

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0022 9542 6082

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total   |    |                  |

Rec. **NM&O OPERATING COMPANY** (alter)  
 Street **6 E. 5<sup>TH</sup> STREET, SUITE 200**  
 City, **TULSA, OK 74103**

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:  
**NM&O OPERATING COMPANY**  
**6 E. 5<sup>TH</sup> STREET, SUITE 200**  
**TULSA, OK 74103**

4a. Article Number  
7000 0520 0022 9542 6082  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
1-29

5. Received By: (Print Name)  
Helen Thomas

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

6. Signature: (Addressee or Agent)  
X Helen Thomas

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

Thank you for using Return Receipt Service.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0022 9542 6044

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Recipient **GAVILAN DOME PROPERTIES** (Completed by mailer)  
 Street, Apt. No., or PO Box No. **1180 CEDARWOOD DRIVE**  
 City, State, ZIP+4 **MORAGA, CA 94556**

PS Form 3800, February 2000 See Reverse for Instructions

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:  
**GAVILAN DOME PROPERTIES**  
**1180 CEDARWOOD DRIVE**  
**MORAGA, CA 94556**

4a. Article Number  
7000 0520 0022 9542 6044  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
1-13-01

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.

BEFORE THE OIL CONSERVATION DIVISION  
 Santa Fe, New Mexico  
 Case No. 12636 Exhibit No. 4A  
 Submitted by:  
**McElvain Oil & Gas Properties, Inc.**  
 Hearing Date: April 5, 2001