

San Juan 32-5 Unit #112 - Fruitland Coal well

Name	Certified Mail	Date of 1 st Letter	Return Receipt Date	2 nd attempt of letter	Return Receipt Date	Agree/ Disagree	Comments
Unleased Mineral Owners							
Adela M. & Jose E. Quintana	7001 0320 0001 0935 1217	8/01/01	8/03/01			A/8/05/01	
Alice Mae & Ronald W. Owens	7001 0320 0001 0935 0883	8/01/01	8/04/01			A/8/10/01	
Alice Valdez	7001 0320 0001 0935 1019	8/01/01	8/04/01				
Ann Fisher	No Address	8/01/01					
Anna Maria Candelaria	7001 0320 0001 0935 1149	8/01/01	8/03/01				
Anna Marie Speidel	7001 0320 0001 0935 1088	8/01/01	8/23/01 unclaimed				Unclaimed
Arthur Valdez	7001 0320 0001 0935 1033	8/01/01	8/04/01			A/9/03/01	
Augustina & Ralph B. Baumer, Sr.	7001 0320 0001 0935 1156	8/01/01	8/03/01				
Aurora C. Marquez	7001 0320 0001 0935 1316	8/01/01	Forwarded 8/06/01				New address
Betsy Fahrion	7001 0320 0001 0935 0852	8/01/01	Unclaimed 8/28/01				Unclaimed
Billy A & Marilee G. Candelaria	7001 0320 0001 0935 1071	8/01/01	No record found			Disagree	
Billy Martinez	7001 0320 0001 0935 0838	8/01/01	Refused 8/06/01				Unclaimed 8/9/01
Carl C. Mowbray	7001 0320 0001 0935 0906	8/01/01	No forwarding address				Frdwng order expired
Cleotilde Nickerson	7001 0320 0001 0935 1323	8/01/01	8/01/01				
Daniel Henry Raffkind	7001 0320 0001 0935 0777	8/01/01	8/04/01				
David J. & Blanka I. Candelaria	7001 0320 0001 0935 0937	8/01/01	8/25/01	8/21/01	8/25/01		Frdwng order expired
Demis Candelaria	7001 0320 0001 0935 1262	8/01/01	8/03/01				
Dolores A. Romero	7001 0320 0001 0935 1125	8/01/01	8/01/01				
Eva C. & Ray Hartley	7001 0320 0001 0935 1057	8/01/01	8/01/01				Had questions
Frances M. & Bernard Stanek	7001 0320 0001 0935 0999	8/01/01	8/03/01				
Francisco & Loyola Candelaria	7001 0320 0001 0935 1132	8/01/01	8/03/01				
Fred Valdez	7001 0320 0001 0935 1026	8/01/01	8/03/01				
Gaby & Manuel Escondon		8/01/01					
Gary Dean Mizel	7001 0320 0001 0935 0791	8/01/01	8/08/01			A/8/14/01	
Genevieve Norton	7001 0320 0001 0935 1170	8/01/01	Returned to ERC 8/10/01				Not at this address
Horace Salazar	7001 0320 0001 0935 0975	8/01/01	8/02/01				
Jerry & Arlene Salazar	7001 0320 0001 0935 0982	8/01/01	8/02/01				
John A. & Irene Mascarenas	7001 0320 0001 0935 1194	8/01/01	Returned to ERC 8/03/01				Attempted not known 8/3
John C. Candelaria	7001 0320 0001 0935 1163	8/01/01	8/07/01				
Jose E. Marquez Family Trust	7001 0320 0001 0935 1286	8/01/01	8/04/01			A/8/09/01	
Juan A. Candelana	7001 0320 0001 0935 1187	8/01/01	Deceased				Moved, left no address
Juan A. Valdez	7001 0320 0001 0935 1255	8/01/01	8/10/01				
Juan Stevan & Alvina Candelaria	7001 0320 0001 0935 1224	8/01/01	Returned to ERC 8/08/01				Not at this address
Judy G. Zweiback	7001 0320 0001 0935 0760	8/01/01	8/04/01			A/8/15/01	
Katie & Joe S. Martinez	7001 0320 0001 0935 1293	8/01/01	8/07/01			A/08/07/01	
Kenneth E. & Irene G. Mowbray	7001 0320 0001 0935 0913	8/01/01	Returned to ERC 8/13/01				Frdwng. Order expired
Larry H. & Sharon A. Mowbray	7001 0320 0001 0935 0920	8/01/01	8/04/01			A/8/18/01	
Maima & David Santisteven	7001 0320 0001 0935 1309	8/01/01	Returned to ERC 8/10/01				Attempted not known
Mana Elena Byron	7001 0320 0001 0935 1118	8/01/01	8/01/01				
Mary Ann Gonzales	7001 0320 0001 0935 0845	8/01/01	8/02/01				
Mary C. Laurance	7001 0320 0001 0935 1064	8/01/01	8/13/01			Disagree	
Michael Candelana	7001 0320 0001 0935 1101	8/01/01	No Record found			Disagree	
Mike T. & Jetty L. Valdez	7001 0320 0001 0935 1002	8/01/01	8/03/01				
Mizel Family Trust	7001 0320 0001 0935 0746	8/01/01	8/03/01			A/8/03/01	
Ole & Mitsuko Salazar	7001 0320 0001 0935 0968	8/01/01	8/02/01				
Olive Gallegos	7001 0320 0001 0935 0944	8/01/01	Delivered 8/04/01			Disagree	
Palmerito Partners, LTD c/o Steven Mayer Mizel	7001 0320 0001 0935 0814	8/01/01	8/06/01				
Pete Marquez, aka CP & Gloria S. Marquez	7001 0320 0001 0935 1231	8/01/01	8/04/01			A/8/14/01	
Ray & Judy Valdez	7001 0320 0001 0935 1040	8/01/01	8/03/01				
Ray G. Martinez, Jr.	7001 0320 0001 0935 0876	8/01/01	8/25/01	8/21/01	8/25/01	A/8/25/01	
Robert Witten & Fredrick S. Nathan	7001 0320 0001 0935 0784	8/01/01	8/08/01			A/8/23/01	
Sam Mizel	7001 0320 0001 0935 0753	8/01/01	Returned to ERC 8/22/01				Unclaimed
School District #21	7001 0320 0001 0935 1248	8/01/01	8/08/01				
Tanya Eaton	7001 0320 0001 0935 0869	8/01/01	Returned to ERC 8/27/01				Left notice 8/3, 8/10 unclaimed 8/22
Thomas J. Candelana	7001 0320 0001 0935 0951	8/01/01	8/07/01				
Thomas J. Marquez	7001 0320 0001 0935 1095	8/01/01	Forwarded 8/06/01				
Tommie & Tony Martinez	7001 0320 0001 0935 1279	8/01/01	9/13/01			A/08/10/01	
Vicki Mizel	7001 0320 0001 0935 0821	8/01/01	Delivered 9/01/01				Didn't receive green card back
Viola M. Lucero	7001 0320 0001 0935 1200	8/01/01	8/02/01			A/8/09/01	
William W. & Dee Mowbray	7001 0320 0001 0935 0890	8/01/01	8/17/01	8/14/01	8/17/01	A/8/17/01	
Yosemite Oil & Gas, LLP c/o Larry Mizel	7001 0320 0001 0935 0807	8/01/01	8/01/01			A/08/09/01	

Energen Resources
 Ex. No. 6
 NMOCD Case No. 12728
 September 20, 2001

July 31, 2001



Via Certified Mail

Arthur Valdez
302 West 1700 South
Salt Lake City, UT 84115

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. Valdez:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Arthur Valdez hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 9/3/01

By: Arthur Valdez

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

William G. Webb
~~8226 Douglas Ave., Suite 709~~
~~Dallas, TX 75885-5929~~

Webb
806 Cordova
Dallas, TX 75223

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. Webb

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

William G. Webb hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 9-5-01

By: William G. Webb

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

William W. & Dee Mowbray
603 S. Maple Avenue
Flagstaff, AZ 86004

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. & Mrs. Mowbray:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

WILLIAM & DEE MOWBRAY hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/17/2001

By: Dee Mowbray

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Robert Witen & Fredreick S. Nathan
Co-Trustees U/W Barbara Witten F/B/O Andrew, Elizabeth & Judith Witten
535 E. 86th Street
New York, NY 10028-7533

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Sir or Madam:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

_____ hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/23/01

By: [Signature]

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Ray G. Martinez, Jr.
12101 Portage Drive
Anchorage, AK 99515

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. Martinez:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

I Ray G. Martinez Jr. hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: August 25, 2001

By: Ray G. Martinez Jr.

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Larry H. & Sharon A. Mowbray
1700 N. Foxglenn Street
Flagstaff, AZ 86004

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. & Mrs. Mowbray:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Sharon Mowbray hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/18/2001 By: _____

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Judy G. Zweiback
8914 Farnam Court
Omaha, NB 68114

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Ms. Zweiback:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

A handwritten signature in cursive that reads "Richard Corcoran".

Richard Corcoran
District Landman

Attachment

RC/ga

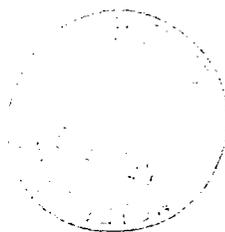
WAIVER

Judy G. Zweiback hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/15/01

By: Judy G. Zweiback

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Alice Mae & Ronald W. Owens
6A Thompson Road
Troy, TX 76579

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. & Mrs. Owens:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

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Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

M/M Ronald W. Owens hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/10/01

By: Alice Mowbray Owens

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators

July 31, 2001



Via Certified Mail

Pete Marquez, aka C.P. & Gloria S. Marquez
P. O. Box 694
Bloomfield, NM 87413

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. Marquez:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Pete Marquez hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8-14-01

By: Pete Marquez
Gloria S. Marquez

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Gary Dean Mizel
2610 25th Road
Astoria, NY 11102

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. Mizel:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

GARY DEAN MIZEL hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/14/01

By: Gary Dean Mizel

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Frank A. Schultz
3239 Rio Grande Blvd. NW #67
Albuquerque, NM 87107

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. Schultz:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

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Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

FRANK SCHULTZ hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/10/01

By:

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Adela M. & Jose E. Quintana
1794 County road 314
Ignacio, CO 81137

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Mr. & Mrs. Quintana

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

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Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

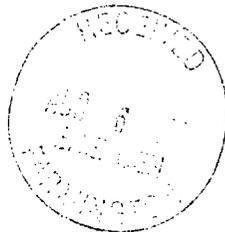
WAIVER

_____ hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/5/01

By: Adela M. Quintana

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Mizel Family Trust
3900 E. Mexico Avenue #740
Denver, CO 80210

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

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Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Mizel Family Trust hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8-3-01

By: Pamela J. Stauch, Trustee

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators

July 31, 2001



Via Certified Mail

Katie & Joe S. Martinez
P. O. Box 1625
Arboles, CO 81121

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. & Mrs. Martinez:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

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Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

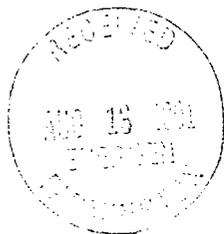
WAIVER

Joe S. & Katie M. Martinez hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8-7-01

By:

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Tommie & Tony Martinez
1612 South Glenmary
Aztec, NM 87410

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. & Mrs. Martinez:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Tommie & Tony hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: Aug 10, 2001

By: Tommie Martinez
Tony J. Martinez

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators

July 31, 2001

Via Certified Mail

Yosemite Oil & Gas, LLP
c/o Larry Mizel
3600 South Yosemite Street, Suite 810
Denver, CO 80237

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. Mizel:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,



Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Yosemite Creek Oil & Gas LLC hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8/9/01 By: Andrew H. Manager

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators

R
C E S

July 31, 2001

Via Certified Mail

Mizel Family Trust
3900 E. Mexico Avenue #740
Denver, CO 80210

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #112 – Fruitland Coal well
Section 19, T32N-R5W
Rio Arriba County, New Mexico

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #112 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,



Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Mizel Family Trust hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #112 Fruitland Coal well.

Date: 8-3-01

By: Patricia J. Staeb, Trustee

cc: OCD - Aztec Office, BLM – Farmington Office, Offset Operators



July 31, 2001

Via Certified Mail

Mr. George Sharpe
Merrion Oil & Gas
610 Reilly Avenue
Farmington, NM 87401

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #111 – Fruitland Coal well
Section 31, T32N-R5W
Rio Arriba County, New Mexico

Dear Mr. Sharpe:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #111 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Merrion Oil Gas hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #111 Fruitland Coal well.

Date: 8-2-01

By: George Sharpe

return



July 31, 2001

Via Certified Mail

Ms. Cynthia Marinella
Williams Production Company
One Williams Center - PO Box 3102
Tulsa, OK 74101

RE: Administrative Approval of Unorthodox Location
Non-Standard Proration Unit
San Juan 32-5 Unit #111 – Fruitland Coal well
Section 31, T32N-R5W
Rio Arriba County, New Mexico

Dear Ms. Marinella:

Energen Resources Corporation has filed with the New Mexico Oil Conservation division (NMOCD), an Application for the Administrative Approval of an Unorthodox Location and Non-Standard Spacing Unit, for its San Juan 32-5 Unit #111 well. A copy of the application has been attached for your review.

If you have no objection to this unorthodox location and nonstandard proration unit, please sign three copies of the attached waiver, return one executed copy to the NMOCD at 2040 South Pacheco, Santa Fe, New Mexico 87505, one copy to our office, and retain one copy for your files. If you have objections to this proposal, you should notify the NMOCD within 20 days of the date of this letter.

Your assistance and cooperation in this matter is appreciated.

Sincerely,

Richard Corcoran
District Landman

Attachment

RC/ga

WAIVER

Williams Production hereby waives objection to the above referenced Application for Unorthodox Location and Non-Standard Spacing Unit for Energen Resources Corporation's San Juan 32-5 Unit #111 Fruitland Coal well.

Date: 8/29/01

By: MMc **Mark McCallister**
Supervisor, Joint Interest Engineering & Operations
Williams Production Co.

7001 0320 0000 0935 1011

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here
 AUG 1 2001
 FARMINGTON NM 87407

Sent to: Aurora C. Marquez
 5526 Delouche
 Dallas, TX 75220

PS Form 3800, Instructions

Forwarded 8/6/2001 (no new fees)

7001 0320 0000 0935 1011

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here
 AUG 1 2001
 FARMINGTON NM 87407

Sent to: Billy A. & Marilee G. Candelaria
 5891 Danish Lane
 Salt Lake City, UT 84103

PS Form 3800, Instructions

No Record found

7001 0320 0000 0935 1101

No Record Found

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

OFFICIAL USE

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here
 AUG 1 2001
 FARMINGTON NM 87407

Sent to: Michael Candelaria
 5891 Danish Lane
 Salt Lake City, UT 84109

PS Form 3800, Instructions

7001 0320 0000 0935 0944

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here
 AUG 1 2001
 FARMINGTON NM 87407

Sent to: Olive Gallegos
 3850 Birch Drive
 Salt Lake City, UT 84109

PS Form 3800, Instructions

Delivered 8/4/01

01 0320 0000 0935 1095

Forwarded 8/6/01 (no new fees)

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here
 AUG 1 2001
 FARMINGTON NM 87407

Sent to: Thomas J. Marquez
 5526 Delouche Drive

PS Form 3800, Instructions

Delivered 9/1/01

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Sent to: Vicki Mizel
 3708 Basham Blvd #D
 Los Angeles CA 90068

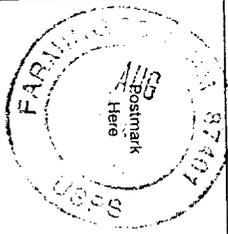
PS Form 3800, Instructions

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

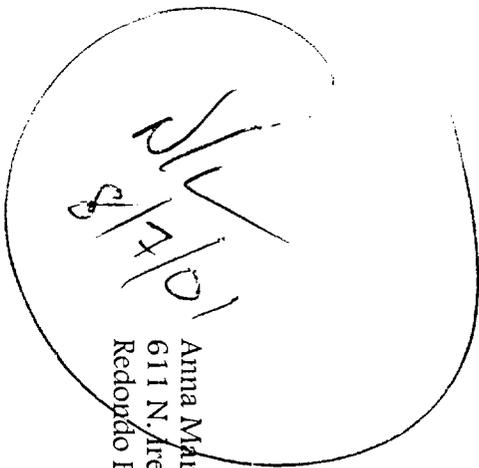


7001 0320 0001 0935 1088

Postage	\$ 80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	4.20



Sent
 Anna Marie Speidel
 Street or P.O. Box
 611 N. Irena #K
 City Redondo Beach, CA 90277



Anna Marie Speidel
 611 N. Irena #K
 Redondo Beach, CA 90277

NAME
 1st Notice 8-27-01
 2nd Notice 8-27-01
 Return 8-27-01



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anna Marie Speidel
 611 N. Irena #K
 Redondo Beach, CA 90277

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

2580 0935 0001 0320 7001

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurantee Coverage Provided)



001 0320 0001 0935 0852

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here

Sent to:
 Betsy Fahrion
 300 West Arrington
 Farmington, NM 87401

PS Form 3800, June 2000

Instructions



~~874012025 1101 08 08/03/01~~
 Betsy Fahrion
 300 West Arrington
 Farmington, NM 87401
 FAX#300 SENDER OF NEW ADDRESS
 NOTIFY BETSY FAHRION
 1507 HINES RD FARMINGTON NM 87401-8132

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

~~Betsy Fahrion
 300 West Arrington
 Farmington, NM 87401~~

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

- Agent
- Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

~~8/26~~
 8/1

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



7001 0320 0001 0935 0838

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.25
Total Postage & Fees	9.45

Postmark Here

PS
 Billy Martinez
 or
 570 Bell Road
 Conyers, Georgia 30208

REFUSED
 UNCLAIMED

ANK

Billy Martinez
 570 Bell Road
 Conyers, Georgia 30208

NAME	_____
1ST	8-6-01
2ND	_____
FINAL	_____

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Billy Martinez
 570 Bell Road
 Conyers, Georgia 30208

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 8-19

C. Signature _____
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7001 0320 0001 0935 0838

UNITED STATES POSTAL SERVICE

CERTIFIED MAIL

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here

SE Carl C. Mowbray
 5221 E. Duquesne Lane
 or Flagstaff, AZ 86004

Carl C. Mowbray
 1st Notice 2/20/01
 2nd Notice 2/20/01



7001 0320 0001 0935 0906

Carl C. Mowbray
 5221 E. Duquesne Lane
 Flagstaff, AZ 86004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carl C. Mowbray
 5221 E. Duquesne Lane
 Flagstaff, AZ 86004

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
- C. Signature Agent Addressee
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

TESTED BY RETURN

ROUTE NO 105

CARR/INITIALS

INSUFFICIENT ADDRESS

MOVED LEFT NO ADDRESS

FORWARDING ORDER EXPANDED

NO SUCH ADDRESS (RE-USED)

RETURNED NOT KNOWN (VACANT)

7001 0320 0001 0935 1170

CERTIFIED MAIL

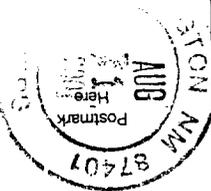


7001 0320 0001 0935 1170

PS Form 3800, April 1993
City: Pueblo, CO 81003
Street: 921 West 17th Street
Sent to: Genevieve Norton

Total Postage & Fees	\$ 4.20
Restricted Delivery Fee (Endorsement Required)	1.50
Return Receipt Fee (Endorsement Required)	1.90
Certified Fee	1.80
Postage	

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



Genevieve Norton
921 West 17th Street
Pueblo, CO 81003

8-3-91

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Genevieve Norton
921 West 17th Street
Pueblo, CO 81003

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

RETURNED TO SENDER

REASON CHECKED

Unclaimed _____ Refused _____

Insufficient/Not known _____

No such street _____

No such office in state _____

Do not re-mail in this envelope

W
Winnou
8/8

NOT AT THIS ADDRESS

R E S O U R C E S

Energen Resources Corporation

2198 Bloomfield Highway
Farmington, New Mexico 87401



7001 0320 0001 0935 1194



INSUFFICIENT ADDRESS
 MOVED, LEFT NO ADDRESS
 NO SUCH NUMBER
 UNCLAIMED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 NO RECEIPTABLE
 BOX CLOSED NO ORDER
 NOT DELIVERABLE AS
 ADDRESS UNABLE TO
 FORWARD
 EMPLOYEE
 P.O. 87410

John A. & Irene Mascarenas
 200 Willow Lane
 [Redacted]

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:

John A. & Irene Mascarenas
 200 Willow Lane
 [Redacted]

2. Article Number 7001 0320 0001 0935 1194
(Transfer from se)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent Addressess

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 0935 1194

U.S. Postage
OFFICIAL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Ser. John A. & Irene Mascarenas
 Site 200 Willow Lane
 of 1
 City Aztec, NM 87410



CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

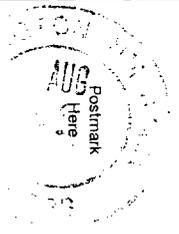
UNITED STATES MAIL



7001 0320 0001 0935 1187

PEND

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Sent To: **Juan A. Candelaria**
 Street or PO: **1390 W. Lucas Dr.**
 City, S: **Beaumont, TX 77706-3629**

MOVED, LEFT ADDRESS

Juan A. Candelaria
 1390 W. Lucas Dr.
 Beaumont, TX 77706-3629

**NO FORWARD ORDER ON FILE
 UNABLE TO FORWARD
 RETURN TO SENDER**

777062019 1N 10 08/06/01

SENDE

- Complete items 1, 4, and 5. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Juan A. Candelaria
 1390 W. Lucas Dr.
 Beaumont, TX 77706-3629

A. Received by (Please Print Clearly)		B. Date of Delivery	
C. Signature		<input type="checkbox"/> Agent	
<input checked="" type="checkbox"/> Signature		<input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes			
If YES, enter delivery address below: <input type="checkbox"/> No			
3. Service Type			
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail		
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise		
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.		

7001 0320 0001 0935 1224

Juan Stevan & Alvina Candelaria
County Road 3010
Aztec, NM 87410

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.20



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



7001 0320 0001 0935 1224

Handwritten notes and stamps:
 RECEIVED
 AUG 8 2001
 FARMINGTON NM
 8/2/01

Juan Stevan & Alvina Candelaria
 County Road 3010
 Aztec, NM 87410

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:

Juan Stevan & Alvina Candelaria
 County Road 3010
 Aztec, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **8-3-01**

C. Signature Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

Handwritten note in a circle:
 Not This address
 Different Candelaria

Handwritten note:
 8/2/01

Handwritten number:
 70

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$.80	Postmark Here
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total	4.20	

Sent to
Street
or P.O.
City, S.
Kenneth E. & Irene G. Mowbray
3415 N. Tindle Blvd.
Flagstaff, AZ 86004



7001 0320 0001 0935 0913

DELIVERED TO SENIOR
 INSUFFICIENT ADDRESS
 NO SUCH ADDRESS
 ATTEMPTED NOT KNOWN/VACANT
 REMOVED LEFT NO ADDRESS
 FORWARDING ORDER EXPIRES
 REFUSED
 CARR./MTR. NO. 15 N. TINDLE BLVD.
 Kenneth E. & Irene G. Mowbray
 Flagstaff, AZ 86004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth E. & Irene G. Mowbray
3415 N. Tindle Blvd.
Flagstaff, AZ 86004

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
- C. Signature _____ Agent Addressee
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

NAME _____
1st Notice _____
2nd Notice _____
Return _____

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

POSTAL USE



7001 0320 0001 0935 1309

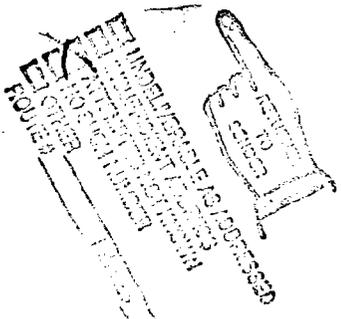
Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.20
Total Postage & Fees	8.40



Sent to: **Maina and David Santisteven**
 Street or P.O. Box: **3549 Normount**
 City: **Oceanside, CA 92056**



Maina and David Santisteven
3549 Normount
Oceanside, CA 92056



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Maina and David Santisteven
3549 Normount
Oceanside, CA 92056

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

CERTIFIED MAIL

7553 0935 0000 0320 7001

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.20

Postmark Here

Sam Mizel, Individually also Sam Mizel & Deanna Mizel Trustees of the Samuel Mizel Revocable Trust
 P. O. Box 6745
 Abilene, TX 79608



7001 0320 0001 0935 0753



Sam Mizel, Individually also Sam Mizel & Deanna Mizel Trustees of the Samuel Mizel Revocable Trust
 P. O. Box 6745
 Abilene, TX 79608

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sam Mizel, Individually also Sam Mizel & Deanna Mizel Trustees of the Samuel Mizel Revocable Trust
 P. O. Box 6745
 Abilene, TX 79608

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from s 7001 0320 0001 0935 0753)

~~Aug 1 8 12 00~~

Aug 1 8 12 00

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

DELIVERED MAIL



7001 0320 0001 0935 0869

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



To: Tanya Eaton
Box 131
Gardnerville, NV 89410

PS or Instructions

Tanya Eaton
Box 131
Gardnerville, NV 89410

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tanya Eaton
Box 131
Gardnerville, NV 89410

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____

Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



8-3
8-19

7001 UFGU UUUU U733 U121

Sent to: David J. & Blanka I. Candalaria
Street or PO: 469 Kensington Avenue
City: Salt Lake City, UT 84115

Postage	\$.80
Certified Fee	1.90
Return Receipt (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.20
Total Postage & Fees	

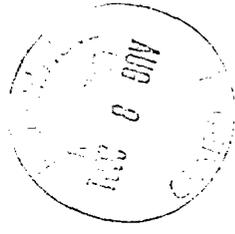
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)



7001 0320 0001 0935 0937

ISSUED
ADDRESSED
DOWN

~~David J. & Blanka I. Candalaria
469 Kensington Avenue
Salt Lake City, UT 84115~~



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David J. & Blanka I. Candalaria
469 Kensington Avenue
Salt Lake City, UT 84115

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
- C. Signature _____ Agent Addressee
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

2nd attempt
mailed 8/21/11
certified mail
1000 0520 0024 1365 EG

7001 0320 0001 0935 0876

CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

CERTIFIED MAIL



101 0321

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark
Here

Sent To
Street
or PO #
City, St
Ray G. Martinez, Jr.
12101 Portage Drive
Anchorage, Alaska 99515

Instructions

Ray G. Martinez, Jr.
12101 Portage Drive
Anchorage, Alaska 99515

PROCESSED
1502
12101 PORTAGE DRIVE
ANCHORAGE, ALASKA 99515

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:

Ray G. Martinez, Jr.
12101 Portage Drive
Anchorage, Alaska 99515

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
- C. Signature _____
 Agent
 Addressee
- D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.

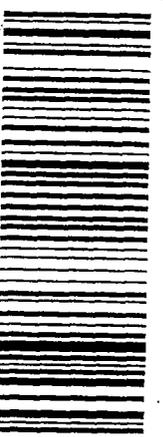
2nd attempt
mailed out 8/21
Certified Mail
1000 0520 0024 1365 REC

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.20

Postmark Here

Site of
 William W. & Dee Mowbray
 603 S. Maple Avenue
 City Brea, CA 92621



7001 0320 0001 0935 0890



William W. & Dee Mowbray
 603 S. Maple Avenue

1st Attempt

POSTAGE DUE 20¢

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William W. & Dee Mowbray
 603 S. Maple Avenue

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____

- Agent
- Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

Resend
 6814 Vinndy
 Conkbad CA 926

F.O.B.
 2/10/91

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, if space permits.

Recipient Addressed to:

Ray G. Martiney, Jr.
20816 N. 62nd Avenue
Glendale, AZ 85308-6743

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Ray Martiney* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

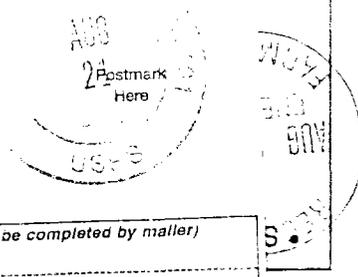
Postage Number (Transfer from service label) 7000 0520 0024 1365 8807

Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

DU 32-5 #112
2nd Attempt Administrative Approval of Unorthodox Loc.

Postage	\$ 30
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ray G. Martiney, Jr.
Street, Apt. No., or P.O. Box No.
20816 N. 62nd Avenue
City, State, ZIP+4
Glendale AZ 85308-6743

Class Mail
Age & Fees Paid
Lit No. G-10

7000 0520 0024 1365 8807

DER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:
 David J. & Blanca V. Candelaria
 422 Stonehedge Drive Apt. 110
 Salt Lake City UT 84107

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 08/25/01

C. Signature [Signature] Agent Addressee

Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number _____
 Transfer from service label) 7000 0520 0024 1365 8814

Form 3811, March 2001 Domestic Return Receipt 102595-C1-M-1424

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

Administrative Approval of Undelivered Location
 2nd attempt ~~32-5~~ #112

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here: AUG 21

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 David J. & Blanca Candelaria
 Street, Apt. No. or PO Box No.
 422 Stonehedge Drive Apt. 110
 City, State, ZIP+4
 Salt Lake City UT 84107

7000 0520 0024 1365 8814
 RECEIVED
 AUG 21 2001
 GEN
 N35

No. G-10
 Postage & Fees Paid
 Class of Mail

MAILER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, unless the front of space permits.

Article Addressed to:

William W. & Dee Mowbray
6814 Miranda Court
Carlsbad CA 92009

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Dee Mowbray B. Date of Delivery 8/17/01

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

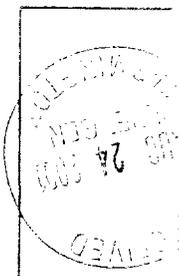
4. Restricted Delivery? (Extra Fee) Yes

Article Number

Transfer from service label: 7000 0520 0024 1365 8982

Form 3811, March 2001 Domestic Return Receipt

PSN 02595-01-M-142

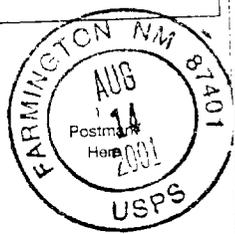


2868 59FT 4200 0250 0002

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

2nd Attempt

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



First-Class Mail
USPS
Postage & Fees Paid
Permit No. G-10

Recipient's Name (Please Print Clearly) (To be completed by mailer)
William W. & Dee Mowbray
 Street, Apt. No., or PO Box No.
6814 Miranda Court
 City, State, ZIP+4
Carlsbad CA 92009

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse of this card that we can return the card to you. Attach this card to the back of the mailpiece, showing the front if space permits.

Article Addressed to:

Adela M. & Jose E. Quintana
1794 County Road 314
Ignacio, CO 81137

Article Number 7001 0320 0001 0935 1217
Transfer from service

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) 8/3/01 Date of Delivery

C. Signature Adela M. Quintana Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.C.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-01-M-1424

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Send

Adela M. & Jose E. Quintana
1794 County Road 314
Ignacio, CO 81137

Mail Fees Paid

7001 0320 0001 0935 1217

UNITED STATES

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Alice Mae & Ronald W. Owens
6A Thompson Road
Troy, TX 76579

Article Num 7001 0320 0001 0935 0883

COMPLETE THIS SECTION FOR DELIVERY

A. Received by (Please Print Clearly) Ronald W. Owens B. Date of Delivery 8-4-01

C. Signature Ronald W. Owens Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	4.20

Postmark Here
 AMINGTON TX

Sent to: Alice Mae & Ronald W. Owens
 Street or PO: 6A Thompson Road
 City: Troy, TX 76579

PS Form 3811, July 1999

UNITED STATES POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write your name and address on the reverse of this card that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Alice Valdez
302 West 1700 South
Salt Lake City, UT 84115

Article Number 7001 0320 0001 0935 1019

Transfer from s

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
C. Signature *Alice Valdez* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

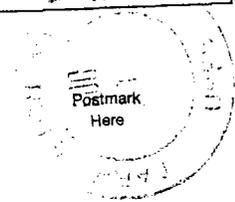
102595-01-M-1424

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

OFFICIAL USE

PTOT 5E6D T000 02E0 T002

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.20



Sent to:
Alice Valdez
302 West 1700 South
Salt Lake City, UT 84115

• Sender: Please

Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Anna Maria Candelaria, aka Sister
Anna Maria Candelaria
P. O. Box 16572
Denver, CO 80216

Article Number 7001 0320 0001 0935 1149
Transfer from set

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

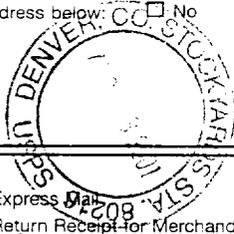
A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Anna Maria Candelaria* Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

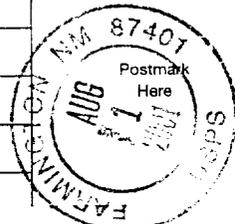
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



7001 0320 0001 0935 1149
all fees Paid
-10

Sent to: Anna Maria Candelaria, aka Sister
Street or P.O. Box: Anna Maria Candelaria
City: P. O. Box 16572
City: Denver, CO 80216

• Sender

UNITED STATES POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Arthur Valdez
302 West 1700 South
Salt Lake City, UT 8415

Article Number 7001 0320 0001 0935 1033
Transfer from sender

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *AS* Date of Delivery
C. Signature *Arthur Valdez*
 Agent
 Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

PS Form 3811, March 2001

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

OFFICIAL USE

7001 0320 0001 0935 1033

Postage	\$ 80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.20



Sent to
Arthur Valdez
302 West 1700 South
Salt Lake City, UT 8415

• Sender: Please

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

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Cleotilde Nickerson
7913 Academy NE
Albuquerque, NM 87109

Article Number 7001 0320 0001 0935 1323
Transfer from serv.

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Cleotilde Nickerson* Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-01-M-1424

7401/3939

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.20

Se
Sh
or
Ci
PS

Cleotilde Nickerson
7913 Academy NE
Albuquerque, NM 87109

• Sender: Please

UNITED STATES POSTAL S

COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Name of addressee
 2. Street address
 3. City, State, ZIP
 4. Recipient's daytime telephone number
 5. Recipient's e-mail address
 6. Recipient's fax number
 7. Recipient's business title
 8. Recipient's business name
 9. Recipient's business address
 10. Recipient's business telephone number
 11. Recipient's business fax number
 12. Recipient's business e-mail address

A. Approved by addressee?
 B. Date of Delivery
 C. Signature of addressee
 D. Signature of carrier
 E. Date of receipt
 F. Signature of recipient
 G. Signature of sender
 H. Signature of addressee
 I. Signature of carrier
 J. Date of receipt
 K. Signature of recipient
 L. Signature of sender

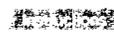
13. Recipient's business address
 14. Recipient's business telephone number
 15. Recipient's business fax number
 16. Recipient's business e-mail address
 17. Recipient's business name
 18. Recipient's business address
 19. Recipient's business telephone number
 20. Recipient's business fax number
 21. Recipient's business e-mail address

22. Recipient's business address
 23. Recipient's business telephone number
 24. Recipient's business fax number
 25. Recipient's business e-mail address
 26. Recipient's business name
 27. Recipient's business address
 28. Recipient's business telephone number
 29. Recipient's business fax number
 30. Recipient's business e-mail address

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

1. Name of addressee
 2. Street address
 3. City, State, ZIP
 4. Recipient's daytime telephone number
 5. Recipient's e-mail address
 6. Recipient's fax number
 7. Recipient's business title
 8. Recipient's business name
 9. Recipient's business address
 10. Recipient's business telephone number
 11. Recipient's business fax number
 12. Recipient's business e-mail address

13. Recipient's business address
 14. Recipient's business telephone number
 15. Recipient's business fax number
 16. Recipient's business e-mail address
 17. Recipient's business name
 18. Recipient's business address
 19. Recipient's business telephone number
 20. Recipient's business fax number
 21. Recipient's business e-mail address



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Demis Candelaria
Star Route #3, Box 179
East Carbon, UT 84520

Article Number 7001 0320 0001 0935 1262
Transfer from sender

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature *X Demis Candelaria* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-1-1-M-1424

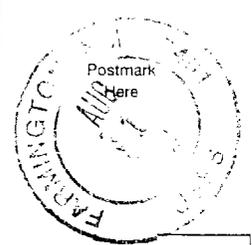
DC 9/3/01

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

OFFICIAL USE

7001 0320 0001 0935 1262

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.20



Sent by _____

Signed or For _____

Demis Candelaria
Star Route #3, Box 179
East Carbon, UT 84520

• Sender

10
es Paid
all

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, with the front of the mailpiece facing out, on the front if space permits.

Article Addressed to:

Dolores A. Romero
3229C Bernice Way
Hayward, CA 94544

Article Number 7001 031 0 0001 0935 1125
Transfer from s

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **FERNE NOBLE** B. Date of Delivery

C. Signature *Ferne Noble* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt PSN 02595-C1-M-1424



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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.20

Postmark: AUG 1 1991 67401 USPS

Sent to: Dolores A. Romero
3229C Bernice Way
Hayward, CA 94544

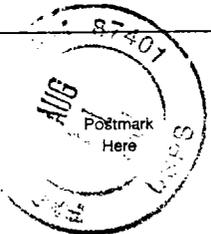
Sent by: Sender

UNITED STATES POSTAL SERVICE

52TT 9E6D T000 02E0 T002
10
es Paid

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

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 4.20



FORM 3811
 21
 ENDS

• Sender: Please print name and address on the reverse side of this card.

Recipient
 Eva C. & Ray Hartley
 1275 S. 1200 West
 Ogden, UT 84404

UNITED STATES POSTAL SERVICE

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eva C. & Ray Hartley
 1275 S. 1200 West
 Ogden, UT 84404

2. Article Number: 7001 0320 0001 0935 1057
 (Transfer from s)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
Eva C. Hartley Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

F.O. Elliott
P.O. Box 1355
Roswell NM 88202

Article Number

Transfer from service label) 7000 0520 0024 1365 8937

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Kathy E. Elliott 8-3-01

C. Signature

x Kathy Elliott Agent Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

RECEIVED
AUG 6 2001
FARMINGTON
GEN
P.O. Box

2E69 59ET 4200 0250 0002

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark
AUG 3 2001
FARMINGTON NM 87401

Recipient's Name (Please Print Clearly) (To be completed by mailer)

F.O. Elliott
Street, Apt. No. or PO Box No.
P.O. Box 1355
City, State, ZIP+4
Roswell NM 88202

1st-Class Mail
Postage & Fees Paid
EPA
Permit No. G-10

UNITED

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Frances M. & Bernard Stanek
302 West 1700 South
Salt Lake City, UT 84115

Article Number 7001 0320 0001 0935 0999
Transfer from service

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
8-3-01

C. Signature Agent
Frances M. Stanek Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-01-M-1424

7401/2108

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

OFFICIAL USE

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	4.20

Postmark Here

• Sender, Please

Sent Frances M. & Bernard Stanek
Street or PO 302 West 1700 South
City Salt Lake City, UT 84115

UNITED STATES POSTAL

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, if space permits, on the front if space permits.

Article Addressed to:

Francisco & Loyola Candelaria
P. O. Box 85
Los Ojos, NM 87551

Article Number

(Transfer from service label) 7001 0320 0001 0935 1132

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

8/03/01

C. Signature

X *[Signature]*

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service

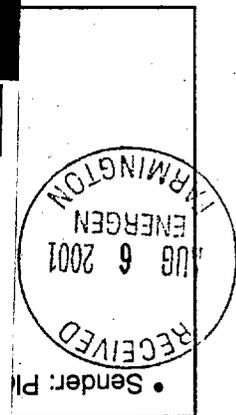
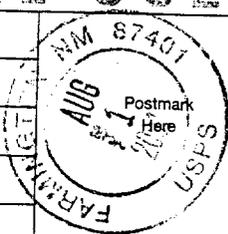
CERTIFIED MAIL RECEIPT

(Domestic Mail Only/No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 0935 1132

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Ser Francisco & Loyola Candelaria
Str or P. O. Box 85
City Los Ojos, NM 87551

• Sender: Pl

UNITED STATES POST

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Fred Valdez
302 West 1700 South
Salt Lake City, UT 84115

Article Number 7001 0320 0001 0935 1026
Transfer from serial

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

8-3-01

C. Signature

X *Fred Valdez* Agent Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

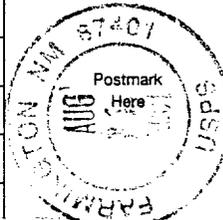
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

9201 5E60 1000 02E0 1002

Postage	\$ 80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Sent to: Fred Valdez
Street or P.O. Box: 302 West 1700 South
City: Salt Lake City, UT 84115

• Sender Please

UNITED STATES POSTAL

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Gary Dean Mizel
2610 25th Road
Astoria, NY 11102

Article Number 7001 0320 0001 0935 0791

Transfer from se

Form 3811, March 2001

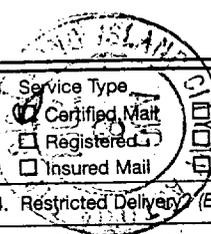
Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
8/18
C. Signature
X Gary Mizel Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery (Extra Fee) Yes



7401/8108

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

OFFICIAL USE

Postage	\$ 80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	4.20

To: Gary Dean Mizel
2610 25th Road
Astoria, NY 11102

Postmark Here
ASTORIA NY 11102
AUG 18 2001
USPS

• Sender: Please

UNITED STATES POSTAL

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Horace Salazar
1304 Pear Grove Lane
Farmington, NM, 87401

Article Number 7001 0320 0001 0935 0975
(Transfer from s

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 8-2001

C. Signature *[Handwritten Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	4.20

Postmark Here

Sent
Horace Salazar
1304 Pear Grove Lane
Farmington, NM 87401

PSA

7001 0320 0001 0935 0975

• Sender: Plea

UNITED STATES POSTAL

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Jerry & Arlene Salazar
1304 Pear Grove Lane
Farmington, NM 87401

Article Number 7001 0320 0001 0935 0982
(Transfer from)

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 8-2-01
C. Signature <i>Jerry Salazar</i>	<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here

Sender: P

Jerry & Arlene Salazar
1304 Pear Grove Lane
Farmington, NM 87401

for Instructions

7001 0320 0001 0935 0982
Paid

UNITED STATES POST

SENDER: COMPLETE THIS SECTION
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

 John C. Candelaria
 386 3rd Avenue
 Salt Lake City, UT 84103

Article Number 7001 0320 0001 0935 1163
 (Transfer from si)

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 8-7-01

C. Signature X John Candelaria Agent Addressee

Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-01-M-1424

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

OFFICIAL USE

Postage	\$ 80
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.20
Total	7.00

Sent to: John C. Candelaria
 Street or P.O. Box: 386 3rd Avenue
 City: Salt Lake City, UT 84103

Postmark: FARMINGTON NM 87401 AUG 1 2001 USPS

Sender: Please
 En
 Pa

7001 0320 0001 0935 1163

7001+0103

UNITED STATES POSTA

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Jose E. Marquez Family Trust
1559 County Road 973
Ignacio, CO 81137

Article Number 7001 0320 0001 0935 1286
Transfer from

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Jose E. Marquez B. Date of Delivery 8-4-08
C. Signature [Signature] Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below.

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

7001 0320 0001 0935 1286

Postage	\$ 0.80
Certified Fee	0.91
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.21



Send to: Jose E. Marquez Family Trust
Street or P.O. Box: 1559 County Road 973
City: Ignacio, CO 81137

Sender: Please Print Name and Address Here

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Juan A. Valdez
P. O. Box 3481
Fairview, NM 87533

Article Number 7001 0320 0001 0935 1255
(Transfer from ser)

Form 3811, March 2001

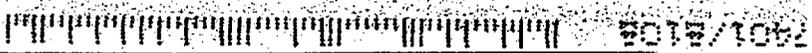
Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sofie Valdez B. Date of Delivery 8-10-01
C. Signature Sofie Valdez Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

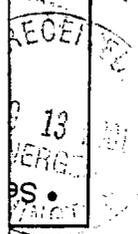
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes



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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



7001 0320 0001 0935 1255
Mass Mail
Postage & Fees Paid
No G-10

Juan A. Valdez
P. O. Box 3481
Fairview, NM 87533

for Instructions

UNITED STATES

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Judy G. Zweiback
8914 Farnam Court
Omaha, NB 68114

Article Number 7001 0320 0001 0935 0760
(Transfer from se

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

8/14/01

C. Signature

Judy Zweiback

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

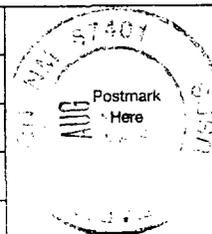
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 0935 0760

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Send to: Judy G. Zweiback
8914 Farnam Court
Omaha, NB 68114

• Sender: Please

PS F

Instructions

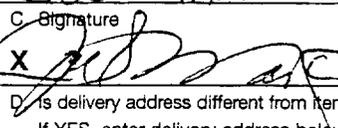
UNITED STATES POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) **Joe MARTINEZ** B. Date of Delivery **8/7/01**

C. Signature  Agent Addressee

Is delivery address different from item 1? Yes No
If YES, enter delivery address below

Katie & Joe S. Martinez
P.O. Box 1625
Arboles, CO 81121

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number
(Transfer from service) 7001 0320 0001 0935 1293

PS Form 3811, March 2000

Domestic Return Receipt

102595-01-M-1424

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

OFFICIAL USE

Postage	\$ 0.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	0.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Sent To: Katie & Joe S. Martinez
 Street, or PO: P. O. Box 1625
 City, S: Arboles, CO 81121

Postmark Here: 

Sender: Please f

UNITED STATES POSTAL SE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Larry H. & Sharon A. Mowbray
1700 N. Foxglenn Street
Flagstaff, AZ 86004

Article Number (Copy from service label)

7001 0320 0001 0935 0920

Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Larry Mowbray B. Date of Delivery 8/7/01
C. Signature [Signature] Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes



30 6 8

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

OFFICIAL USE

Postage	\$: 80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Sent To: Larry H. & Sharon A. Mowbray
Street, or PO: 1700 N. Foxglenn Street
City: Flagstaff, AZ 86004

Postmark Here

PAID 0260 0920 1000 1000 0260 1000

Sender's

UNITED STATES PO

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Maria Elena Byron
32290 Bernice Way
Hayward, CA 94544

Article Number 7001 0320 0001 0935 1118
(Transfer from sen.)

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **FEIR INE NOBLE** B. Date of Delivery
C. Signature **xTerre Noble** Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

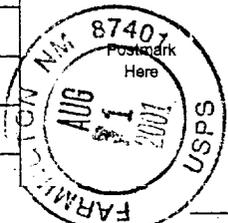
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

P111 5E9D T000 02E0 T007

Postage	\$ 80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Sent Maria Elena Byron
Street or PO 32290 Bernice Way
City: Hayward, CA 94544

• Sender: Please

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mary Ann Gonzales
300 West Arrington
Farmington, NM 87401

Article Number (7001 0320 0001 0935 0845)

Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Teresa Lincoln B. Date of Delivery 8/2/01

C. Signature Teresa Lincoln Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

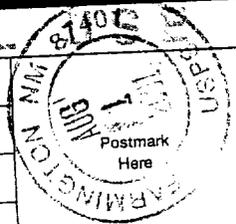
4. Restricted Delivery? (Extra Fee) Yes

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

7001 0320 0001 0935 0845

OFFICIAL

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
To	4.20



Sender: Please
To: Mary Ann Gonzales
300 West Arrington
Farmington, NM 87401

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mary C. Laurance
P. O. Box 786
Palm Springs, CA 92263

Article Number 7001 0320 0001 0935 1064
(Transfer from si)

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>[Signature]</i>	8-13-01
C. Signature	
X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

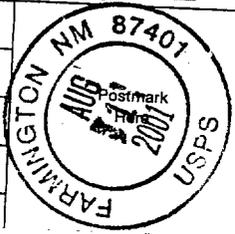
Domestic Return Receipt

102595-01-M-1424

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

OFFICIAL U.S.E

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



7001 0320 0001 0935 1064

Sent to:
Mary C. Laurance
P. O. Box 786
Palm Springs, CA 92263

• Sender: Please

UNITED STATES POST

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mike T. & Betty L. Valdez
302 West 1700 South
Salt Lake City, UT 84115

Article Number 7001 0320 0001 0935 1002
(Transfer from)

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

8-3-07

C. Signature

x *Mike T. Valdez*

Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.20
Total Postage	\$ 8.40



Sent To
Mike T. & Betty L. Valdez
Street, Apt. or PO Box
302 West 1700 South
City, State, ZIP+4[®]
Salt Lake City, UT 84115

Sender

UNITED STATES POSTAL SERVICE

all fees Paid 10

7001 0320 0001 0935 1002

7001/0105

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mizel Family Trust
3900 E. Mexico Avenue #740
Denver, CO 80210

Article Number (Transfer from set) 7001 0320 0001 0935 0746

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <i>X Cynthia Novario</i>	<i>AUG 03 2001</i>
<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, enter delivery address below:	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

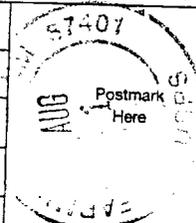
4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

7001 0320 0001 0935 0746

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	4.20



To: Mizel Family Trust
3900 E. Mexico Avenue #740
Denver, CO 80210

• Sender: Please

UNITED STATES POSTAL SERVICE

For Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Ole & Mitsuko Salazar
1304 Pear Grove Lane
Farmington, NM 87401

Article Number 7001 0320 0001 0935 0968
(Transfer from ser

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
8-20-01
C. Signature *[Signature]* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

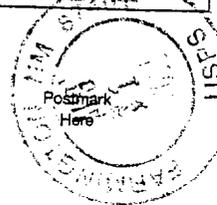
102595-01-M-1424

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

OFFICIAL USE

9960 5E6D T000 02E0 T002

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Sent to:
Ole & Mitsuko Salazar
1304 Pear Grove Lane
Farmington, NM 87401

• Sender Please

UNITED STATES POSTAL SERVICE

PS Form 3811

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Palmentto Partners, LTD
c/o Steven Mayer Mizel
35 5th Avenue 25th Floor
New York, NY 10017

Article Number (CC) 7001 0320 0001 0935 0814

Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D. Nestor B. Date of Delivery 8/6/99

C. Signature x D. Nestor Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

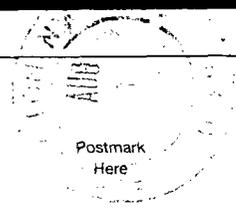
Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

4190 SEBO T000 02ED T000

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage	4.20



Sent To Palmentto Partners, LTD
c/o Steven Mayer Mizel
Street, A or PO Box 535 5th Avenue 25th Floor
City, State New York, NY 10017

01-G-10
Fees Paid
s Mail

901/106

• Send

UNITED STATES

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Pete Marquez, aka C.P. & Gloria S. Marquez
P. O. Box 694
Bloomfield, NM 87413

Article Number 7001 0320 0001 0935 1231
(Transfer from serv

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 8/4/01

C. Signature X [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below _____

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

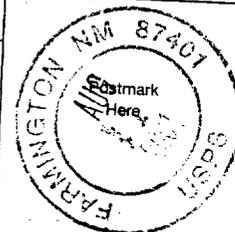
Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



NOV 2001 RECEIVED
7001 0320 0001 0935 1231

Ser Pete Marquez, aka C.P. & Gloria S. Marquez
Str or f P. O. Box 694
Cit Bloomfield, NM 87413

UNITED STATES

UNDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Ray & Judy Valdez
302 West 1700 South
Salt Lake City, UT 84115

Article Number 7001 0320 0001 0935 1040
Transfer from

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ Date of Delivery 8-3-01

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

Postage	\$ <u>1.80</u>
Certified Fee	<u>1.90</u>
Return Receipt Fee (Endorsement Required)	<u>1.50</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	<u>4.20</u>

Sent Ray & Judy Valdez
 Street or PO 302 West 1700 South
 City Salt Lake City, UT 84115

Postmark Here FARMINGTON NM 87401

0401 5660 1000 0200 1000 7001 0320 0001 0935 1040

0
s Paid

• Sender

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Robert Witten & Fredreick S. Nathan
Co-Trustees U/W Barbara Witten F/B/O
Andrew, Elizabeth & Judith Witten
535 E. 86th Street
New York, NY 10028-7533

Article Number 7001 0320 0001 0935 0784
(Transfer from sender)

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
8/8/01
C. Signature *Ray*
 Agent
 Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

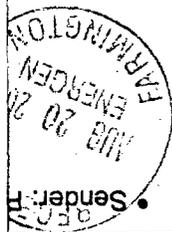
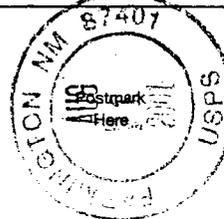
102595-01-M-1424

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

OFFICIAL USE

7001 0320 0001 0935 0784

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Paid

Sent Robert Witten & Fredreick S. Nathan
Co-Trustees U/W Barbara Witten F/B/O
Street or PO Andrew, Elizabeth & Judith Witten
City, 535 E. 86th Street
New York, NY 10028-7533

UNITED STATES POST

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

School District #21
District 45N
Dulce, NM 87528

Article Number 7001 0320 0001 0935 1248
(Transfer from serv)

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 8/8/01

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: P.O. Box 547 Dulce NM 87528

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

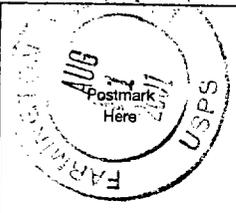
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 0935 1248

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



School District #21
District 45N
Dulce, NM 87528

all fees Paid 10

for Instructions

UNITED STATES P

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Thomas J. Candelaria Date of Delivery Aug 7 2001

C. Signature Thomas J. Candelaria Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Article Addressed to:

Thomas J. Candelaria
621 Roosevelt Avenue
Salt Lake City, UT 84105

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from) 7001 0320 0001 0935 0951

Form 3811, July 1999

Domestic Return Receipt

02595-99-M-1789

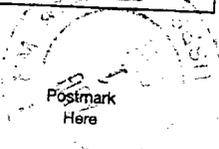
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 0935 0951

Postage	\$ 08
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	4.20



Send to: Thomas J. Candelaria
621 Roosevelt Avenue
Salt Lake City, UT 84105

• Sender: Please

PS

for Instructions

UNITED STATES POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Tommie and Tony Martinez
1612 South Glenmary
Aztec, NM 87410

Article Number 7001 0320 0001 0935 1279
(Transfer from sender)

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Tony Martinez B. Date of Delivery 8-2-01
C. Signature Tony Martinez Agent Addressee
D. Is delivery address different from item 12? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

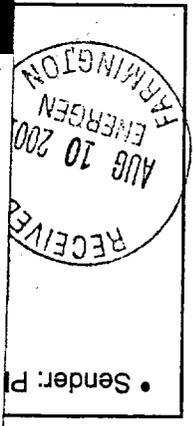
OFFICIAL USE

Postage	\$ 80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Tommie and Tony Martinez
1612 South Glenmary
Aztec, NM 87410

Postmark Here

7001 0320 0001 0935 1279



paid

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Viola M. Lucero
P. O. Box 841
Bloomfield, NM 87413

Article Number 7001 0320 0001 0935 1200
Transfer from service

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

7/2/01

C. Signature

X *Viola M. Lucero* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

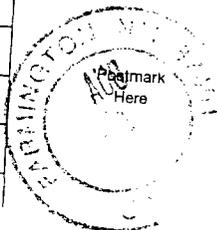
4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 0935 1200

Postage	\$ 08
Certified Fee	091
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total	4.20



Form 3811
Energy

• Sender: Please print

Sent to:
Viola M. Lucero
P. O. Box 841
Bloomfield, NM 87413

UNITED STATES POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Yosemite Oil & Gas, LLP
c/o Larry Mizel
3600 South Yosemite Street Suite 810
Denver, CO 80237

Article Number (7001 0320 0001 0935 0807

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Ryan Mizel* B. Date of Delivery

C. Signature *Ryan Mizel* Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

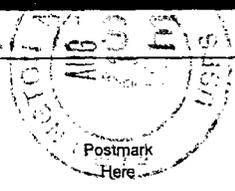
4. Restricted Delivery? (Extra Fee) Yes

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

7001 0320 0001 0935 0807

OFFICIAL RECEIPT

Postage	\$ 0.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Sen Yosemite Oil & Gas, LLP
c/o Larry Mizel
Stre or F 3600 South Yosemite Street Suite 810
City Denver, CO 80237

FORM 2 ENCL

• Sender: Please 1

RECIPIENT: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

BP-Amoco
Attn: Lynn Wolf
PO Box 3092
Houston TX 77253-3092

Article Number

(Transfer from service label)

7000 0520 0024 1365 8920

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

08-06-01

AUG - 6 2001

C. Signature

X

[Signature]

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

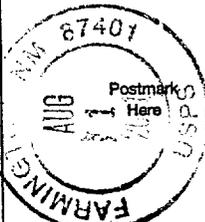
4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0024 1365 8920

Postage	\$ 08
Certified Fee	09.1
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 27.4



Recipient's Name (Please Print Clearly) (To be completed by mailer)

BP-Amoco
PO Box 3092
Houston TX

Form 2

• Sender: Please p

UNITED STATES POSTAL SE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Benson-Montin-Greer Drilling
4900 College Blvd.
Farmington NM 87402

Article Number
(Transfer from service label) 7000 0520 0024 1365 8890

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Benson-Montin-Greer 8/2/01

C. Signature Agent
Benson-Montin-Greer Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

7000 0520 0024 1365 8890

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Recipient's Name (Please Print Clearly) (To be completed by mailer)
Benson-Montin-Greer

Street, Apt. No., or PO Box No.
4900 College

City, State, ZIP+4
Farmington

• Sender: Please

COMPLETE THIS SECTION
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

 Burlington Resources
 Attn: David Valdez
 P. O. Box 4289
 Farmington, NM 87499-4289

Article Number 7001 0320 0001 0935 0722
 Transfer from service

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Bob Williams B. Date of Delivery 8-2-01

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-01-M-1424

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

7001 0320 0001 0935 0722

Postage	\$ 1.03
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.43

Postmark Here

Sender: Please

Se Burlington Resources
 Attn: David Valdez
 P. O. Box 4289
 Farmington, NM 87499-4289

PS for Instructions UNITED STATES POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Frank Schultz
3939 Rio Grande Blvd. NW
#67
Albuquerque NM 87107

Article Number

(Transfer from service label) 7000 0520 0024 1365 8906

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: Yes No

3. Service Type

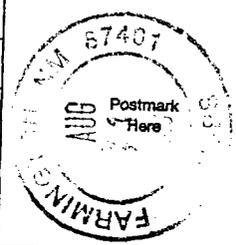
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

7000 0520 0024 1365 8906

Postage	\$ 4.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.20



• Sender: Please

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Frank Schultz

Street, Apt. No., or PO Box No.
3939 Rio Grande Blvd NW #67
City, State, ZIP+4
Albuq. NM 87107

UNITED STATES POSTAL

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

J. Glenn Turner, Jr.
3838 Oak Lawn Ave.
Suite 1600
Dallas TX 75219-4517

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
8-26-01
C. Signature
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number

(Transfer from service label) 7000 0520 0024 1365 8951

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

90

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

• Sender: Please

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

156 596T 4200 0250 0002

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
J. Glenn Turner
Street, Apt. No., or PO Box No.
3838 Oak Lawn Avenue Suite 1600
City, State, ZIP+4
Dallas TX 75219-4517

UNITED STATES POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Nassau Resources, Inc.
Attn: Jerome P. McHugh
650 S. Cherry Street, Suite 1225
Denver, CO 80222

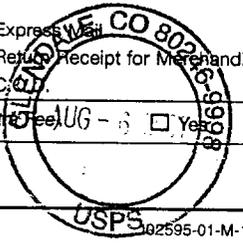
Article Number
(Transfer from service label) 7000 0520 0024 1365 8968

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
 C. Signature J. P. McHugh
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes No



Domestic Return Receipt

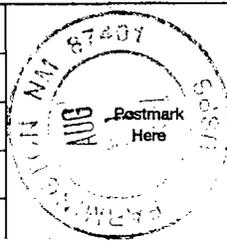
USPS 02595-01-M-1424

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

7000 0520 0024 1365 8968



Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20



Recip: Nassau Resources, Inc.
 Street: Attn: Jerome P. McHugh
 City, S: 650 S. Cherry Street, Suite 1225
 Denver, CO 80222

Sender: Ple

paid

PS Fo

UNITED STATES POSTAL SERVICE

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
T.H. McElvain
Attn: Mana Brion
1050 17th Street
Denver CO 80265

Article Number
(Transfer from service label) 7000 0520 0024 1365 8944

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
8/3
C. Signature
X [Signature]
 Agent
 Addressee
1. Is delivery address different from item 1? Yes
YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-01-M-1424

7401/8108

• Sender: Please

UNITED STATES POSTAL S

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

7000 0520 0024 1365 8944

Postage	\$ 0.80
Certified Fee	09.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 42.20

Postmark Here
AUG 10 10 47 AM '08

Recipient's Name (Please Print Clearly) (To be completed by mailer)
T H McElvain
Street, Apt. No., or PO Box No.
1050 17th Street
City, State, ZIP+4
Denver CO 80265

City, State, ZIP+4
Dallas TX 75228

Street, Apt. No., or PO Box No.
806 Cordova

Recipient's Name (Please Print Clearly) (To be completed by mailer)
William Webb

Postage	\$ 1.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.20

Postmark Here

7000 0520 0024 1365 8913

• Send

UNITED STATES

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

[Redacted]

5929
75206

2. Article Number (Transfer from service label)
7000 0520 0024 1365 8913

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Victoria Kehl*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mr. Michael E. Stogner
New Mexico Oil Conservation Division
2040 South Pacheco
Santa Fe, NM 87505

Article Number 7001 0320 0001 0935 0739
Transfer from sender

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *John H. Pecher* 9/02

Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

*1220 S. 56 FRANCIS DR.
RM. 139*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



7901/8108

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

OFFICIAL USE

Postage	\$.80
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.20

PAID 7001 0320 0001 0935 0739

Mr. Michael E. Stogner
New Mexico Oil Conservation Division
2040 South Pacheco
Santa Fe, NM 87505

Sender's Name

UNITED STATES POSTAL SERVICE
For Instructions

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Bureau of Land Management
Attn: Wayne Townsend
1235 La Plata Highway
Farmington, NM 87401

Article Number 7001 0320 0001 0935 0715
Transfer from :

Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Wanda Miller* B. Date of Delivery *8/2/01*
C. Signature *Wanda Miller* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-01-M-1424



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

OFFICIAL USE

Postage	\$ 1.03
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.43

Sent To *Wayne*
Bureau of Land Management
Street, Apt. No., or PO Box No. *1235 La Plata Hwy*
City, State, ZIP+4 *Farmington NM 87401*

Postmark Here: *FARMINGTON NM 87401 8/1 2001 USPS*

Sender: Please affix postage here.

7001 0320 0001 0935 0715

PS Form 3800, January 2001

UNITED STATES POST