

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:

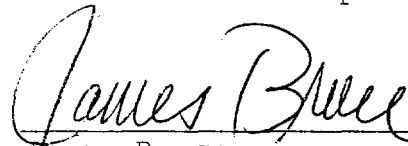
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

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**

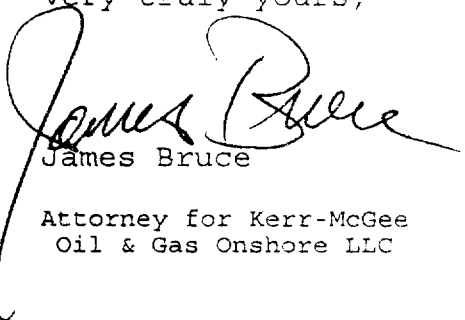
To: All Affected Persons

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:	W $\frac{1}{2}$
Sections 4, 8, 9:	All
Section 10:	W $\frac{1}{2}$
Section 15:	W $\frac{1}{2}$
Sections 16-30:	All
Sections 32-35:	All
Section 36:	W $\frac{1}{2}$

Township 21 South, Range 24 East, N.M.P.M.

Section 19:	All
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Township 22 South, Range 23 East, N.M.P.M.

Section 1:	W $\frac{1}{2}$
Sections 2-5 & 8-11:	All
Section 12:	W $\frac{1}{2}$
Section 13:	W $\frac{1}{2}$
Sections 14-17:	All
Section 21:	N $\frac{1}{2}$ and N $\frac{1}{2}$ N $\frac{1}{2}$ N $\frac{1}{2}$ S $\frac{1}{2}$
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: E $\frac{1}{2}$

Township 21 South, Range 24 East, N.M.P.M.
Sections 20 & 21: All
Section 27: S $\frac{1}{2}$
Sections 28-34: All

Township 22 South, Range 23 East, N.M.P.M.
Section 1: E $\frac{1}{2}$
Section 12: E $\frac{1}{2}$
Section 13: E $\frac{1}{2}$

Township 22 South, Range 24 East, N.M.P.M.
Sections 2-10: All
Section 11: N $\frac{1}{2}$
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: E $\frac{1}{2}$
Section 36: W $\frac{1}{2}$

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: W $\frac{1}{2}$
Section 2: E $\frac{1}{2}$
Section 11: E $\frac{1}{2}$
Section 12: W $\frac{1}{2}$
Section 13: W $\frac{1}{2}$
Section 14: E $\frac{1}{2}$

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 W $\frac{1}{2}$ of Section 35, Township 21 South, Range 23 East, N.M.P.M.;
- (b) The W $\frac{1}{2}$ of Section 2, Township 22 South, Range 23 East, N.M.P.M.;
- (c) The W $\frac{1}{2}$ of Section 11, Township 22 South, Range 23 East, N.M.P.M.; and

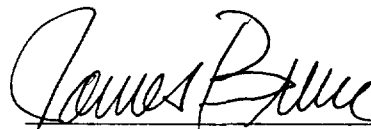
(d) The W½ of Section 14, Township 22 South, Range 23
East, N.M.P.M.

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,

A handwritten signature in cursive script, appearing to read "James Bruce", written over a horizontal line.

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

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

Sent To Devon Energy Production Company LP

Street, Apt. P. O. Box 843559
or PO Box Dallas, TX 75248-3559
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

Postmark Here
DEC 03 2001

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

2. Article Number

(Transfer from service label)

7001 2510 0006 7383 4890

PS Form 3811, August 2001

102595 01-M-2509

Domestic Return Receipt

K/MC A

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>D. Hanes</i>	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery DEC 03 2001
D. Is delivery address different from item 1? ☐ No If YES, enter delivery address below:	

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

Sent To

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

PS Form 3800, January 2001

See Reverse for Instructions

0601 8982 9000 0152 7001

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

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

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

2. Article Number

7001 2510 0006 7383 5026

(Transfer from service label)

PS Form 3811, August 2001

102595-01-M-2509

Domestic Return Receipt 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:

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

2. Article Number

7001 2510 0006 7383 4807

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt K-M

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *P. H. H. H.*

B. Received by (Printed Name) **DEC 03 2001**

C. Date of Delivery **DEC 03 2001**

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3800, January 2001 See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Sent To
 Claremont Corporation
 P. O. Box 549
 Claremont, OK 74018-0549
 City, State, Zip+4

PS Form 3800, January 2001 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *S. Ashworth*

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7001 2510 0006 7383 5026

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 0000 0000 0000

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

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

Linda Sue Heine Coll
P.O. Box 1818
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

2. Article Number

(Transfer from service label) 1000161000000005

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature	☒ Agent
X <i>P. Schieffer</i>	☐ 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

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	☒ Agent
X <i>L. Sue Heine Coll</i>	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
L. Sue Heine Coll	12/10/01
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) 7049 3400 0020 1069 1186

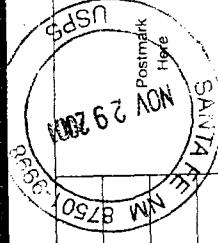
PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

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

7000 1670 0000 0000 0000 0000



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

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

PS Form 3800, February 2000

See Reverse for Instructions

102595-01-M-2509

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

9252 5090 0000 0297 0002

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



Recipient's Name (Print or Type) (to be completed by mailer)

Wills Royalty Inc.
P. O. Box 1658
Carlsbad, NM 88220-1658
City, State, ZIP+4

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

2. Article Number

(Transfer from service label)

1000161000000605

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) DEC 03 2001
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7588

157

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

2. Article Number

(Transfer from service label)

1000161000000605

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) DEC 03 2001
- C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7520

157

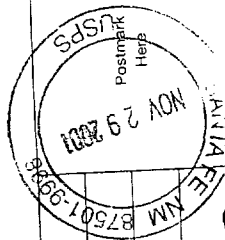
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

9252 5090 0000 0297 0002

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



Recipient
Sabine Royalty Trust
Bank of America, NA
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)

1. Article Addressed to:	
Bruce P. Riggs P. O. Box 322 Carlsbad, NM 88220	
2. Article Number (Transfer from service label)	
7001 2510 0006 7383 5095	
PS Form 3811, August 2001	
Domestic Return Receipt	
102595-01-M-2503	

A. Signature X <i>B. Riggs</i>	
B. Received by (Printed Name)	
C. Date of Delivery	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below:	
3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

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

PS Form 3800, January 2001 See Reverse for Instructions

6225 8862 9000 0752 7001

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 <i>B. Riggs</i>	
B. Received by (Printed Name)	
C. Date of Delivery	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below:	

3. Service Type ☒ Certified Mail ☐ Registered ☐ 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-2503	

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)	
B. Date of Delivery	
C. Signature X <i>R. Hanagan</i>	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below:	

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ 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)

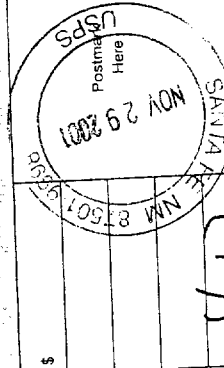
5605 8862 9000 0752 7001

A. Signature X <i>B. Riggs</i>	
B. Received by (Printed Name)	
C. Date of Delivery	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below:	
3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

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

PS Form 3800, January 2001 See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

DEC 03 2001

C. Signature **Michael W. Lyne**
X **Mailrun Courier Ser**

Enter delivery address below:

exico, Trustee	☐ Registered	☒ Express Mail	
	☐ Insured Mail	☒ Return Receipt for Merchandise	
		☐ C.O.D.	
4 Restricted Delivery? (Extra Fee)			☐ Yes

7007	2510	0006	7383	5555
------	------	------	------	------

Domestic Return Receipt

102595-00-M-0952

See Reverse for Instructions

PS Form 3800, January 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature **PATTI CARLLE**
X DEC 03 2011
B. Received by (Print Name) **Carlle** Address **Carlle** Delivery **Carlle**

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

3. Service Type

☒ Certified Mail	☐ Express Mail
☐ Registered	☒ Return Receipt for Merchandise
☐ Insured Mail	☐ COD

(Extra Fee)

7001 2510 0006 7383 4791

Domestic Return Receipt

102595-01-M-2509

See Reverse for Instructions

PS Form 3800, January 2001

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

PATTI CARLHAGENT

X DEC 03 2001

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

Total Postage & Fees

Sent To Lunt Trust

Established by Lamar Hunt, His Wife

Street, / First National Bank of Santa Fe, New Mexico, Trustee
or PO B P. O. Box 1588

City, Sta Tulsa, OK 74101

See Reverse for Instructions

PS Form 3800, January 2001

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

7383 5361

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

Sent To
Robert G. Hanagan
For Hanagan Properties
P. O. Box 1887
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

2. Article Number (Copy from

7001 2510 0006 7383 5385

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Craig Heine* ☒ Agent ☐ Addressee

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

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

2. Article Number (Copy from serv

7001 2510 0006 7383 5361

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *R. G. Hanagan* ☐ Agent ☐ Addressee

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

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

5383 5361 9000 0152 1002

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

Sent To
Craig S. Heine
7328 Blanton Road
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)

5552 5090 0000 0297 0002

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

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

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

PS Form 3800, February 2000

See Reverse for Instructions

Postmark Here

5552

NOV 29 2001

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

102595-01-M-2509

Domestic Return Receipt

7695

COMPLETE THIS SECTION ON DELIVERY

A. Signature	☒ Agent
B. Received by (Printed Name)	☒ Addressee
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

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

5552 5090 0000 0297 0002

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

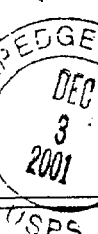
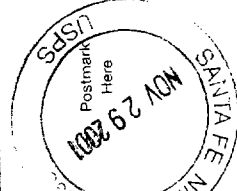
Recipient's Name (Please Print Clearly) (to be completed by mailer)

Leslie Riggs Mills
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

Sent To

Jon F. Coll, SP
P.O. Box 1818
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

2. Article Number

(Transfer from service label)

7001 2510 0006 7383 5231

PS Form 3811, August 2001

Domestic Return Receipt

102595 01-M-2509

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

2. Article Number

(Transfer from service label)

7001 2510 0006 7383 5002

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7001 2510 0006 7383 5231

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

Sent To

Bill Fenn
P. O. Box 1757
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)

1. Article Addressed to:

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

2. Article Number
(Transfer from service label) 70016100000605 7441

PS Form 3800, January 2001

See Reverse for Instructions

Postmark Here
DENVER CO 80217

Postage \$ 4.07

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.07

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

2864 8822 9000 0152 7002

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

2. Article Number

(Transfer from service label) 70016100000605 7441

PS Form 3811, August 2001

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by ☒ Date of Delivery

D. Is delivery different from item 1? ☐ Yes

IF YES, enter delivery address below (Do not use return address)
OPTIMUM MAIL MANAGEMENT SYSTEMS
AGENT FOR MINERALS MANAGEMENT SERVICES

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from service label) 7001 2510 0006 7383 4982

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature ☒ Agent ☐ Addressee

D. Is delivery different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7441 0000 0605 10016100000605 7441

Postage \$ 4.07

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.07

Recipient's Name (Please Print Clearly) Minerals Management Service

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

City, State, Zip+4 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)

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

Sent To
 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

2. Article Number
 (Transfer from service label)
 7001 2510 0006 7383 5019

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *James N. Coll*

B. Received by (Printed Name)
 James N. Coll

C. Date of Delivery
 11/29/01

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

YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt

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

2. Article Number
 (Transfer from service label)
 7001 2510 0006 7383 5088

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *James N. Coll*

B. Received by (Printed Name)
 James N. Coll

C. Date of Delivery
 11/29/01

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

YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

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

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

PS Form 3800, January 2001 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *James N. Coll*

B. Received by (Printed Name)
 James N. Coll

C. Date of Delivery
 11/29/01

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

YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt

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

6664 8882 9000 0150 7002

1. Article Addressed to:

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

2. Article Number
(Transfer from service label) 7001 2510 0006 7383 4999

PS Form 3800, January 2001

See Reverse for Instructions

Postage \$ 4.17

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Sent To Stanley W. Crosby, III
P. O. Box 2346
Roswell, NM 88202-2346
City, State, Zip+4

Postmark Here: SANTA FE NM 19-2001

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

2. Article Number

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

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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 Dangle Speight
P. O. Drawer 1687
Lovington, NM 88260

2. Article Number

(Transfer from service label) 10 0016 70 0000 0605

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Bub Malone* C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[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 ☐ No
If YES, enter delivery address below:

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

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

7252 5090 0000 0297 0002

Postage \$ *4.17*

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *4.17*

Postmark Here: SANTA FE NM 19-2001

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

June D. Speight
P. O. Drawer 1687
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)

6055 8982 9000 0152 7002

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

Sent To

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

PS Form 3800, January 2001

See Reverse for Instructions

Postmark
Here

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

1. Article Addressed to:

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.

A. Signature

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-3-01

D. Is delivery address different from item 1? ☐ Yes

☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

☐ No

Article Number 7001 2510 0006 7383 5460

Domestic Return Receipt

PS Form 3811, August 2001

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

2. Article Number (Copy from serv)

7001 2510 0006 7383 5309

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent

☐ Addressee

☐ Yes

☐ No

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

☐ No

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

0945 8982 9000 0152 7002

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

Sent To

Hugh E. Hanagan
Street, Apt. No., P. O. Box 1737
or PO Box No. Roswell, NM 88202-1737
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

Postmark
Here

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

1. Article Addressed to:

Paul Reed Heine
#16 Monterrey
Santa Fe, NM 87505

PS Form 3800, January 2001

See Reverse for Instructions

Postmark Here
JUN 19 2001

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

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

0000 0152 7000 2343 5187

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

2. Article Number
(Transfer from service label)

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

2. Article Number (Copy from service label)

7001 2510 0006 7383 5330

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent

☐ Addressee

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

If YES, enter delivery address below:

☐ No

☐ Yes

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Restricted Delivery? (Extra Fee)

☐ Yes

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

☐ Restricted Delivery? (Extra Fee)

☐ Yes

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

1. Article Addressed to:

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

PS Form 3800, January 2001

See Reverse for Instructions

Postmark Here
NOV 29 2001

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

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

2000 0152 7000 2343 5187

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

Sent To
Street, Apt. No., or PO Box No. Baynard Malone P. O. Box 87
City, State, ZIP+4 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:

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

2. Article Number (Copy from s

7001 2510 0006 7383 5590

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:

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

2. Article Number (Copy from servic

7001 2510 0006 7383 5286

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Baynard Malone 12-3-01
C. Signature
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

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

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Michael George Hanagan 11-3-01
C. Signature
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

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

2. Article Number (Copy from servic

7001 2510 0006 7383 5286

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)

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

Sent To
Street, Apt. No., or PO Box No. Michael George Hanagan 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)

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

Sent 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

PS Form 3800, January 2001

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* *Alton B. Goldston* ☐ Agent ☐ Addressee

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

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

If YES, enter delivery address below:

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

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

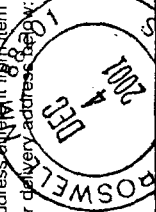
COMPLETE THIS SECTION ON DELIVERY

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 ☐ No

If YES, enter delivery address below:



Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise

☐ Registered ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from ss) *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)

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

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

PS Form 3800, January 2001

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

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

Sent To
Ross L. Malone Testamentary Trust
Baynard W. Malone, Trustee
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

2. Article Number

(Transfer from service label)

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

7001 2510 0006 7303 5637

102595-01-M-2509

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 \$

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

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

PS Form 3800, February 2000 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

9099 3400 0020 1069 1209

Domestic Return Receipt

102595-01-M-2509

**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
Sent To Devon SFS Operating Inc. 20 North Broadway Suite 1500 Oklahoma City, OK 73102-8296	
Street, Apt. No., or PO Box No. City, State, Zip+4	
PS Form 3800, January 2001	

See Reverse for Instructions

7001 2510 0006 7383 5118

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

2. Article Number
(Transfer from service label)

7001 2510 0006 7383 5057

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:

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

2. Article Number

(Transfer from service label)

7001 2510 0006 7383 5118

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Goodluck Nicks* ☐ Agent ☐ Addressee

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

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

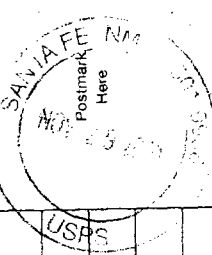
Postmark Here

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

7001 2510 0006 7383 5057



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

Sent To

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)

Postage \$		Certified Fee \$		Return Receipt Fee (Endorsement Required) \$		Restricted Delivery Fee (Endorsement Required) \$		Total Postage & Fees \$	
Sent To: Chevron USA Production Company Street, Apt. P. O. Box 84059 or P.O. Box, Dallas, TX 75284-0592 City, State, Zip+4									
PS Form 3800, January 2001									

Postmark Here: 29 2001 NM

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

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

3. Service Type

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

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

K-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☒ Agent
- ☐ Addressee

B. Received by (Printed Name)

DEC 03 2001

D. Is delivery address different from item 1?

If YES, enter delivery address below:

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

3. Service Type

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

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

K-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☒ Agent
- ☐ Addressee

B. Received by (Printed Name)

DEC 03 2001

D. Is delivery address different from item 1?

If YES, enter delivery address below:

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

K-M

102595-01-M-2509

**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 \$	
Recipient's Name (Please Print Clearly) (to be completed by mailer)									
Marathon Oil Company									
Dept. 0882 P. O. Box 120001									
City, State, Zip+4									
Dallas, TX 75312-0882									
PS Form 3800, February 2000									

Postmark Here: 03 2001 NM

See Reverse for Instructions

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

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

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

PS Form 3800, January 2001

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

2. Article Number

(Transfer from service label)

7001 2510 0006 7383 4968

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

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

2. Article Number (Copy from service label)

7001 2510 0006 7383 5576

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

K-M

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
SANE MALONE 12-4-01

C. Signature
SANE MALONE

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

If YES, enter delivery address below

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Megan Malone

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

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

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

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 4937

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

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

See Reverse for Instructions

PS Form 3811, January 2001

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

2. Article Number

(Transfer from service label)

7001 2510 0006 7383 4937

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature X D Flans ☐ Agent ☐ Addressee

B. Received by (Printed Name) DEC 03 2001 ☐ State of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7001 2510 0006 7383 4814

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature X D Malone ☐ Agent ☐ Addressee

B. Received by (Printed Name) 7001 2510 0006 7383 4937 ☐ Date of Delivery

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

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 7383 4937

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

Sent 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

PS Form 3800, January 2001

See Reverse for Instructions

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

1. Article Addressed to:

Postage \$ 4.17

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Postmark Here

NOV 29 2001

SAVANNAH, GA 31401

USPS

Recipient's Name (Please Print Clearly; Do Not Stamp or Write on this Receipt)

J. Hiram Moore

Street, Apt. No., or P.O. Box 910833

Dallas, TX 75391-0833

City, State, Zip+4

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

2. Article Number

(Transfer from service label) 7000 1670 0000 0605

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

KN

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X *J. Hiram Moore* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *J. Hiram Moore* C. Date of Delivery *12/01/01*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

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

2. Article Number

(Transfer from service label) 7000 1670 0000 0605

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

KN

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

0762 5090 0000 0605 7410

Postage \$ 4.17

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Postmark Here

NOV 29 2001

SAVANNAH, GA 31401

USPS

Recipient's Name (Please Print Clearly; Do Not Stamp or Write on this Receipt)

Elizabeth A. Malone Testamentary Trust

Street, Apt. No., or P.O. Box 87

P. O. Box 87

City, State, Zip 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)

1. Article Addressed to:

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

2. Article Number (Copy from service #)
7001 2510 0006 7383 5538

PS Form 3811, July 1999

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Total Postage & Fees \$ 4.17

6. Postage Certified Fee Return Receipt Fee Restricted Delivery Fee (Endorsement Required)

7. Sent To Gladys Gay Libreton 1441 Jackson New Orleans, LA 70130-5760

8. Street, Apt. No., or PO Box No. City, State, ZIP+4

9. PS Form 3800, January 2001

10. 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:

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

2. Article Number (Copy from service

7001 2510 0006 7383 5538

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:

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

2. Article Number (Copy from service #)

7001 2510 0006 7383 5408

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)

1. Article Addressed to:

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

2. Article Number (Copy from service #)
7001 2510 0006 7383 5408

PS Form 3811, July 1999

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Total Postage & Fees \$ 4.17

6. Postage Certified Fee Return Receipt Fee Restricted Delivery Fee (Endorsement Required)

7. Sent To Holnan, Inc. P. O. Box 8789 Denver, CO 80201

8. Street, Apt. No., or PO Box No. City, State, ZIP+4

9. PS Form 3800, January 2001

10. 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:

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

2. Article Number (Copy from service

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)

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Barber Oil Exploration
P. O. Box 1772
Hobbs, NM 88241

2. Article Number (Transfer from service label) 7001 2510 0006 7383 4944

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Lana Martinez ☐ Addressee

B. Received by (Printed Name) *Lana Martinez* C. Date of Delivery *7/14/01*

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 ☐ No

Domestic Return Receipt *K-M* 102595-01-M-2509

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Barber Oil Exploration
P. O. Box 1772
Hobbs, NM 88241

2. Article Number (Transfer from service label) 7001 2510 0006 7383 4944

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Lana Martinez ☐ Addressee

B. Received by (Printed Name) *Lana Martinez* C. Date of Delivery *7/14/01*

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 ☐ No

Domestic Return Receipt *K-M* 102595-01-M-2509

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

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) 7001 2510 0006 7383 5040

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Julie L. Coleman ☐ Addressee

B. Received by (Printed Name) *Julie L. Coleman* C. Date of Delivery *7/14/01*

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 ☐ No

Domestic Return Receipt *K-M* 102595-01-M-2509

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

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) 7001 2510 0006 7383 5040

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Julie L. Coleman ☐ Addressee

B. Received by (Printed Name) *Julie L. Coleman* C. Date of Delivery *7/14/01*

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 ☐ No

Domestic Return Receipt *K-M* 102595-01-M-2509

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

SENDER: COMPLETE THIS SECTION

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

2. Article Number (Transfer from service label) 7001 2510 0006 7383 5040

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Julie L. Coleman ☐ Addressee

B. Received by (Printed Name) *Julie L. Coleman* C. Date of Delivery *7/14/01*

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 ☐ No

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 5125

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

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

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

2. Article Number (Copy from ser

7001 2510 0006 7383 5323

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) 12/5

B. Date of Delivery

C. Signature [Signature]

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

2. Article Number

(Transfer from service label, 7001 2510 0006 7383 5125)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]

B. Received by (Printed Name) Diverse GP III

C. Date of Delivery 12-6-01

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

7001 2510 0006 7383 5323

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

Sent To: Timothy Edward Hanagan
P. O. Box 480451
Denver, CO 80248-0451
City, State, ZIP+4

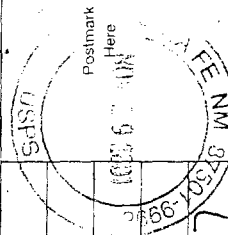
PS Form 3800, January 2001

See Reverse for Instructions

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

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17
Sent To <i>Richard I. Brown</i>	
Street, Apt. No. <i>4205 S. Bellaire Circle</i>	
City, State, ZIP+4 <i>Englewood, CO 80110-5030</i>	

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:

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

2. Article Number
(Transfer from service label)
7001 2510 0006 7383 483B

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

KN

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

2. Article Number
(Transfer from service label)
7001 2510 0006 7383 5071

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

KN

COMPLETE THIS SECTION ON DELIVERY

A. Signature	☐ Agent
☒ <i>[Signature]</i>	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
<i>TIM MCKITA</i>	<i>12-1-01</i>
D. Is delivery address different from item 1? ☐ Yes ☐ No	
If YES, enter delivery address below:	

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

2. Article Number
(Transfer from service label)
7001 2510 0006 7383 483B

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

KN

COMPLETE THIS SECTION ON DELIVERY

A. Signature	☐ Agent
☒ <i>[Signature]</i>	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
<i>Bob Bell</i>	<i>DEC 6 2001</i>
D. Is delivery address different from item 1? ☐ Yes ☐ No	
If YES, enter delivery address below:	

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

2. Article Number
(Transfer from service label)
7001 2510 0006 7383 5071

Domestic Return Receipt

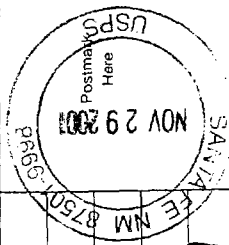
102595-01-M-2509

KN

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
Sent To <i>CHEVRON USA INC.</i>	
Street, Apt. No. <i>Box 1150</i>	
City, State, ZIP+4 <i>MIDLAND TX 79702</i>	

PS Form 3800, January 2001 See Reverse for Instructions



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

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

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

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

2. Article Number
(Transfer from service label)

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:

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

2. Article Number
(Transfer from service label)

PS Form 3800, January 2001

Domestic Return Receipt

7001 2510 0006 7383 4883

K-m

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>X Estelle Shepard</i>	☐ Agent ☐ Addressee
B. Received by (Printed Name) <i>ESTELLE SHEPARD</i>	C. Date of Delivery <i>12/3/01</i>
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.

Restricted Delivery? (Extra Fee) ☐ Yes

7940

Domestic Return Receipt

102595-01-M-2509

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

0452 5090 0000 0291 0000

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

Postmark
1003 67 ALB Here

Recipient's Name (Please Print Name to be maintained by Mailer)	Estelle L. Shepard
Street, Apt. No., or	as her Sole and Separate Property
City, State, Zip+4	5739 Indian Circle 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)

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

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

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:

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

2. Article Number

(Transfer from service label)

7001 2510 0006 7383 4920

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:

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

2. Article Number (Copy from service label)

7001 2510 0006 7383 5415

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

K-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature	☐ Agent
B. Received by (Printed Name)	☐ Addressee
C. Date of Delivery	
D. Is delivery address different from item 1?	☐ Yes ☐ No

If YES, enter delivery address below:

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

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

1. Article Addressed to:

2. Article Number (Transfer from service label) 7001 2510 0006 7383 4913

PS Form 3811, August 2001

Domestic Return Receipt KM

See Reverse for Instructions

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

Postage \$ 4.17

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Postmark Here

SENDER: COMPLETE THIS SECTION

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

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 ☐ No

2. Article Number (Transfer from service label) 7001 2510 0006 7383 4913

PS Form 3811, August 2001

Domestic Return Receipt KM

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

If YES, enter delivery address below:

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:

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

2. Article Number (Transfer from service label) 7000 1610 9000 0605

PS Form 3811, August 2001

Domestic Return Receipt KM

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

7000 1610 9000 0605 7496

Postage \$ 4.17

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Postmark Here

Recip: Optometric Extension Program Foundation, Inc.
1921 E. Carnegie Suite 3-L
Street, 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

1. Article Addressed to:

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

2. Article Number (Copy from service label) 7001 2510 0006 7383 5507

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Postage \$ 4.17

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Sent To

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

City, State, Zip

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

2. Article Number (Copy from service label)

7001 2510 0006 7383 5507

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:

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

2. Article Number (Copy from service label)

7001 2510 0006 7383 5569

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:

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

2. Article Number (Copy from service label)

7001 2510 0006 7383 5507

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

K-M

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature *[Signature]* 12-24
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below: ☐ Yes ☐ No

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

7001 2510 0006 7383 5569

Domestic Return Receipt

102595-00-M-0952

K-M

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

Postage \$ 4.17

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Sent To

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

City, State, Zip+4

7001 2510 0006 7383 5569

PS Form 3800, January 2001

See Reverse for Instructions

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

Postage \$	4.17
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	4.17
Sent To Kerr-McGee Oil & Gas Onshore LLC Street, Apt. No. P. O. Box 809004 or PO Box No. Dallas, TX 75380-9004 City, State, ZIP+4	

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0006 7383 5491

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

2. Article Number (Copy from service)

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

2. Article Number (Copy from service)

7001 2510 0006 7383 5491

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent

☐ Addressee

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Agent

☐ Addressee

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

If YES, enter delivery address below:

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

Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from service)

7001 2510 0006 7383 5484

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 5484

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent

☐ Addressee

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from service)

7001 2510 0006 7383 5491

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

See Reverse for Instructions

PS Form 3800, January 2001

**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

Postmark Here

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

Street, Apt. 1 Vaughn Petroleum Royalty Partners, Ltd.
3738 Oak Lawn Avenue Suite 101
City, State, Zip Dallas, TX 75219

PS Form 3800, February 2000 See Reverse for Instructions

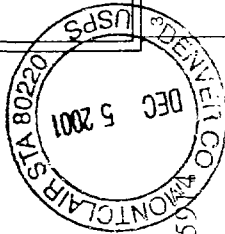
6592 5090 0000 0297 0002

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



COMPLETE THIS SECTION ON DELIVERY

A. Signature *[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

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

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 *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Vicki Boone* C. Date of Delivery *10/14/01*

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

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 1610 0006 603

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)

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

Postmark Here

Sent To
June A. Eaton
Street, Apt. No. 321 Jasmine Street
or PO Box No. Denver, CO 80220-5914
City, State, Zip+4

PS Form 3800, January 2001 See Reverse for Instructions

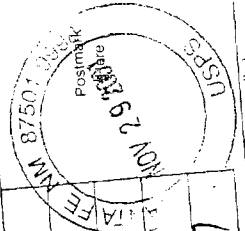
6592 5090 0000 0297 0002

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

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

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:

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

2. Article Number

(Transfer from service label) 70001670 00000665 7557

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) 19.5.01 ☐ Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 S. Regu ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

1109 7488 0028 1069 1162

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

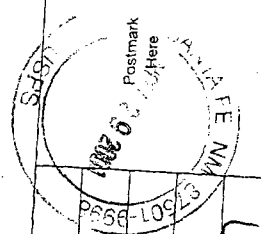
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Mrs. Gilbert J. Sevier Trust
 Marion S. Jobe and Gilbert Sevier, Jr., Trustees
 5428 Saint Charles Avenue
 New Orleans, LA 70115-5046

PS Form 3800, February 2000

See Reverse for Instructions



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

1. Article Addressed to:

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

Postmark Here

Recipient's Name Menasco Marital Trust
Wells Fargo Bank Colorado NA
Street, Apt. / Trust Natural Resources
P. O. Box 5838
City, State, Zip 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:

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

2. Article Number

(Transfer from service label) 100016400000605

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:

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

2. Article Number

(Transfer from service label) 100016400000605

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Estelle L. Shepherd

B. Received by (Printed Name) ESTELLE SHEPHERD

C. Date of Delivery 12/30/

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature X

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label) 100016400000605

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)

Postage \$ 4.17

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)
Estelle L. Shepherd
Street, Apt. / 5739 Indian Circle
City, State, Zip 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)

1. Article Addressed to:

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

City, State, Zip+4

Postmark Here

Postage \$

Certified Fee \$

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To

Marathon Oil Company

P. O. Box 552

Midland, TX 79702-0552

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.

Article Addressed to:

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

2. Article Number (Copy from serv

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

KM

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Frankie Vinson DEC 03 2001

B. Date of Delivery

C. Signature Frankie Vinson ☒ Agent ☐ Addressee

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

2. Article Number (Copy from sr

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

KM

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JDAC E Gillespie 12/23/01

B. Date of Delivery

C. Signature JDAC E Gillespie ☒ Agent ☐ Addressee

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2001 2510 0006 7383 5514

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

2001 2510 0006 7383 5514

Postage \$

Certified Fee \$

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To

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

City, State, Zip+4

Postmark Here

NOV 29 2001

87501-9000

SAINTA

PS Form 3800, January 2001

See Reverse for Instructions

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

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

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

Postmark
SANTA FE NM
NOV 29 2001
Here

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:

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

2. Article Number
(Transfer from service label) 7001 2510 0006 7383 4951

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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

2. Article Number
(Transfer from service label) 7001 2510 0006 7383 5156

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *J. Elkins* ☒ Agent ☐ Addressee
B. Received by (Printed Name) *James A. Elkins, Jr.* C. Date of Delivery *DEC 04*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

7001 2510 0006 7383 5156

A. Signature *James A. Elkins, Jr.* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *James A. Elkins, Jr.* C. Date of Delivery *NOV 29 2001*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

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 7472

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

Recipient: 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

See Reverse for Instructions

PS Form 3800, February 2000

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

- ☒ Certified Mail ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7472

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:

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

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)

7472 5090 0000 0605 7472

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

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

Texaco Exploration & Production, Inc.
Street, Apt. No.: P.O. Box 3109
City, State, Zip+: Midland, TX 79702

PS Form 3800, February 2000

See Reverse for Instructions

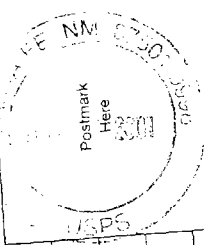
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 7383 5101

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

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

PS Form 3800, January 2001



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

2. Article Number
(Transfer from service label)

7001 2510 0006 7383 5101

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
X Agent, Addressee
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *11/29/01*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

2. Article Number
(Transfer from service label)

7001 2510 0006 7383 5101

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
X Agent, Addressee
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *11/29/01*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

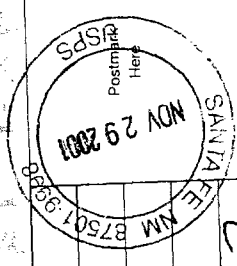
7001 2510 0006 7383 5101

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

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

5525 8882 9000 0152 1002

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

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

PS Form 3800, January 2001 See Reverse for Instructions

Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number

(Transfer from service label) 1000 6760 000 6605 7427

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** **PATTI CARLILE** ☐ Agent ☐ Addressee
- B. Received by **Patti Carlile** C. Date of Delivery **DEC 03 2001**
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

2. Article Number (Copy from service label) 7001 2510 0006 7383 5255

PS Form 3811, July 1999

102595-00-M-0952

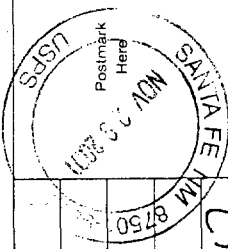
COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **Leo Graves** B. Date of Delivery **12-03-01**
- C. Signature **X** ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

2262 5090 0000 0297 0002



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

Recipient's Name (Please Print Clearly for the mailpiece by mailer)

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

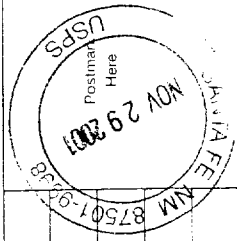
PS Form 3800, February 2000

See Reverse for Instructions

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

7299 2400 0000 0200 1059 1179

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



Recipient's Name (Printed Name) *Apache Corporation*
 Street, Apt. No., or P.O. *Suite 100*
 City, State, ZIP+4 *2000 Post Oak Boulevard 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

2. Article Number

(Transfer from service label)

7000 167000000605

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **PATTI CARLILE** Agent ☒ Addressee ☐
- B. Received by (Printed Name) *Patti Carlile* Date of Delivery *DEC 3 2001*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

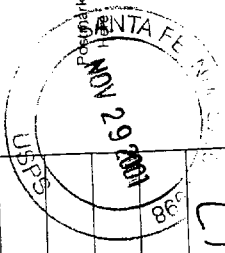
Domestic Return Receipt

102595-01-M-2509

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

5592 5090 0000 0297 0002

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



Recipient's Name (Printed Name) *Yates Petroleum Corporation*
 Street, Apt. No., or P.O. *105 S. Fourth Street*
 City, State, ZIP+4 *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)

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

Recipient's Name (Please Print Clearly) *Matador Operating Co.*

Street, Apt. No. or P.O. # *Suite 158*

City, State, ZIP+4 *8340 Meadow Road
Dallas, Texas 75231*

PS Form 3800, February 2000 See Reverse for Instructions

6604 0000 0200 6907 6677

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

2. Article Number

(Transfer from service label)

7000167000000005

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)

A. Signature	<i>Earl L. Malone</i>	☐ Agent
B. Received by (Printed Name)	<i>Earl L. Malone</i>	☐ Addressee
C. Delivery	<i>10/13/01</i>	☐ Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No		
If YES, enter delivery address below:		

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

3. Service Type ☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

2. Article Number

(Transfer from service label)

1099 3400 00201069 1193

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Earl L. Malone*

B. Received by (Printed Name) *Earl L. Malone*

C. Delivery *10/13/01*

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

If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7359

Domestic Return Receipt

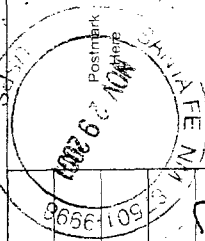
102595-01-M-2509

7000 1670 0000 0905 6562

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 \$

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

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

2. Article Number (Copy from service label)

7001 2510 0006 7383

PS Form 3811, July 1999

Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

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

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

2. Article Number
 (Transfer from service label)

7001 2510 0006 7383 4845

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

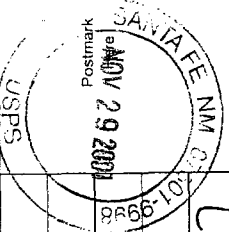
COMPLETE THIS SECTION ON DELIVERY

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

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

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 \$

Recipient's Name (Please Print Name)
 Judith Anne Heine Spotts
 Street, Apt. No., or PO Box
 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)

1. Article Addressed to: The Ellwood Foundation Lewis E. Scherck, Wayne Hightower, & Raybourne Thompson, Co-Trustees P. O. Box 550049 Houston, TX 77255		2. Article Number (Copy from service label) 7001 2510 0006 7383 5149
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No
5. Total Postage & Fees \$ 4.17		6. Postmark Here SANTA FE NM 87501-9998 NOV 29 2001

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

2. Article Number (Copy from service label)

7001 2510 0006 7383 5521

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:

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

2. Article Number

(Transfer from service label) 7001 2510 0006 7383 5149

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee	
B. Received by (Printed Name) <i>[Signature]</i> ☐ Date of Delivery	
C. Is delivery address different from item 1? ☐ Yes ☐ No	
D. If YES, enter delivery address below:	

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

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

1. Article Addressed to: Alberta Link 3055 S. Race Street Denver, CO 80210-6330		2. Article Number (Copy from service label) 7001 2510 0006 7383 5521
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No
5. Total Postage & Fees \$ 4.17		6. Postmark Here SANTA FE NM 87501-9998 NOV 29 2001

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

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

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:

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

2. Article Number (Copy from se

7001 2510 0006 7383 5316

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
12-5-01

C. Signature
X Keith Heine ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

2. Article Number (Copy from service)

7001 2510 0006 7383 5224

PS Form 3811, July 1999

Domestic Return Receipt

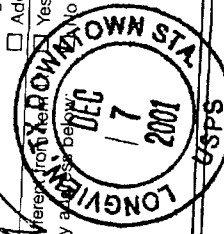
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Charles L. Longview ☐ Agent ☐ Addressee

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



3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

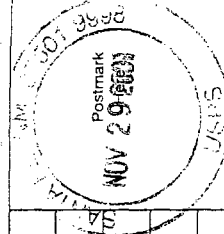
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

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

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)

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

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

Yates Drilling Company
105 S. Fourth Street
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:

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

7000 1610 0000 0605

2663

TM

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

7001 2510 0006 7383 4852

157

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bente Martin* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

B-MAC (AS) ☐ Date of Delivery

C. Is delivery address different from address below?

If YES, enter delivery address below ☐ Yes ☐ No

D. Is delivery address different from address below?

If YES, enter delivery address below ☐ Yes ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes ☐ No

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

2594 6962 9000 0752 7002

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

\$ 4.17

Sent to *JONATHAN BLAIR TRUST*

Street, Apt. No. *105 S. 4TH ST.*

City, State, Zip+4 *CHICAGO, ILL 60604*

PS Form 3800, January 2001

See Reverse for Instructions

102595-01-M-2509

7001 2510 0006 7383 4852

157

See Reverse for Instructions

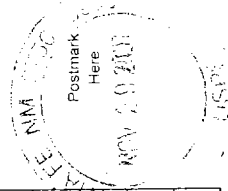
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Sent To
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

7001 2510 0006 7383 5378



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

2. Article Number (Transfer from service label) 7000 (6-10 0000 0605 7625

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Donna Carifano* Agent
B. Received by (Printed Name) C. Date of Delivery 12-30-01
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

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

2. Article Number (Copy from sender) 7001 2510 0006 7383 5378

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 05-01

C. Signature X *Freddy Joe Heine* Agent
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

Postmark Here NOV 20 2001 SANTA FE NM 87501-8380

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Santiago Royalty Corporation
Street, Apt. No., or 105 N. Hudson Suite 800
City, State, ZIP+4 Oklahoma City, OK 73102-4803

PS Form 3800, February 2000 See Reverse for Instructions

7000 2510 0000 0605 7625

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postmark Here

Recipient
State of New Mexico
State Land Office
Commissioner of Public Lands
Revenue Processing Division P. O. Box 2308
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

2. Article Number (Copy from:

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

2. Article Number

(Transfer from service label)

10001610 0000 0605 7964

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

If YES, enter delivery address below:

Postage \$ _____

Certified Fee \$ _____

Return Receipt Fee (Endorsement Required) \$ _____

Restricted Delivery Fee (Endorsement Required) \$ _____

Total Postage & Fees \$ 4.17

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature ☒ Agent ☐ Addressee

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

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7001 2510 0006 7383 5293

Domestic Return Receipt

102595-00-M-0952

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

Postmark Here

Sent To

Brian Hugh Hanagan
6918 Wildgrove Avenue
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 7363 5446

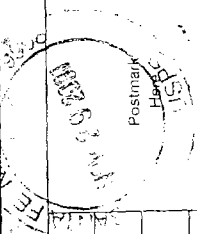
1. Article Addressed to:

Debra Ann Hill
Revocable Trust Agreement dated 4/30/91
Street, Apt. No.: Debra A. Hill, Trustee
or PO Box No.: P. O. Box 1887
City, State, Zip+4: Santa Fe, NM 87504

PS Form 3800, January 2001 See Reverse for Instructions

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

Sent To Debra Ann Hill



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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7001 2510 0006 7363 4869

Domestic Return Receipt

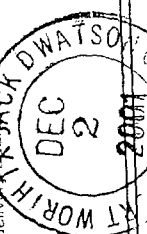
102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature Debra Ann Hill ☐ Agent ☐ Addressee

B. Received by (Printed Name) Debra Ann Hill C. Date of Delivery DEC 18 2001

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



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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No



2. Article Number (Copy for)

7001 2510 0006 7363 5446

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Debra Ann Hill B. Date of Delivery 12/18/01

C. Signature Debra Ann Hill ☐ Agent ☐ Addressee

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

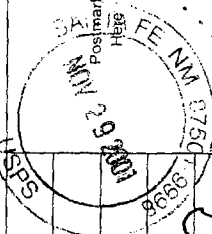


U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 7363 4869

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



Sent To Blair Oil Trust
First National Bank of Chicago
P. O. Box 99084
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)

2925 3842 9000 0752 7002

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

Sent To Dena Goldston Northrup Trust
Amariillo National Bank, Trustee
Street, Apt. No., Box 1
or PO Box No.
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

2. Article Number (Copy from service label) 7001 2510 0006 7383 5439

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *[Signature]*

☒ Agent
☐ Addressee

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Transfer from service label) 7001 2510 0006 7383 5262

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[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
☐ Registered
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

6555 3842 9000 0752 7002

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

Sent To Rolla R. Hinkle, III
Street, Apt. No., P. O. Box 2292
or PO Box No. Roswell, NM 88202-2292
City, State, Zip+4

PS Form 3800, January 2001

See Reverse for Instructions

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

Article Number: 7001 2510 0006 7383 4821

Postage \$ 4.17

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Sent to: R. P. Bushman, Jr. Trust
Anne Holton Bushman, Trustee
c/o Storms and Critz
1202-A Dairy Ashford St.
Houston, TX 77079-3007

Postmark: HOUSTON TX 12/28/01

PS Form 3800, January 2001

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

2. Article Number (Transfer from service label): 7001 2510 0006 7383 4876

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[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 ☐ No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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:

R. P. Bushman, Jr. Trust
Anne Holton Bushman
c/o Storms and Critz
1202-A Dairy Ashford Street
Houston, TX 77079-3007

2. Article Number (Transfer from service label): 7001 2510 0006 7383 4821

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name): DUCE Gillette

C. Date of Delivery: 12-6-01

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

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

Article Number: 7001 2510 0006 7383 4876

Postage \$ 4.17

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17

Sent to: James Brannigan
2610 Gaye Drive
Roswell, NM 88201

Postmark: ROSWELL NM 12/3/01

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

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

Sent To
Commissioner of Public Lands
State of New Mexico
P. O. Box 1148
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

2. Article Number
(Transfer from service label)

7001 2510 0006 7383 5453
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:

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

2. Article Number

(Transfer from service label)

7001 2510 0006 7383 5064

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

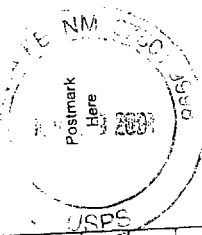
A. Signature X	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7001 2510 0006 7383 5453



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

Sent To
Michael George Hanagan
P. O. Box 1373
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)

0295 8982 9000 0152 7002

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

Sent To: Russell D. Mann
Street, Apt. No.: 1908 W. Carolina Way
PO Box No.: Roswell, NM 88201-0700
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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Print Name): *[Signature]* C. Date of Delivery: **DEC 3 2001**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number: 7001 2510 0006 7383 4975
(Transfer from service label)

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:

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: *12-6-11*

C. Signature: *[Signature]* ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number: 7001 2510 0006 7383 5620
(Copy from service label)

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)

0295 8982 9000 0152 7002

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

Sent To: Chevron USA Inc.
Street, Apt. No.: P. O. Box 1150
PO Box No.: Midland, TX 79702
City, State, ZIP+4:

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595 01-M-2509

7465

1CM

COMPLETE THIS SECTION ON DELIVERY

A. Signature		☐ Agent
X		☐ 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	

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

5962 5090 0000 0297 0002

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

Recipier: Minerals Management Service
P. O. Drawer 1857
Street, A Roswell, NM 88201
City, State, ZIP+4

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

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service)

7001 2510 0006 73A3 5422

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)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees

Sent To

Debra Ann Hill

P. O. Box 1594

Roswell, NM 88202-1594

PS Form 3800, January 2001

See Reverse for Instructions

UNITED STATES POSTAL SERVICE

PLACE STICKER AT TOP OF ENVELOPE
OF THE RETURN ADDRESS, FOLD HERE

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

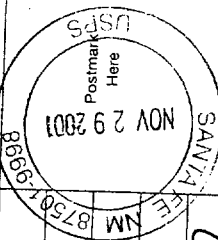
- Sender: Please print your name, address, and ZIP+4 in this box •

JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

DEC 11 2001
1ST NOTICE
2ND NOTICE
RETURN

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

5455 8982 9000 0752 7002



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

Sent To

Street, Apt. No.,
or PO Box No. The Lyons Foundation
1980 Post Oak Blvd. Suite 2110
City, State, ZIP+4 Houston, TX 77056-3810

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:

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

2. Article Number

(Transfer from service label) 1000 1610 0000605

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON

A. 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
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

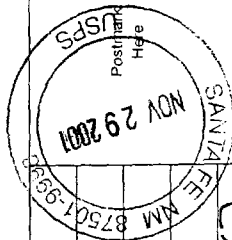
7519

Km

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

6752 5090 0000 0291 0000 7000 1670 0000

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



Recipient (Print Clearly) (to be completed by mailer)

Phillips Petroleum Company

P. O. Box 160

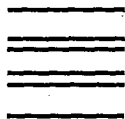
St. Louis, MO 63166-0160

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

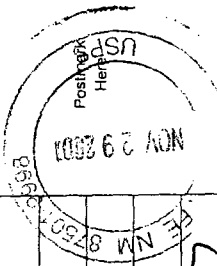
• Sender: Please print your name, address, and ZIP+4 in this box •

DEC 10 2001
JAMES S BRUCE
P.O. BOX 191
SANTA FE, NM 87504
RETURN

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

OFFICIAL USE

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



Sent To: Charles F. Malone Living Trust
Dtd: 8/1/87
Street, Apt. No.: 900 Sunwest Centre
or PO Box No.: Roswell, NM 88201-4768
City, State, ZIP+4:

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

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 2000

1ST NOTICE
2ND NOTICE
RETURN

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

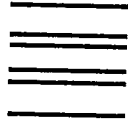
7403 5090 0000 0297 0002

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)
Earl L. Malone, MD
Street, Apt. No., 2501 Cortez Court
City, State, Zip+
Roswell, MN 88201-3414

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	\$ 4.17
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 87501-3000
USPS

Sent To

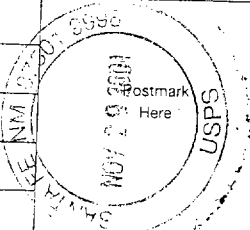
Timothy Edward Hanagan
P. O. Box 3908
Durango, CO 81302

PS Form 3800, January 2001

See Reverse for Instructions

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

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



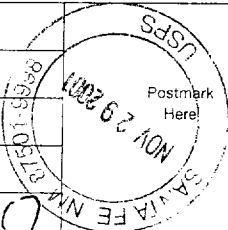
Recipient's Name Russell D. Mann
 Street, Apt. No., or P. O. Drawer 700
 Roswell, NM 88202-0700
 City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

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

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



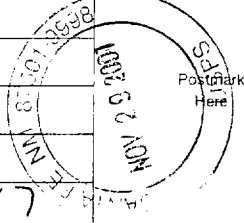
Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Street, Apt. Montana Historical Society Foundation
 P. O. Box 863
 Helena, MT 59624-0863
 City, State

PS Form 3800, February 2000

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



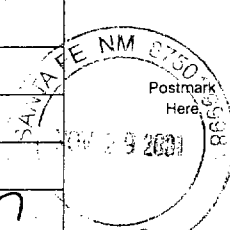
Recipient's Name Charles F. Malone Living Trust
 Street, Apt. Charles F. Malone
 & M. T. Malone, Trustees
 P. O. Box 2127
 Ruidoso Downs, NM 88346-2127
 City, State

PS Form 3800, February 2000

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



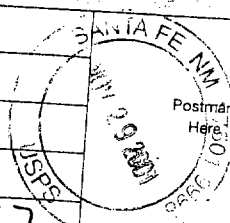
Sent To Robert Wallace Hanagan
 Street, Apt. No., or P. O. Box No. P. O. Box 430
 Roswell, NM 88202-0430
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

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

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



Sent To Brian Hugh Hanagan
 Street, Apt. No., or P. O. Box No. 6147 Goliad Avenue
 Dallas, TX 75214-3631
 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)

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)

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)

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)

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

Postmark Here

Recipient's Name (if different from sender's)
 Penroc Oil Corporation
 Street, Apt. No., or PO Box No. P. O. Box 5970
 City, State, ZIP+4 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)

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

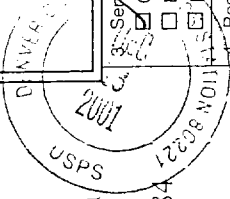
See Reverse for Instructions

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 [Signature] ☐ Agent ☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: _____

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

2. Article Number (Copy fr 7001 2510 0006 7383 5347

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 5347

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

Sent To Robert Wallace Hanagan
 Street Apt. No., P. O. Box 184
 or PO Box No. Hygiene, CO 80533-0184
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions