BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MARKS AND GARNER PRODUCTION, LTD. CO. FOR AN EXCEPTION TO DIVISION RULES 305 AND 309 TO PERMIT LEASE COMMINGLING AND APPROVAL OF A CENTRAL DELIVERY POINT, EDDY COUNTY, NEW MEXICO. **Case No. 12,239**

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owner at their correct addresses by mailing each of them, by certified mail, a copy of the Application. Copies of the notice letter and certified return receipt are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of September, 1999, by James Bruce.

Notary Public

My Commission Expires:
3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 3
CASE NO. 12239

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

August 12, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Marks and Garner Production, Ltd. Co., requesting approval of lease commingling and a central delivery point for Grayburg-Jackson Pool production from the 17 wells described in the application. This matter will be heard at 8:15 a.m. on Thursday, September 2, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the affected leases, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Marks and Garner
Production, Ltd. Co.

EXHIBIT
A

EXHIBIT A

Gail N. Smith
9430 Manor Drive
La Mesa, California 91942

Paul Slayton
P.O. Box 2035
Roswell, New Mexico 88202

Richard Wolcott
9430 Manor Drive
La Mesa, California 91942

Edmund Ely
143 Jackson Road
Gettysburg, PA 17325

St. Mary's School
P.O. Box 218
Faribault, MN 55021

UNM Board of Regents
Scholes Hall
Room 251
Albuquerque, New Mexico 87110

Trustees of the Leonard Trust
P.O. Box 400
Roswell, New Mexico 88201

Tim Leonard
P.O. Box 2625
Eagle Pass, Texas 78853

Edmund Ely
4833 Olmos Drive
El Paso, Texas 79922

Everett Taylor
P.O. Box 1816
Roswell, New Mexico 88202

J.S.
J.S. Schmidhammer
7 Glendale Circle
Greenbrier, Arkansas 72058

Hanson-McBride Petroleum
P.O. Box 1515
Roswell, New Mexico 88202

Elks National Foundation
2750 Lakeview Drive
Chicago, Illinois 60614

Boys & Girls Club
1230 Peachtree N.W.
Atlanta, Georgia 30309

LaVerne Levers Trust
32200 SW French Prairie Drive
Apt. B 209
Wilsonville, Oregon 97070

Dale Rogers
RR 1 4702 Cornflower Road
Roswell, New Mexico 88201

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

Gloria Wolcott
9430 Manor Drive
La Mesa, California 91942

Conoco Inc.
P.O. Box 1267
Ponca City, Oklahoma 74602

Chevron USA Inc.
P.O. Box 840592
Dallas, Texas 75284

Olen Featherstone
1801 West 2nd Street
Roswell, New Mexico 88201

Minerals Management Service
P.O. Box 5810
Denver, Colorado 80217

Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

Carole Brandon
10660 2nd
Santee, California 92071

Molly Azopardi
P.O. Box 620
Wimberly, Texas 78767

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:

Gloria Wolcott
9430 Manor Drive
La Mesa, California 91942

4a. Article Number
Z 211 159 758

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

7. Date of Delivery
8/17/95

5. Received By: *(Print Name)*

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

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

Thank you for using Return Receipt Service.

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

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 758

Sent to Gloria Wolcott
Street 9430 Manor Drive
Post O La Mesa, California 91942

Postage	$ .55
Certified Fee	1.05
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.05
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.80
Postmark or Date	AUG 17 1995

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 752

Sent to
Carole Brandon
10660 2nd
Santee, California 92071

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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:
Richard Wolcott
9430 Manor Drive
La Mesa, California 91942

4a. Article Number
Z 211 159 384

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

7. Date of Delivery
8/27/99

5. Received By: *(Print Name)*

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

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

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 384

Sent to
Richard Wolcott
9430 Manor Drive
La Mesa, California 91942

Postage	$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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

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

Consult postmaster for fee.

3. Article Addressed to:
Carole Brandon
10660 2nd
Santee, California 92071

4a. Article Number
Z 211 159 152

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

7. Date of Delivery
8/25/99

5. Received By: *(Print Name)*
Carole J. Brandon

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

6. Signature: *(Addressee or Agent)*
X Carole J. Brander

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 692

Sent to	Gail N. Smith
Street & Number	9430 Manor Drive
P.O., State, & ZIP Code	La Mesa, California 91942
Postage	$ 0.55
Certified Fee	0.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.65
Postmark or Date	PLAINT

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:

St. Mary's School
P.O. Box 218
Faribault, MN 55021

4a. Article Number
Z 211 159 382

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

7. Date of Delivery
8-14

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-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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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:

Gail N. Smith
9430 Manor Drive
La Mesa, California 91942

4a. Article Number
Z 211 159 692

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

7. Date of Delivery
8/27/94

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-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 382

Sent to	St. Mary's School
Street & Number	P.O. Box 218
P.O., State, & ZIP Code	Faribault, MN 55021
Postage	$ .55
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.65
Postmark or Date	

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 759

Sent to
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, New Mexico 87504

Postage	$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.35
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	AUG 11 1999

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:

Edmund Ely
4833 Olmos Drive
El Paso, Texas 79922

4a. Article Number
Z 211 159 378

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

7. Date of Delivery
19 AUG 1999

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-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.
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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:

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

4a. Article Number
Z 211 159 759

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-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 378

Sent to
Edmund Ely
4833 Olmos Drive
El Paso, Texas 79922

Postage	$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.35
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	AUG 11 1999

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Z 211 159 760

Sent to	Dale Rogers RR 1 4702 Cornflower Road Roswell, New Mexico 88201
Street & Number	
Post Office, State, & ZIP Code	
Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	AUG 1995
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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

SENDER:

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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:

Tim Leonard
P.O. Box 2625
Eagle Pass, Texas 78853

4a. Article Number
Z 211 159 379

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

7. Date of Delivery
AUG 14 1995

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-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Z 211 159 379

Sent to	Tim Leonard P.O. Box 2625 Eagle Pass, Texas 78853
Street & Number	
Post Office, State, & ZIP Code	
Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.20
Postmark or Date	

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:

Dale Rogers
RR 1 4702 Cornflower Road
Roswell, New Mexico 88201

4a. Article Number
Z 211 159 760

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

7. Date of Delivery
AUG 18 1995

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-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Z 211 159 754

Sent to	Minerals Management Service P.O. Box 5810 Denver, Colorado 80217
Postage	$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	AUG 13 1999

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:

Molly Azopardi
P.O. Box 620
Wimberly, Texas [redacted]

4a. Article Number
Z 211 159 751

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

7. Date of Delivery
8-18-99

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Z 211 159 751

Sent to	Molly Azopardi P.O. Box 620 Wimberly, Texas 78767
Postage	$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	AUG 13 1999

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:

Minerals Management Service
P.O. Box 5810
Denver, Colorado 80217

Denall Ventures, Inc.

4a. Article Number
Z 211 159 754

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

7. Date of Delivery

5. Received By: *(Print Name)*
AUG 13 1999

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 211 159 756

Sent to
Chevron USA Inc.
Street
P.O. Box 840592
Post
Dallas, Texas 75284

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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

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

Consult postmaster for fee.

3. Article Addressed to:

Conoco Inc.
P.O. Box 1267
Ponca City, Oklahoma 74602

4a. Article Number
Z 211 159 757

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

7. Date of Delivery
AUG 13 1998

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

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

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

Thank you for using Return Receipt Service.

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

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 211 159 757

Sent to
Conoco Inc.
Street
P.O. Box 1267
Post
Ponca City, Oklahoma 74602

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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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:

Chevron USA Inc.
P.O. Box 840592
Dallas, Texas 75284

4a. Article Number
Z 211 159 756

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

7. Date of Delivery

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

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

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

Thank you for using Return Receipt Service.

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

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 755

Sent to: Olen Featherstone
Street: 1801 West 2nd Street
Roswell, New Mexico 88201
Post Office:

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	AUG 13 1999 ALBUQUERQUE NM

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:

LaVerne Levers Trust
32200 SW French Prairie Drive
Apt. B 209
Wilsonville, Oregon 97070

4a. Article Number: Z 211 159 761

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

7. Date of Delivery: 8/16/99

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

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

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

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 761

Sent to: LaVerne Levers Trust
Street: 32200 SW French Prairie Drive
Apt. B 209
Post Office: Wilsonville, Oregon 97070

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	AUG 13 1999 ALBUQUERQUE NM

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:

Olen Featherstone
1801 West 2nd Street
Roswell, New Mexico 88201

4a. Article Number: Z 211 159 755

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

7. Date of Delivery: 8/16/99

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

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

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

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 764

Sent to	Hanson-McBride Petroleum
St	P.O. Box 1515
Pt	Roswell, New Mexico 88202
Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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:

Boys & Girls Club
1230 Peachtree N.W.
Atlanta, Georgia 30309

4a. Article Number
Z 211 159 762

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

7. Date of Delivery
8/13/98

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-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:

Hanson-McBride Petroleum
P.O. Box 1515
Roswell, New Mexico 88202

4a. Article Number
Z 211 159 764

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

7. Date of Delivery
8-16-98

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

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

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

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 762

Sent to	Boys & Girls Club
St	1230 Peachtree N.W.
Pt	Atlanta, Georgia 30309
Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 380

Sent to: UNM Board of Regents
Scholes Hall
Room 251
Albuquerque, New Mexico 87110

Postage	$ .03
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.23

Postmark or Date

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:

UNM Board of Regents
Scholes Hall
Room 251
Albuquerque, New Mexico 87110

4a. Article Number: Z 211 159 380

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-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 383

Sent to: Edmund Ely
143 Jackson Road
Gettysburg, PA 17325

Postage	$ .55
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.23

Postmark or Date

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:

Edmund Ely
143 Jackson Road
Gettysburg, PA 17325

4a. Article Number: Z 211 159 383

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-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 753

Sent to: Bureau of Land Management
Street & No.: 2909 West Second Street
P.O., State, & ZIP Code: Roswell, New Mexico 88201

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	SANTA FE NM 1005

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:
Trustees of the Leonard Trust
P.O. Box 400
Roswell, New Mexico 88201

4a. Article Number: Z 211 159 381

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

7. Date of Delivery: 8-16-95

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

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

6. Signature: *(Addressee or Agent)*
X Robert T. Leonard

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

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

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

Consult postmaster for fee.

3. Article Addressed to:
Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

4a. Article Number: Z 211 159 753

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

7. Date of Delivery: 8-16

5. Received By: *(Print Name)*

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 211 159 381

Sent to: Trustees of the Leonard Trust
Street & No.: P.O. Box 400
P.O., State, & ZIP Code: Roswell, New Mexico 88201

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 211 159 377

Sent to
Everett Taylor
P.O. Box 1816
Roswell, New Mexico 88202

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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.S. Schmidhammer
7 Glendale Circle
Greenbrier, Arkansas 72058

4a. Article Number
Z 211 159 765

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

7. Date of Delivery
8-14-89

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-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:
Everett Taylor
P.O. Box 1816
Roswell, New Mexico 88202

4a. Article Number
Z 211 159 377

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

7. Date of Delivery
8-16-89

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-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 211 159 765

Sent to
J.S. Schmidhammer
7 Glendale Circle
Greenbrier, Arkansas 72058

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Z 211 159 691

Sent to	Paul Slayton P.O. Box 2035 Roswell, New Mexico 88202
Postage	$ 0.33
Certified Fee	1.60
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.18
Postmark or Date	

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:

Elks National Foundation
2750 Lakeview Drive
Chicago, Illinois 60614

4a. Article Number: Z 211 159 763

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

7. Date of Delivery: 8-16-99

5. Received By: *(Print Name)*

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Paul Slayton
P.O. Box 2035
Roswell, New Mexico 88202

4a. Article Number: Z 211 159 691

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

7. Date of Delivery: 8-16-99

5. Received By: *(Print Name)* Ruby Wickersham, Secty

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Z 211 159 763

Sent to	Elks National Foundation 2750 Lakeview Drive Chicago, Illinois 60614
Post Office, State, & ZIP Code	
Postage	$ .33
Certified Fee	1.60
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.18
Postmark or Date	