Article Number: 2 208 700 208

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)
BESSIE EVANS

6. Signature: (Addressee or Agent)
X Bessie Evans

PS Form 3811, December 1994 102595-97-8-0179 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:

Larry L. Newkirk
 218 West Hillcrest Ave.
 Marianna, IA 50125-3708

4a. Article Number: 2137 530 078

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

7. Date of Delivery: 12/15/94

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Larry L. Newkirk

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Nancy J. Spencer
 726 North Tanlewood Dr.
 Sutherlin, OR 97479-9015

4a. Article Number: 2 208 700 061

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

7. Date of Delivery: 1-15-95

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Nancy J. Spencer

PS Form 3811, December 1994 102595-98-8-0229 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:

Paul Clayton
 P.O. Box 2035
 Roswell, NM 88202-2035

4a. Article Number: 2 208 700 058

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

7. Date of Delivery: 1-19-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Paul Clayton

PS Form 3811, December 1994 102595-98-8-0229 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:

Crepes Family Trust dtd 12-5-91
 John E. & Virginia
 Creps, Jr. Co-Trustees
 1001 Carpenters Way #D303
 Lakeland, FL 33809-3931

4a. Article Number

Z 208 700 212

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

12-15-91

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

102595-98-3-0179

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:

Leta M. Pool
 3318 East Arizona Way
 Flagstaff, AZ 86004-2202

4a. Article Number

Z 208 700 236

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

12-15-91

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:

Thyra Gregersen
 RR No. 2, Box 82
 Walnut, IA 51577-9424

4a. Article Number

Z 208 700 138

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

11/19

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

102595-98-3-0179

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:

Larry Smith
 1150 Lewis Pl.
 Boone, IA 50036-7162

4a. Article Number

Z 208 700 040

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

11/15/91

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

102595-98-3-0229

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mildred Lane 2907 Rae Dell Austin, TX 78704-5831		4a. Article Number 2 208 700 247	
5. Received By: (Print Name) Mildred Lane		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>Mildred Lane</i>		7. Date of Delivery 1-14-99	
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Joseph C. Jastrzembski 911 1st Street NE Minot, ND 58703-2426		4a. Article Number 2 208 700 224	
5. Received By: (Print Name) Joseph C. Jastrzembski		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>Joseph C. Jastrzembski</i>		7. Date of Delivery 1-14-99	
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.

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3. Article Addressed to: Pearl Neugent Nordan Estate 112 E. Pecan, Ste. 500 San Antonio, TX 78205-1516		4a. Article Number 2 208 700 030	
5. Received By: (Print Name) Pearl Neugent Nordan		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>Pearl Neugent Nordan</i>		7. Date of Delivery JAN 14 1999	
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Chateau Oil & Oil Inc. 5950 Berkshire Lane, Ste. 275 Dallas, TX 75225		4a. Article Number 2 208 700 005	
5. Received By: (Print Name) Chateau Oil & Oil Inc.		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>Chateau Oil & Oil Inc.</i>		7. Date of Delivery 1-14-99	
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Bledsoe Petroleum Corp. 5850 Bank One Center 1717 Main Street Dallas, TX 75201		4a. Article Number 2 137 530 056	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) _____		7. Date of Delivery JAN 14 1999	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid) _____	
PS Form 3811, December 1994 Domestic Return Receipt			

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Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to: Mary Elizabeth Hardie Royalty Trust Thornton Hardie, III, Trustee 1700 Pacific Ave., Ste. 3300 Dallas, TX 75201-4656		4a. Article Number 2 208 700 139	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) _____		7. Date of Delivery JAN 14 1999	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid) _____	
PS Form 3811, December 1994 Domestic Return Receipt			

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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: Shirley Childress 604 N. Delaware Ave., #2 Roswell, NM 88201-2135		4a. Article Number 2 208 700 201	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) _____		7. Date of Delivery 1-15-99	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		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.

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: John L. Gray Texas Commerce Bank, N.A. Agent & Attorney-in-Fact Trust Minerals Section 32400-04 P.O. Box 200555 Houston, TX 77210-0555		4a. Article Number 2 208 700 142	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) _____		7. Date of Delivery JAN 14 1999	
6. Signature: (Addressee or Agent) X DUPREE		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.

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SENDER:

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- 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:

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

4a. Article Number: 2208700171

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 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Cynthia Milani
c/o Texas Commerce Bank
Trust Minerals Section
P.O. Box 200336
Houston, TX 77216-0336

4a. Article Number: 2137530076

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

7. Date of Delivery: JAN 1 1995

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) L. DUPRE 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 of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

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

4a. Article Number: 2208700130

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 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.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

Alice S. Leck Trust
Carlsbad National Bank Trs
Box 1359
Carlsbad, NM 88221-1359

4a. Article Number: 2208700249

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

7. Date of Delivery: JAN 1 1995

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 of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:
 James M. Vandewart & Bobby B. Vandewart Trust
 James M. & Bobby B. Vandewart, Trustees
 2401 E. 2nd Rt. 3
 Roswell, NM 88201-7389

4a. Article Number: 2 208 700 670

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

5. Received By: (Print Name)
 James M. Vandewart

6. Signature: (Addressee or Agent)
 James M. Vandewart

7. Date of Delivery: 1/15/99

8. Addressee's Address (Only if requested and fee is paid)
 PS Form 3811, December 1994 102595-98-8-0229 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:
 Apco Minerals Ltd.
 P.O. Box 459
 Corpus Christi, TX 78403-0459

4a. Article Number: 2137 530 066

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

5. Received By: (Print Name)
 Apco Minerals Ltd.

6. Signature: (Addressee or Agent)
 X

7. Date of Delivery: [Stamp]

8. Addressee's Address (Only if requested and fee is paid)
 PS Form 3811, December 1994 102595-98-8-0229 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:
 Waters S. Davis, III
 TCB, NA, Agent & AIF
 Trust Mineral Sec #32400-01
 P.O. Box 200555
 Houston, TX 77216-0555

4a. Article Number: 2 208 700 132

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

5. Received By: (Print Name)
 L. DUPRE

6. Signature: (Addressee or Agent)
 X

7. Date of Delivery: JAN 14 1999

8. Addressee's Address (Only if requested and fee is paid)
 PS Form 3811, December 1994 102595-98-8-0229 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:
 Catherine Gray Remenick
 Texas Commerce Bank, NA, Agent & Attorney-in-Fact
 Trust Minerals Section 32400-07
 P.O. Box 200555
 Houston, TX 77216-0555

4a. Article Number: 2 208 700 034

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

5. Received By: (Print Name)
 L. DUPRE

6. Signature: (Addressee or Agent)
 X

7. Date of Delivery: JAN 14 1999

8. Addressee's Address (Only if requested and fee is paid)
 PS Form 3811, December 1994 102595-98-8-0229 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.

3. Article Addressed to:
 Cross Timbers Oil Company
 George Cox
 810 Houston St., Ste. 2000
 Ft. Worth, TX 76102

5. Received By: (Print Name)
 6. Signature: (Addressee or Agent)
X *George Cox*

PS Form 3811, December 1994

4a. Article Number: **2208700004**

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

7. Date of Delivery: **JAN 1 1994**

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.

102535-98-8-0229 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.

3. Article Addressed to:
 John L. Turner
 P.O. Box 33610
 Kerrville, TX 78029-3610

5. Received By: (Print Name)
 6. Signature: (Addressee or Agent)
X *John L. Turner*

PS Form 3811, December 1994

4a. Article Number: **2208700190**

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

7. Date of Delivery: **JAN 1 1994**

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.

102535-98-8-0229 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.

3. Article Addressed to:
 Total Minatome Corp.
 P.O. Box 201769
 Houston, TX 77216-1769

5. Received By: (Print Name)
 6. Signature: (Addressee or Agent)
X *L. DUPREE*

PS Form 3811, December 1994

4a. Article Number: **2131530068**

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

7. Date of Delivery: **JAN 4 1994**

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.

102535-98-8-0229 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.

3. Article Addressed to:
 Fiorance Limited Co.
 c/o Northern Trust Bank
 P.O. Box 226270
 Dallas, TX 75222-6270

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

PS Form 3811, December 1994

4a. Article Number: **2208700013**

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

7. Date of Delivery: **JAN 3 1994**

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.

102535-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Herbert R. Briggs Sunwest Bk of Albuquerque, Agr P.O. Box 26900 Albuquerque, NM 87125-6900		4a. Article Number 2208700189	
5. Received By: (Print Name) X <i>Herbert R. Briggs</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Herbert R. Briggs</i>		7. Date of Delivery JAN 11 1999	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 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: Pamela Gray Baldwin Texas Commerce Bank, NA Agent & Attorney-in-Fact Trust Minerals Section 32400-07 P.O. Box 200555 Houston, TX 77216-0555		4a. Article Number 2208700196	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) DUPREE		7. Date of Delivery JAN 14 1999	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 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: Frank & Harriet Cronican Cronican Trust Sunwest Bk of Albuquerque, Agr P.O. Box 26900 Albuquerque, NM 87128-6900		4a. Article Number 2208700131	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Frank & Harriet Cronican</i>		7. Date of Delivery JAN 11 1999	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 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: Cyrene L. Inman Sunwest Bk of Albuquerque, NA, Agr Attn: Catherine Rugen P.O. Box 26900 Albuquerque, NM 87128-6900		4a. Article Number 2208700231	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)		7. Date of Delivery	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

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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: Ben R. Howell Trust Texas Commerce Bank Trustee P.O. Box 722 El Paso, TX 79944-0722		4a. Article Number Z 208 700 158	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Address or Agent) X		7. Date of Delivery JAN 14 1999	
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: R. H. Feuille 11th Floor Texas Commerce Bank Building El Paso, TX 79901		4a. Article Number Z 208 700 137	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Address or Agent) X		7. Date of Delivery JAN 14 1999	
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Hanson-McBride Petro Co. P.O. Box 1515 Roswell, NM 88202-1515		4a. Article Number Z 137 530 071	
5. Received By: (Print Name) X Jim Stevens		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Address or Agent) X		7. Date of Delivery 1-14-99	
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Carolyn Nielsen Sedberry Sunwest Bank Albuquerque N.A. Agent P.O. Box 26900 Albuquerque, NM 87125-6900		4a. Article Number Z 208 700 056	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Address or Agent) X		7. Date of Delivery JAN 14 1999	
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Linda Lundell Lindsey P.O. Box 631565 Nacodoches, TX 75963-1565		4a. Article Number 2208700177	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 1-14-99	
5. Received By: (Print Name) X Article Lindsey et al		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	
6. Signature: (Addressee or Agent) X Article Lindsey et al		PS Form 3811, December 1994	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: F. L. Tucker 301 Sage Road, #3 Houston, TX 77056-1421		4a. Article Number 2308700077	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 1-14-99	
5. Received By: (Print Name) X Article Tucker		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	
6. Signature: (Addressee or Agent) X Article Tucker		PS Form 3811, December 1994	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: McBride Production Trust Douglas L. McBride, Trustee P.O. Box 1515 Roswell, NM 88202-1515		4a. Article Number 2208700010	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 1-14-99	
5. Received By: (Print Name) X Article Starnes		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	
6. Signature: (Addressee or Agent) X Article Starnes		PS Form 3811, December 1994	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Joyce K. Attebury 3302 Lipscomb Amarillo, TX 79109		4a. Article Number 2308700021	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 1-14-99	
5. Received By: (Print Name) X Article Attebury		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	
6. Signature: (Addressee or Agent) X Article Attebury		PS Form 3811, December 1994	

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:

4a. Article Number: 2 137 530 092

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

5. Received By: (Print Name) HELEN L. HELDRICK
PO Box 2135
SMITH CO NM
37504-2135

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

7. Date of Delivery: JAN 15 1999

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

PS Form 3811, December 1994 102395-97-8-0179 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:

4a. Article Number: 2 208 698 340

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

5. Received By: (Print Name) Lets, Zelma W. Trust
The Colorado Springs Nat'l Bank
United Bank of Colorado Springs Tr. Bpt
P.O. Box 400
Colorado Springs, CO 80901-0400

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

7. Date of Delivery: JAN 15 1999

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

PS Form 3811, December 1994 102395-97-8-0179 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:

4a. Article Number: 2 208 700 130

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

5. Received By: (Print Name) William Warren Cooper
4440 San Felipe #275
Houston, TX 77027-3440

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

7. Date of Delivery: 1/14/99

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

PS Form 3811, December 1994 102395-98-8-0229 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:

4a. Article Number: 2 208 700 176

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

5. Received By: (Print Name) ROBERT WALTER LUNDALL
2450 FORDAEN #304
HOUSTON, TX 77063-2305

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

7. Date of Delivery: 1-15-99

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

PS Form 3811, December 1994 102395-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>W.R. Enterprises Inc. Sunwest Bank of Albuquerque, NA Agent P.O. Box 26900 Albuquerque, NM 87125-6900</p>		<p>4a. Article Number</p> <p>2 137 530 067</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery</p> <p>DEC 23 1994</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>William C. Briggs</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>PS Form 3811, December 1994</p> <p>102555-98-3-0029 Domestic Return Receipt</p>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>William C. Briggs Sunwest Bank of Albuquerque P.O. Box 26900 Albuquerque, NM 87125-6900</p>		<p>4a. Article Number</p> <p>7 208 700 199</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery</p> <p>DEC 23 1994</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>William C. Briggs</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>PS Form 3811, December 1994</p> <p>102555-98-3-0029 Domestic Return Receipt</p>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>James L. Fashing Inter. Tr. P.O. Box 4835 N. Mesa St. 122 El Paso, TX 79912-5925</p>		<p>4a. Article Number</p> <p>7 208 700 220</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery</p> <p>DEC 23 1994</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>William C. Briggs</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>PS Form 3811, December 1994</p> <p>102555-97-3-0179 Domestic Return Receipt</p>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>V.A. Johnston Family Tr. Katherine Prewitt & Mary Frances Chessier, Trs. P.O. Box 925 Ralls, TX 79357-0925</p>		<p>4a. Article Number</p> <p>2 208 700 239</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery</p> <p>DEC 23 1994</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>William C. Briggs</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>PS Form 3811, December 1994</p> <p>102555-97-3-0179 Domestic Return Receipt</p>			

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.

3. Article Addressed to:
 Howell Grandchildren's Trust
 c/o Texas Commerce Bank
 P.O. Box 200486
 Houston, TX 77216-0486

4a. Article Number: 2208 700 065
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 L. DUPREE

6. Signature: (Addressee or Agent)
 L. DUPREE

7. Date of Delivery: JAN 15 1994

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

PS Form 3811, December 1994 102595-98-8-0229 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.

3. Article Addressed to:
 W. L. Jennings
 San Juan Royalty IV-90
 P.O. Box 117
 Abilene, TX 79604-0117

4a. Article Number: 2208 700 038
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 W. L. Jennings

6. Signature: (Addressee or Agent)
 W. L. Jennings

7. Date of Delivery: JAN 15 1994

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

PS Form 3811, December 1994 102595-97-8-0179 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.

3. Article Addressed to:
 Emilie M. Hardie Royalty Trust
 Emilie M. Hardie, Trustee
 1065 Los Jardines
 El Paso, TX 79912-1942

4a. Article Number: 2208 700 153
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Emilie M. Hardie

6. Signature: (Addressee or Agent)
 Emilie M. Hardie

7. Date of Delivery: JAN 14 1994

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

PS Form 3811, December 1994 102595-97-8-0179 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.

3. Article Addressed to:
 G.E. Thompson
 P.O. Box 174
 Round Top, TX 78954

4a. Article Number: 2208 700 075
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 G.E. Thompson

6. Signature: (Addressee or Agent)
 G.E. Thompson

7. Date of Delivery: JAN 14 1994

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

PS Form 3811, December 1994 102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number	
Jerry J. Andrew 408 Longwoods Houston, TX 77024-5617		Z 208 700 020	
5. Received By: (Print Name)		4b. Service Type	
X <i>J. Andrew</i>		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)		7. Date of Delivery	
X <i>J. Andrew</i>		1/14/99	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
		102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number	
Mary E. Caudle Walker 214 Bayview City by the Sea, TX 78336-6701		Z 208 700 080	
5. Received By: (Print Name)		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	
6. Signature: (Addressee or Agent)		7. Date of Delivery	
X <i>Mary E. Caudle Walker</i>		1-17-99	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
		102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number	
Martha M. Tucker 21 Briar Hollow #803 Houston, TX 77027-2808		Z 208 700 087	
5. Received By: (Print Name)		4b. Service Type	
X <i>Martha M. Tucker</i>		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)		7. Date of Delivery	
X <i>Martha M. Tucker</i>		1-14-99	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
		102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number	
Fred Eldon Spencer 10717 Crystal Creek Drive Mustang, OK 73064-9382		Z 208 700 051	
5. Received By: (Print Name)		4b. Service Type	
		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)		7. Date of Delivery	
X <i>Fred Eldon Spencer</i>		1-14-99	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
		102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Jeremy S. Davis 7539 Brompton Blvd Houston, TX 77025-2267		4a. Article Number 2 208 700 213	
5. Received By: (Print Name) Jeremy S. Davis		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery JAN 14 1	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 102595-97-8-0179 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Bradford Tucker 301 Sage Road #3 Houston, TX 77056-1421		4a. Article Number 2 208 700 068	
5. Received By: (Print Name) Bradford Tucker		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 1/14/94	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Louis-Dreyfus Natural Gas 14000 Quail Springs Parkway Ste. 600 Oklahoma City, OK 73134		4a. Article Number 2 208 700 006	
5. Received By: (Print Name) Louis-Dreyfus Natural Gas		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 1-14	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: E. F. Kalb Estate Elva Kalb Jumas, Trustee 5555 Del Monte Dr. Houston, TX 77056-4116		4a. Article Number 2 208 700 226	
5. Received By: (Print Name) E. F. Kalb Estate		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 1/14/94	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 102595-97-8-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:

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

4a. Article Number

2 208 700 078

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

1/14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *Fred E. Turner*

102595-98-8-0229

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:

David Elbert Reese
 2203 N. Belmont
 Richmond, TX 77469-5501

4a. Article Number

2 208 700 043

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

1/15/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *David Elbert Reese*

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:

David H. Gray
 Texas Commerce Bank, N.A.
 Agent & Attorney-in-Fact
 Trust Minerals Section 32400-03
 P.O. Box 200555
 Houston, TX 77216-0555

4a. Article Number

2 208 700 161

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *David H. Gray*

102595-97-8-0179

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:

Kathlyn H. Gibson Estate
 George Ann Scharhag, Pers Rep
 P.O. Box 546
 Tesuque, NM 87574-0546

4a. Article Number

2 208 700 149

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

1/14/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *George Ann Scharhag*

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-8-0179

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 on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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: Joseph Richard Nickson 205 West 19th St. New York, NY 10011-4012		4a. Article Number 2208700173	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) X		7. Date of Delivery	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	
PS Form 3811, December 1994			

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Cecelia Otto Revoc. Trust Cecelia V. Otto, Trustee LTA dated 5-21-90 TX St. Bk. Acct #63-145-0 2850 Colorado Ave. San Angelo, TX 76901-3613		4a. Article Number 2137530080	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) X		7. Date of Delivery	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	
PS Form 3811, December 1994			

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Marguerite E. Hess 1209 Hunters Glen Rd. San Angelo, TX 76904		4a. Article Number 2208700232	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) X		7. Date of Delivery	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	
PS Form 3811, December 1994			

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Richard A. Jennings, Trustee P.O. Box 3759 Midland, TX 79702-3759		4a. Article Number 2208700242	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) X		7. Date of Delivery	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	
PS Form 3811, December 1994			

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:

James R. Lenton, Jr.
P.O. Box 10561
Midland, TX 79702-7561

4a. Article Number: 2-137 530 072

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

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

102595-98-B-0229 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:

Spindletop Exploration Co. Inc.
P.O. Box 50787
Midland, TX 79710-0787

4a. Article Number: 2-208 700 014

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

7. Date of Delivery: JAN 13 1994

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

102595-98-B-0229 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:

James W. Childress
P.O. Box 209
Roswell, NM 88202-0209

4a. Article Number: 2-208 700 129

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

7. Date of Delivery: JAN 13 1994

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

5. Received By: (Print Name)

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

PS Form 3811, December 1994

102595-98-B-0229 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:

White Star Energy Inc.
P.O. Box 51108
Midland, TX 79710-1108

4a. Article Number: 2-208 700 015

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

7. Date of Delivery: JAN 13 1994

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

5. Received By: (Print Name)

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

PS Form 3811, December 1994

102595-98-B-0229 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.

3. Article Addressed to:
 Martha J. Nickson
 P.O. Box 10352
 Midland, TX 79702-7352

4a. Article Number: 2 208 700 029
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Martha J. Nickson

6. Signature: (Addressee or Agent)
 X *Martha J. Nickson*

PS Form 3811, December 1994

102595-98-8-0229 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.

3. Article Addressed to:
 Pearl W. Siegenthaler
 P.O. Box 1020
 Artesia, NM 88211

4a. Article Number: 2 208 700 047
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 COD

5. Received By: (Print Name)
 P.W. Siegenthaler

6. Signature: (Addressee or Agent)
 X *P.W. Siegenthaler*

PS Form 3811, December 1994

102595-98-8-0229 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.

3. Article Addressed to:
 Ballard E. Spencer Trust, Inc. Trust
 First National Bank Artesia, Trustee
 Attn: Trust Department
 P.O. Box AA
 Artesia, NM 88211-7526

4a. Article Number: 2 208 700 042
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Phil E. Spencer

6. Signature: (Addressee or Agent)
 X *Phil E. Spencer*

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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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.
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 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return 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:
 W. D. Kennedy
 550 W. Texas, Suite 1225
 Midland, TX 79701-4257

4a. Article Number: 2 208 700-162
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 COD

5. Received By: (Print Name)
 W.D. Kennedy

6. Signature: (Addressee or Agent)
 X *W.D. Kennedy*

PS Form 3811, December 1994

102595-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>H Limited Partnership P.O. Box 2185 Santa Fe, NM 87504-2185</p>		<p>4a. Article Number 2208700191</p> <p>4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name) <i>[Signature]</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent) <i>[Signature]</i></p>		<p>7. Date of Delivery 1-14-94</p>	
<p>PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt</p>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>James Durfin P.O. Box 1352 Artesia, NM 88211-1352</p>		<p>4a. Article Number 2208700134</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name) <i>[Signature]</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent) <i>[Signature]</i></p>		<p>7. Date of Delivery 1-14-94</p>	
<p>PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt</p>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Willadean Hirsch P.O. Box 3130 Pueblo, CO 81005-0130</p>		<p>4a. Article Number 2208700157</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name) <i>[Signature]</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent) <i>[Signature]</i></p>		<p>7. Date of Delivery 1-14-94</p>	
<p>PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt</p>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Robert Walter Lundell 2405 Fondren #304 Houston, TX 77063-2305</p>		<p>4a. Article Number 2208700178</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name) <i>[Signature]</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent) <i>[Signature]</i></p>		<p>7. Date of Delivery 1-14-94</p>	
<p>PS Form 3811, December 1994 Domestic Return Receipt</p>			

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. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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: William B. Landshoff Route 6 13880 S. Peoria Bixby, OK 74008-5221		4a. Article Number 2208 700 229	
5. Received By: (Print Name) X <i>William B. Landshoff</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>William B. Landshoff</i>		7. Date of Delivery 1-19-99	
PS Form 3811, December 1994		102595-97-B-0179 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Scot A. Anderson 1917 Avenue D. Council Bluffs, IA 51501-2451		4a. Article Number 2208 700 193	
5. Received By: (Print Name) X <i>Scot A. Anderson</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>Scot A. Anderson</i>		7. Date of Delivery 1-19-99	
PS Form 3811, December 1994		102595-98-B-0229 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. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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 Turner Calloway 4801 St. John Dr. Dallas, TX 75205-3143		4a. Article Number 2208 700 210	
5. Received By: (Print Name) X <i>Elizabeth Turner Calloway</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>Elizabeth Turner Calloway</i>		7. Date of Delivery 1-19-99	
PS Form 3811, December 1994		102595-97-B-0179 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Sarah S. Mims Trust Williams L. Madison & Sara S. Mims, Co-Trust P.O. Box 1846 Carrollton, TX 75011-1846		4a. Article Number 2208 700 027	
5. Received By: (Print Name) X <i>William L. Madison</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>William L. Madison</i>		7. Date of Delivery 1-19-99	
PS Form 3811, December 1994		102595-98-B-0229 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

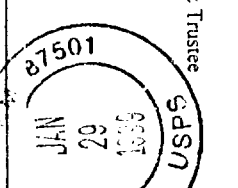
SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return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

3. Article Addressed to:
 Jane Monroe Thompson, Individually & Trustee
 Lewellyn E. Thompson
 333 Sunset Dr., Apt. 407
 Ft. Lauderdale, FL 33301-2647

5. Received By: (Print Name)
 Jane M. Thompson

6. Signature: (Addressee or Agent)
 X Jane M. Thompson

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



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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

3. Article Addressed to:
 George L. Smith
 1211 Royal Dr.
 Kaufman, TX 75142-3513

5. Received By: (Print Name)
 GEORGE L. SMITH

6. Signature: (Addressee or Agent)
 X George L. Smith

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

4a. Article Number
 2 208 700 059

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

7. Date of Delivery
 12/15/94

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.

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 ■ Write "Return 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:
 Anita Briggs
 115 Fish and Game Road
 Cherry Valley, NY 13320

5. Received By: (Print Name)
 Anita Briggs

6. Signature: (Addressee or Agent)
 X Anita Briggs

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

4a. Article Number
 2 208 700 025

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

7. Date of Delivery
 1/16/98

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?

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 ■ Write "Return 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:
 Pauline Garcia
 9835 I/2 4th Street NM
 Albuquerque, NM 87114-2121

5. Received By: (Print Name)
 Pauline Garcia

6. Signature: (Addressee or Agent)
 X Pauline Garcia

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

4a. Article Number
 2 208 700 209

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

7. Date of Delivery
 JAN 27 1999

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 of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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: Delma F. Kelley 311 North 15th Street Clarinda, IA 51632-1620		4a. Article Number 2208 900 227	
5. Received By: (Print Name) X <i>Delma F. Kelley</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Delma F. Kelley</i>		7. Date of Delivery 1-16-99	
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?

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3. Article Addressed to: Margaret A. Keams Trust James B. Draper, Trustee F/B/O James B. Draper 77 S. Birch Rd., Apt #3D Ft. Lauderdale, FL 33316-1556		4a. Article Number 2208 700 244	
5. Received By: (Print Name) X <i>Margaret A. Keams Trust</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Margaret A. Keams Trust</i>		7. Date of Delivery 1-16-99	
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?

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3. Article Addressed to: Margaret Allinson Laycock P.O. Box 790 Dripping Springs, TX 78620-0790		4a. Article Number 2208 900 166	
5. Received By: (Print Name) X <i>Margaret Allinson Laycock</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Margaret Allinson Laycock</i>		7. Date of Delivery 1-21-99	
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Gary C. Anderson 601 North 19th Clarinda, IA 51632-1425		4a. Article Number 2208 900 192	
5. Received By: (Print Name) X <i>Gary C. Anderson</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Gary C. Anderson</i>		7. Date of Delivery 1-16-99	
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?

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

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

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

3. Article Addressed to: Ripley Living Trust Edward P. Ripley, Trustee P.O. Box 5011 Sante Fe, NM 87502-5011

4a. Article Number: 2208700136

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

7. Date of Delivery: 12-29-94

8. Addressee's Address (Only if requested and fee is paid): 2208700136

5. Received By: (Print Name)

6. Signature: *[Signature]*

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to: Thelma Demott RR 2, Box 36 Hopkins, MO 64461-9603

4a. Article Number: 2208700214

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

7. Date of Delivery: 1-20-95

8. Addressee's Address (Only if requested and fee is paid): Sci E Phelps Apt B4 Hopkins MO 64461

5. Received By: (Print Name)

6. Signature: (Addressed or Agent) *[Signature]*

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

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

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

3. Article Addressed to: W. A. Kernaghan -5650 Charlestown Dr. Dallas, TX 75230-1730

4a. Article Number: 2208700245

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

7. Date of Delivery: 1-19-95

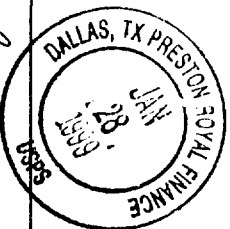
8. Addressee's Address (Only if requested and fee is paid):

5. Received By: (Print Name) W. A. Kernaghan

6. Signature: (Addressed or Agent) *[Signature]*

PS Form 3811, December 1994

Thank you for using Return Receipt Service.



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

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

3. Article Addressed to: Edward & Jacqueline M. Winterer Revocable Trust #1 dated 12-4-91 289 Oceanview Ave. Del Mar, CA 92014-3521

4a. Article Number: 2208700096

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

7. Date of Delivery: 1-19-95

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

5. Received By: (Print Name)

6. Signature: (Addressed or Agent) *[Signature]*

PS Form 3811, December 1994

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3. Article Addressed to:

Stella Mudge Greear
14209 Valley Forge Lane
Edmond, OK 73013-6412

5. Received By: (Print Name)
Stella Mudge Greear

6. S PS F

4a. Article Number
2208 700152

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

7. Date of Delivery
1-15-99

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.

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

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3. Article Addressed to:

Elizabeth Goodwin Reese
7800 Naim
Houston, TX 77074-5321

5. Received By: (Print Name)

6. S PS F

4a. Article Number
2208 700053

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

7. Date of Delivery
1-25-99

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.

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

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3. Article Addressed to:

Carolyn Judith Combs
6114 E. Gilbert
Wichita, KS 67218-2822

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994

4a. Article Number
2208 700211

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

7. Date of Delivery
1-16-99

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.

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

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

3. Article Addressed to:

Neal S. Waterfall
14438 NE 1st Place
Bellevue, WA 98007-3904

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

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994

4a. Article Number
2208 700081

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)

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

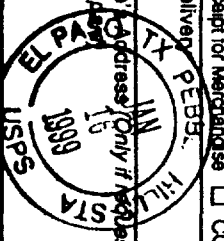
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Thank you for using Return Receipt Service.

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3. Article Addressed to: Richard H. Landshoff Jr. 2313 Jim Dent El Paso, TX 79936-2802		4a. Article Number Z 208 700 144	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery FEB 23 1994	
5. Received By: (Print Name) X		8. Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT	
6. Signature: (Addressee or Agent) X		PS Form 3811, December 1994 102595-97-B-0179	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Roger B. Nielsen Sunwest Bank Albuquerque, N.A. Agent P.O. Box 26900 Albuquerque, NM 87125-6900		4a. Article Number Z 208 700 174	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery	
5. Received By: (Print Name) X		8. Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT	
6. Signature: (Addressee or Agent) X		PS Form 3811, December 1994 102595-97-B-0179	

Thank you for using Return Receipt Service.

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3. Article Addressed to: Mabel Glenn Ham Rev Tr Kathryn Nora Black, Trustee 921 Grecian NW Albuquerque, NM 87107-5732		4a. Article Number Z 208 700 143	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 1-15-99	
5. Received By: (Print Name) X		8. Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT	
6. Signature: (Addressee or Agent) X		PS Form 3811, December 1994 102595-97-B-0179	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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 Complete items 3, 4a, and 4b.
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return 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:
 Ben R. Howard
 3807 Cypresswood Dr.
 Spring, TX 77388-5729

4a. Article Number: 2208 700 234
4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery: 1-14-99

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

5. Received By: (Print Name)
 Ben R. Howard

6. Signature: (Addressee or Agent)
 X *Ben R. Howard*

PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

3. Article Addressed to:
 Cheryl L. Potenziani
 P.O. Box 36600
 Station D
 Albuquerque, NM 87176-6600

4a. Article Number: 2208 700 033
4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

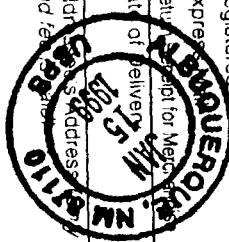
7. Date of Delivery:

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

5. Received By: (Print Name)
 Cheryl L. Potenziani

6. Signature: (Addressee or Agent)
 X *Cheryl L. Potenziani*

PS Form 3811, December 1994 102595-98-8-0229 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 the card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return 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:
 Gloria M. Kubik
 Route 2, Box 111
 Madford, OK 73759-9508

4a. Article Number: 2208 700 163
4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery: 1-16-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Gloria M. Kubik*

PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return 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:
 Harry O. Schmidt Trust
 Colorado National Bank Pueblo, Trustee
 Colorado National Bank of (CNDT 2311)
 P.O. Box 17532
 Denver, CO 80217-0532

4a. Article Number: 2208 700 036
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 1994 102595-98-8-0229 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.

3. Article Addressed to:
Sam Dazzo, Sr., Trustee for Samuel Lionel Dazzo & Frances Joy Dazzo
U/T A dated 5-17-83
901 Val verde SE
Albuquerque, NM 87108-3471

4a. Article Number: 2208 700 204
4b. Service Type: Registered Express Mail Return Receipt for Merchandise COD

5. Received By: (Print Name) *Sam Dazzo Sr*
6. Signature: (Addressed or Agent) *[Signature]*

7. Date of Delivery: 1-15-99
8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, December 1994 102595-98-8-0229 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.

3. Article Addressed to:
Ethel Parnell
503 W. Duarte Rd., #5
Arcadia, CA 91007-7325

4a. Article Number: 2208 700 175
4b. Service Type: Registered Express Mail Return Receipt for Merchandise COD

5. Received By: (Print Name)

6. Signature: (Addressed or Agent) *[Signature]*

7. Date of Delivery: 1-6-99
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.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
NationsBank NA Agent
G. W. Harnett Estate
P.O. Box 840738
Dallas, TX 75284-0738

4a. Article Number: 2137 530 065
4b. Service Type: Registered Express Mail Return Receipt for Merchandise COD

5. Received By: (Print Name) Kenneth Phelps
6. Signature: (Addressed or Agent) *[Signature]*

7. Date of Delivery: 1-15-99
8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, December 1994 102595-98-8-0229 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.

3. Article Addressed to:
Betty R. Hicks
18070 Langlois Road #247
Desert Hot Springs, CA 92241-8332

4a. Article Number: 2208 700 144
4b. Service Type: Registered Express Mail Return Receipt for Merchandise COD

5. Received By: (Print Name)

6. Signature: (Addressed or Agent) *[Signature]*

7. Date of Delivery: 1-15-99
8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, December 1994 102595-97-8-0179 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.

3. Article Addressed to:

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

4a. Article Number: Z 208 700 052

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

7. Date of Delivery: JAN 15 1999

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

5. Received By: (Print Name)

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

PS Form 3811, December 1994

102595-97-8-0179 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

George W. Umbach
2620 South Maryland Pkwy. #496
Las Vegas, NV 89109-1673

4a. Article Number: Z 208 700 079

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

7. Date of Delivery: 1-14-99

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

5. Received By: (Print Name)

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

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

Lawrence J. Garcia
9835 1/2 4th St. NW
Albuquerque, NM 87114-2121

4a. Article Number: Z 208 700 221

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

7. Date of Delivery: JAN 15 1999

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

5. Received By: (Print Name)

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

PS Form 3811, December 1994

102595-97-8-0179 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return 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:

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

4a. Article Number: Z 208 700 090

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

7. Date of Delivery: 1-16-99

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

5. Received By: (Print Name)

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

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

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.
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- Write "Return 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:

Potenziant Family Partnership
P.O. Box 366500
Station D
Albuquerque, NM 87176-6600

5. Received By: (Print Name)
6. Signature: (Addressed for Agent)

4a. Article Number: 2208 700 011

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

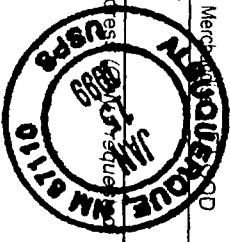
7. Date of Delivery:

8. Addressee's Address (and fee is paid):

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

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

PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- Write "Return 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:

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

5. Received By: (Print Name)
6. Signature: (Addressed for Agent)

4a. Article Number: 2208 700 089

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

7. Date of Delivery: 1-15-99

8. Addressee's Address (and fee is paid):

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

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

PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt

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- Write "Return Receipt Requested" on the mailpiece below the article number.
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3. Article Addressed to:

Harry D. Porter
NationsBank of Texas, NA, Trustee
Trust Oil & Gas #15-020-6401500
P.O. Box 840738
Dallas, TX 75284-0738

5. Received By: (Print Name)
6. Signature: (Addressed for Agent)

4a. Article Number: 2208 700 032

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

7. Date of Delivery:

8. Addressee's Address (and fee is paid):

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

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

PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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SENDER:

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

3. Article Addressed to:

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

5. Received By: (Print Name)
6. Signature: (Addressed for Agent)

4a. Article Number: 2208 700 049

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

7. Date of Delivery: 1-15-99

8. Addressee's Address (and fee is paid):

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

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

PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

Elizabeth Goodwin Reese
7800 Naim
Houston, TX 77074-5321

4a. Article Number
2 208 700 053

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

7. Date of Delivery
1-25-99

5. Received By: (Print Name)

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

6. SIC

X

PS Form

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

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

Stella Madge Greear
14209 Valley Forge Lane
Edmond, OK 73013-6412

4a. Article Number
7 208 700 152

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

7. Date of Delivery
1-15-99

5. Received By: (Print Name)

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

6. SIC

X

PS Form

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

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

Neal S. Waterfall
14438 NE 16th Place
Bellevue, WA 98007-3904

4a. Article Number
2 208 700 081

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-98-3-0229

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.

Carolyn Judith Combs
6114 E. Gilbert
Wichita, KS 67218-2822

4a. Article Number
7 208 700 211

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

7. Date of Delivery
1-16-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-9-0179

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.

3. Article Addressed to:

Betsy Henderson Bryant
2201 Brookhollow Drive
Abilene, TX 79605-5307

4a. Article Number: 2 208 700128

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

7. Date of Delivery: JAN 27 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Betsy Henderson Bryant

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

102595-98-8-0229 Domestic Return Receipt

PS Form 3811, December 1994

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.

3. Article Addressed to:

Ray R. Taylor, III
P.O. Box 1324
Cortez, CO 81321-1324

4a. Article Number: 2 208 700 074

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

7. Date of Delivery: 1-23-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Ray R. Taylor, III

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

102595-98-8-0229 Domestic Return Receipt

PS Form 3811, December 1994

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.

3. Article Addressed to:

Mark W. Anderson
1306 North 21st Street
Council Bluffs, IA 51501-0909

4a. Article Number: 2 208 700 019

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

7. Date of Delivery: 1-19-99

5. Received By: (Print Name)
Mark W. Anderson

6. Signature: (Addressee or Agent)
X Mark W. Anderson

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

102595-98-8-0229 Domestic Return Receipt

PS Form 3811, December 1994

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.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return 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:

Mary Gose Teesdale
4005 Fairway Dr.
Granbury, TX 76049-5302

4a. Article Number: 2 208 700 084

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

7. Date of Delivery: 1-23-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Mary Gose Teesdale

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

102595-98-8-0229 Domestic Return Receipt

PS Form 3811, December 1994

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: M & G Drilling Co. Inc. P.O. Box 9560 Palm Springs, CA 92263		4a. Article Number 2 137 530 058	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 1-19-99 D. TRAY	
5. Received By: (Print Name) J. G. Smith		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>J. G. Smith</i>		PS Form 3811, December 1994	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Terry H. Kessler 216 N. Highland Rd. Springfield, PA 19064		4a. Article Number Z 208 700 238	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Terry H. Kessler</i>		PS Form 3811, December 1994	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Central Resources Inc. P.O. Box 2810 Farmington, NM 87499		4a. Article Number Z 137 530 070	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery	
5. Received By: (Print Name) J. Hardie		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>J. Hardie</i>		PS Form 3811, December 1994	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: William B. Hardie, Sr. Royalty Trust Jane Hardie, Trustee 1065 Los Jardines El Paso, TX 79912-1912		4a. Article Number Z 208 700 144	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>J. Hardie</i>		PS Form 3811, December 1994	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Jon J. Anderson 320 Lincoln Ave. Council Bluffs, IA 51503-4534</p>		<p>4a. Article Number Z 208 700 183</p>	
<p>5. Received By: (Print Name) <i>Jon J. Anderson</i></p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent) <i>Jon J. Anderson</i></p>		<p>7. Date of Delivery 1-22-99</p>	
<p>PS Form 3811, December 1994</p>		<p>102595-98-8-0229 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Robert N. Dumble, Jr. Estate P.O. Box 42177 Houston, TX 77242-2177</p>		<p>4a. Article Number Z 208 700 135</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent) <i>Robert N. Dumble, Jr.</i></p>		<p>7. Date of Delivery 1-16-92</p>	
<p>PS Form 3811, December 1994</p>		<p>102595-98-8-0229 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Robert Umbach P.O. Box 5310 Farmington, NM 87499-5310</p>		<p>4a. Article Number Z 208 700 069</p>	
<p>5. Received By: (Print Name) <i>Robert Umbach</i></p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent) <i>Robert Umbach</i></p>		<p>7. Date of Delivery 1-22-99</p>	
<p>PS Form 3811, December 1994</p>		<p>102595-98-8-0229 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Valda S. Hill Estate c/o Colorado National Bank P.O. Box 17532 Denver, CO 80217-0532</p>		<p>4a. Article Number Z 208 069 233</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent) <i>Valda S. Hill</i></p>		<p>7. Date of Delivery 1-22-99</p>	
<p>PS Form 3811, December 1994</p>		<p>102595-98-8-0229 Domestic Return Receipt</p>	

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:
 Taurus Exploration USA Inc.
 2101 6th Ave. NB.
 Birmingham, AL 35203

4a. Article Number: 2208700002
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 12/15/94

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

5. Received By: (Print Name)
 X R. Abbott

6. Signature: (Addressee or Agent)
 R. Abbott

PS Form 3811, December 1994

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:
 Susan Taylor
 263 University Dr.
 Menlo Park, CA 94025-5221

4a. Article Number: 2208700064
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 12/15/94

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Susan Taylor

PS Form 3811, December 1994

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:
 Renee Abbott
 3733 Avenida Palo Verde
 Bonita, CA 91902-1007

4a. Article Number: 2208700017
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 1-14-99

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

5. Received By: (Print Name)
 R. Abbott

6. Signature: (Addressee or Agent)
 R. Abbott

PS Form 3811, December 1994

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.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:
 Peterson Family Trust
 Joseph L. Peterson, Trustee
 7430 Olivetas Ave. WH
 LaJolla, CA 92037-1900

4a. Article Number: 2137530069
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 1-15-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X Joseph L. Peterson

PS Form 3811, December 1994

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. "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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: Troiani, Fran Rev. Trust 12309 Kingsbrook Oklahoma City, OK 73142-5114		4a. Article Number Z 208 700 067	
5. Received By: (Print Name) FERRER, ROSA ANI		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>Rosa Ferrer</i>		7. Date of Delivery 1-15-94	
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. "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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: Alberta Mae Smyser RR 2, Box 98 Sheridan, MO 64486		4a. Article Number Z 208 700 060	
5. Received By: (Print Name) X <i>Alberta Mae Smyser</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
PS Form 3811, December 1994		7. Date of Delivery 1-15-94	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Thelma Ford Simmons, Trust c/o D. J. Simmons Co. P.O. Box 1469 Farmington, NM 87499-1469		4a. Article Number Z 208 700 038	
5. Received By: (Print Name) M. McElwaine		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>M. McElwaine</i>		7. Date of Delivery 1-14-94	
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.

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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. "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will 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: John Nickson Beers 20579 Missionary Ridge Walnut, CA 91789-3529		4a. Article Number Z 208 700 187	
5. Received By: (Print Name) J. N. Beers		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>J. N. Beers</i>		7. Date of Delivery 1-15-94	
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?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Fannie Singleton 787 Granouland Ave. Barberton, OH 44203</p>		<p>4a. Article Number 2208700048</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p>5. Received By: (Print Name) FANNIE L. SINGLETON</p> <p>6. Signature: (Addressee or Agent) X Fannie Singleton</p>	
<p>7. Date of Delivery JAN 21 1999</p> <p>8. Addressee's Address (Only if requested and fee is paid) 44203</p>		<p>102595-98-B-0229 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>John A. Granbling 916 Cherry Hill El Paso, TX 79912-3327</p>		<p>4a. Article Number 2208700141</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p>5. Received By: (Print Name) John A. Granbling</p> <p>6. Signature: (Addressee or Agent) X JAG</p>	
<p>7. Date of Delivery 1-23-99</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>		<p>102595-97-B-0179 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Edward R. Atwill P.O. Box 1551 Tubac, AZ 85646-1551</p>		<p>4a. Article Number 2208700195</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p>5. Received By: (Print Name) Edward R. Atwill</p> <p>6. Signature: (Addressee or Agent) X Edward R. Atwill</p>	
<p>7. Date of Delivery JAN 21 1999</p> <p>8. Addressee's Address (Only if requested and fee is paid) 3-575</p>		<p>102595-98-B-0229 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Deborah Herrig 24025 Panama Ave. Elko, MN 55020-9445</p>		<p>4a. Article Number 2208700155</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p>5. Received By: (Print Name) Deborah Herrig</p> <p>6. Signature: (Addressee or Agent) X DH</p>	
<p>7. Date of Delivery 1-21-99</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>		<p>102595-97-B-0179 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Claudia Lundell Gilmer 30 Golden Place The Woodlands, TX 77381-4334</p>		<p>4a. Article Number 2208 700 159</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>7. Date of Delivery 1-21-99</p>	
<p>5. Received By: (Print Name)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>PS Form 3811, December 1994</p>		<p>Receipt</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Emily D. Grambling 916 Cherry Hill Lane El Paso, TX 79912-3327</p>		<p>4a. Article Number 2208 700 140</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>7. Date of Delivery 1-23-99</p>	
<p>5. Received By: (Print Name)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>PS Form 3811, December 1994</p>		<p>Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Erik Wolf 4 Lexington Ave #8E New York, NY 10010-3419</p>		<p>4a. Article Number 2208 700 094</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>7. Date of Delivery JAN 13 1999</p>	
<p>5. Received By: (Print Name)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>PS Form 3811, December 1994</p>		<p>Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Universal Resources Inc. P.O. Box 45601 Salt Lake City, UT 84145</p>		<p>4a. Article Number 2208 700 007</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>7. Date of Delivery JAN 13 1999</p>	
<p>5. Received By: (Print Name)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>PS Form 3811, December 1994</p>		<p>Domestic Return Receipt</p>	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Davant Family Trust Amoco Production Company P.O. Box 800 Denver, Co 80201		4a. Article Number 2 208 700 009	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 1/19/94	
5. Received By: (Print Name) X Signature: (Address or Agent)		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Harry A. MacIntosh 122600 First Interstate Bank of Denver, NA Suc. Trustee Trust Minerals 9N O P.O. Box 5825 Denver, CO 80217-5825		4a. Article Number 2 137 530 074	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 1/19	
5. Received By: (Print Name)		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.

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: M. Robert Thompson, Rev. Trust H. Robert & Jeanne L. Thompson, Trustees 316 Dahlia Street Denver, CO 80220-5714		4a. Article Number 2 208 700 086	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 102595-98-8-0229 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Nancy Taylor Shivers Trust 87 Silver Fox Dr. Greenwood Village, CO 80121-2127		4a. Article Number 2 208 700 037	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 102595-98-8-0229 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.

3. Article Addressed to:

Hansel King Riddle Estate
 Donna Riddle & John Hager
 Co-Personal Rep.
 P.O. Box 13326
 Albuquerque, NM 87192-3326

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Handwritten Signature

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

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

4a. Article Number
 2 208 700 044

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

7. Date of Delivery
 1/20/99

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Handwritten Signature

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

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

4a. Article Number
 2 208 700 062

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

7. Date of Delivery
 1/20/99

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

Elizabeth H. White Family Trust
 Linda Payne, Trustee
 P.O. Box 780099
 Dallas, TX 75378-0099

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Handwritten Signature

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

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

4a. Article Number
 2 208 700 092

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

7. Date of Delivery
 1-22-99

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

H. K. Riddle, II, Trust
 H. K. Riddle, Trustee
 P.O. Box 13326
 Albuquerque, NM 87192-3326

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Handwritten Signature

PS Form 3811, December 1994

102595-98-8-0229 Domestic Return Receipt

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

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

4a. Article Number
 2 208 700 054

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

7. Date of Delivery
 1/20/99

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

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail

James B. MacIntosh
 235 Ridge Rd.
 Rangely, CO 81648-3123

Z 137 529 072

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	

US Postal Service
Receipt for Certified Mail

Chad A. MacIntosh
 10155 Carreta Dr.
 Santee, CA 92071-4917

Z 137 529 071

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	

US Postal Service
Receipt for Certified Mail

Richard A. MacIntosh
 9929 Pine Knoll Ln.
 San Diego, CA 92124-1809

Z 137 529 074

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	

US Postal Service
Receipt for Certified Mail

Patrick A. MacIntosh
 502 S. 11th St.
 Gunnison, CO 81230-3212

Z 137 529 073

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	

US Postal Service
Receipt for Certified Mail

John Water
 5229 144th Pl. NE
 Marysville, WA 98271-9231

Z 137 529 077

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	

US Postal Service
Receipt for Certified Mail

Emilie Swinney
 P.O. Box 8182
 Wichita Falls, TX 76307-8182

P 329 305 331

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	

Z 137 529 070

US Postal Service
Receipt for Certified Mail

Ben Howell Langford
201 E. Main Dr., Ste. 900
El Paso, TX 79901-1334

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	

Z 208 700 145

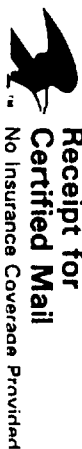
US Postal Service
Receipt for Certified Mail

David Henderson
2691 Capella Way
Thousand Oaks, CA 91362-4954

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	

Z 740 461 835



Harvey A. & Virginia Jorgensen
1398 East Wildon Ln.
Springfield, MO 65804-7922

PS Form 3800, March 1993

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

Z 137 530 062

US Postal Service
Receipt for Certified Mail

Mabel Ostior & Company
2420 West 107th Drive
Westminster, CO 80234

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	

Z 137 529 C68

US Postal Service
Receipt for Certified Mail

Charlene R. Auvil
Smith Tower #61
515 Washington St.
Vancouver, WA 98660-3171

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	

Z 137 529 069

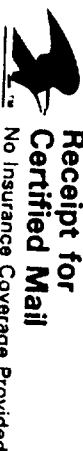
US Postal Service
Receipt for Certified Mail

Daniel D. Dove
217 Cielo Vista Dr.
Colorado Springs, CO 80911-2407

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	

Z 740 461 848



Smith, Lorrene C. Trust
Claud W. & Jesse S. Raybourne, Trustees
207 Wilshire Lane
Newark, DE 19711-2757

March 1993

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	

Z 208 700 237

US Postal Service
Receipt for Certified Mail

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

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	

Z 208 700 016

**US Postal Service
Receipt for Certified Mail**

Storey-Lincoln Partnership
21011 Marine View Dr. SW
Seattle, WA 98166-4245

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	

Z 740 461 833

 **Receipt for Certified Mail**

Texaco Exploration & Production, Inc.
Gary E. Cox
P.O. Box 2100
Denver, CO 80201

PS Form 3800, March 1993

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

Z 137 530 089

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Thompson, Enid Lillian Life Estate
POA: MWOOD Robert Thompson
316 Dahlia
Denver, CO 80220-5714

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	

Z 208 700 170

**US Postal Service
Receipt for Certified Mail**

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

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	

Z 208 700 041

**US Postal Service
Receipt for Certified Mail**

Mabelle H. Sowers Royalty Trust
Mabell Bramhall, Trustee
3012 Cochise Ct.
College Station, TX 77845-6529

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	

Z 740 461 837

 **Receipt for Certified Mail**

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

March 1993

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

Z 740 461 838

 **Receipt for Certified Mail**

C. Fred Luddy, Jr.
Sunwest Bk of Albuquerque Agr
Account #60166-00
P.O. Box 26900
Albuquerque, NM 87125-6900

March 1993

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

Z 740 461 845

 **Receipt for Certified Mail**

Turner, Mary F. Trust 6743
Texas Commerce Trust Co., NA
P.O. Box 660197
Dallas, TX 75226-0197

March 1993

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

Z 208 700 031

US Postal Service
Receipt for Certified Mail

Jane Manning Pitkin
503 W. Duarte Rd., No. 6
Arcadia, CA 91007-7325

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	

Z 740 461 846

US Postal Service
Receipt for Certified Mail

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

PS Form 3800, March 1993

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

Z 137 529 667

Mary L. Adkisson
685 Sand Creek Dr.
Colorado Springs, CO 80916-5510

PS Form 3800, April 1995

Post Office, State, & ZIP Code	
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	\$ 3.30
Postmark or Date	Call 4/22 1129199

Z 740 461 829

US Postal Service
Receipt for Certified Mail

W. G. Peavy Oil Company
221 Woodcrest Dr.
Richardson, TX 75060-2038

800, March 1993

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

Z 208 700 093

US Postal Service
Receipt for Certified Mail

L. Doris Williams Estate
William P. Traylor & John G. Heard
Co-Indept Executors
P. O. Box 8306
Houston, TX 77288-8306

800, 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	

Z 740 461 830

US Postal Service
Receipt for Certified Mail

Wiser Oil Company
8115 Preston Road, Ste. 400
Dallas, TX 75225-6311

, March 1993

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

Z 740 461 842

US Postal Service
Receipt for Certified Mail

Carolee Simmons Smith
5717 Jaqueline Road
Ft. Worth, TX 76112-3952

March 1993

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


Z 137 530 101

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Elizabeth T. S. Hutchins
#11309 Clovercrest Dr. SW
Tacoma, WA 98499-1222

PS Form 3800, April 1995

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	


Z 740 461 826

 **Receipt for Certified Mail**
No Insurance Coverage Provided
Conoco A/C Kathleen B. Lipkins
812 Park Ave., #4A
New York, NY 10021-2759

PS Form 3800, March 1993

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

Z 740 461 832

 **Receipt for Certified Mail**
No Insurance Coverage Provided
Mary Jeanne Simmons Banks
2104 Writer Sunday Way
Arlington, TX 76012-4941

PS Form 3800, March 1993

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

Z 208 700 188

US Postal Service
Receipt for Certified Mail
Hazel Ashley Bracken
101 Westcott, #403
Houston, TX 77007-7030

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	


Z 137 530 104

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Patie Beamon Lundell
1616 S. Voss Rd., #870
Houston, TX 77057-2626

1800, April 1995

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	\$


Z 740 461 824

 **Receipt for Certified Mail**
No Insurance Coverage Provided
Conoco A/C Atwell & Co.
United States Tr. Co. of NY
Box 456, Wall St. Station
New York, NY 10005

March 1993

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

Z 740 461 825

 **Receipt for Certified Mail**
No Insurance Coverage Provided
Conoco A/C Shirley Bernstein
654 Madison Ave.
New York, NY 10021-8404

March 1993

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

Z 208 700 185

US Postal Service
Receipt for Certified Mail
Douglas E. Atwill
602 Canyon Rd.
Santa Fe, NM 87501-2772

April 1995

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

Z 208 700 1A4

**US Postal Service
Receipt for Certified Mail**

W. R. Archer
U/W/O Eleanor M. Archer, Trustee
3615 Piping Rock Ln.
Houston, TX 77027-4116

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	

Z 208 700 133

**US Postal Service
Receipt for Certified Mail**

Lynn E. Desper
50 Coronado Place
Corrales, NM 87048

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	

Z 740 461 849

**US Postal Service
Receipt for Certified Mail**

Evergen Resources Corp.
Richard Corcoran
2198 Bloom Field Highway
Farmington, NM 87401

PS Form 3800, March 1993

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

Z 137 530 C57

**US Postal Service
Receipt for Certified Mail**

Dekalis Energy Co.
1625 Broadway, Ste. 1300
Denver, CO 80202-4731

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	

Z 740 461 A38

**US Postal Service
Receipt for Certified Mail**

Burlington Resources Oil & Gas Co.
Attn: Linda Donohue
P.O. Box 4289
Farmington, NM 87499-4289

Form 3800, March 1993

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

Z 137 530 0A1

**US Postal Service
Receipt for Certified Mail**

Amoco Corporation
John Hasche
P.O. Box 800
Denver, CO 80201

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	

Z 740 461 83b

**US Postal Service
Receipt for Certified Mail**

Everen Securities Inc.
Ben Howell Langford
201 E. Main Dr., Ste. 900
El Paso, TX 79901-1334

Form 3800, March 1993

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

Z 740 461 831

**US Postal Service
Receipt for Certified Mail**

Dugan Production Corp.
P.O. Box 420
Farmington, NM 87499

Form 3800, March 1993

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

Z 208 700 147

US Postal Service
Receipt for Certified Mail

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

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	

Z 740 461 839



Receipt for Certified Mail
No Insurance Coverage Provided

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

PS Form 3800, March 1993

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

Z 740 461 840



Receipt for Certified Mail
No Insurance Coverage Provided

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

PS Form 3800, March 1993

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

Z 208 700 156

US Postal Service
Receipt for Certified Mail

Mozelle C. Hill
6208 Waterford Blvd. #109
Oklahoma City, OK 73118

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	

Z 208 700 217

US Postal Service
Receipt for Certified Mail

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

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	\$

Z 137 530 095

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail. (See reverse)
Hazle L. Gentile
1117 S. Michigan St.
Roswell, NM 88201-4339

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	\$

Z 740 461 841



Receipt for Certified Mail
No Insurance Coverage Provided

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

PS Form 3800, March 1993

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

Z 740 461 834



Receipt for Certified Mail
No Insurance Coverage Provided

Cindy Brady Hamilton
2222 Flat Creek
Richardson, TX 75080-2332

PS Form 3800, March 1993

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

Z 740 461 823



Receipt for Certified Mail

No Insurance Coverage Provided

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

PS Form 3800, March 1993

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

Z 740 461 827



Receipt for Certified Mail

No Insurance Coverage Provided

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

March 1993

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

Z 740 461 847



Receipt for Certified Mail

No Insurance Coverage Provided

Denise Turnbull
5847 Lakehurst Ave.
Dallas, TX 75230-5031

PS Form 3800, March 1993

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

Z 137 530 112

Receipt for Certified Mail

No Insurance Coverage Provided.

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

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, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 208 700 071

US Postal Service Receipt for Certified Mail

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

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, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 740 461 844



Receipt for Certified Mail

No Insurance Coverage Provided

Derrick Turnbull
5847 Lakehurst Ave.
Dallas, TX 75230-5031

00, March 1993

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

Z 137 530 103

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Madeline Howell Jaszczembski
1106 Mesita
El Paso, TX 79902-1913

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, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 740 461 843



Receipt for Certified Mail

No Insurance Coverage Provided

Dawn J. Turnbull
5847 Lakehurst Ave.
Dallas, TX 75230-5031

100, March 1993

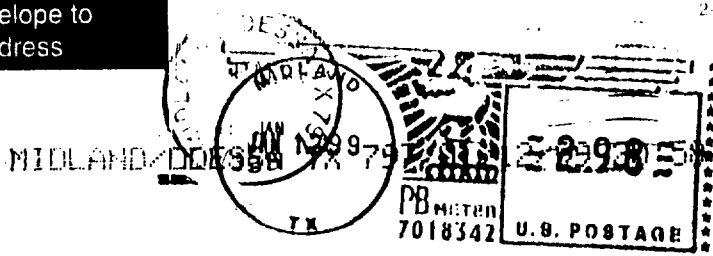
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Conoco Inc.
Exploration Production, North America
10 Desta Drive, Suite 100W
Midland, TX 79705-4500

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

CERTIFIED

Z 208 700 150



MAIL

UNCLAIMED

Charles B. [unclear]
P.O. Drawer 250
Santa Fe, NM 87501-0509

1ST NOTICE JAN 14 1999
2ND NOTICE
RETURN JAN 20 1999
129

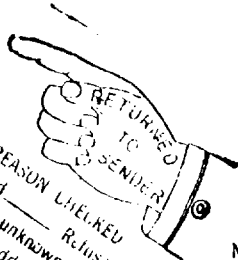
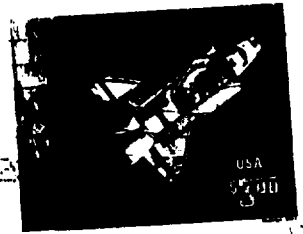


Conoco Inc.
Exploration Production, North America
10 Desta Drive, Suite 100W
Midland, TX 79705-4500

CERTIFIED

Z 208 700 207
MIDLAND/DDESSA TX 79701-2128

MAIL



Sharon SW

Mitzi H. Easley
5605 Shoaledge Crt.
Austin, TX 78756-1024

NDAA

*NAME EASLEY
15 [unclear]
260 [unclear]
Austin*

REASON CHECKED
Inclained _____ Refused _____
addressee unknown _____
insufficient address _____
no such street _____ number _____
no such office in state _____
do not remain in this envelope _____

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

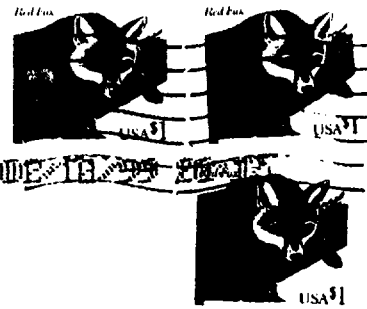
CERTIFIED

Z 208 700 037

MAIL

Conoco Inc.
Exploration Production, North America
10 Desta Drive, Suite 100W
Midland, TX 79705-4500

- MOVED, LEFT NO ADDRESS
- NOT DELIVERABLE AS ADDRESSED
- UNCLAIMED - NOT KNOWN
- UNABLE TO FORWARD
- ATTEMPTED - NOT KNOWN
- NO SUCH STREET - NUMBER
- DO NOT REMAIN IN THIS ENVELOPE
- INSUFFICIENT ADDRESS
- NO MAIL RECEPTACLE
- BOX CLOSED NO ORDER



NAME
1st Notice JAN 15 1998
2nd Notice
Return

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

unk

