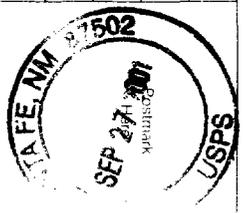


CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0008 7524 3860

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



Sent To
Noel Reynolds
 Street, Apt. No., or PO Box No.
P. O. Box 356
 City, State, ZIP+4[®]
Flora Vista, NM 87415

PS Form 3800, May 2000

See Reverse for Instructions

State of New Mexico
ENERGY, MINERALS and N/

1220 South Saint Francis Drive
 P.O. Box 6429

Santa Fe, New Mexico 87505-54



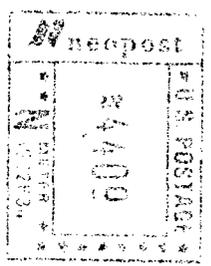
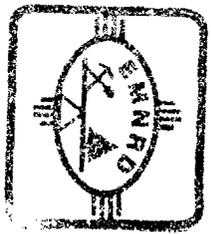
**NOT DELIVERABLE
 AS ADDRESSED
 UNABLE TO FORWARD**

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS.
 FOLD AT DOTTED LINE

CERTIFIED MAIL



7000 1670 0008 7524 3860



Noel Reynolds
 P. O. Box 356
 Flora Vista, NM



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:

Noel Reynolds
P. O. Box 356
Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

CCD EPD

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

C. Signature | Agent

X | 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 (Copy from service label)

7000 1670 0008 7524 3860

PS Form 3811, July 1999

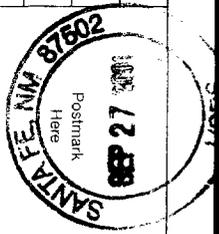
Domestic Return Receipt

102595-00-M-0952

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

7000 1670 0008 7524 3822

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



Sent To: **LaQuinta Oil Co.**
 Street, Apt. No., or P.O. Box No.: **P. O. Box 356**
 City, State, Zip: **Flora Vista, NM 87415**

PS Form 3800, May 2000 See Reverse for Instructions

State of New Mexico
ENERGY, MINERALS and NA

1220 South Saint Francis Drive
 P.O. Box 6429

Santa Fe, New Mexico 87505

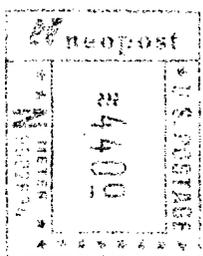
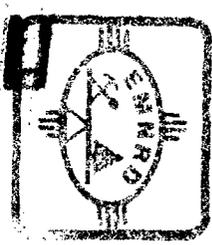


NOT DELIVERABLE AS ADDRESSED — LIMABLE TO FORWARD
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. HOLD AT DOTTED LINE.

CERTIFIED MAIL



7000 1670 0008 7524 3822



LaQuinta Oil Co.
 P. O. Box 356
 Flora Vista, NM



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:

Equinta Oil Co.
P.O. Box 356
Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

CCD PD

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

2. Article Number (Copy from service label)
7000 1670 0008 7524 3822

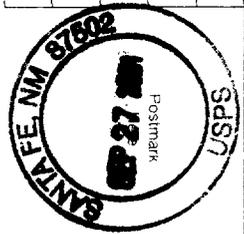
PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952

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

7000 1670 0008 7524 3792

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

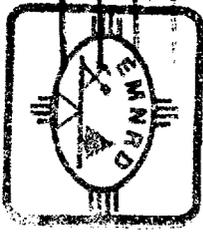


Sent To
Jimmy Roberson Energy Corporation
Street, Apt. No. or PO Box No
110 Linda
City, State, Zip+4
Texarkana, TX 75503

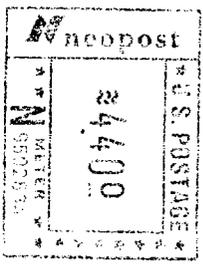
PS Form 3800, May 2000 See Reverse for Instructions

State of New Mexico
ENERGY, MINERALS and NATUR

Name 1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5422



12739



Jimmy Roberson Energy Corporation
110 Linda
Texarkana, TX 75503

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE
CERTIFIED MAIL



7000 1670 0008 7524 3792

364
200101
10-5
10-10

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:

Jimmy Roberson Energy Corp.
110 Linda
Texarkana, TX 75503

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X 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

2. Article Number (Copy from service label)
7000 1670 0008 7524 3792

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

7000 1670 0008 7524 5260

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



Sent To
Torrison Oil Co.
 Street, Apt. No., or PO Box No.
P. O. Box 356
 City, State, ZIP+4
Flora Vista, NM 87415

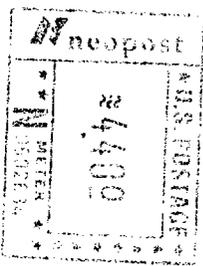
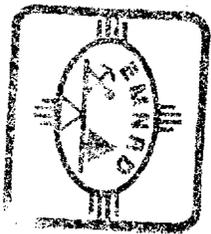
PS Form 3800, May 2000 See Reverse for Instructions

State of New Mexico
ENERGY, MINERALS and NAT

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5471



**NOT DELIVERABLE
 AS ADDRESSED**



Torrison Oil Co.
 P. O. Box 356
 Flora Vista, NM

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS
 FOLD AT DOTTED LINE
CERTIFIED MAIL



7000 1670 0008 7524 5260



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:
 Torreon Oil Co.
 P. O. Box 365
 Flora Vista, NM 87415

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 (Copy from service label)

7000 1670 0008 7524 5260

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

CCD
FD

P 176 013 329 ^{OCD} FD



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

m 3800, June 1991

Sent to: Clayton Investment Co.	
Street and No. 710 E. 20th	
P.O. Number and ZIP Code Farmington, NM 87401	
Postage	\$
Postnet Fee	
Special Services Fee	
Restricted Delivery Fee	
Return Receipt (Form 3800) to Whom & Date Delivered	
Return Receipt (Form 3800) to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



^{OCD} FD

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> 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. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly) <i>Joyce Hughes</i></td> <td>B. Date of Delivery <i>9-28-01</i></td> </tr> <tr> <td colspan="2">C. Signature <i>Joyce Hughes</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly) <i>Joyce Hughes</i>	B. Date of Delivery <i>9-28-01</i>	C. Signature <i>Joyce Hughes</i>		<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	
A. Received by (Please Print Clearly) <i>Joyce Hughes</i>	B. Date of Delivery <i>9-28-01</i>										
C. Signature <i>Joyce Hughes</i>											
<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											
1. Article Addressed to: Clayton Investment Co. 710 E. 20th Farmington, NM 87401	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.										
2. Article Number (Copy from service label) P 176 013 329	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes										

7000 1670 0008 7524 3778

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

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

Sent To
Hart Oil & Gas Inc.
 Street, Apt. No., or PO Box No.
P. O. Box 307
 City, State, ZIP+4
Farmington, NM 87499

PS Form 3800, May 2000 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 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:
Hart Oil & Gas Inc.
P. O. Box 307
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Patti Todd* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

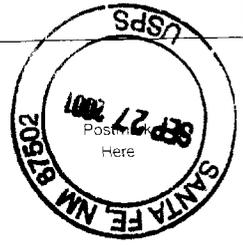


2. Article Number (Copy from service label)
7000 1670 0008 7524 3778

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

7000 1670 0008 7524 3765

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



Sent To
J. C. Well Service
 Street, Apt. No., or PO Box No.
P. O. Box 51
 City, State, ZIP+4
Farmington, NM 87499
 PS Form 3800, May 2000 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 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:

J. C. Well Service
P. O. Box 51
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

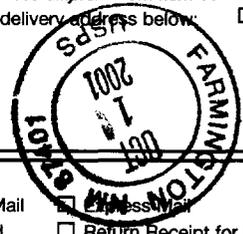
A. Received by (Please Print Clearly) *John Garcia* B. Date of Delivery

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

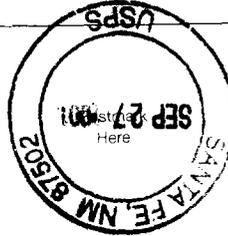


2. Article Number (Copy from service label)
7000 1670 0008 7524 3765

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

7000 1670 0008 7524 3839

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



Sent To
Manana Gas Inc.
 Street, Apt. No., or PO Box No.
2520 Tramway Terrace Ct. NE
 City, State, ZIP+4
Albuquerque, NM 87122

PS Form 3800, May 2000 See Reverse for Instructions

OCB
 FD

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Received by <i>(Please Print Clearly)</i> _____</p>	
	<p>B. Date of Delivery <u>9/28</u></p>	
<p>1. Article Addressed to:</p> <p>Manana Gas Inc. 2520 Tramway Terrace Ct. NE Albuquerque, NM 87122</p>	<p>C. Signature <u>X</u> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number <i>(Copy from service label)</i></p> <p>7000 1670 0008 7524 3839</p>	<p>3. Service Type</p> <p><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.</p>	
	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>	

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

7000 1670 0008 7524 3853

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

Sent To
Mountain States Petroleum Corp.
 Street, Apt. No., or PO Box No.
P. O. Box 1936
 City, State, ZIP+4
Roswell, NM 88201

PS Form 3800, May 2000 See Reverse for Instructions

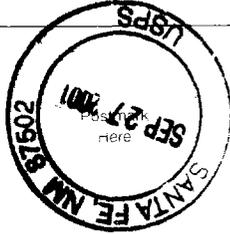
OCD
FD

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> ■ 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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i></td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;"> C. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> </td> <td style="vertical-align: top;"> 10/4/01 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	C. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	10/4/01 <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	
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery						
C. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	10/4/01 <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							
1. Article Addressed to: Mountain States Petroleum Corp. P. O. Box 1936 Roswell, NM 88201	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.						
2. Article Number <i>(Copy from service label)</i> 7000 1670 0008 7524 3853	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes						

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

7000 1670 0008 7524 3846

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



Sent To
NM & O Operating Co.
Street, Apt. No., or PO Box No
6 E. 5th St., Ste. 900
City, State, ZIP+4
Tulsa, OK 74103

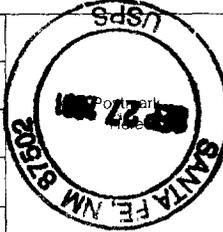
PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p>NM & O Operating Co. 6 E. 5th St., Ste. 900 Tulsa, OK 74103</p> <p>2. Article Number <i>(Copy from service label)</i> 7000 1670 0008 7524 3846</p>	<p style="text-align: right; margin-bottom: 0;">053</p> <p>A. Received by <i>(Please Print Clearly)</i> Helen Thomas B. Date of Delivery</p> <p>C. Signature <i>Helen Thomas</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

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

7000 1670 0008 7524 3884

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



Sent To
Phoenix Hydrocarbons Operating Co.
 Street, Apt. No., or PO Box No.
P. O. Box 3638
 City, State, ZIP+4
Midland TX 79702

PS Form 3800, May 2000

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 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:

Phoenix Hydrocarbons Operating
P. O. Box 3638
Midland, TX 79702

2. Article Number (Copy from service label)
7000 1670 0008 7524 3884

COMPLETE THIS SECTION ON DELIVERY

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

Jean Wilson

C. Signature

Jean Wilson

- Agent
 Addressee

D. Is delivery address different from return address? Yes
 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)

7000 1670 0008 7524 5246

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

Sent To
R - J Enterprises
 Street, Apt. No., or PO Box No.
P. O. Box 51
 City, State, ZIP+4
Farmington, NM 87499-0051

PS Form 3800, May 2000 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 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:

R - J Enterprises
P. O. Box 51
Farmington, NM 87499-0051

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **JRH** 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

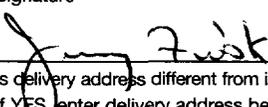
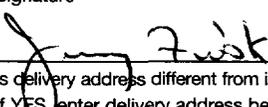
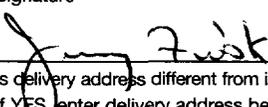
2. Article Number (Copy from service label)
7000 1670 0008 7524 5246

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 1670 0008 7524 5253

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To Smokey Oil Company Street, Apt. No., or PO Box No. P. O. Box 2360 City, State, ZIP+4 Casper, WY 82602		
PS Form 3800, May 2000		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> 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. 	OCB FB												
1. Article Addressed to: <p style="text-align: center;"> Smokey Oil Company P. O. Box 2360 Casper, WY 82602 </p>	<table border="1"> <tr> <td>A. Received by <i>(Please Print Clearly)</i></td> <td>B. Date of Delivery</td> </tr> <tr> <td>JERRY FISK</td> <td>10-4-01</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2"> X  </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	JERRY FISK	10-4-01	C. Signature		X 		<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	
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery												
JERRY FISK	10-4-01												
C. Signature													
X 													
<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 <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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes												
2. Article Number <i>(Copy from service label)</i> <p style="text-align: center;">7000 1670 0008 7524 5253</p>													
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952													

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

7000 1670 0008 7524 5284

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



Sent To
U. S. Enercorp. LLC
Street, Apt. No., or PO Box No.
153 Treeline Park, Ste. 300
City, State, ZIP+4
San Antonio, TX 78209-1880

PS Form 3800, May 2000 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 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:
U. S. Enercorp. LLC
153 Treeline Park, Ste. 300
San Antonio, TX 78209-1880

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* **JESANA** B. Date of Delivery **10/01/01**

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

2. Article Number *(Copy from service label)*
7000 1670 0008 7524 5284

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952