JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

324 MCKENZIE STREET
SANTA FE, NEW MEXICO 87501

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

JAN 14

January 11, 2002

David Catanach
Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Re: Case No. 12784 (XTO Energy Inc.)

Dear Mr. Catanach:

Enclosed are an original and one copy of a notice affidavit in the above case.

Very truly yours,

James Bruce

Attorney for XTO Energy Inc.

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF XTO ENERGY INC. FOR APPROVAL OF SURFACE COMMINGLING, SAN JUAN COUNTY, NEW MEXICO. **Case No. 12,784**

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 Rules and Regulations.

James Bruce

SUBSCRIBED AND SWORN TO before me this 9th day of January, 2002, by James Bruce.

Notary Public

My Commission Expires:

3/14/2005

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

324 MCKENZIE STREET
SANTA FE, NEW MEXICO 87501

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

December 20, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: All interest owners

Ladies and Gentlemen:

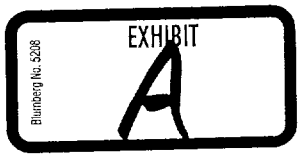
Enclosed is a copy of an application for surface commingling, filed with the New Mexico Oil Conservation Division by XTO Energy Inc., regarding two wells in the S½ of Section 21, Township 29 North, Range 10 West, N.M.P.M., San Juan County, New Mexico. This application is set to be heard at 8:15 a.m. on Thursday, January 10, 2002, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the wells, 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, January 4, 2002, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for XTO Energy Inc.



Garcia Gas Com B #1M & Prespentt Gas Com #1 Surface Comingle			
OWNER NAME/ADDRESS	INTEREST TYPE	OWNER NAME/ADDRESS	INTEREST TYPE
JOHNNY F ARCHULETA	R	SHIRLEY ANGELINA GARCIA	R
224 CR 4800		3327 TESS AVE	
BLOOMFIELD, NM 87413		SALT LAKE CITY, UT 84119	
MANUEL & SHARON WEAHKEE AND	R	LUCIA GONZALES	R
DANIEL L & NATHANIEL N WEAHKEE		ACCT #043607146	
JOINT TENANTS		C/O FIRST NTL BK OF BLOOMFIELD	
1803 E HIGHWAY 64		1200 WEST BROADWAY	
BLOOMFIELD, NM 87413-9522		BLOOMFIELD, NM 87413	
ERNESTINE A JEFFERIES	R	ADRIENNE SUE CHAPMAN	R
5804 ORCHID LN		2975 BOOKCLIFF AVE	
DALLAS, TX 75230		GRAND JUNCTION, CO 81504-4900	
BETTY ROGERS CONLEY REV TRUST	R	BEEBE, INC.	R
WELLS FARGO BANK NEW MEXICO NA		C/O WARREN F. REAMS, PRESIDENT	
OGM MAC C7324-038		PO BOX 118 (660 WHITE AVE)	
PO BOX 5383		GRAND JUNCTION, CO 81502	
DENVER, CO 80217			
FRANCES O GALLEGOS	R	JAMES L GODWIN	R
11 ROAD 4725		RT 2 BOX 135	
BLOOMFIELD, NM 87413-9503		LINDSAY, OK 73052-9657	
ROBERT L GODWIN	R	KAY DONNA GRAHAM	R
PO BOX 1314		PO BOX 267	
WEST YELLOWSTONE, MT 59758		BLANCHARD, OK 73010-0267	
KATHARINE A SHOEMAKER	R	ANN G BROWN	R
7308 W COUNTRY CLUB DR		1843 US HWY 64	
ARLINGTON, WA 98223-5944		BLOOMFIELD, NM 87413	
LOIS E. ROWLEY	R	FELIX DASHEN	R
P.O. BOX 1578		8430 NE 17TH STREET	
SILVERTHORNE, CO 80498-1578		BELLEVUE, WA 98004-3243	
L G KRIEGER TEST TRUST	O	STEVE A. AND GAIL ARCHULETA	R
MARGERY M KRIEGER & COLORADO		JOINT TENANTS	
COMMUNITY 1ST NATL, TRUSTEES		228 CR 4800	
3800 ARAPAHOE AVENUE		BLOOMFIELD, NM 87413-9203	
BOULDER, CO 80303-1070			
PERRY BAKER HALL	O	DAVID J ARCHULETA	R
925 SHEPHERD LN		220 CR 4800	
TYLER, TX 75701-9019		BLOOMFIELD, NM 87413	
LAWREN LYDIAN HALL	O	HALLYE D JORDAN	O
4701 CADUCEUS PLACE		2178 MARSHALL WAY	
GALVESTON, TX 77551		SACRAMENTO, CA 95818-3544	
KEITH PERRY JORDAN	O	CANDACE L KELTON COX	W,O
4218 MARKHAM ST		17 S MEADOW RIDGE	
HOUSTON, TX 77027-6235		CONCORD, MA 01742-3000	

RUTH JEAN RUGGIERO	R	LAURA JEAN BUTHORN	R
14997 PORTOFINO CR		3626 WEST COMMODORE	
SAN LEANDRO, CA 94578		SEATTLE, WA 98199	
GEORGIA KELTON FERGEN	W,O	MALCOLM C. TODD ESTATE	W
5500 OLD CLARKSVILLE RD		WILLIAM R. TURNER, EXCUTOR	
PARIS, TX 75462-7800		888 S. FIGUEROA, STE 860	
		LOS ANGELES, CA 90017	
GLADYS MURPHY	W	WILLIAM J THORTON	W
**********BAD ADDRESS**********		**********BAD ADDRESS**********	
JACK C AND LOUISE KOHN	W	MOULTON B GOFF	W
**********BAD ADDRESS**********		**********BAD ADDRESS**********	
MARY ROSE ORTEL	O	DANIEL OREWILER	R
PO BOX 4222		611 S BROADWAY	
HORSESHOE BAY, TX 78657-4222		PENDLETON, IN 46064-1303	
M. JUNE BIXLER	R	PHYLLIS PHILLIPY	R
4505 SOUTH YOSEMITE ST #346		PO BOX 53013	
DENVER, CO 80237-2539		INDIANAPOLIS, IN 46253-0013	
SHIRLEY LINDER HOOPER TRUST	R	UBALDO MADRID SR TRUST AND	R
C/O RONALD M HEM, ESQ. POA		VERSA M MADRID TRUST	
WILDMAN, HARROLD, ALLEN & DIXN		UBALDO MADRID SR TRUSTEE	
1961 WEST DOWNER PLACE		600 VENADA CIRLCE	
AURORA, IL 60506		FARMINGTON, NM 87401-3951	
EMMETT L AND CLEO NORTON	R	CARLOS AND SOFIE GURULE	R
AS JOINT TENANTS		JOINT TENANTS	
511 CONCHO		209 ROAD 4800	
FARMINGTON, NM 87401-6765		BLOOMFIELD, NM 87413-0000	
JOSEPH F AND EMILIA BURNS	R	CECILIA CHAVEZ, DECEASED	R
415 ANIMAS		2347 MARACOPA AVE	
AZTEC, NM 87410-2269		RICHMOND, CA 94804-1007	
WALTER A FARMER ESTATE	R	LLOYD AND DEBBIE ARMENTA	R
MARGARET M B FARMER, ADMIN		JOINT TENANTS	
449 ST GEORGE RD		1857 U S HIGHWAY 64	
STATEN ISLAND, NY 10306-1553		BLOOMFIELD, NM 87413-9522	
C L M ENTERPRISES	R	ESEQUIEL PRESPENTT	R
PO BOX 708		240 RD 4800	
ESTANCIA, NM 87016-5003		BLOOMFIELD, NM 87413	
JOSE PRESPENTT	R	CLARENCE EDWIN MASON JR	W
250 RD 4800		810 RAMADA DR.	
BLOOMFIELD, NM 87413		HOUSTON, TX 77062-5608	
CORRINE RITCHEY	R	ALBERT ROYBAL	R
P O BOX 98		188 CR 4800	
BLOOMFIELD, NM 87413		BLOOMFIELD, NM 87413	
SUSAN TERRY HUNTER	R	FARMER OIL AND GAS PROPERTIES LLC	R
P.O. BOX 1156		17235 N 75TH AVE STE C160	
CEDAR CREST, NM 87008		GLENDALE, AZ 85308	

MERRIL J. ALEXANDER & FRANCES	R	GARY R. FARMER TRUST DATED 12/31/97	R
A. ALEXANDER REVOCABLE TRUST		ROGER J. BOLAN, TRUSTEE	
FRANCES A. ALEXANDER, TRUSTEE		C/O ROGER J. BOLAN, P.C.	
1330 SYCAMORE AVENUE		17235 N. 75TH AVE., STE C160	
MODESTO, CA 95350		GLENDALE, AZ 85308	
CHRIS MICHAEL CRAIN	R	CHERYL L MELLENTHIN	W
4507 DAY COURT		1884 BOSTIK ROAD	
FAYETTEVILLE, NC 28314		CAT SPRING, TX 78933-5306	
ROGER K STEWART	W	MATHIAS FAMILY TRUST 9/9/81	W
7014 N MISSION HILLS LANE		452 MAIDSTONE LANE	
TUCSON, AZ 85718-1816		THOUSAND OAKS, CA 91320	
MARCIA WHITTLE TR DTD 12/31/97	R		
ROGER J. BOLAN, TRUSTEE			
C/O ROGER J. BOLAN, P.C.			
17235 N. 75TH AVE., STE C160			
GLENDALE, AZ 85308			

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

7000 1670 0000 0605 7816

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

SANTA FE, NM 87501-9998 DEC 21 2001 USPS — Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
LUCIA GONZALES
Street, Apt. No.; or PO Box No.: ACCT #043607146 / C/O FIRST NTL BK OF BLOOMFIELD / 1200 WEST BROADWAY
City, State, ZIP+4: BLOOMFIELD, NM 87413

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:

C L M ENTERPRISES
PO BOX 708
ESTANCIA, NM 87016-5003

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Elma Wimsatt ☑ Agent ☐ Addressee

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

DEC 24 2001

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4176

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:

LUCIA GONZALES
ACCT #043607146
C/O FIRST NTL BK OF BLOOMFIELD
1200 WEST BROADWAY
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 12-24-01

C. Signature
X Belinda Schulte ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7816

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)

7099 3400 0020 1070 4176

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

SANTA FE, NM 87501-9998 DEC 21 2001 USPS — Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
C L M ENTERPRISES
Street, Apt. No.; or PO Box No.: PO BOX 708
City, State, ZIP+4: ESTANCIA, NM 87016-5003

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4220

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

USPS SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here

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

MALCOLM C. TODD ESTATE
WILLIAM R. TURNER, EXCUTOR
888 S. FIGUEROA, STE 860
LOS ANGELES, CA 90017

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

ERNESTINE A JEFFERIES
5804 ORCHID LN
DALLAS, TX 75230

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* RICHARD JEFFRIES — B. Date of Delivery 12/26/01

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

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

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

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

2. Article Number *(Copy from service label)* 7000 1670 0000 0605 7700

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:

MALCOLM C. TODD ESTATE
WILLIAM R. TURNER, EXCUTOR
888 S. FIGUEROA, STE 860
LOS ANGELES, CA 90017

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* NAOMI ROMERO — B. Date of Delivery

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

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

LOS ANGELES CA DEC 26 2001 90017

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4220

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

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

7000 1670 0000 0605 7700

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

USPS SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here

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

ERNESTINE A JEFFERIES
5804 ORCHID LN
DALLAS, TX 75230

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

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4121

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

KTO

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

SHIRLEY LINDER HOOPER TRUST
C/O RONALD M HEM, ESQ. POA
WILDMAN, HARROLD, ALLEN & DIXN
1961 WEST DOWNER PLACE
AURORA, IL 60506

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:

JOSEPH F AND EMILIA BURNS
415 ANIMAS
AZTEC, NM 87410-2269

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/24/01

C. Signature
X Emilia Burns ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4152

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

KTO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

SHIRLEY LINDER HOOPER TRUST
C/O RONALD M HEM, ESQ. POA
WILDMAN, HARROLD, ALLEN & DIXN
1961 WEST DOWNER PLACE
AURORA, IL 60506

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/24

C. Signature
X Donald A. Reed ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4121

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

KTO

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

7099 3400 0020 1070 4152

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

KTO

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

JOSEPH F AND EMILIA BURNS
415 ANIMAS
AZTEC, NM 87410-2269

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4084

XTO

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.62

SANTA FE, NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or P: RUTH JEAN RUGGIERO
14997 PORTOFINO CR

City, State, ZIP+4: SAN LEANDRO, CA 94578

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:

M. JUNE BIXLER
4505 SOUTH YOSEMITE ST #346
DENVER, CO 80237-2539

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Robert P Bixler ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4114

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

XTO

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

RUTH JEAN RUGGIERO
14997 PORTOFINO CR
SAN LEANDRO, CA 94578

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 12-24-01

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4084

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

XTO

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

7099 3400 0020 1070 4114

XTO

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.1

SANTA FE, NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or P: M. JUNE BIXLER
4505 SOUTH YOSEMITE ST #346

City, State, ZIP+4: DENVER, CO 80237-2539

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4015

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Postmark Here

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

Street, Apt. No.; or PO Box No.: ANN G BROWN
1843 US HWY 64

City, State, ZIP+4: BLOOMFIELD, NM 87413

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:

MARY ROSE ORTEL
PO BOX 4222
HORSESHOE BAY, TX 78657-4222

HORSESHOE BAY TX 78657 DEC 26 2001 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 12-26-01

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4107

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:

~~2326 Rd 4800~~
~~ANN G BROWN~~
~~1843 US HWY 64~~
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Jackie Schneider | B. Date of Delivery: 12-26-01

C. Signature
X [signature] ☑ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4015

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)

7099 3400 0020 1070 4107

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Postmark Here

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

Street, Apt. No.; or PO Box No.: MARY ROSE ORTEL
PO BOX 4222

City, State, ZIP+4: HORSESHOE BAY, TX 78657-4222

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7830

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: JAMES L GODWIN / RT 2 BOX 135

City, State, ZIP+4: LINDSAY, OK 73052-9657

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:

JAMES L GODWIN
RT 2 BOX 135
LINDSAY, OK 73052-9657

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: I Dmes L Godwin — B. Date of Delivery: 12/26/01

C. Signature: X James L Godwin — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7000 1670 0000 0605 7830

PS Form 3811, July 1999 — Domestic Return Receipt — XTO — 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:

KAY DONNA GRAHAM
PO BOX 267
BLANCHARD, OK 73010-0267

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/26/01

C. Signature: X Donna Graham — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1070 4008

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

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

7099 3400 0020 1070 4008

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: KAY DONNA GRAHAM / PO BOX 267

City, State, ZIP+4: BLANCHARD, OK 73010-0267

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7793

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
KEITH PERRY JORDAN
Street, Apt. No.; 4218 MARKHAM ST
City, State, ZIP+4 HOUSTON, TX 77027-6235

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:

ADRIENNE SUE CHAPMAN
2975 BOOKCLIFF AVE
GRAND JUNCTION, CO 81504-4900

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* DARREL CHAPMAN B. Date of Delivery 12/26/01

C. Signature
X Darrel Chapman ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7000 1670 0000 0605 7823

PS Form 3811, July 1999 Domestic Return Receipt XTO 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:

KEITH PERRY JORDAN
4218 MARKHAM ST
HOUSTON, TX 77027-6235

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 12/27

C. Signature
X Keith Perry Jordan ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7000 1670 0000 0605 7793

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

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

7000 1670 0000 0605 7823

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
ADRIENNE SUE CHAPMAN
Street, Apt. No.; or P 2975 BOOKCLIFF AVE
City, State, ZIP+4 GRAND JUNCTION, CO 81504-4900

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 1670 0000 0605 7731

Postage	$ 4.10
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No. ROBERT L GODWIN
PO BOX 1314

City, State, ZIP+4 WEST YELLOWSTONE, MT 59758

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:

DAVID J ARCHULETA
220 CR 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Dorie Archuleta — B. Date of Delivery 12-24-01

C. Signature X Dorie Archuleta ☒ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4046

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

XTO

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 L GODWIN
PO BOX 1314
WEST YELLOWSTONE, MT 59758

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Robert L Godwin — B. Date of Delivery 12/27/01

C. Signature X Robert L Godwin ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7000 1670 0000 0605 7731

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

XTO

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

7099 3400 0020 1070 4046

Postage	$ 4.10
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No. DAVID J ARCHULETA
220 CR 4800

City, State, ZIP+4 BLOOMFIELD, NM 87413

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 1670 0000 0605 7779

XTO

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.[illegible]

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: PERRY BAKER HALL
925 SHEPHERD LN

City, State, ZIP+4: TYLER, TX 75701-9019

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:

MANUEL & SHARON WEAHKEE AND
DANIEL L & NATHANIEL N WEAHKEE
JOINT TENANTS
1803 E HIGHWAY 64
BLOOMFIELD, NM 87413-9522

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Sharon Weahkee — B. Date of Delivery: 12-24-01

C. Signature: X Sharon Weahkee ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7687

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

XTO

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

PERRY BAKER HALL
925 SHEPHERD LN
TYLER, TX 75701-9019

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X P. Taylor ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*: Phyllis Taylor — C. Date of Delivery: 12-26-01

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

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

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

2. Article Number *(Transfer from service label)* 7000 1670 0000 0605 7779

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

XTO

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

7000 1670 0000 0605 7687

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No., or PO: MANUEL & SHARON WEAHKEE AND
DANIEL L & NATHANIEL N WEAHKEE
JOINT TENANTS

City, State, ZIP+4: 1803 E HIGHWAY 64
BLOOMFIELD, NM 87413-9522

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7762

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

Postmark Here: SANTA FE NM 87501-9998 DEC 21 2001 USPS

Recipient's Name	L G KRIEGER TEST TRUST MARGERY M KRIEGER & COLORADO
Street, Apt. No., or	COMMUNITY 1ST NATL, TRUSTEES 3800 ARAPAHOE AVENUE
City, State, ZIP+4	BOULDER, CO 80303-1070

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:

LOIS E. ROWLEY
P.O. BOX 1578
SILVERTHORNE, CO 80498-1578

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X M. Rowley ☐ Agent ☐ Addressee

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

SILVERTHORNE CO DEC 21 2001 USPS - 80498

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7755

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

X 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.

1. Article Addressed to:

L G KRIEGER TEST TRUST
MARGERY M KRIEGER & COLORADO
COMMUNITY 1ST NATL, TRUSTEES
3800 ARAPAHOE AVENUE
BOULDER, CO 80303-1070

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Ady Meyer — B. Date of Delivery

C. Signature
X Ady Meyer ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7762

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

X TO

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

7000 1670 0000 0605 7755

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

Postmark Here: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No., or Pc	LOIS E. ROWLEY P.O. BOX 1578
City, State, ZIP+4	SILVERTHORNE, CO 80498-1578

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 0974

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
FARMER OIL AND GAS PROPERTIES LLC
Street, Apt. No.: 17235 N 75TH AVE STE C160
City, State, ZIP+4: GLENDALE, AZ 85308

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:

LAWREN LYDIAN HALL
4701 CADUCEUS PLACE
GALVESTON, TX 77551

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery: DEC 26 2001

C. Signature: X Lawren Lydian Hall ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7099 3400 0020 0605 7486

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

XTO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

FARMER OIL AND GAS PROPERTIES LLC
17235 N 75TH AVE STE C180
GLENDALE, AZ 85308

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Rogen Bolar | B. Date of Delivery: 12-26-01

C. Signature ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7099 3400 0020 0605 7786

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)

7099 3400 0020 0605 7786

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
LAWREN LYDIAN HALL
Street, Apt. No.: 4701 CADUCEUS PLACE
City, State, ZIP+4: GALVESTON, TX 77551

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 0950

Postage	$ .47
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: DEC 21 2001 USPS — 87501-9998 NM

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

CLARENCE EDWIN MASON JR
Street, Apt. No.: 810 RAMADA DR.
City, State, ZIP: HOUSTON, TX 77062-5608

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:

CHRIS MICHAEL CRAIN
4507 DAY COURT
FAYETTEVILLE, NC 28314

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0998

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:

CLARENCE EDWIN MASON JR
810 RAMADA DR.
HOUSTON, TX 77062-5608

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 12/28/01

C. Signature — ☒ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0950

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)

7099 3400 0020 1069 0998

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

Postmark Here: DEC 21 2001 USPS — 87501-9998

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

CHRIS MICHAEL CRAIN
Street, Apt. No.: 4507 DAY COURT
City, State, ZIP: FAYETTEVILLE, NC 28314

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 1032

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

CHERYL L MELLENTHIN
Street, Apt. No. 1884 BOSTIK ROAD
City, State, ZIP CAT SPRING, TX 78933-5306

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.

rticle Addressed to:

MARCIA WHITTLE TR DTD 12/31/97
ROGER J. BOLAN, TRUSTEE
C/O ROGER J. BOLAN, P.C.
17235 N. 75TH AVE., STE C160
GLENDALE, AZ 85308

GLENDALE AZ DEC 28 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Roger Bolan B. Date of Delivery 12-26-01

C. Signature ☐ Agent ☐ Addressee

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

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

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

Article Number *(Copy from service label)* 7099 3400 0020 1069 1018

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:

CHERYL L MELLENTHIN
1884 BOSTIK ROAD
CAT SPRING, TX 78933-5306

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Cheryl Mellenthin B. Date of Delivery 12/24/01

C. Signature Cheryl A. Mellenthin ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1069 1032

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)

7099 3400 0020 1069 1018

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

MARCIA WHITTLE TR DTD 12/31/97
ROGER J. BOLAN, TRUSTEE
Street, Apt. No. C/O ROGER J. BOLAN, P.C.
17235 N. 75TH AVE., STE C160
City, State, ZIP GLENDALE, AZ 85308

PS Form 3800, February 2000 See Reverse for Instructions

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

7099 3400 0020 1069 1049

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: MATHIAS FAMILY TRUST 9/9/81
452 MAIDSTONE LANE
THOUSAND OAKS, CA 91320

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:

GARY R. FARMER TRUST DATED 12/31/97
ROGER J. BOLAN, TRUSTEE
C/O ROGER J. BOLAN, P.C.
17235 N. 75TH AVE., STE C160
GLENDALE, AZ 85308

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Roger Bolan — B. Date of Delivery: 12-26-01

C. Signature: X — ☐ Agent ☐ Addressee

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

DEC 26 2001 U.S. POSTAGE PAID ALBUQUERQUE NM 87101

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 1025

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:

MATHIAS FAMILY TRUST 9/9/81
452 MAIDSTONE LANE
THOUSAND OAKS, CA 91320

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: MATHIAS — B. Date of Delivery: 12/26

C. Signature: X Barbara Mathias — ☐ Agent ☑ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 1049

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)

7099 3400 0020 1069 1025

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: GARY R. FARMER TRUST DATED 12/31/97
ROGER J. BOLAN, TRUSTEE
C/O ROGER J. BOLAN, P.C.
17235 N. 75TH AVE., STE C160

City, State, ZIP+4: GLENDALE, AZ 85308

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1069 0943

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

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
ESEQUIEL PRESPENTT
Street, Apt. No.: 240 RD 4800
City, State, ZIP+4: BLOOMFIELD, NM 87413

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:

ALBERT ROYBAL
188 CR 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Albert A. Roybal ☐ Agent ☐ Addressee

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

ALBERT A. Roybal

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0967

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:

ESEQUIEL PRESPENTT
240 RD 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Shirlene Prespentt — B. Date of Delivery 12-27-01

C. Signature
X Shirlene Prespentt ☒ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0943

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

XTO

7099 3400 0020 1069 0967

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

XTO

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
ALBERT ROYBAL
Street, Apt. No.: 188 CR 4800
City, State, ZI: BLOOMFIELD, NM 87413

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 0905

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

Postmark Here
12/26/01
SANTA FE

Recipient's Name (Please Print Clearly) (to be completed by mailer)
UBALDO MADRID SR TRUST AND
VERSA M MADRID TRUST
Street, Apt. No.; UBALDO MADRID SR TRUSTEE
600 VENADA CIRLCE
City, State, ZIP+4 FARMINGTON, NM 87401-3951

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:

2200 Rd 4800

LLOYD AND DEBBIE ARMENTA
JOINT TENANTS
~~1857 U S HIGHWAY 64~~
BLOOMFIELD, NM 87413-9522

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/26/01

C. Signature
X — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0936

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:

UBALDO MADRID SR TRUST AND
VERSA M MADRID TRUST
UBALDO MADRID SR TRUSTEE
600 VENADA CIRLCE
FARMINGTON, NM 87401-3951

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/24/01

C. Signature
X — ☑ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0905

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)

7099 3400 0020 1069 0936

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

SANTA FE NM 87501

Recipient's Name *(Please Print Clearly)* (to be completed by mailer)
LLOYD AND DEBBIE ARMENTA
Street, Apt. No.; JOINT TENANTS
1857 U S HIGHWAY 64
City, State, ZIP+4 BLOOMFIELD, NM 87413-9522

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1070 4237

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: USPS SANTA FE NM 87501-9998 DEC 21 2001

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

Street, Apt. No.; DANIEL OREWILER
611 S BROADWAY

City, State, ZIP+4 PENDLETON, IN 46064-1303

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:

PHYLLIS PHILLIPY
PO BOX 53013
INDIANAPOLIS, IN 46253-0013

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* PHYLLIS G PHILLIPY — B. Date of Delivery

C. Signature
X Phyllis G Phillipy ☐ Agent ☐ Addressee

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

INDIANAPOLIS IN USPS DEC 26 2001 CHECK BR

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1069 0899

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:

DANIEL OREWILER
611 S BROADWAY
PENDLETON, IN 46064-1303

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 12/26/01

C. Signature
X ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4237

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

7099 3400 0020 1069 0899

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: USPS SANTA FE NM 87501-9998 DEC 21 2001

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

Street, Apt. No.; or PHYLLIS PHILLIPY
PO BOX 53013

City, State, ZIP+4 INDIANAPOLIS, IN 46253-0013

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 0912

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

Postmark Here — DEC 21 2001 — 87501 9998 — USPS — SANTA FE NM

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

Street, Apt. No.; or PO Box No.: CARLOS AND SOFIE GURULE
JOINT TENANTS
209 ROAD 4800

City, State, ZIP+4: BLOOMFIELD, NM 87413-0000

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:

JOSE PRESPENTT
250 RD 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: VERA PRESPENTT — B. Date of Delivery: 12/21/01

C. Signature: X Vera Prespentt — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1070 4183

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:

CARLOS AND SOFIE GURULE
JOINT TENANTS
209 ROAD 4800
BLOOMFIELD, NM 87413-0000

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: CARLOS GURULE — B. Date of Delivery: 12/24/01

C. Signature: X Carlos Gurule — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1069 0912

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)

7099 3400 0020 1070 4183

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

Postmark Here — DEC 21 2001 — 87501 9998 — USPS — SANTA FE NM

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

Street, Apt. No.; or PO Box No.: JOSE PRESPENTT
250 RD 4800

City, State, ZIP+4: BLOOMFIELD, NM 87413

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:

SUSAN TERRY HUNTER
P.O. BOX 1156
CEDAR CREST, NM 87008

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: S. HUNTER — B. Date of Delivery: 12/27/01

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

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4206

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

USPS SANTA FE NM 87501-9998 DEC 27 2001 Postmark Here

Recipient's *Name (Please Print Clearly) (to be completed by mailer)*
SUSAN TERRY HUNTER
Street, Apt. P.O. BOX 1156
CEDAR CREST, NM 87008
City, State, Z

7099 3400 0020 1070 4206

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 1670 0000 0605 7717

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Postmark Here

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

Street, Apt. No.; or PO Box No.: BETTY ROGERS CONLEY REV TRUST / WELLS FARGO BANK NEW MEXICO NA / OGM MAC C7324-038 / PO BOX 5383

City, State, ZIP+4: DENVER, CO 80217

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:

CANDACE L KELTON COX
17 S MEADOW RIDGE
CONCORD, MA 01742-3000

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12-31-01

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

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4060

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

XTO

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

BETTY ROGERS CONLEY REV TRUST
WELLS FARGO BANK NEW MEXICO NA
OGM MAC C7324-038
PO BOX 5383
DENVER, CO 80217

COMPLETE THIS SECTION ON DELIVERY

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

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

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7717

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

XTO

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

7099 3400 0020 1070 4060

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Postmark Here

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

Street, Apt. No.: CANDACE L KELTON COX / 17 S MEADOW RIDGE

City, State, ZIP+4: CONCORD, MA 01742-3000

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7694

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: JOHNNY F ARCHULETA
224 CR 4800
City, State, ZIP+4: BLOOMFIELD, NM 87413

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:

HALLYE D JORDAN
2178 MARSHALL WAY
SACRAMENTO, CA 95818-3544

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/29/01

C. Signature: x Hallye D Jordan ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4077

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

XTO

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JOHNNY F ARCHULETA
224 CR 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* JOHNNY ARCHULETA — B. Date of Delivery: 1-2-02

C. Signature: x Johny Archuleta ☐ Agent ☒ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4077

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

XTO

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

7099 3400 0020 1070 4077

XTO

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

SANTA FE NM 87501 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: HALLYE D JORDAN
2178 MARSHALL WAY
City, State, ZIP+4: SACRAMENTO, CA 95818-3544

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4053

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: BEEBE, INC.
C/O WARREN F. REAMS, PRESIDENT
PO BOX 118 (660 WHITE AVE)

City, State, ZIP+4: GRAND JUNCTION, CO 81502

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:

CORRINE RITCHEY
P O BOX 98
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Corrine R. Ritchey — B. Date of Delivery: 1-30-2

C. Signature: X Corrine Ritchey ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1070 4190

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:

BEEBE, INC.
C/O WARREN F. REAMS, PRESIDENT
PO BOX 118 (660 WHITE AVE)
GRAND JUNCTION, CO 81502

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Charles F. Reams — B. Date of Delivery

C. Signature ☐ Agent ☐ Addressee

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

GRAND JUNCTION CO JAN 2

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1070 4053

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)

7099 3400 0020 1070 4190

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

SANTA FE NM 87501-9998 DEC 2001 USPS Postmark Here

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

Street, Apt. No.; or: CORRINE RITCHEY
P O BOX 98

City, State, ZIP+4: BLOOMFIELD, NM 87413

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4169

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Postmark Here

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

WALTER A FARMER ESTATE
MARGARET M B FARMER, ADMIN
Street, Apt. No., or 449 ST GEORGE RD
City, State, ZIP+4 STATEN ISLAND, NY 10306-1553

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:

GEORGIA KELTON FERGEN
5500 OLD CLARKSVILLE RD
PARIS, TX 75462-7800

USPS 2002

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

PARIS TX 75462 DEC 21 2001

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4091

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:

WALTER A FARMER ESTATE
MARGARET M B FARMER, ADMIN
449 ST GEORGE RD
STATEN ISLAND, NY 10306-1553

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

PRINCETON JUNCTION NJ 08550 JUN 2 2002 USPS

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4169

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)

7099 3400 0020 1070 4091

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Postmark Here

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

Street, Apt. No., GEORGIA KELTON FERGEN
5500 OLD CLARKSVILLE RD
City, State, ZIP+ PARIS, TX 75462-7800

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4022

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

SANTA FE, NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: FELIX DASHEN
8430 NE 17TH STREET
City, State, ZIP+4: BELLEVUE, WA 98004-3243

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:

MERRIL J. ALEXANDER & FRANCES
A. ALEXANDER REVOCABLE TRUST
FRANCES A. ALEXANDER, TRUSTEE
1330 SYCAMORE AVENUE
MODESTO, CA 95350

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: DEC 27 2001
FRANCES A ALEXANDER

C. Signature
X Frances A. Alexander ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0981

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:

FELIX DASHEN
8430 NE 17TH STREET
BELLEVUE, WA 98004-3243

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Karin Dashen — B. Date of Delivery: 12/3/02

C. Signature
X Karin Dashen ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4022

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)

7099 3400 0020 1069 0981

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

SANTA FE, NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: MERRIL J. ALEXANDER & FRANCES
A. ALEXANDER REVOCABLE TRUST
FRANCES A. ALEXANDER, TRUSTEE
1330 SYCAMORE AVENUE
City, State, ZIP+4: MODESTO, CA 95350

PS Form 3800, February 2000 — See Reverse for Instructions

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:

CECILIA CHAVEZ, DECEASED
2347 MARACOPA AVE
RICHMOND, CA 94804-1007

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0929

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

YOU

[redacted]

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

7099 3400 0020 1069 0929

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

USPS SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*
CECILIA CHAVEZ, DECEASED
Street, Apt. No., 2347 MARACOPA AVE
City, State, ZIP+4 RICHMOND, CA 94804-1007

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0020 1069 1001

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: ROGER K STEWART
7014 N MISSION HILLS LANE
City, State, ZIP+4: TUCSON, AZ 85718-1816

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1070 4213

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: LAURA JEAN BUTHORN
3626 WEST COMMODORE
City, State, ZIP+4: SEATTLE, WA 98199

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1070 4145

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: EMMETT L AND CLEO NORTON
AS JOINT TENANTS
City, State, ZIP+4: 511 CONCHO
FARMINGTON, NM 87401-6765

PS Form 3800, February 2000 — See Reverse for Instructions

7000 1670 0000 0605 7724

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: FRANCES O GALLEGOS
11 ROAD 4725
City, State, ZIP+4: BLOOMFIELD, NM 87413-9503

PS Form 3800, February 2000 — See Reverse for Instructions

7000 1670 0000 0605 7748

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: KATHARINE A SHOEMAKER
7308 W COUNTRY CLUB DR
City, State, ZIP+4: ARLINGTON, WA 98223-5944

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1070 4039

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: STEVE A. AND GAIL ARCHULETA
JOINT TENANTS
228 CR 4800
City, State, ZIP+4: BLOOMFIELD, NM 87413-9203

PS Form 3800, February 2000 — See Reverse for Instructions

7000 1670 0000 0605 7809

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

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

SANTA FE NM 87501-9998
DEC 21 2004
USPS

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

Street, Apt. No., or SHIRLEY ANGELINA GARCIA
3327 TESS AVE

City, State, ZIP+4 SALT LAKE CITY, UT 84119

PS Form 3800, February 2000 — See Reverse for Instructions.

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF XTO ENERGY INC. FOR APPROVAL OF SURFACE COMMINGLING, SAN JUAN COUNTY, NEW MEXICO. **Case No. 12,784**

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 Rules and Regulations.

James Bruce

SUBSCRIBED AND SWORN TO before me this 9th day of January, 2002, by James Bruce.

Notary Public

My Commission Expires:

3/14/2005

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

324 MCKENZIE STREET
SANTA FE, NEW MEXICO 87501

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

December 20, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: All interest owners

Ladies and Gentlemen:

Enclosed is a copy of an application for surface commingling, filed with the New Mexico Oil Conservation Division by XTO Energy Inc., regarding two wells in the S½ of Section 21, Township 29 North, Range 10 West, N.M.P.M., San Juan County, New Mexico. This application is set to be heard at 8:15 a.m. on Thursday, January 10, 2002, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the wells, 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, January 4, 2002, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for XTO Energy Inc.

Garcia Gas Com B #1M & Prespentt Gas Com #1 Surface Comingle			
OWNER NAME/ADDRESS	INTEREST TYPE	OWNER NAME/ADDRESS	INTEREST TYPE
JOHNNY F ARCHULETA	R	SHIRLEY ANGELINA GARCIA	R
224 CR 4800		3327 TESS AVE	
BLOOMFIELD, NM 87413		SALT LAKE CITY, UT 84119	
MANUEL & SHARON WEAHKEE AND	R	LUCIA GONZALES	R
DANIEL L & NATHANIEL N WEAHKEE		ACCT #043607146	
JOINT TENANTS		C/O FIRST NTL BK OF BLOOMFIELD	
1803 E HIGHWAY 64		1200 WEST BROADWAY	
BLOOMFIELD, NM 87413-9522		BLOOMFIELD, NM 87413	
ERNESTINE A JEFFERIES	R	ADRIENNE SUE CHAPMAN	R
5804 ORCHID LN		2975 BOOKCLIFF AVE	
DALLAS, TX 75230		GRAND JUNCTION, CO 81504-4900	
BETTY ROGERS CONLEY REV TRUST	R	BEEBE, INC.	R
WELLS FARGO BANK NEW MEXICO NA		C/O WARREN F. REAMS, PRESIDENT	
OGM MAC C7324-038		PO BOX 118 (660 WHITE AVE)	
PO BOX 5383		GRAND JUNCTION, CO 81502	
DENVER, CO 80217			
FRANCES O GALLEGOS	R	JAMES L GODWIN	R
11 ROAD 4725		RT 2 BOX 135	
BLOOMFIELD, NM 87413-9503		LINDSAY, OK 73052-9657	
ROBERT L GODWIN	R	KAY DONNA GRAHAM	R
PO BOX 1314		PO BOX 267	
WEST YELLOWSTONE, MT 59758		BLANCHARD, OK 73010-0267	
KATHARINE A SHOEMAKER	R	ANN G BROWN	R
7308 W COUNTRY CLUB DR		1843 US HWY 64	
ARLINGTON, WA 98223-5944		BLOOMFIELD, NM 87413	
LOIS E. ROWLEY	R	FELIX DASHEN	R
P.O. BOX 1578		8430 NE 17TH STREET	
SILVERTHORNE, CO 80498-1578		BELLEVUE, WA 98004-3243	
L G KRIEGER TEST TRUST	O	STEVE A. AND GAIL ARCHULETA	R
MARGERY M KRIEGER & COLORADO		JOINT TENANTS	
COMMUNITY 1ST NATL, TRUSTEES		228 CR 4800	
3800 ARAPAHOE AVENUE		BLOOMFIELD, NM 87413-9203	
BOULDER, CO 80303-1070			
PERRY BAKER HALL	O	DAVID J ARCHULETA	R
925 SHEPHERD LN		220 CR 4800	
TYLER, TX 75701-9019		BLOOMFIELD, NM 87413	
LAWREN LYDIAN HALL	O	HALLYE D JORDAN	O
4701 CADUCEUS PLACE		2178 MARSHALL WAY	
GALVESTON, TX 77551		SACRAMENTO, CA 95818-3544	
KEITH PERRY JORDAN	O	CANDACE L KELTON COX	W,O
4218 MARKHAM ST		17 S MEADOW RIDGE	
HOUSTON, TX 77027-6235		CONCORD, MA 01742-3000	

RUTH JEAN RUGGIERO	R	LAURA JEAN BUTHORN	R
14997 PORTOFINO CR		3626 WEST COMMODORE	
SAN LEANDRO, CA 94578		SEATTLE, WA 98199	
GEORGIA KELTON FERGEN	W,O	MALCOLM C. TODD ESTATE	W
5500 OLD CLARKSVILLE RD		WILLIAM R. TURNER, EXCUTOR	
PARIS, TX 75462-7800		888 S. FIGUEROA, STE 860	
		LOS ANGELES, CA 90017	
GLADYS MURPHY	W	WILLIAM J THORTON	W
*********BAD ADDRESS**********		*********BAD ADDRESS**********	
JACK C AND LOUISE KOHN	W	MOULTON B GOFF	W
*********BAD ADDRESS**********		*********BAD ADDRESS**********	
MARY ROSE ORTEL	O	DANIEL OREWILER	R
PO BOX 4222		611 S BROADWAY	
HORSESHOE BAY, TX 78657-4222		PENDLETON, IN 46064-1303	
M. JUNE BIXLER	R	PHYLLIS PHILLIPY	R
4505 SOUTH YOSEMITE ST #346		PO BOX 53013	
DENVER, CO 80237-2539		INDIANAPOLIS, IN 46253-0013	
SHIRLEY LINDER HOOPER TRUST	R	UBALDO MADRID SR TRUST AND	R
C/O RONALD M HEM, ESQ. POA		VERSA M MADRID TRUST	
WILDMAN, HARROLD, ALLEN & DIXN		UBALDO MADRID SR TRUSTEE	
1961 WEST DOWNER PLACE		600 VENADA CIRLCE	
AURORA, IL 60506		FARMINGTON, NM 87401-3951	
EMMETT L AND CLEO NORTON	R	CARLOS AND SOFIE GURULE	R
AS JOINT TENANTS		JOINT TENANTS	
511 CONCHO		209 ROAD 4800	
FARMINGTON, NM 87401-6765		BLOOMFIELD, NM 87413-0000	
JOSEPH F AND EMILIA BURNS	R	CECILIA CHAVEZ, DECEASED	R
415 ANIMAS		2347 MARACOPA AVE	
AZTEC, NM 87410-2269		RICHMOND, CA 94804-1007	
WALTER A FARMER ESTATE	R	LLOYD AND DEBBIE ARMENTA	R
MARGARET M B FARMER, ADMIN		JOINT TENANTS	
449 ST GEORGE RD		1857 U S HIGHWAY 64	
STATEN ISLAND, NY 10306-1553		BLOOMFIELD, NM 87413-9522	
C L M ENTERPRISES	R	ESEQUIEL PRESPENTT	R
PO BOX 708		240 RD 4800	
ESTANCIA, NM 87016-5003		BLOOMFIELD, NM 87413	
JOSE PRESPENTT	R	CLARENCE EDWIN MASON JR	W
250 RD 4800		810 RAMADA DR.	
BLOOMFIELD, NM 87413		HOUSTON, TX 77062-5608	
CORRINE RITCHEY	R	ALBERT ROYBAL	R
P O BOX 98		188 CR 4800	
BLOOMFIELD, NM 87413		BLOOMFIELD, NM 87413	
SUSAN TERRY HUNTER	R	FARMER OIL AND GAS PROPERTIES LLC	R
P.O. BOX 1156		17235 N 75TH AVE STE C160	
CEDAR CREST, NM 87008		GLENDALE, AZ 85308	

MERRIL J. ALEXANDER & FRANCES	R	GARY R. FARMER TRUST DATED 12/31/97	R
A. ALEXANDER REVOCABLE TRUST		ROGER J. BOLAN, TRUSTEE	
FRANCES A. ALEXANDER, TRUSTEE		C/O ROGER J. BOLAN, P.C.	
1330 SYCAMORE AVENUE		17235 N. 75TH AVE., STE C160	
MODESTO, CA 95350		GLENDALE, AZ 85308	
CHRIS MICHAEL CRAIN	R	CHERYL L MELLENTHIN	W
4507 DAY COURT		1884 BOSTIK ROAD	
FAYETTEVILLE, NC 28314		CAT SPRING, TX 78933-5306	
ROGER K STEWART	W	MATHIAS FAMILY TRUST 9/9/81	W
7014 N MISSION HILLS LANE		452 MAIDSTONE LANE	
TUCSON, AZ 85718-1816		THOUSAND OAKS, CA 91320	
MARCIA WHITTLE TR DTD 12/31/97	R		
ROGER J. BOLAN, TRUSTEE			
C/O ROGER J. BOLAN, P.C.			
17235 N. 75TH AVE., STE C160			
GLENDALE, AZ 85308			

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

7000 1670 0000 0605 7816

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS — Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
LUCIA GONZALES
Street, Apt. No.; or PO Box No.: ACCT #043607146
C/O FIRST NTL BK OF BLOOMFIELD
City, State, ZIP+4: 1200 WEST BROADWAY
BLOOMFIELD, NM 87413

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:

C L M ENTERPRISES
PO BOX 708
ESTANCIA, NM 87016-5003

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Clema Wimsatt ☐ Agent ☑ Addressee

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

USPS DEC 21 2001 87016

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4176

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

YTO

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

LUCIA GONZALES
ACCT #043607146
C/O FIRST NTL BK OF BLOOMFIELD
1200 WEST BROADWAY
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 12-24-01

C. Signature
X Blinda Schubert ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7816

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

YTO

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

7099 3400 0020 1070 4176

YTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS — Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
C L M ENTERPRISES
Street, Apt. No.; or PO Box No.: PO BOX 708
City, State, ZIP+4: ESTANCIA, NM 87016-5003

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4220

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

SANTA FE NM 87501-9998 USPS DEC 21 2001 Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
MALCOLM C. TODD ESTATE
WILLIAM R. TURNER, EXCUTOR
Street, Apt. No.; 888 S. FIGUEROA, STE 860
City, State, ZIP+4 LOS ANGELES, CA 90017

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:

ERNESTINE A JEFFERIES
5804 ORCHID LN
DALLAS, TX 75230

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* RICHARD JEFFRIES — B. Date of Delivery 12/26/01

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

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4220

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:

MALCOLM C. TODD ESTATE
WILLIAM R. TURNER, EXCUTOR
888 S. FIGUEROA, STE 860
LOS ANGELES, CA 90017

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* NAOMI UPRODEL — B. Date of Delivery

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

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

LOS ANGELES CA DEC 26 2001 90017

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4220

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

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

7000 1670 0000 0605 7700

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

SANTA FE NM 87501-9998 USPS DEC 21 2001 Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
ERNESTINE A JEFFERIES
Street, Apt. No.; or 5804 ORCHID LN
City, State, ZIP+4 DALLAS, TX 75230

PS Form 3800, February 2000 See Reverse for Instructions

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

7099 3400 0020 1070 4121

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

SHIRLEY LINDER HOOPER TRUST
C/O RONALD M HEM, ESQ. POA
WILDMAN, HARROLD, ALLEN & DIXN
1961 WEST DOWNER PLACE
AURORA, IL 60506

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:

JOSEPH F AND EMILIA BURNS
415 ANIMAS
AZTEC, NM 87410-2269

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/24/01

C. Signature: X Emilia Burns ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4152

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:

SHIRLEY LINDER HOOPER TRUST
C/O RONALD M HEM, ESQ. POA
WILDMAN, HARROLD, ALLEN & DIXN
1961 WEST DOWNER PLACE
AURORA, IL 60506

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/24

C. Signature: X Daniel A. Reed ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4121

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)

7099 3400 0020 1070 4152

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

JOSEPH F AND EMILIA BURNS
415 ANIMAS
AZTEC, NM 87410-2269

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4084

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or I: RUTH JEAN RUGGIERO
14997 PORTOFINO CR

City, State, ZIP+4: SAN LEANDRO, CA 94578

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:

M. JUNE BIXLER
4505 SOUTH YOSEMITE ST #346
DENVER, CO 80237-2539

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Robert P Bixler ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4114

PS Form 3811, July 1999 — Domestic Return Receipt — XTO — 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:

RUTH JEAN RUGGIERO
14997 PORTOFINO CR
SAN LEANDRO, CA 94578

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 12-24-01

C. Signature
X ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4084

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

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

7099 3400 0020 1070 4114

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO: M. JUNE BIXLER
4505 SOUTH YOSEMITE ST #346

City, State, ZIP+4: DENVER, CO 80237-2539

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4015

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: ANN G BROWN, 1843 US HWY 64

City, State, ZIP+4: BLOOMFIELD, NM 87413

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:

MARY ROSE ORTEL
PO BOX 4222
HORSESHOE BAY, TX 78657-4222

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 12-26-01

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

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

HORSESHOE BAY TX 78657 DEC 26 2001 USPS

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4107

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:

232 Rd 4800

ANN G BROWN
~~1843 US HWY 64~~
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Jackie Schneider | B. Date of Delivery: 12-26-01

C. Signature: X [signature] ☒ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4015

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)

7099 3400 0020 1070 4107

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: MARY ROSE ORTEL, PO BOX 4222

City, State, ZIP+4: HORSESHOE BAY, TX 78657-4222

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7830

XTO

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

SANTA FE NM 87501 DEC 21 2001 Postmark Here

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

Street, Apt. No.; or PO Box No.: JAMES L GODWIN / RT 2 BOX 135

City, State, ZIP+4: LINDSAY, OK 73052-9657

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:

KAY DONNA GRAHAM
PO BOX 267
BLANCHARD, OK 73010-0267

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/26/01

C. Signature: X Donna Graham ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4008

PS Form 3811, July 1999 — Domestic Return Receipt — XTO — 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:

JAMES L GODWIN
RT 2 BOX 135
LINDSAY, OK 73052-9657

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: James L Godwin — B. Date of Delivery: 12/26/01

C. Signature: X James L Godwin ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7830

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

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

7099 3400 0020 1070 4008

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or PO Box No.: KAY DONNA GRAHAM / PO BOX 267

City, State, ZIP+4: BLANCHARD, OK 73010-0267

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7793

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.: KEITH PERRY JORDAN
4218 MARKHAM ST

City, State, ZIP+4: HOUSTON, TX 77027-6235

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:

ADRIENNE SUE CHAPMAN
2975 BOOKCLIFF AVE
GRAND JUNCTION, CO 81504-4900

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: DARREL CHAPMAN 12/26/01

C. Signature: X Darrel Chapman ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7000 1670 0000 0605 7823

PS Form 3811, July 1999 — Domestic Return Receipt — XTO — 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:

KEITH PERRY JORDAN
4218 MARKHAM ST
HOUSTON, TX 77027-6235

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12/27

C. Signature: X Keith Jordan ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7000 1670 0000 0605 7823

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

7000 1670 0000 0605 7823

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

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.; or P: ADRIENNE SUE CHAPMAN
2975 BOOKCLIFF AVE

City, State, ZIP+4: GRAND JUNCTION, CO 81504-4900

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7731

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No., or PO: ROBERT L GODWIN
PO BOX 1314
City, State, ZIP+4: WEST YELLOWSTONE, MT 59758

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:

DAVID J ARCHULETA
220 CR 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Dacia Archuleta — B. Date of Delivery: 12-24-01

C. Signature: X Dacia Archuleta ☒ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1070 4046

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

XTO

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 L GODWIN
PO BOX 1314
WEST YELLOWSTONE, MT 59758

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Robert L Godwin — B. Date of Delivery: 12/27/01

C. Signature: X Robert L Godwin ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1070 4046

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

XTO

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

7099 3400 0020 1070 4046

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.: DAVID J ARCHULETA
220 CR 4800
City, State, ZIP+4: BLOOMFIELD, NM 87413

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7779

XTO

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.11

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: PERRY BAKER HALL
925 SHEPHERD LN

City, State, ZIP+4: TYLER, TX 75701-9019

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:

MANUEL & SHARON WEAHKEE AND
DANIEL L & NATHANIEL N WEAHKEE
JOINT TENANTS
1803 E HIGHWAY 64
BLOOMFIELD, NM 87413-9522

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Sharon Weahkee — B. Date of Delivery: 12-24-01

C. Signature: X Sharon Weahkee — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7000 1670 0000 0605 7687

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

XTO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

PERRY BAKER HALL
925 SHEPHERD LN
TYLER, TX 75701-9019

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X P. Taylor — ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*: Phyllis Taylor — C. Date of Delivery: 12-26-01

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

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

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

2. Article Number *(Transfer from service label)*: 7000 1670 0000 0605 7687

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

XTO

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

7000 1670 0000 0605 7687

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No., or PO: MANUEL & SHARON WEAHKEE AND
DANIEL L & NATHANIEL N WEAHKEE
JOINT TENANTS

City, State, ZIP+4: 1803 E HIGHWAY 64
BLOOMFIELD, NM 87413-9522

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7762

XTO

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

Postmark Here

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

L G KRIEGER TEST TRUST
MARGERY M KRIEGER & COLORADO
COMMUNITY 1ST NATL, TRUSTEES
3800 ARAPAHOE AVENUE
BOULDER, CO 80303-1070

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:

LOIS E. ROWLEY
P.O. BOX 1578
SILVERTHORNE, CO 80498-1578

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X M. Rowley ☐ Agent ☐ Addressee

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

SILVERTHORNE CO DEC 21 2001 USPS 80498

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7755

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

XTO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

L G KRIEGER TEST TRUST
MARGERY M KRIEGER & COLORADO
COMMUNITY 1ST NATL, TRUSTEES
3800 ARAPAHOE AVENUE
BOULDER, CO 80303-1070

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Ady Meyer — B. Date of Delivery

C. Signature
X Ady Meyer ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7755

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

XTO

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

7000 1670 0000 0605 7755

XTO

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

Postmark Here

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

LOIS E. ROWLEY
P.O. BOX 1578
SILVERTHORNE, CO 80498-1578

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 0974

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
FARMER OIL AND GAS PROPERTIES LLC
Street, Apt. No.: 17235 N 75TH AVE STE C160
City, State, ZIP+4: GLENDALE, AZ 85308

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:

LAWREN LYDIAN HALL
4701 CADUCEUS PLACE
GALVESTON, TX 77551

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: DEC 26 2001

C. Signature: X Lawren Lydian Hall ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7786

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

XTO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

FARMER OIL AND GAS PROPERTIES LLC
17235 N 75TH AVE STE C160
GLENDALE, AZ 85308

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Rogen Bolan | B. Date of Delivery: 12-26-01

C. Signature: ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7786

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

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

7000 1670 0000 0605 7786

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
LAWREN LYDIAN HALL
Street, Apt. No.: 4701 CADUCEUS PLACE
City, State, ZIP+4: GALVESTON, TX 77551

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 0950

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

NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: CLARENCE EDWIN MASON JR
810 RAMADA DR.
City, State, ZIP: HOUSTON, TX 77062-5608

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:

CHRIS MICHAEL CRAIN
4507 DAY COURT
FAYETTEVILLE, NC 28314

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: x Shelly Mollett ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1069 0998

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:

CLARENCE EDWIN MASON JR
810 RAMADA DR.
HOUSTON, TX 77062-5608

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 12/28/01

C. Signature: Clarence H Mason ☒ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1069 0950

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)

7099 3400 0020 1069 0998

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

7501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: CHRIS MICHAEL CRAIN
4507 DAY COURT
City, State, ZIP: FAYETTEVILLE, NC 28314

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1069 1032

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

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: CHERYL L MELLENTHIN / 1884 BOSTIK ROAD
City, State, ZIP: CAT SPRING, TX 78933-5306

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:

MARCIA WHITTLE TR DTD 12/31/97
ROGER J. BOLAN, TRUSTEE
C/O ROGER J. BOLAN, P.C.
17235 N. 75TH AVE., STE C160
GLENDALE, AZ 85308

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Roger Bolan — B. Date of Delivery: 12-26-01
C. Signature: ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1069 1018

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:

CHERYL L MELLENTHIN
1884 BOSTIK ROAD
CAT SPRING, TX 78933-5306

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Cheryl Mellenthin — B. Date of Delivery: 12/24/01
C. Signature: Cheryl A. Mellenthin ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1069 1032

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

7099 3400 0020 1069 1018

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

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.: MARCIA WHITTLE TR DTD 12/31/97 / ROGER J. BOLAN, TRUSTEE / C/O ROGER J. BOLAN, P.C. / 17235 N. 75TH AVE., STE C160
City, State, ZIP: GLENDALE, AZ 85308

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 1049

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.;	MATHIAS FAMILY TRUST 9/9/81 452 MAIDSTONE LANE
City, State, ZIP+4	THOUSAND OAKS, CA 91320

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:

GARY R. FARMER TRUST DATED 12/31/97
ROGER J. BOLAN, TRUSTEE
C/O ROGER J. BOLAN, P.C.
17235 N. 75TH AVE., STE C160
GLENDALE, AZ 85308

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Roger Bolan — B. Date of Delivery 12-26-01

C. Signature — X — ☐ Agent ☐ Addressee

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

DEC 26 2001

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1069 1049

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:

MATHIAS FAMILY TRUST 9/9/81
452 MAIDSTONE LANE
THOUSAND OAKS, CA 91320

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* MATHIAS — B. Date of Delivery 12/26/01

C. Signature — X Barbara Mathias — ☐ Agent ☑ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1069 1049

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)

7099 3400 0020 1069 1025

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS Postmark Here

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

Street, Apt. No.;	GARY R. FARMER TRUST DATED 12/31/97 ROGER J. BOLAN, TRUSTEE C/O ROGER J. BOLAN, P.C.
City, State, ZIP+	17235 N. 75TH AVE., STE C160 GLENDALE, AZ 85308

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 0943

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Postmark Here

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

ESEQUIEL PRESPENTT
240 RD 4800
BLOOMFIELD, NM 87413

Street, Apt. No.

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:

ALBERT ROYBAL
188 CR 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X Albert A. Roybal ☐ Agent ☐ Addressee

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

ALBERT A. ROYBAL

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0967

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:

ESEQUIEL PRESPENTT
240 RD 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Esequiel Prespentt — B. Date of Delivery 12-27-01

C. Signature

X Esequiel Prespentt ☒ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0943

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

XTO

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

7099 3400 0020 1069 0967

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

Postmark Here

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

ALBERT ROYBAL
188 CR 4800
BLOOMFIELD, NM 87413

Street, Apt. No.

City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 0905

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

Postmark Here: USPS SANTA FE NM DEC 21 '01

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

UBALDO MADRID SR TRUST AND
VERSA M MADRID TRUST
UBALDO MADRID SR TRUSTEE
Street, Apt. No., 600 VENADA CIRLCE
City, State, ZIP+ FARMINGTON, NM 87401-3951

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:

260 Rd 4800

LLOYD AND DEBBIE ARMENTA
JOINT TENANTS
~~1857 U S HIGHWAY 64~~
BLOOMFIELD, NM 87413-9522

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Hazel Armenta — B. Date of Delivery 12/26/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0936

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:

UBALDO MADRID SR TRUST AND
VERSA M MADRID TRUST
UBALDO MADRID SR TRUSTEE
600 VENADA CIRLCE
FARMINGTON, NM 87401-3951

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* [illegible] — B. Date of Delivery 12/24/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0905

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)

7099 3400 0020 1069 0936

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

Postmark Here: USPS SANTA FE NM 87501 DEC 27 '01

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

LLOYD AND DEBBIE ARMENTA
Street, Apt. No., JOINT TENANTS
1857 U S HIGHWAY 64
City, State, ZIP+ BLOOMFIELD, NM 87413-9522

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4237

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

USPS SANTA FE NM 87501-9998 Postmark Here DEC 21 2001

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

Street, Apt. No.; DANIEL OREWILER
611 S BROADWAY

City, State, ZIP+4 PENDLETON, IN 46064-1303

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:

PHYLLIS PHILLIPY
PO BOX 53013
INDIANAPOLIS, IN 46253-0013

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* PHYLLIS G PHILLIPY — B. Date of Delivery

C. Signature
X Phyllis G Phillipy ☐ Agent ☐ Addressee

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

INDIANAPOLIS IN DEC 26 2001 USPO CHECK BR

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1069 0899

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:

DANIEL OREWILER
611 S BROADWAY
PENDLETON, IN 46064-1303

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 12/26/01

C. Signature
X Daniel Orewiler ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4237

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)

7099 3400 0020 1069 0899

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

USPS SANTA FE NM 87501-9998 Postmark Here DEC 21 2001

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

Street, Apt. No.; or PO BOX 53013
INDIANAPOLIS, IN 46253-0013

City, State, ZIP+4 PHYLLIS PHILLIPY

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1069 0912

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
DEC 21 2001
USPS
87501 9998 NM SANTA FE

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

Street, Apt. No.; CARLOS AND SOFIE GURULE
JOINT TENANTS
209 ROAD 4800
City, State, ZIP+4 BLOOMFIELD, NM 87413-0000

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:

JOSE PRESPENTT
250 RD 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* VERA PRESPENTT B. Date of Delivery 12/24/01

C. Signature X Vera Prespentt ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1070 4183

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:

CARLOS AND SOFIE GURULE
JOINT TENANTS
209 ROAD 4800
BLOOMFIELD, NM 87413-0000

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Carlos Gurule B. Date of Delivery 12/24/01

C. Signature X Carlos Gurule ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7099 3400 0020 1069 0912

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

7099 3400 0020 1070 4183

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
DEC 21 2001
USPS
87501 9998 NM SANTA FE

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

Street, Apt. No.; JOSE PRESPENTT
250 RD 4800
City, State, ZIP+4 BLOOMFIELD, NM 87413

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:

SUSAN TERRY HUNTER
P.O. BOX 1156
CEDAR CREST, NM 87008

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: S. HUNTER — B. Date of Delivery: 12/27/01

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

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4204

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

USPS SANTA FE NM 87501-9998 DEC 26 2001 Postmark Here

7099 3400 0020 1070 4204

***Recipient's Name** (Please Print Clearly) (to be completed by mailer)*
SUSAN TERRY HUNTER
Street, Apt. P.O. BOX 1156
CEDAR CREST, NM 87008
City, State, Z

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 1670 0000 0605 7717

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

BETTY ROGERS CONLEY REV TRUST
Street, Apt. No., or WELLS FARGO BANK NEW MEXICO NA
OGM MAC C7324-038
City, State, ZIP+4 PO BOX 5383
DENVER, CO 80217

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:

CANDACE L KELTON COX
17 S MEADOW RIDGE
CONCORD, MA 01742-3000

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 12-31-01

C. Signature: X — ☐ Agent ☒ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4060

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

XTO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

BETTY ROGERS CONLEY REV TRUST
WELLS FARGO BANK NEW MEXICO NA
OGM MAC C7324-038
PO BOX 5383
DENVER, CO 80217

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: X — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 1670 0000 0605 7717

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

XTO

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

7099 3400 0020 1070 4060

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

CANDACE L KELTON COX
Street, Apt. No. 17 S MEADOW RIDGE
CONCORD, MA 01742-3000
City, State, ZIP

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 1670 0000 0605 7694

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No.: JOHNNY F ARCHULETA
224 CR 4800
City, State, ZIP+4: BLOOMFIELD, NM 87413

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:

IHALLYE D JORDAN
2178 MARSHALL WAY
SACRAMENTO, CA 95818-3544

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 12/29/01

C. Signature: x Hallye D. Jordan ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 1340 0001 0020 1070 4077

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

XTO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JOHNNY F ARCHULETA
224 CR 4800
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: JOHNNY ARCHULETA | B. Date of Delivery: 1-2-02

C. Signature: x Johnny Archuleta ☐ Agent ☒ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7000 1670 0000 0605 7694

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

XTO

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

7099 3400 0020 1070 4077

XTO

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

SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here USPS

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

Street, Apt. No., or PO Box No.: IHALLYE D JORDAN
2178 MARSHALL WAY
City, State, ZIP+4: SACRAMENTO, CA 95818-3544

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4053

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

SANTA FE NM 87501-9998 DEC 21 USPS Postmark Here

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

Street, Apt. No.: BEEBE, INC.
C/O WARREN F. REAMS, PRESIDENT
PO BOX 118 (660 WHITE AVE)

City, State, ZIP+4: GRAND JUNCTION, CO 81502

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:

CORRINE RITCHEY
P O BOX 98
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Corrine K. Ritchey — B. Date of Delivery: 1-3-02

C. Signature: X Corrine Ritchey ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1070 4190

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:

BEEBE, INC.
C/O WARREN F. REAMS, PRESIDENT
PO BOX 118 (660 WHITE AVE)
GRAND JUNCTION, CO 81502

GRAND JUNCTION CO JAN 2

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Charles F. Reams — B. Date of Delivery

C. Signature: ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7099 3400 0020 1070 4053

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

7099 3400 0020 1070 4190

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

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

SANTA FE NM 87501-9998 DEC 27 2001 USPS Postmark Here

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

Street, Apt. No.; or: CORRINE RITCHEY
P O BOX 98

City, State, ZIP+4: BLOOMFIELD, NM 87413

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4169

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

Postmark Here: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

WALTER A FARMER ESTATE
MARGARET M B FARMER, ADMIN
Street, Apt. No.; or PO Box No.: 449 ST GEORGE RD
City, State, ZIP+4: STATEN ISLAND, NY 10306-1553

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:

GEORGIA KELTON FERGEN
5500 OLD CLARKSVILLE RD
PARIS, TX 75462-7800

USPS 2002 PARIS TX

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4169

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:

WALTER A FARMER ESTATE
MARGARET M B FARMER, ADMIN
449 ST GEORGE RD
STATEN ISLAND, NY 10306-1553

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

PRINCETON JUNCTION NJ 08550 JUN 2 2002 USPS

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4169

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)

7099 3400 0020 1070 4091

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

Postmark Here: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: GEORGIA KELTON FERGEN, 5500 OLD CLARKSVILLE RD
City, State, ZIP+: PARIS, TX 75462-7800

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1070 4022

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. FELIX DASHEN
8430 NE 17TH STREET
City, State, ZIP+4 BELLEVUE, WA 98004-3243

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:

MERRIL J. ALEXANDER & FRANCES
A. ALEXANDER REVOCABLE TRUST
FRANCES A. ALEXANDER, TRUSTEE
1330 SYCAMORE AVENUE
MODESTO, CA 95350

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Frances A. Alexander ☐ Agent ☐ Addressee

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

MODESTO CA 2001

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0981

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:

FELIX DASHEN
8430 NE 17TH STREET
BELLEVUE, WA 98004-3243

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Karin Dashen 1/3/02

C. Signature
X Karin Dashen ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1070 4022

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)

7099 3400 0020 1069 0981

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

SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No. MERRIL J. ALEXANDER & FRANCES
A. ALEXANDER REVOCABLE TRUST
FRANCES A. ALEXANDER, TRUSTEE
City, State, ZIP+4 1330 SYCAMORE AVENUE
MODESTO, CA 95350

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:

CECILIA CHAVEZ, DECEASED
2347 MARACOPA AVE
RICHMOND, CA 94804-1007

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7099 3400 0020 1069 0929

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

7099 3400 0020 1069 0929

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

USPS SANTA FE NM 87501-9998 DEC 21 2001 Postmark Here

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*
CECILIA CHAVEZ, DECEASED
Street, Apt. No.; 2347 MARACOPA AVE
City, State, ZIP+4 RICHMOND, CA 94804-1007

PS Form 3800, February 2000 | See Reverse for Instructions

7099 3400 0020 1069 1001

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: DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: ROGER K STEWART
7014 N MISSION HILLS LANE

City, State, ZIP+4: TUCSON, AZ 85718-1816

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1070 4213

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: LAURA JEAN BUTHORN
3626 WEST COMMODORE

City, State, ZIP+4: SEATTLE, WA 98199

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1070 4145

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: EMMETT L AND CLEO NORTON
AS JOINT TENANTS
511 CONCHO

City, State, ZIP+4: FARMINGTON, NM 87401-6765

PS Form 3800, February 2000 — See Reverse for Instructions

7000 1670 0000 0605 7724

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: FRANCES O GALLEGOS
11 ROAD 4725

City, State, ZIP+4: BLOOMFIELD, NM 87413-9503

PS Form 3800, February 2000 — See Reverse for Instructions

7000 1670 0000 0605 7748

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: KATHARINE A SHOEMAKER
7308 W COUNTRY CLUB DR

City, State, ZIP+4: ARLINGTON, WA 98223-5944

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1070 4039

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: SANTA FE NM 87501-9998 DEC 21 2001 USPS

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

Street, Apt. No.; or PO Box No.: STEVE A. AND GAIL ARCHULETA
JOINT TENANTS
228 CR 4800

City, State, ZIP+4: BLOOMFIELD, NM 87413-9203

PS Form 3800, February 2000 — See Reverse for Instructions

7000 1670 0000 0605 7809

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

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

SANTA FE, NM 87501-9998
DEC 21 2001
USPS

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

Street, Apt. No., or SHIRLEY ANGELINA GARCIA
3327 TESS AVE

City, State, ZIP+4 SALT LAKE CITY, UT 84119

PS Form 3800, February 2000 — See Reverse for Instructions.