BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF KERR-MCGEE OIL & GAS ONSHORE LLC TO EXPAND THE INDIAN BASIN-UPPER PENNSYLVANIAN ASSOCIATED POOL AND CONCOMITANTLY TO CONTRACT THE INDIAN BASIN-UPPER PENNSYLVANIAN GAS POOL, AND FOR APPROVAL OF FOUR NON-STANDARD GAS PRORATION UNITS, EDDY COUNTY, NEW MEXICO.

Case No. 12,782

AFFIDAVIT REGARDING NOTICE

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

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

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

2. I am an attorney for Applicant.

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

4. Notice of the Application was provided to the interest owners at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

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

James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of December, 2001, by James Bruce.

Notary Public

My Commission Expires:
3/14/2005

OIL CONSERVATION DIVISION
CASE NUMBER 12782
Km EXHIBIT 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

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

November 29, 2001

CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

To: All Affected Persons

Ladies and Gentlemen:

Enclosed is a copy of an application to (1) expand the Indian Basin-Upper Pennsylvanian Associated Pool, (2) contract the Indian Basin-Upper Pennsylvanian Gas Pool, and (3) approve four non-standard gas proration units in the Indian Basin-Upper Pennsylvanian Gas Pool, filed with the New Mexico Oil Conservation Division by Kerr-McGee Oil & Gas Onshore LLC. This application is scheduled to be heard at 8:15 a.m. on Thursday, December 20, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an operator or interest owner, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are requested to notify the Division, and the undersigned, in writing by Friday, December 14, 2001, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for Kerr-McGee
Oil & Gas Onshore LLC

ABO Petroleum Corporation
105 S. Fourth Street
Artesia, NM 88210

Andersen-Malone Trust
Dated 12/5/91
Baynard W Malone & Marilou A. Malone, Trustees
P. O. Box 87
Roswell, NM 88202-0087

Apache Corporation
P. O. Box 840133
Dallas, TX 75284-0133

Bank of America, N. A., Agent
for Patricia Penrose Schieffer
Succ. Trustee of the Test. Trust
P. O. Box 840738
Dallas, TX 75284-0738

Bank of Montreal
c/o Oryx Energy Company
P. O. Box 809004
Dallas, TX 75380-9004

Barber Oil Exploration
P. O. Box 1772
Hobbs, NM 88241

Rubie Crosby Bell
Managing General Partner
Rubie Crosby Bell Family Limited Partnership
1331 Third Street
New Orleans, LA 70130-5743

Bryan Bell
1331 Third Street
New Orleans, LA 70130-5743

Bryan Bell Family Limited Partnership #1
1331 Third Street
New Orleans, LA 70130-5743

Big Horn Investments, Inc.
2512 Gaye Drive
Roswell, NM 88201

Blair Oil Trust
First National Bank of Chicago
P. O. Box 99084
Fort Worth, TX 76199-0084

Jonathan Blair Trust
The First National Bank of Chicago
Trustee No. 0486
P. O. Box 99084
Fort Worth, TX 76199-0084

James Brannigan
2610 Gaye Drive
Roswell, NM 88201

Jack P. Brook
Whose Wife is Mary Joe Brook
Brook, Van Loon & Latham, LLP
1010 Common Street 31st Floor
New Orleans, LA 70112

Melvin A. Brown
P. O. Box 16
Billings, MT 59103-0016

Richard I. Brown
4205 S. Bellaire Circle
Englewood, CO 80110-5030

Nolan H. Brunson, Jr.
P. O. Box 2390
Hobbs, NM 88241-2390

R. P. Bushman, Jr. Trust
Anne Holton Bushman, Trustee
c/o Storms and Critz
1202-A Dairy Ashford Street
Houston, TX 77079-3004

Chevron Texaco
P. O. Box 1150
Midland, TX 79702

Chevron USA Inc.
P. O. Box 1150
Midland, TX 79702

Chevron USA Production Company
P. O. Box 84059
Dallas, TX 75284-0592

Claremont Corporation
P. O. Box 549
Claremore, OK 74018-0549

Julie L. Coleman Trust dated 7/14/92
Julie L. Coleman, Trustee
P. O. Box 21904
Billings , MT 59104-1904

James N. Coll
P. O. Box 1818
Roswell, NM 88202

Charles H. Coll, S/P
P. O. Box 1818
Roswell, NM 88202

Jon F. Coll, SP
P.O. Box 1818
Roswell, NM 88202

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

Stanley W. Crosby, III
P. O. Box 2346
Roswell, NM 88202-2346

Devon Energy Production Company LP
P. O. Box 843559
Dallas, TX 75248-3559

Devon SFS Operating, Inc
P. O. Box 730292
Dallas, TX 75373-0292

Devon SFS Operating Inc.
20 North Broadway Suite 1500
Oklahoma City, OK 73102-8296

Diverse GP III
c/o NCNB Texas National Bank
P. O. Box 2059
San Antonio, TX 78297-2059

Gilbert J. Eaton
461 Rittenhouse Blvd.
Jeffersonville, PA 19403-3382

Gilbert J. Eaton
914 North Hill Drive
West Chester, PA 19380-4319

June A. Eaton
321 Jasmine Street
Denver, CO 80220-5914

Virginia E Eaton
461 Rittenhouse Blvd.
Jeffersonville, PA 19403-382

James A. Elkins, Jr.
1166 First City Tower 1001 Fannin
Houston, TX 77002-6706

The Ellwood Foundation
P. O. Box 52482
Houston, TX 77052-2482

The Ellwood Foundation
Lewis E. Scherck, Wayne Hightower,
& Raybourne Thompson, Co-Trustees
P. O. Box 550049
Houston, TX 77255

Bill Fenn
P. O. Box 1757
Roswell, NM 88202

Billy Joe Fenn
Trustee of the Residuary Trust U/T
Last Will & Testament of Joe Glenn Penn
P. O. Box 1757
Roswell, NM 88202

Fourway Oil Company
a Partnership
P. O. Box 2185
Longview, TX 75606

Alton B. Goldston Testamentary Trust
Dena Goldston Northrup, Trustee
7801 Bent Tree
Amarillo, TX 79121-1929

Estate of Elsie Grave Gorman
Leo Graves, Personal Representative
Route 2 Box 250
Perkins, OK 74059-9430

Brian Hugh Hanagan
6147 Goliad Avenue
Dallas, TX 75214-3631

Brian Hugh Hanagan
6918 Wildgrove Avenue
Dallas, TX 75214-3636

Hugh E. Hanagan
P. O. Box 1737
Roswell, NM 88202-1737

Michael George Hanagan
P. O. Box 329
Roswell, NM 88202-0329

Michael George Hanagan
P. O. Box 1373
Roswell, NM 88202-1737

Robert G. Hanagan
P. O. Box 1887
Santa Fe, NM 87504-1887

Robert G. Hanagan
For Hanagan Properties
P. O. Box 1887
Santa Fe, NM 87504-1887

Robert Wallace Hanagan
P. O. Box 184
Hygiene, CO 80533-0184

Robert Wallace Hanagan
P. O. Box 430
Roswell, NM 88202-0430

Timothy Edward Hanagan
P. O. Box 480451
Denver, CO 80248-0451

Timothy Edward Hanagan
P. O. Box 3908
Durango, CO 81302

Craig S. Heine
7328 Blanton Road
Carlsbad, NM 88220

David Keith Heine
#7 Vista Parkway Circle
Roswell, NM 88201

Freddy Joe Heine
1006 Avenida Del Sumbre
Roswell, NM 88201

Jerry L. Heine
402 N. Mesquite
Carlsbad, NM 88220

Paul Reed Heine
#16 Monterrey
Santa Fe , NM 87505

Linda Sue Heine Coll
P. O. Box 1818
Roswell, NM 88202-1818

Judith Anne Heine Spotts
805 Fordan Road
Hood River, OR 97031

Debra Ann Hill
P. O. Box 1594
Roswell, NM 88202-1594

Debra Ann Hill
Revocable Trust Agreement dated 4/30/91
Debra A. Hill, Trustee
P. O. Box 1887
Santa Fe, NM 87504

Madison M. Hinkle
P. O. Box 2292
Roswell, NM 88202-0059

Rolla R. Hinkle, III
P. O. Box 2292
Roswell, NM 88202-2292

Holnan, Inc.
P. O. Box 8789
Denver, CO 80201

Kerr-McGee Corporation
P. O. Box 809004
Dallas, TX 75380-9004

Kerr-McGee Oil & Gas LP
By Kerr-McGee Oil & Gas Onshore LLC
Its Managing General Partner
P. O. Box 809004
Dallas, TX 75380-9004

Kerr-McGee Oil & Gas Onshore LLC
P. O. Box 809004
Dallas, TX 75380-9004

Gladys Gay Libreton
1441 Jackson
New Orleans, LA 70130-5760

Lindemuth and Associates Inc.
510 Hearn Street Suite 200
Austin, TX 78703-4516

Alberta Link
3055 S. Race Street
Denver, CO 80210-6330

Lunt Trust
Established by Lamar Hunt, His Wife
First National Bank of Santa Fe, New Mexico, Trustee
P. O. Box 1588
Tulsa, OK 74101

The Lyons Foundation
a Texas Non-Profit Corporation
1202-A Dairy Ashford Street
Houston, TX 77079-3004

The Lyons Foundation
1980 Post Oak Blvd. Suite 2110
Houston, TX 77056-3810

Sheri H. Magill
2300 Barcelona Drive
Ingleside, TX 78362-4041

Baynard Malone
P. O. Box 87
Roswell, NM 88202-0087`

Charles F. Malone Living Trust
Charles F. Malone &
Margaret T. Malone, Co-Trustees
2701 Chrysler Drive
Roswell, NM 88201-5207

Charles F. Malone Living Trust
Dtd 8/1/87
900 Sunwest Centre
Roswell, NM 88201-4768

Charles F. Malone Living Trust
Charles F. Malone
& M. T. Malone, Trustees
P. O. Box 2127
Ruidoso Downs, NM 88346-2127

Elizabeth A. Malone Testamentary Trust
c/o Baynard W. Malone, Trustee
P. O. Box 87
Roswell, NM 88202-0087

Earl L. Malone, MD
310 W. Mescalero Rd. Apt. #5
Roswell, NM 88201-5830

Earl L. Malone, MD
2501 Cortez Court
Roswell, MN 88201-3414

Ross L. Malone Testamentary Trust
Baynard W. Malone, Trustee
P. O. Box 87
Roswell, NM 88201

Russell D. Mann
P. O. Drawer 700
Roswell, NM 88202-0700

Russell D. Mann
1908 W. Carolina Way
Roswell, NM 88201-0700

Marathon Oil Company
Dept. 0882 P. O. Box 120001
Dallas, TX 75312-0882

Marathon Oil Company
P. O. Box 552
Midland, TX 79702-0552

Menasco Marital Trust
Wells Fargo Bank Colorado NA
Trust Natural Resources
P. O. Box 5838
Denver, CO 80217-5825

Leslie Riggs Mills
P. O. Box 727
Cedaredge, CO 81413-0727

Minerals Management Service
P. O. Drawer 1857
Roswell, NM 88201

Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, CO 80217

Montana Historical Society Foundation
P. O. Box 863
Helena, MT 59624-0863

J. Hiram Moore
P. O. Box 910833
Dallas, TX 75391-0833

The Moore Trust
U/T/A dated 7/1/71
J. Hiram, Betty J. & Michael H. Moore, Trustees
P O. Box 10908
Midland, TX 79702

Myco Industries, Inc.
105 S. Fourth Street
Artesia, NM 88210

Dena Goldston Northrup Trust
Amarillo National Bank, Trustee
Box 1
Amarillo, TX 79105-0001

Optometric Extension Program Foundation, Inc.
1921 E. Carnegie Suite 3-L
Santa Ana, CA 92705-5510

Penroc Oil Corporation
P. O. Box 5970
Hobbs, NM 88241-5970

Phillips Petroleum Company
P. O. Box 160
St. Louis, MO 63166-0160

Bruce P. Riggs
P. O. Box 322
Carlsbad, NM 88220

Sabine Royalty Trust
Bank of America, NA
Escrow Agent
Lockbox 840887
Dallas, TX 75284-0887

Santiago Royalty Corporation
105 N. Hudson Suite 800
Oklahoma City, OK 73102-4803

State of New Mexico
State Land Office
Commissioner of Public Lands
Revenue Processing Division P. O. Box 2308
Santa Fe, NM 87504-2308

Patricia P Schieffer Testamentary Trust
Thomas J. Schieffer, Attorney-in-Fact
Bank of America Agent
P. O Box 840738
Dallas, TX 75284-0738

Mrs. Gilbert J. Sevier Trust
Marion S. Jobe and Gilbert Sevier, Jr., Trustees
5428 Saint Charles Avenue
New Orleans, LA 70115-5046

Estelle L. Shepherd
5739 Indian Circle
Houston, TX 77057-1302

Estelle L. Shepard
as her Sole and Separate Property
5739 Indian Circle
Houston, TX 77057-1302

June D. Speight
P. O. Drawer 1687
Lovington, NM 88260-1697

June Danglade Speight
P. O. Drawer 1687
Lovington, NM 88260

Texaco Exploration & Production, Inc.
P. O. Box 3109
Midland, TX 79702

U. S. Resources
P. O. Box 794608
Dallas, TX 75379-4608

Vaughn Petroleum Royalty Partners, Ltd.
3738 Oak Lawn Avenue Suite 101
Dallas, TX 75219

Wills Royalty Inc.
P. O. Box 1658
Carlsbad, NM 88220-1658

Yates Drilling Company
105 S. Fourth Street
Artesia, NM 88210

Yates Petroleum Corporation
105 S. Fourth Street
Artesia, NM 88210

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

Matador Operating Co.
Suite 158
8340 Meadow Road
Dallas, Texas 75231

Apache Corporation
Suite 100
2000 Post Oak Boulevard
Houston, Texas 77056

Phillips Petroleum Company
4001 Penbrook Street
Odessa, Texas 79762

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF KERR-MCGEE OIL & GAS ONSHORE LLC TO EXPAND THE INDIAN BASIN-UPPER PENNSYLVANIAN ASSOCIATED POOL AND CONCOMITANTLY TO CONTRACT THE INDIAN BASIN-UPPER PENNSYLVANIAN GAS POOL, AND FOR APPROVAL OF FOUR NON-STANDARD GAS PRORATION UNITS, EDDY COUNTY, NEW MEXICO. **No.** _____

APPLICATION

Kerr-McGee Oil & Gas Onshore LLC applies for an order expanding the Indian Basin-Upper Pennsylvanian Associated Pool (the "Associated Pool"), simultaneously contracting the Indian Basin-Upper Pennsylvanian Gas Pool (the "Gas Pool"), and approving four non-standard gas proration units in the Gas Pool, and in support thereof, states:

1. Applicant is an operator in the Gas Pool, which was created by Oil Conservation Commission Order No. R-2440, dated March 1, 1963. The Gas Pool currently encompasses the following acreage:

Township 21 South, Range 23 East, N.M.P.M.	
Section 3:	W½
Sections 4, 8, 9:	All
Section 10:	W½
Section 15:	W½
Sections 16-30:	All
Sections 32-35:	All
Section 36:	W½

Township 21 South, Range 24 East, N.M.P.M.	
Section 19:	All

Township 22 South, Range 23 East, N.M.P.M.	
Section 1:	W½
Sections 2-5 & 8-11:	All
Section 12:	W½
Section 13:	W½
Sections 14-17:	All
Section 21:	N½ and N½N½N½S½
Section 22:	All

2. Special rules and regulations for the Gas Pool were adopted by Commission Order No. R-2440, requiring (a) 640 acre spacing, and (b) wells to be located no closer than 1650 feet to the outer boundary of a section nor closer than 330 feet to a quarter-quarter section line. The Gas Pool is a prorated gas pool governed by Division Order No. R-1870, as amended. The current allowable for the Gas Pool is approximately 6.5 MMCFG/day per gas proration unit.

3. The Associated Pool was created by Division Order No. R-9922, dated July 6, 1993. The Associated Pool currently encompasses the following acreage:

Township 21 South, Range 23 East, N.M.P.M.	
Section 36:	E½
Township 21 South, Range 24 East, N.M.P.M.	
Sections 20 & 21:	All
Section 27:	S½
Sections 28-34:	All
Township 22 South, Range 23 East, N.M.P.M.	
Section 1:	E½
Section 12:	E½
Section 13:	E½
Township 22 South, Range 24 East, N.M.P.M.	
Sections 2-10:	All
Section 11:	N½
Sections 16-18:	All

4. Special rules and regulations for the Associated Pool were adopted by Division Order No. R-9922, as amended, requiring (a) 320 acre spacing, (b) wells to be located no closer than 660 feet to the outer boundary of a proration unit nor closer than 330 feet to a quarter-quarter section line, and (c) no more than one well per 80 acre tract. The depth bracket allowable for the

Associated Pool is 1400 BOPD. The limiting gas:oil ratio is 7000 cubic feet of gas per barrel of oil, resulting in a casinghead gas allowable of 9.8 MMCFG/day per proration unit.

5. Applicant requests that the Gas Pool be contracted by deleting therefrom the following described lands, and that the Associated Pool be expanded by the addition thereto of said lands (the "extension area"):

Township 21 South, Range 23 East, N.M.P.M.	
Section 25:	All
Section 35:	E½
Section 36:	W½
Township 21 South, Range 24 East, N.M.P.M.	
Section 19:	All
Township 22 South, Range 23 East, N.M.P.M.	
Section 1:	W½
Section 2:	E½
Section 11:	E½
Section 12:	W½
Section 13:	W½
Section 14:	E½

6. Applicant requests that only one well be allowed per quarter section in the extension area.

7. Applicant requests approval of the following four non-standard gas proration units in the Gas Pool:

(a) The W½ of Section 35, Township 21 South, Range 23 East, N.M.P.M.;

(b) The W½ of Section 2, Township 22 South, Range 23 East, N.M.P.M.;

(c) The W½ of Section 11, Township 22 South, Range 23 East, N.M.P.M.; and

(d) The W½ of Section 14, Township 22 South, Range 23 East, N.M.P.M.

8. Granting this application will improve the recovery of hydrocarbons in the extension area.

9. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the relief requested above be granted.

Respectfully submitted,

James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Kerr-McGee Oil & Gas Onshore LLC

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

7001 2510 0006 7383 5132

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS

Sent To: Devon Energy Production Company LP
Street, Apt. or PO Box: P. O. Box 843559
City, State, ZIP+4: Dallas, TX 75248-3559

PS Form 3800, January 2001 — 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:

Nolan H. Brunson, Jr.
P. O. Box 2390
Hobbs, NM 88241-2390

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Therp ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*: Donna Therp
C. Date of Delivery: 12-4-01

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 *(Transfer from service label)*: 7001 2510 0006 7383 4890

PS Form 3811, August 2001 — Domestic Return Receipt — 102595 01-M-2509

K/McA

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:

Devon Energy Production Company LP
P. O. Box 843559
Dallas, TX 75248-3559

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Flowers ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* ☐ C. Date of Delivery: DEC 03 2001

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

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 *(Transfer from service label)*: 7001 2510 0006 7383 5132

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

K-M

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

7001 2510 0006 7383 4890

OFFICIAL USE

K/McA

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS

Sent To: Nolan H. Brunson, Jr.
Street, Apt. or PO Box: P. O. Box 2390
City, State: Hobbs, NM 88241-2390

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4807

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM — USPS

Sent To: Apache Corporation
Street, Apt. No. or PO Box No.: P. O. Box 840133
City, State, ZIP+4: Dallas, TX 75284-0133

PS Form 3800, January 2001 — 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:

Claremont Corporation
P. O. Box 549
Claremore, OK 74018-0549

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

CLAREMORE, OK — DEC 04 2001 — USPS 74017

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 (Transfer from service label): 7001 2510 0006 7383 5026

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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:

Apache Corporation
P. O. Box 840133
Dallas, TX 75284-0133

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: DEC 03 2001

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 (Transfer from service la): 7001 2510 0006 7383 4807

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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

7001 2510 0006 7383 5026

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM — USPS

Sent To: Claremont Corporation
Street, Apt. No.; or PO Box No.: P. O. Box 549
City, State, ZIP+4: Claremore, OK 74018-0549

PS Form 3800, January 2001 — See Reverse for Instructions

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

7099 3400 0020 1069 1186

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501-9998 NOV 29 2001 USPS

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

Linda Sue Heine Coll
Street, Apt. No.; or PO P.O. Box 1818
City, State, ZIP+4 Roswell, NM 88202

PS Form 3800, February 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:

Patricia P Schieffer Testamentary Trust
Thomas J. Schieffer, Attorney-in-Fact
Bank of America Agent
P. O Box 840738
Dallas, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
DEC 03 2001

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 (Transfer from service label) 7000 1670 0000 0605 7618

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509-

KM

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:

Linda Sue Heine Coll
P.O. Box 1818
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kay Owen | C. Date of Delivery 12/04/01

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 (Transfer from service label) 7099 3400 0020 1069 1186

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509-

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

7000 1670 0000 0605 7618

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501-9998 NOV 29 2001 USPS

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

Patricia P Schieffer Testamentary Trust
Thomas J. Schieffer, Attorney-in-Fact
Street, Apt. No.; or PO Box: Bank of America Agent
P. O Box 840738
City, State, ZIP+4: Dallas, TX 75284-0738

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7526

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Wills Royalty Inc.
Street, Apt. No.; or PO Box No. P. O. Box 1658
City, State, ZIP+4 Carlsbad, NM 88220-1658

PS Form 3800, February 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:

Sabine Royalty Trust
Bank of America, NA
Escrow Agent
Lockbox 840887
Dallas, TX 75284-0887

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 03 2001

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
(Transfer from service label) 7000 1670 0000 0605 7588

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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:

Wills Royalty Inc.
P. O. Box 1658
Carlsbad, NM 88220-1658

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 2001

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
(Transfer from service label) 7000 1670 0000 0605 7526

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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

7000 1670 0000 0605 7588

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — NOV 29 2001 — 87501-9998 NM

Recipient Sabine Royalty Trust
Street, Apt. No.; or PO Box No. Bank of America, NA
City, State, ZIP+4 Escrow Agent
Lockbox 840887
Dallas, TX 75284-0887

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5279

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: NM 87501 NOV 29 2001 USPS

Sent To: Robert G. Hanagan
Street, Apt. No., or PO Box No.: P. O. Box 1887
City, State, ZIP+4: Santa Fe, NM 87504-1887

PS Form 3800, January 2001 — 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:

Bruce P. Riggs
P. O. Box 322
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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

DEC 1 2001 USPS

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 *(Transfer from service label)* 7001 2510 0006 7383 5095

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Robert G. Hanagan
P. O. Box 1887
Santa Fe, NM 87504-1887

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: R.G. Hanagan | B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

SANTA FE NM 87501 DEC 13 2001 USPS

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)* 7001 2510 0006 7383 5279

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)

7001 2510 0006 7383 5095

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501 NOV 29 2001 USPS

Sent To: Bruce P. Riggs
Street, Apt. No., or PO Box No.: P. O. Box 322
City, State, ZIP+: Carlsbad, NM 88220

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4791

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.07

Postmark Here: SANTA FE NM NOV 29 2001 USPS

Sent To: ABO Petroleum Corporation
Street, Apt. No.; or PO Box No.: 105 S. Fourth Street
City, State, ZIP+4: Artesia, NM 88210

PS Form 3800, January 2001 — 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:

Lunt Trust
Established by Lamar Lunt, His Wife
First National Bank of Santa Fe, New Mexico, Trustee
P. O. Box 1588
Tulsa, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: DEC 03 2001

C. Signature: X Michael W. Lyne ☐ Agent ☒ Addressee

Mailrun Courier Service

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)* 7001 2510 0006 7383 5552

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

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:

ABO Petroleum Corporation
105 S. Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X DEC 03 2001 PATTI CARLILE ☐ Agent ☐ Addressee

B. Received by (Printed Name) Patti Carlile Date of Delivery

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 *(Transfer from service label)* 7001 2510 0006 7383 4791

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

K-M

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

7001 2510 0006 7383 5552

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.07

Postmark Here: SANTA FE NM 87501-9998 NOV 29 2001 USPS

Sent To: Lunt Trust
Established by Lamar Hunt, His Wife
Street, Apt. No., or PO Box No.: First National Bank of Santa Fe, New Mexico, Trustee
City, State, ZIP+4: P. O. Box 1588
Tulsa, OK 74101

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5361

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501 DEC 2001 USPS

Sent To: Robert G. Hanagan
Street, Apt. No.; or PO Box No.: For Hanagan Properties, P. O. Box 1887
City, State, ZIP+4: Santa Fe, NM 87504-1887

PS Form 3800, January 2001 — 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:

Craig S. Heine
7328 Blanton Road
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Craig Heine ☐ Agent ☐ Addressee

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

SANTA FE NM 87501 DEC 2001 USPS

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* 7001 2510 0006 7383 5385

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

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:

Robert G. Hanagan
For Hanagan Properties
P. O. Box 1887
Santa Fe, NM 87504-1887

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* R G Hanagan | B. Date of Delivery

C. Signature
X R G Hanagan ☐ Agent ☐ Addressee

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

SANTA FE NM 87501 DEC 2001 USPS

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 servic* 7001 2510 0006 7383 5361

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)

7001 2510 0006 7383 5385

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501 NOV 29 2001 USPS

Sent To: Craig S. Heine
Street, Apt. No.; or PO Box No.: 7328 Blanton Road
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, January 2001 — See Reverse for Instructions

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

7000 1670 0000 0605 7595

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS SANTA FE NM 87501 NOV 29 2001

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

Street, Apt. No., or P: June Danglade Speight
P. O. Drawer 1687

City, State, ZIP+4: Lovington, NM 88260

PS Form 3800, February 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:

Leslie Riggs Mills
P. O. Box 727
Cedaredge, CO 81413-0727

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bette Mills ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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

USPS GRAND JUNCTION CO DEC 3 2001

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
(Transfer from service label) 7000 1670 0000 0605 7458

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

June D. Speight
P. O. Drawer 1687
Lovington, NM 88260-1697

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bob Blaine ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Bob Blaine | C. Date of Delivery

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
(Transfer from service label) 7000 1670 0000 0605 7595

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7000 1670 0000 0605 7458

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS SANTA FE NM 87501 NOV 29 2001

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

Leslie Riggs Mills

Street, Apt. No. P. O. Box 727
Cedaredge, CO 81413-0727

City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5002

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: Jon F. Coll, SP, P.O. Box 1818
City, State, ZIP+4: Roswell, NM 88202

PS Form 3800, January 2001 — 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:

Bill Fenn
P. O. Box 1757
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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

ROSWELL NM DEC 4 2001 USPS

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 *(Transfer from service label)* 7001 2510 0006 7383 5231

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Jon F. Coll, SP
P.O. Box 1818
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kay Owen ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Kay Owen | C. Date of Delivery 12/04/01

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

ROSWELL NM DEC 4 2001 USPS

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 *(Transfer from service lal* 7001 2510 0006 7383 5002

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7001 2510 0006 7383 5231

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM NOV 2001 USPS Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: Bill Fenn, P. O. Box 1757
City, State, ZIP+4: Roswell, NM 88202

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4982

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM Postmark Here

Sent To: LINDA SUE HEINE COLL
Street, Apt. No., or PO Box No.: P.O. Box 1818
City, State, ZIP+4: ROSWELL, NM 88202-1818

PS Form 3800, January 2001 — 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:

Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, CO 80217

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name): RECEIVED BY — C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

DENVER CO DEC - 3 2001 USPS — OPTIMUM MANAGEMENT SYSTEMS, AGENT FOR MINERALS MANAGEMENT SERVICES — OMF FINANCE STA

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 *(Transfer from service label)* 7000 1670 0000 0605 7441

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Linda Sue Heine Coll
P. O. Box 1818
Roswell, NM 88202-1818

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Kay Allen — B. Date of Delivery: 12/04/01

C. Signature: X Kay Allen ☐ Agent ☐ Addressee

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

ROSWELL NM DEC 4 2001 USPS

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 servic* 7001 2510 0006 7383 4982

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 0000 0605 7441

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

NM 87501-9998 Postmark Here NOV 29 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer):
Minerals Management Service
Street, Apt. No., or PO Box No.: Royalty Program
Box 5810, T.A.
City, State, ZIP+4: Denver, CO 80217

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5088

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — NOV 29 2001 — SANTA FE NM 87501

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Devon SFS Operating, Inc
P. O. Box 730292
Dallas, TX 75373-0292

PS Form 3800, January 2001 — 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:

James N. Coll
P. O. Box 1818
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kay Allen ☐ Agent ☐ Addressee

B. Received by (Printed Name) KAY ALLEN — C. Date of Delivery 11/04/01

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

ROSWELL NM USPS DEC 4 2001

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 *(Transfer from service label)* 7001 2510 0006 7383 5019

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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:

Devon SFS Operating, Inc
P. O. Box 730292
Dallas, TX 75373-0292

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Russell Sweeney ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery DEC 03 2001

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 *(Transfer from service label)* 7001 2510 0006 7383 5088

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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

7001 2510 0006 7383 5019

K-M Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — NOV 27 2001 — SANTA FE NM 87501-9998

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
James N. Coll
P. O. Box 1818
Roswell, NM 88202

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4999

K-M Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM NOV 19 2001 USPS Postmark Here

Sent To: Stanley W. Crosby, III
Street, Apt. No.; or PO Box No.: P. O. Box 2346
City, State, ZIP+4: Roswell, NM 88202-2346

PS Form 3800, January 2001 — 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:

June Danglade Speight
P. O. Drawer 1687
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): BUB BLADINE — C. Date of Delivery:

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 (Transfer from service label): 7001 2510 0006 7383 4971

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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:

Stanley W. Crosby, III
P. O. Box 2346
Roswell, NM 88202-2346

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): S Crosby — C. Date of Delivery: 12-4-01

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 (Transfer from service label): 7001 2510 0006 7383 4999

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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

7000 1670 0000 0605 7571

KM Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS DEC 26 2001 SANTA FE NM Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer): June D. Speight
Street, Ap: P. O. Drawer 1687
City, State: Lovington, NM 88260-1697

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5309

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To

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

City, State, ZIP+4

PS Form 3800, January 2001 — 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:

Hugh E. Hanagan
P. O. Box 1737
Roswell, NM 88202-1737

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Hugh Hanagan ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 12-3-01

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 *(Transfer from service label)* 7001 2510 0006 7383 5460

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Jerry L. Heine
402 N. Mesquite
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Jerry L. Heine ☐ Agent ☐ Addressee

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

DEC 3 2001

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 serv* 7001 2510 0006 7383 5309

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)

7001 2510 0006 7383 5460

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To Hugh E. Hanagan

Street, Apt. No., or PO Box No. P. O. Box 1737

City, State, ZIP+4 Roswell, NM 88202-1737

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5330

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here
NOV 29 2001
USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Paul Reed Heine
#16 Monterrey
Santa Fe , NM 87505

PS Form 3800, January 2001 — 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:

The Ellwood Foundation
P. O. Box 52482
Houston, TX 77052-2482

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible]
C. Date of Delivery 12-6-01

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 *(Transfer from service lat...* 7001 2510 0006 7383 5187

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Paul Reed Heine
#16 Monterrey
Santa Fe , NM 87505

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
If YES, enter delivery address below: ☐ No

SSS DEC 4 2001 NM 87502

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* 7001 2510 0006 7383 5330

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)

7001 2510 0006 7383 5187

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here
NOV 29 2001
SANTA FE NM 87501-9998
USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

The Ellwood Foundation
P. O. Box 52482
Houston, TX 77052-2482

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5590

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — SANTA FE, NM — NOV 29

Sent To: Baynard Malone
Street, Apt. No.; or PO Box No.: P. O. Box 87
City, State, ZIP+4: Roswell, NM 88202-0087

ROSWELL, NM 88202-0087

PS Form 3800, January 2001 — 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:

Michael George Hanagan
P. O. Box 329
Roswell, NM 88202-0329

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 11-3

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 servic* 7001 2510 0006 7383 5286

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

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:

Baynard Malone
P. O. Box 87
Roswell, NM 88202-0087

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12-3-01

C. Signature: X — ☐ Agent ☐ Addressee

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

ROSWELL NM 88201 USPS DEC 3 2001

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 s* 7001 2510 0006 7383 5590

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

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

7001 2510 0006 7383 5286

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — SANTA FE, NM — NOV 29

Sent To: Michael George Hanagan
Street, Apt. No.; or PO Box No.: P. O. Box 329
City, State, ZIP+4: Roswell, NM 88202-0329

PS Form 3800, January 2001 — See Reverse for Instructions

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501 DEC 3 2001 Postmark Here

Sent To: Billy Joe Fenn
Trustee of the Residuary Trust U/T
Street, Apt. No. or PO Box No.: Last Will & Testament of Joe Glenn Penn
P. O. Box 1757
City, State, ZIP: Roswell, NM 88202

PS Form 3800, January 2001 — See Reverse for Instructions

7001 2510 0006 7383 5217

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dena Sanders ☐ Agent ☐ Addressee

B. Received by (Printed Name): DENA SANDERS
C. Date of Delivery: 12/3/01

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

Alton B. Goldston Testamentary Trust
Dena Goldston Northrup, Trustee
7801 Bent Tree
Amarillo, TX 79121-1929

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 (Transfer from service label): 7001 2510 0006 7383 5248

PS Form 3811, August 2001 — Domestic Return Receipt — KM — 102595-01-M-2509

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 Joe Fenn
Trustee of the Residuary Trust U/T
Last Will & Testament of Joe Glenn Penn
P. O. Box 1757
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Samantha Willard
B. Date of Delivery: 12/4/01

C. Signature
X Samantha Willard ☐ Agent ☐ Addressee

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

ROSWELL NM 88201 DEC 4 2001 USPS

ice Type
☑ Certified Mail ☐ Express Mail
legistered ☑ Return Receipt for Merchandise
nsured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from se): 7001 2510 0006 7383 5217

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM Postmark Here

Sent To: Alton B. Goldston Testamentary Trust
Dena Goldston Northrup, Trustee
Street, Apt. No.; or PO Box No.: 7801 Bent Tree
City, State, ZIP+4: Amarillo, TX 79121-1929

PS Form 3800, January 2001 — See Reverse for Instructions

7001 2510 0006 7383 5248

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

7001 2510 0006 7383 5637

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS SANTA FE NM

Sent To: Ross L. Malone Testamentary Trust
Street, Apt. No.; or PO Box No.: Baynard W. Malone, Trustee
City, State, ZIP+4: P. O. Box 87, Roswell, NM 88201

PS Form 3800, January 2001 — 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 12-3-01

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 (Transfer from service label): 7099 3400 0020 1069 1209

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Ross L. Malone Testamentary Trust
Baynard W. Malone, Trustee
P. O. Box 87
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): BW MALONE | C. Date of Delivery: 12-3-01

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

ROSWELL NM 88201 DEC 3 2001 USPS

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 (Transfer from service label): 7001 2510 0006 7383 5637

PS Form 3811, August 2001 — Domestic Return Receipt — KM — 102595-01-M-2509

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

7099 3400 0020 1069 1209

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS Postmark Here SANTA FE NM

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No., or: Bureau of Land Management, 2909 West Second Street
City, State, ZIP+4: Roswell, New Mexico 88201

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5118

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Devon SFS Operating Inc.
20 North Broadway Suite 1500
Oklahoma City, OK 73102-8296

PS Form 3800, January 2001 — 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:

Charles H. Coll, S/P
P. O. Box 1818
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kay Coll ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kay Coll — C. Date of Delivery 12/04/01

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

ROSWELL NM DEC 2001 USPS

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 *(Transfer from service label)* 7001 2510 0006 7383 5057

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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:

Devon SFS Operating Inc.
20 North Broadway Suite 1500
Oklahoma City, OK 73102-8296

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Goodluck Njoku ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery

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

DEC 3 2001

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 *(Transfer from service label)* 7001 2510 0006 7383 5118

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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

7001 2510 0006 7383 5057

Postage	$
Certified Fee	K-M
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM USPS Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Charles H. Coll, S/P
P. O. Box 1818
Roswell, NM 88202

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5033

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: USPS NM 87262 DEC 03 2001

Sent To: Chevron USA Production Company
Street, Apt. or PO Box: P. O. Box 84059
City, State, ZIP+4: Dallas, TX 75284-0592

PS Form 3800, January 2001 — 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:

Marathon Oil Company
Dept. 0882 P. O. Box 120001
Dallas, TX 75312-0882

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery DEC 05 2001

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 *(Transfer from service label)* 7000 1670 0000 0605 7397

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Chevron USA Production Company
P. O. Box 84059
Dallas, TX 75284-0592

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery DEC 03 2001

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 *(Transfer from service label)* 7001 2510 0006 7383 5033

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7000 1670 0000 0605 7397

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87508 DEC 03 2001

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt.: Marathon Oil Company
Dept. 0882 P. O. Box 120001
City, State, ZIP+4: Dallas, TX 75312-0882

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 4968

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

ROSWELL NM DEC 4 2001 USPS

Sent To: Big Horn Investments, Inc.
Street, Apt. No.; or PO Box No.: 2512 Gaye Drive
City, State, ZIP+4: Roswell, NM 88201

PS Form 3800, January 2001 — 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:

Charles F. Malone Living Trust
Charles F. Malone &
Margaret T. Malone, Co-Trustees
2701 Chrysler Drive
Roswell, NM 88201-5207

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: GAYE MALONE STOCKTON — B. Date of Delivery: 12-4-01

C. Signature: X Gaye Malone Stockton — ☐ 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 lab)*: 7001 2510 0006 7383 5576

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

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:

Big Horn Investments, Inc.
2512 Gaye Drive
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Megan McLeod — ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*: Megan McLeod — C. Date of Delivery: 12/3/01

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 *(Transfer from service lab)*: 7001 2510 0006 7383 4968

PS Form 3811, August 2001 — Domestic Return Receipt — KM — 102595-01-M-2509

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

7001 2510 0006 7383 5576

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

SANTA FE NM 87501 NOV 29 2001 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4814

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS Postmark Here NOV 29 2001 SANTA FE NM 87501 9998

Sent To: Andersen-Malone Trust
Dated 12/5/91
Street, Apt. No. or PO Box No.: Baynard W Malone & Marilou A. Malone, Trustees
City, State, ZIP: P. O. Box 87
Roswell, NM 88202-0087

PS Form 3800, January 2001 — 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:

Bank of America, N. A., Agent
for Patricia Penrose Schieffer
Succ. Trustee of the Test. Trust
P. O. Box 840738
Dallas, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 03 2001

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 (Transfer from service label) 7001 2510 0006 7383 4937

PS Form 3811, August 2001 Domestic Return Receipt K-M 102595-01-M-2509

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:

Andersen-Malone Trust
Dated 12/5/91
Baynard W Malone & Marilou A. Malone, Trustees
P. O. Box 87
Roswell, NM 88202-0087

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J W MALONE C. Date of Delivery 12-3-01

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

USPS DEC 3 2001 NM 88201

2. Article Number (Transfer from service label) 7001 2510 0006 7383 4814

PS Form 3811, August 2001 Domestic Return Receipt KM 102595-01-M-2509

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

7001 2510 0006 7383 4937

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS Postmark Here DEC 3 2001 SANTA FE NM 87501 9998

Sent To: Bank of America, N. A., Agent
for Patricia Penrose Schieffer
Succ. Trustee of the Test. Trust
Street, Apt. No., or PO Box No.: P. O. Box 840738
City, State, ZIP+4: Dallas, TX 75284-0738

PS Form 3800, January 2001 — See Reverse for Instructions

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

7000 1670 0000 0605 7434

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501 NOV 29 2001 USPS Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
J. Hiram Moore
Street, Apt. No.; or PO P. O. Box 910833
City, State, ZIP+4 Dallas, TX 75391-0833

PS Form 3800, February 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. Hiram Moore
P. O. Box 910833
Dallas, TX 75391-0833

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 12-3-01

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
(Transfer from service label) 7000 1670 0000 0605 7434

PS Form 3811, August 2001 Domestic Return Receipt KM 102595-01-M-2509

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:

Elizabeth A. Malone Testamentary Trust
c/o Baynard W. Malone, Trustee
P. O. Box 87
Roswell, NM 88202-0087

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 12-3-01

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
(Transfer from service label) 7000 1670 0000 0605 7410

PS Form 3811, August 2001 Domestic Return Receipt KM 102595-01-M-2509

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

7000 1670 0000 0605 7410

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

KM

NM 87501 DEC 03 2001 USPS Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Elizabeth A. Malone Testamentary Trust
Street, Apt. No. c/o Baynard W. Malone, Trustee
P. O. Box 87
City, State, ZIP+4 Roswell, NM 88202-0087

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5538

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501 9998 DEC 2 9 2001 USPS

Sent To: Gladys Gay Libreton
Street, Apt. No.; or PO Box No.: 1441 Jackson
City, State, ZIP+4: New Orleans, LA 70130-5760

PS Form 3800, January 2001 — 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:

Holnan, Inc.
P. O. Box 8789
Denver, CO 80201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* RECEIVED BY MAIL SERVICES — B. Date of Delivery

C. Signature — X DEC 0 3 2001 — ☐ 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)* 7001 2510 0006 7383 5408

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

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:

Gladys Gay Libreton
1441 Jackson
New Orleans, LA 70130-5760

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: DEC 03 2001

C. Signature — X Gladys Gay Libreton — ☐ 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)* 7001 2510 0006 7383 5538

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)

7001 2510 0006 7383 5408

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501 9998 NOV 29 2001 USPS

Sent To: Holnan, Inc.
Street, Apt. No.; or PO Box No.: P. O. Box 8789
City, State, ZIP+4: Denver, CO 80201

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5040

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Julie L. Coleman Trust dated 7/14/92
Street, Apt. No.; or PO Box No.: Julie L. Coleman, Trustee
City, State, ZIP+4: P. O. Box 21904, Billings, MT 59104-1904

PS Form 3800, January 2001 — 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:

Barber Oil Exploration
P. O. Box 1772
Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lana Martinez ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lana Martinez C. Date of Delivery 12-4-01

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 (Transfer from service label) 7001 2510 0006 7383 4944

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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:

Julie L. Coleman Trust dated 7/14/92
Julie L. Coleman, Trustee
P. O. Box 21904
Billings, MT 59104-1904

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie L. Coleman ☐ Agent ☐ Addressee

B. Received by (Printed Name) JULIE L. COLEMAN C. Date of Delivery DEC 5 2001

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 (Transfer from service label) 7001 2510 0006 7383 5040

PS Form 3811, August 2001 — Domestic Return Receipt — K-M — 102595-01-M-2509

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

7001 2510 0006 7383 4944

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS Postmark Here NOV 29 2001 Hobbs NM 88240-9998

Sent To: Barber Oil Exploration
Street, Apt. No.; or PO Box No.: P. O. Box 1772
City, State, ZIP+4: Hobbs, NM 88241

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5125

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM — NOV 29 2001 — USPS

Sent To: Diverse GP III
c/o NCNB Texas National Bank
Street, Apt. No.; or PO Box No.: P. O. Box 2059
City, State, ZIP+4: San Antonio, TX 78297-2059

PS Form 3800, January 2001 — 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:

Timothy Edward Hanagan
P. O. Box 3908
Durango, CO 81302

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/5

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 ser* 7001 2510 0006 7383 5323

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

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:

Diverse GP III
c/o NCNB Texas National Bank
P. O. Box 2059
San Antonio, TX 78297-2059

COMPLETE THIS SECTION ON DELIVERY

A. Signature: — ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*: P. LOWD — C. Date of Delivery: 12-6-01

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 *(Transfer from service labe,* 7001 2510 0006 7383 5125

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7001 2510 0006 7383 5323

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM — NOV 29 2001 — USPS

Sent To: Timothy Edward Hanagan
Street, Apt. No.; or PO Box No.: P. O. Box 480451
City, State, ZIP+4: Denver, CO 80248-0451

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4838

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Richard I. Brown
Street, Apt. No.; or PO Box No.: 4205 S. Bellaire Circle
City, State, ZIP+4: Englewood, CO 80110-5030

PS Form 3800, January 2001 — 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:

Chevron USA Inc.
P. O. Box 1150
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] C. Date of Delivery: DEC 03 2001

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 (Transfer from service label): 7001 2510 0006 7383 5071

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

KM

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:

Richard I. Brown
4205 S. Bellaire Circle
Englewood, CO 80110-5030

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): TIM MIKITA C. Date of Delivery: 12-1-01

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 (Transfer from service label): 7001 2510 0006 7383 4838

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

KM

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

7001 2510 0006 7383 5071

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: NOV 29 2001 — SANTA FE NM 87501 9998 — USPS

Sent To: Chevron U.S.A. Inc.
Street, Apt. No.; or PO Box No.: Box 1150
City, State, ZIP+4: Midland TX 79702

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4883

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

K-m

Postmark Here — USPS — SANTA FE NM 87501 — 12 2001

Sent To
Melvin A. Brown
Street, Apt. No.; or PO Box No. P. O. Box 16
City, State, ZIP+4 Billings, MT 59103-0016

PS Form 3800, January 2001 — 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:

Estelle L. Shepard
as her Sole and Separate Property
5739 Indian Circle
Houston, TX 77057-1302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Estelle Shepard ☐ Agent ☐ Addressee

B. Received by (Printed Name) ESTELLE SHEPARD
C. Date of Delivery 12/3/01

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
(Transfer from service label) 7001 2510 0006 7383 7940

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

K-m

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:

Melvin A. Brown
P. O. Box 16
Billings, MT 59103-0016

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Melvin A Brown
C. Date of Delivery 12801

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
(Transfer from service label) 7001 2510 0006 7383 4883

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

K-m

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

7000 1670 0000 0605 7540

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Km

Postmark Here — USPS — SANTA FE NM 87501 — AUG 6 2001

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Estelle L. Shepard
Street, Apt. No.; or as her Sole and Separate Property
5739 Indian Circle
City, State, ZIP+4 Houston, TX 77057-1302

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 4920

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To
Bryan Bell Family Limited Partnership #1
Street or P
1331 Third Street
City,
New Orleans, LA 70130-5743

PS Form 3800, January 2001 — 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:

Madison M. Hinkle
P. O. Box 2292
Roswell, NM 88202-0059

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

ROSWELL NM DEC 3 2001

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 la* 7001 2510 0006 7383 5415

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

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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* — C. Date of Delivery
DONNA Palmintier DEC 04 2001

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

Bryan Bell Family Limited Partnership #1
1331 Third Street
New Orleans, LA 70130-5743

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
(Transfer from service lab 7001 2510 0006 7383 4920

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

K-M

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

7001 2510 0006 7383 5415

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To
Madison M. Hinkle
Street, Apt. No.; or PO Box No.
P. O. Box 2292
City, State, ZIP+4
Roswell, NM 88202-0059

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4913

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Rubie Crosby Bell
Managing General Partner
Street, Apt. or PO Box I: Rubie Crosby Bell Family Limited Partnership
1331 Third Street
City, State: New Orleans, LA 70130-5743

PS Form 3800, January 2001 — 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:

COMPLETE THIS SECTION ... ENVELOPE ADDRESS

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 11/28

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

Optometric Extension Program Foundation, Inc.
1921 E. Carnegie Suite 3-L
Santa Ana, CA 92705-5510

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 (Transfer from service label) 7000 1670 0000 0605 7496

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DON Robinson | C. Date of Delivery

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

Rubie Crosby Bell
Managing General Partner
Rubie Crosby Bell Family Limited Partnership
1331 Third Street
New Orleans, LA 70130-5743

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 (Transfer from service label) 7001 2510 0006 7383 4913

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

K-M

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

7000 1670 0000 0605 7496

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Recipient: Optometric Extension Program Foundation, Inc.
Street: 1921 E. Carnegie Suite 3-L
City, State, ZIP+4: Santa Ana, CA 92705-5510

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5507

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

NM Postmark Here

Sent To
Kerr-McGee Corporation
Street, Apt. No. or PO Box No. P. O. Box 809004
City, State, ZIP+4 Dallas, TX 75380-9004

PS Form 3800, January 2001 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:

Lindemuth and Associates Inc.
510 Hearn Street Suite 200
Austin, TX 78703-4516

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12-4

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) 7001 2510 0006 7383 5569

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete
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:

Kerr-McGee Corporation
P. O. Box 809004
Dallas, TX 75380-9004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12/04

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 servi 7001 2510 0006 7383 5507

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

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

7001 2510 0006 7383 5569

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

NM 87501 NOV 29 2001 SANTA FE

Sent To
Lindemuth and Associates Inc.
Street, Apt. No.; or PO Box No. 510 Hearn Street Suite 200
City, State, ZIP+4 Austin, TX 78703-4516

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 2510 0006 7383 5491

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Kerr-McGee Oil & Gas Onshore LLC
Street, Apt. No., or PO Box No.: P. O. Box 809004
City, State, ZIP+4: Dallas, TX 75380-9004

PS Form 3800, January 2001 — 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:

Kerr-McGee Oil & Gas LP
By Kerr-McGee Oil & Gas Onshore LLC
Its Managing General Partner
P. O. Box 809004
Dallas, TX 75380-9004

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 12/07

C. Signature: X Norman Wallace ☐ Agent ☐ Addressee

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

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 l* 7001 2510 0006 7383 5484

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

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:

Kerr-McGee Oil & Gas Onshore LLC
P. O. Box 809004
Dallas, TX 75380-9004

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 12/07

C. Signature: X Norman Wallace ☐ 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 ser* 7001 2510 0006 7383 5491

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

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

7001 2510 0006 7383 5484

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Kerr-McGee Oil & Gas LP
By Kerr-McGee Oil & Gas Onshore LLC
Street, Apt. N or PO Box No: Its Managing General Partner
P. O. Box 809004
City, State, Zi: Dallas, TX 75380-9004

PS Form 3800, January 2001 — See Reverse for Instructions

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

7000 1670 0000 0605 7649

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS

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

Street, Apt. No.; or PO Box No. Vaughn Petroleum Royalty Partners, Ltd.
3738 Oak Lawn Avenue Suite 101

City, State, ZIP+4 Dallas, TX 75219

PS Form 3800, February 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:

June A. Eaton
321 Jasmine Street
Denver, CO 80220-5914

MONTCLAIR STA 80220 DENVER CO DEC 5 2001 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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 *(Transfer from service label)* 7001 2510 0006 7383 5163

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

K-m

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:

Vaughn Petroleum Royalty Partners, Ltd.
3738 Oak Lawn Avenue Suite 101
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Vicki Boone | C. Date of Delivery 12/4/01

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 *(Transfer from service label)* 7000 1670 0000 0605 7649

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7001 2510 0006 7383 5163

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

NM Postmark Here

Sent To

Street, Apt. No.; or PO Box No. June A. Eaton
321 Jasmine Street

City, State, ZIP+4 Denver, CO 80220-5914

PS Form 3800, January 2001 — See Reverse for Instructions

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	$ 4.17

SANTA FE NM 87501 — NOV 29 2001 — Postmark Here — USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Phillips Petroleum Company
Street, Apt. No.; o 4001 Penbrook Street
City, State, ZIP+4 Odessa, Texas 79762

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1069 1162

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:

Mrs. Gilbert J. Sevier Trust
Marion S. Jobe and Gilbert Sevier, Jr., Trustees
5428 Saint Charles Avenue
New Orleans, LA 70115-5046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery 12.5.01

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 (Transfer from service label) 7000 1670 0000 0605 7557

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

KM

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:

Phillips Petroleum Company
4001 Penbrook Street
Odessa, Texas 79762

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X S Rogers ☐ 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) 7099 3400 0020 1069 1162

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)

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501 — NOV 29 2001 — Postmark Here — USPS

Recipient
Mrs. Gilbert J. Sevier Trust
Street, Marion S. Jobe and Gilbert Sevier, Jr., Trustees
City, St 5428 Saint Charles Avenue
New Orleans, LA 70115-5046

PS Form 3800, February 2000 — See Reverse for Instructions

7000 1670 0000 0605 7557

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

7000 1670 0000 0605 7373

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Menasco Marital Trust
Wells Fargo Bank Colorado NA
Street, Apt. No.; or PO Box No. Trust Natural Resources
P. O. Box 5838
City, State, ZIP+4 Denver, CO 80217-5825

PS Form 3800, February 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:

Estelle L. Shepherd
5739 Indian Circle
Houston, TX 77057-1302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Estelle Shepherd ☐ Agent ☐ Addressee

B. Received by (Printed Name) ESTELLE SHEPARD C. Date of Delivery 12/3/01

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
(Transfer from service label) 7000 1670 0000 0605 7601

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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:

Menasco Marital Trust
Wells Fargo Bank Colorado NA
Trust Natural Resources
P. O. Box 5838
Denver, CO 80217-5825

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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
(Transfer from service label) 7000 1670 0000 0605 7373

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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

7000 1670 0000 0605 7601

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Estelle L. Shepherd
Street, Apt. No.; or PO Box No. 5739 Indian Circle
City, State, ZIP+4 Houston, TX 77057-1302

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5613

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501 DEC 2001

Sent To: Marathon Oil Company
Street, Apt. No.; or PO Box No.: P. O. Box 552
City, State, ZIP+: Midland, TX 79702-0552

PS Form 3800, January 2001 — 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:

The Lyons Foundation
a Texas Non-Profit Corporation
1202-A Dairy Ashford Street
Houston, TX 77079-3004

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Joyce Gillespie — B. Date of Delivery: 12-3-01

C. Signature: X Joyce Gillespie ☐ 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 se* 7001 2510 0006 7383 5514

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

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:

Marathon Oil Company
P. O. Box 552
Midland, TX 79702-0552

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Frankie Vinson — B. Date of Delivery: DEC 0 3 2001

C. Signature: X Frankie Vinson ☐ 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 serv* 7001 2510 0006 7383 5613

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

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

7001 2510 0006 7383 5514

OFFICIAL USE

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: SANTA FE NM 87501 NOV 29 2001

Sent To: The Lyons Foundation
Street, Apt. No.; or PO Box No.: a Texas Non-Profit Corporation
City, State, ZIP+4: 1202-A Dairy Ashford Street
Houston, TX 77079-3004

PS Form 3800, January 2001 — See Reverse for Instructions

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: USPS SANTA FE NM 87501 DEC 04 2001

Sent To
Street, Apt. or PO Box: Bryan Bell, 1331 Third Street
City, State: New Orleans, LA 70130-5743

PS Form 3800, January 2001 — See Reverse for Instructions

7001 2510 0006 7383 4951

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:

James A. Elkins, Jr.
1166 First City Tower 1001 Fannin
Houston, TX 77002-6706

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. Lancaster ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: DEC 04

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 *(Transfer from service label)* 7001 2510 0006 7383 5156

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Bryan Bell
1331 Third Street
New Orleans, LA 70130-5743

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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 *(Transfer from service lat* 7001 2510 0006 7383 4951

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: USPS SANTA FE NM 87501-9998 NOV 29 2001

Sent To
Street, Apt. or PO Box: James A. Elkins, Jr., 1166 First City Tower 1001 Fannin
City, State: Houston, TX 77002-6706

PS Form 3800, January 2001 — See Reverse for Instructions

7001 2510 0006 7383 5156

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

7000 1670 0000 0605 7472

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — DEC 6 2001 — MIDLAND, TX

Recipient: The Moore Trust
U/T/A dated 7/1/71
Street, Apt. No.: J. Hiram, Betty J. & Michael H. Moore, Trustees
P O. Box 10908
City, State, ZIP+4: Midland, TX 79702

PS Form 3800, February 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:

Texaco Exploration & Production, Inc.
P. O. Box 3109
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X [signature] — ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery: DEC 0 3 2001

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

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 *(Transfer from service label)* 7000 1670 0000 0605 7632

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

The Moore Trust
U/T/A dated 7/1/71
J. Hiram, Betty J. & Michael H. Moore, Trustees
P O. Box 10908
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X [signature] — ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7000 1670 0000 0605 7472

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7000 1670 0000 0605 7632

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — NOV 29 2001 — MIDLAND, TX

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*
Street, Apt. No.: Texaco Exploration & Production, Inc.
P. O. Box 3109
City, State, ZIP+4: Midland, TX 79702

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 4906

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — DEC 2001 — DALLAS, TX

Sent To: Bank of Montreal
Street, Apt. No.; or PO Box No.: c/o Oryx Energy Company
City, State, ZIP+4: P. O. Box 809004, Dallas, TX 75380-9004

PS Form 3800, January 2001 — 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. Resources
P. O. Box 794608
Dallas, TX 75379-4608

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 12/5/01

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 (Transfer from service label) 7001 2510 0006 7383 5101

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Bank of Montreal
c/o Oryx Energy Company
P. O. Box 809004
Dallas, TX 75380-9004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] | C. Date of Delivery: 12/2 4

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 (Transfer from service label) 7001 2510 0006 7383 4906

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7001 2510 0006 7383 5101

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — NOV 29 2001 — SANTA FE NM 87501-9998

Sent To: U. S. Resources
Street, Apt. No.; or PO Box No.: P. O. Box 794608
City, State, ZIP+4: Dallas, TX 75379-4608

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5255

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Estate of Elsie Grave Gorman
Street, Apt. No.; or PO Box No.: Leo Graves, Personal Representative
City, State, ZIP+4: Route 2 Box 250, Perkins, OK 74059-9430

PS Form 3800, January 2001 — 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:

Myco Industries, Inc.
105 S. Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature: PATTI CARLILE — X — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Patti Carlile — C. Date of Delivery: DEC 03 2001

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 *(Transfer from service label)* 7000 1670 0000 0605 7427

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Estate of Elsie Grave Gorman
Leo Graves, Personal Representative
Route 2 Box 250
Perkins, OK 74059-9430

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12-03-01
Margaret Graves

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 l.* 7001 2510 0006 7383 5255

PS Form 3811, July 1999 — 102595-00-M-0952

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

7000 1670 0000 0605 7427

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — NOV 30 2001 — SANTA FE NM 87501

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

Street, Apt. No.; Myco Industries, Inc.
105 S. Fourth Street
City, State, ZIP+ Artesia, NM 88210

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 1179

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS Postmark Here NOV 29 2001 87501-9998 NM SANTA FE

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Apache Corporation
Street, Apt. No., or PO Box No. Suite 100
2000 Post Oak Boulevard
City, State, ZIP+4 Houston, Texas 77056

PS Form 3800, February 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:

Yates Petroleum Corporation
105 S. Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X PATTI CARLILE ☐ Agent ☐ Addressee

B. Received by (Printed Name) Patti Carlile C. Date of Delivery DEC 03 2001

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
(Transfer from service label) 7000 1670 0000 0605 7656

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

KM

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:

Apache Corporation
Suite 100
2000 Post Oak Boulevard
Houston, Texas 77056

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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
(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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

7000 1670 0000 0605 7656

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS Postmark Here NOV 29 2001 87501-9998 NM SANTA FE

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Yates Petroleum Corporation
Street, Apt. No., or PO Box No. 105 S. Fourth Street
Artesia, NM 88210
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

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

7099 3400 0020 1069 6771

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — ROSWELL NM — NOV 29 2001

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Matador Operating Co.
Street, Apt. No.; or PO Box No. Suite 158
8340 Meadow Road
City, State, ZIP+4 Dallas, Texas 75231

PS Form 3800, February 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:

Earl L. Malone, MD
310 W. Mescalero Rd. Apt. #5
Roswell, NM 88201-5830

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 11-29-01

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
(Transfer from service label) 7099 3400 0020 1069 6785 — 7359

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Matador Operating Co.
Suite 158
8340 Meadow Road
Dallas, Texas 75231

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 12/3/01

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
(Transfer from service label) 7099 3400 0020 1069 6793

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7000 1670 0000 0605 7359

Postage	$ KM
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — SANTA FE NM 87501 9998 — NOV 29 2001

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Earl L. Malone, MD
Street, Apt. No.; or PO Box No. 310 W. Mescalero Rd. Apt. #5
Roswell, NM 88201-5830
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 4845

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — NOV 29 2001 — 87501-9998 — SANTA FE NM

Sent To: Jack Brooke, wife Mary Brooke
Brooke, Van Loon + Latham LLP
Street, Apt. No.; or PO Box No.: 1010 Common St, 31st floor
City, State, ZIP+4: New Orleans, LA 70112

PS Form 3800, January 2001 — 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:

Judith Anne Heine Spotts
805 Fordan Road
Hood River, OR 97031

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12-8-01

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

2. Article Number *(Copy from service label)* 7000 1670 0000 0605 7533

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

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:

Jack P. Brook
Whose Wife is Mary Joe Brook
Brook, Van Loon & Latham, LLP
1010 Common Street 31st Floor
New Orleans, LA 70112

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] — C. Date of Delivery: 12/4/01

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 *(Transfer from service label)* 7001 2510 0006 7383 4845

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7000 1670 0000 0605 7533

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — NOV 29 2001 — 87501-9998 — SANTA FE NM

Recipient's Name *(Please ... to be completed by mailer)*: Judith Anne Heine Spotts
Street, Apt. No., or PO Box No.: 805 Fordan Road
City, State, ZIP+4: Hood River, OR 97031

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5149

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

KM

SANTA FE NM 87501-9998 NOV 29 2001 USPS Postmark Here

Sent To: The Ellwood Foundation
Lewis E. Scherck, Wayne Hightower, & Raybourne Thompson, Co-Trustees
Street, Apt. No., or PO Box No.: P. O. Box 550049
City, State, ZIP+4: Houston, TX 77255

PS Form 3800, January 2001 — 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:

Alberta Link
3055 S. Race Street
Denver, CO 80210-6330

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 12-8-01

C. Signature: X Alberta Link ☐ 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 servic* 7001 2510 0006 7383 5521

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

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:

The Ellwood Foundation
Lewis E. Scherck, Wayne Hightower, & Raybourne Thompson, Co-Trustees
P. O. Box 550049
Houston, TX 77255

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery: 12-6-01

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

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 *(Transfer from service label)* 7001 2510 0006 7383 5149

PS Form 3811, August 2001 — Domestic Return Receipt — KM — 102595-01-M-2509

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

7001 2510 0006 7383 5521

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

KM

SANTA FE NM 87501-9998 NOV 29 2001 USPS Postmark Here

Sent To: Alberta Link
Street, Apt. No., or PO Box No.: 3055 S. Race Street
City, State, ZIP+4: Denver, CO 80210-6330

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5224

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

SANTA FE, NM NOV 29 2001 USPS

Sent To: Fourway Oil Company
Street, Apt. No.; or PO Box No.: a Partnership
City, State, ZIP+4: P. O. Box 2185, Longview, TX 75606

PS Form 3800, January 2001 — 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:

David Keith Heine
#7 Vista Parkway Circle
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12 5 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

2. Article Number *(Copy from se* 7001 2510 0006 7383 5316

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

K-m

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:

Fourway Oil Company
a Partnership
P. O. Box 2185
Longview, TX 75606

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Charles L. Nolen — 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

LONGVIEW, TX FOURWAY STA DEC 17 2001 USPS

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 l* 7001 2510 0006 7383 5224

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)

7001 2510 0006 7383 5316

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

K-m

Postmark NOV 29 2001 SANTA FE, NM USPS

Sent To: David Keith Heine
Street, Apt. No.; or PO Box No.: #7 Vista Parkway Circle
City, State, ZIP+4: Roswell, NM 88201

PS Form 3800, January 2001 — See Reverse for Instructions

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

7000 1670 0000 0605 7663

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — ALBUQUERQUE NM

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

Street, Apt. Yates Drilling Company
105 S. Fourth Street
City, State Artesia, NM 88210

PS Form 3800, February 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:

Jonathan Blair Trust
The First National Bank of Chicago
Trustee No. 0486
P. O. Box 99084
Fort Worth, TX 76199-0084

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bente Mann ☐ Agent ☐ Addressee

B. Received by (Printed Name) B-MACIAS — C. Date of Delivery

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

FT WORTH TX — JACK D WATSON CNG — DEC 2 2001

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 *(Transfer from service label)* 7001 2510 0006 7383 4852

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Yates Drilling Company
105 S. Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X PATTI CARLILE ☐ Agent ☐ Addressee

B. Received by (Printed Name) Patti DEC 03 2001 — C. Date of Delivery

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 *(Transfer from service label)* 7001 2510 0006 7383 4852 — 7663

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7001 2510 0006 7383 4852

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — USPS — ALBUQUERQUE NM

Sent To JONATHON BLAIR TRUST
Street, Apt. No.; or PO Box No. FIRST NATL BANK/CHICAGO, TR/NO. 0486 P.O. BOX 99084
City, State, ZIP+4 FORT WORTH, TX 76199-0084

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5378

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here
NOV 20 2001
USPS

Sent To: Freddy Joe Heine
Street, Apt. No.; or PO Box No.: 1006 Avenida Del Sumbre
City, State, ZIP+4: Roswell, NM 88201

PS Form 3800, January 2001 — 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:

Santiago Royalty Corporation
105 N. Hudson Suite 800
Oklahoma City, OK 73102-4803

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Covington ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 12-3-01

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 *(Transfer from service label)* 7000 1670 0000 0605 7625

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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:

Freddy Joe Heine
1006 Avenida Del Sumbre
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 12-5-01

C. Signature
X Freddy Heine ☐ 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 sen* 7001 2510 0006 7383 5378

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 0000 0605 7625

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here
NOV 29 2001
USPS
SANTA FE NM 87501-9998

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Santiago Royalty Corporation
Street, Apt. No.; o: 105 N. Hudson Suite 800
City, State, ZIP+4: Oklahoma City, OK 73102-4803

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7564

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Recipient: State of New Mexico
Street, A: State Land Office
Commissioner of Public Lands
Revenue Processing Division P. O. Box 2308
City, Sta: Santa Fe, NM 87504-2308

PS Form 3800, February 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:

Brian Hugh Hanagan
6918 Wildgrove Avenue
Dallas, TX 75214-3636

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
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 s* 7001 2510 0006 7383 5293

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

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:

State of New Mexico
State Land Office
Commissioner of Public Lands
Revenue Processing Division P. O. Box 2308
Santa Fe, NM 87504-2308

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* — C. Date of Delivery

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

Santa Fe NM 87501-9998 DEC 4

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7 0001670 0000 0605 7564

PS Form 3811, August 2001 — Domestic Return Receipt — KM — 102595-01-M-2509

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

7001 2510 0006 7383 5293

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here
SANTA FE NM NOV 29 2001

Sent To: Brian Hugh Hanagan
Street, Apt. No.; or PO Box No.: 6918 Wildgrove Avenue
City, State, ZIP+4: Dallas, TX 75214-3636

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5446

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To	Debra Ann Hill
Street, Apt. No.; or PO Box No.	Revocable Trust Agreement dated 4/30/91
City, State, ZIP+4	Debra A. Hill, Trustee P. O. Box 1887 Santa Fe, NM 87504

PS Form 3800, January 2001 — 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:

Blair Oil Trust
First National Bank of Chicago
P. O. Box 99084
Fort Worth, TX 76199-0084

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery

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

FT WORTH TX JACK D WATSON DEC 2 2001

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 (Transfer from service label) 7001 2510 0006 7383 4869

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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:

Debra Ann Hill
Revocable Trust Agreement dated 4/30/91
Debra A. Hill, Trustee
P. O. Box 1887
Santa Fe, NM 87504

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) R G Hanagan B. Date of Delivery 12/3/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

SANTA FE NM 87501 DEC 3 2001 US

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 fro 7001 2510 0006 7383 5446

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)

7001 2510 0006 7383 4869

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To	Blair Oil Trust
Street, Apt. No.; or PO Box No.	First National Bank of Chicago P. O. Box 99084
City, State, ZIP+4	Fort Worth, TX 76199-0084

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5262

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Dena Goldston Northrup Trust
Amarillo National Bank, Trustee
Street, Apt. No., or PO Box No.: Box 1
City, State, ZIP+4: Amarillo, TX 79105-0001

PS Form 3800, January 2001 — 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:

Rolla R. Hinkle, III
P. O. Box 2292
Roswell, NM 88202-2292

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

ROSWELL NM DEC 3 2001

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 lat* 7001 2510 0006 7383 5439

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

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:

Dena Goldston Northrup Trust
Amarillo National Bank, Trustee
Box 1
Amarillo, TX 79105-0001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery DEC 3 2001

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 *(Transfer from service labe* 7001 2510 0006 7383 5262

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

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

7001 2510 0006 7383 5439

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Rolla R. Hinkle, III
Street, Apt. No., or PO Box No.: P. O. Box 2292
City, State, ZIP+4: Roswell, NM 88202-2292

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 4821

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS 12/3/2001 SANTA FE NM 87501

Sent To R. P. Bushman Jr Trustee
Anne Holton Bushman, Trustee
Street, Apt. No.; or PO Box No. c/o Storms + Critz
1202-A Dairy Ashford St.
City, State, ZIP+4 Houston TX 77079-3004

PS Form 3800, January 2001 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:

James Brannigan
2610 Gaye Drive
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J. Brannigan C. Date of Delivery 12/3/01

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 (Transfer from service label) 7001 2510 0006 7383 4876

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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. P. Bushman, Jr Trustee
Anne Holton Bushman
c/o Storms and Critz
1202-A Dairy Ashford Street
Houston, TX 77079-3004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Doyce Gillespie C. Date of Delivery 12-6-01

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 (Transfer from service label) 7001 2510 0006 7383 4821

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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

7001 2510 0006 7383 4876

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

USPS NOV 29 2001 SANTA FE NM 87501

Sent To James Brannigan
Street, Apt. No.; or PO Box No. 2610 Gaye Drive
City, State, ZIP+4 Roswell, NM 88201

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 2510 0006 7383 5064

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE, NM NOV 30 2001 USPS Postmark Here

Sent To
Commissioner of Public Lands
Street, Apt. No. or PO Box No. State of New Mexico
P. O. Box 1148
City, State, ZIP Santa Fe, NM 87504-1148

PS Form 3800, January 2001 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:

Michael George Hanagan
P. O. Box 1373
Roswell, NM 88202-1737

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* X C. Date of Delivery 12-3-01

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 *(Transfer from service label)* 7001 2510 0006 7383 5453

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

K-M

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

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

SANTA FE, NM DEC 03 2001 USPS 87501

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 *(Transfer from service label)* 7001 2510 0006 7383 5064

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

K-M

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

7001 2510 0006 7383 5453

OFFICIAL USE

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE, NM DEC 03 2001 USPS Postmark Here

Sent To
Michael George Hanagan
Street, Apt. No.; or PO Box No. P. O. Box 1373
City, State, ZIP+4 Roswell, NM 88202-1737

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 2510 0006 7383 5620

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: USPS

Sent To: Russell D. Mann
Street, Apt. No., or PO Box No.: 1908 W. Carolina Way
City, State, ZIP+4: Roswell, NM 88201-0700

PS Form 3800, January 2001 — 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:

Chevron Texaco
P. O. Box 1150
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery DEC 0 3 2001

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 *(Transfer from service la* 7001 2510 0006 7383 4975

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-2509

K-M

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:

Russell D. Mann
1908 W. Carolina Way
Roswell, NM 88201-0700

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

ROSWELL NM DEC 3 2001 USPS 88201-9767

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 servi* 7001 2510 0006 7383 5620

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

KM

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

7001 2510 0006 7383 4975

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

K-M

Postmark Here: USPS DEC 26 2001 CAMAFEE NM 87301 8365

Sent To: Chevron USA Inc.
Street, Apt. No., or PO Box No.: P. O. Box 1150
City, State, ZIP+4: Midland, TX 79702

PS Form 3800, January 2001 — See Reverse for Instructions

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

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:

Minerals Management Service
P. O. Drawer 1857
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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
(Transfer from service label) 7000 1670 0000 0605 7465

PS Form 3811, August 2001 Domestic Return Receipt 102595 01-M-2509

ICM

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

7000 1670 0000 0605 7465

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS
SANTA FE NM 87501-9998
JUN 6 2001
Postmark Here

Recipient: Minerals Management Service
Street, A: P. O. Drawer 1857
City, State, ZIP+4: Roswell, NM 88201

PS Form 3800, February 2000 See Reverse for Instructions

JAMES BRUCE

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:

Debra Ann Hill
P. O. Box 1594
Roswell, NM 88202-1594

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* 7001 2510 0006 7383 5422

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

88202 [illegible]

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

OFFICIAL USE

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.10

ROSWELL NM 88201 USPS Postmark Here

Sent To: Debra Ann Hill
Street, Apt. No.; or PO Box No.: P. O. Box 1594
City, State, ZIP+4: Roswell, NM 88202-1594

7001 2510 0006 7383 5422

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENV
OF THE RETURN ADDRESS, FOLD AT

UNITED STATES POSTAL SERVICE

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

• Sender: Please print your name, address, and ZIP+4 in this box •

JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

DEC 11 2001
1ST NOTICE
2ND NOTICE
RETURN

7001 2510 0006 7383 5545

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87504-9998 NOV 29 2001 USPS Postmark Here

Sent To
Street, Apt. No., or PO Box No. The Lyons Foundation
City, State, ZIP+4 1980 Post Oak Blvd. Suite 2110
Houston, TX 77056-3810

PS Form 3800, January 2001 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:

Phillips Petroleum Company
P. O. Box 160
St. Louis, MO 63166-0160

COMPLETE THIS SECTION ON

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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
(Transfer from service label) 7000 1670 0000 0605 7519

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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

Km

7519

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

7000 1670 0000 0605 7519

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Km

USPS SANTA FE NM 87501-9998 NOV 29 2001 Postmark Here

Recipie *(Please Print Clearly) (to be completed by mailer)*
Phillips Petroleum Company
Street, P. O. Box 160
St. Louis, MO 63166-0160
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

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

• Sender: Please print your name, address, and ZIP+4 in this box •

JAMES BRUCE
P. O. BOX 1056
SANTA FE, NM 87504

DEC 10 2001

1ST NOTICE _____
2ND NOTICE _____
RETURN _____

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.07

Postmark Here
NM 87501 998
NOV 29 2001
USPS

7001 2510 0006 7383 5606

Sent To: Charles F. Malone Living Trust
Dtd 8/1/87
Street, Apt. No.; or PO Box No.: 900 Sunwest Centre
City, State, ZIP+4: Roswell, NM 88201-4768

PS Form 3800, January 2001 — See Reverse for Instructions

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

UNITED STATES POSTAL SERVICE

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

• Sender: Please print your name, address, and ZIP+4 in this box •

JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

DEC 19

1ST NOTICE
2ND NOTICE
RETURN

7000 1670 0000 0605 7403

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	$ 4.10

KM

SANTA FE NM NOV

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Earl L. Malone, MD
Street, Apt. No., 2501 Cortez Court
City, State, ZIP+ Roswell, MN 88201-3414

PS Form 3800, February 2000 — See Reverse for Instructions

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

UNITED STATES POSTAL SERVICE

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

• Sender: Please print your name, address, and ZIP+4 in this box •

JAMES BRUCE
P. O. BOX 1056
SANTA FE, NM 87504

DEC 10 2001

1ST NOTICE
2ND NOTICE
RETURN

7001 2510 0006 7383 5392

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

K-M

SANTA FE NM 87501 (illegible)
NOV 29 2001
Postmark Here
USPS

Sent To: Timothy Edward Hanagan
Street, Apt. No.; or PO Box No.: P. O. Box 3908
City, State, ZIP+4: Durango, CO 81302

PS Form 3800, January 2001 — See Reverse for Instructions

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

7000 1670 0000 0605 7380

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM 87501 — NOV 29 2001 — USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Russell D. Mann
Street, Apt. No.; or
P. O. Drawer 700
Roswell, NM 88202-0700
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7489

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM 87501 — NOV 29 2001 — USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Montana Historical Society Foundation
Street, Ap
P. O. Box 863
City, State
Helena, MT 59624-0863

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5354

OFFICIAL USE

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM 87501 — USPS

Sent To
Robert Wallace Hanagan
Street, Apt. No.; or PO Box No.
P. O. Box 430
City, State, ZIP+4
Roswell, NM 88202-0430

PS Form 3800, January 2001 — See Reverse for Instructions

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

7000 1670 0000 0605 7366

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM 87501 — NOV 29 2001 — USPS

Recipient's (Please Print Clearly) (to be completed by mailer)
Charles F. Malone Living Trust
Charles F. Malone
& M. T. Malone, Trustees
Street, Apt.
P. O. Box 2127
City, State,
Ruidoso Downs, NM 88346-2127

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5477

OFFICIAL USE

KM

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here — SANTA FE NM 87501 — USPS

Sent To
Brian Hugh Hanagan
Street, Apt. No.; or PO Box No.
6147 Goliad Avenue
City, State, ZIP+4
Dallas, TX 75214-3631

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5170

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Gilbert J. Eaton
Street, Apt. No.; or PO Box No.: 461 Rittenhouse Blvd.
City, State, ZIP+4: Jeffersonville, PA 19403-3382

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5194

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Virginia E Eaton
Street, Apt. No.; or PO Box No.: 461 Rittenhouse Blvd.
City, State, ZIP+4: Jeffersonville, PA 19403-382

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 2510 0006 7383 5200

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Gilbert J. Eaton
Street, Apt. No.; or PO Box No.: 914 North Hill Drive
City, State, ZIP+4: West Chester, PA 19380-4319

PS Form 3800, January 2001 — See Reverse for Instructions

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

7000 1670 0000 0605 7502

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Street, Apt. No.; or PO Box No.: P. O. Box 5970
City, State, ZIP+4: Penroc Oil Corporation Hobbs, NM 88241-5970

PS Form 3800, February 2000 — See Reverse for Instructions

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

7001 2510 0006 7383 5583

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: Sheri H. Magill
Street, Apt. No.; or PO Box No.: 2300 Barcelona Drive
City, State, ZIP+4: Ingleside, TX 78362-4041

PS Form 3800, January 2001 — 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:

Robert Wallace Hanagan
P. O. Box 184
Hygiene, CO 80533-0184

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
If YES, enter delivery address below: ☐ No

DENVER CO 2001 USPS

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 fr* 7001 2510 0006 7383 5347

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

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

OFFICIAL USE

K-M

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

PE NM 87501 Postmark Here
USPS

7001 2510 0006 7383 5347

Sent To: Robert Wallace Hanagan
Street, Apt. No.; or PO Box No.: P. O. Box 184
City, State, ZIP+4: Hygiene, CO 80533-0184

PS Form 3800, January 2001 See Reverse for Instructions