

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF OCEAN ENERGY,
INC. FOR POOL CREATION AND
SPECIAL POOL RULES THEREFOR,
EDDY COUNTY, NEW MEXICO.

No. 12916

AFFIDAVIT REGARDING NOTICE

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

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

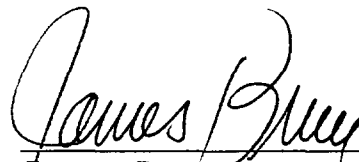
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

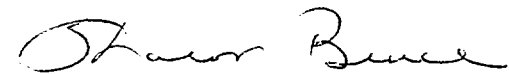
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

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

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


James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of October, 2002, by James Bruce.


Notary Public

My Commission Expires:
3/14/2005

OIL CONSERVATION DIVISION

CASE NUMBER

EXHIBIT

4

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)

August 1, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

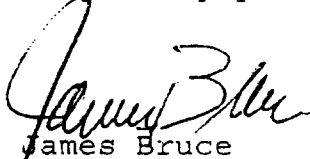
To: Persons on the attached list

Ladies and Gentlemen:

Enclosed is an application for pool creation and special pool rules, filed with the New Mexico Oil Conservation Division by Ocean Energy, Inc., regarding the NW¼ of Section 10, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico. This application is scheduled to be heard at 8:00 a.m. on Thursday, August 22, 2002 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well, or as an offset operator, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, August 16, 2002, if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Ocean Energy, Inc.



NOTICE LIST

Cerf Fed. Well No. 2

1. Offset Operators:

Mark Virant
Matador Operating Company
Suite 150, Pecan Creek
8340 Meadow Road
Dallas, Texas 75231-3751

W.T. Duncan, Jr.
Exxon Mobil Corporation
P.O. Box 4358
Houston, Texas 77210

Merit Energy Company
Suite 1500
12222 Merit Drive
Dallas, Texas 75251

Ray Westall
P.O. Box 4
Loco Hills, New Mexico 88255

John Qualls
Chi Operating, Inc.
P.O. Box 1799
Midland, Texas 79702

Southwest Royalties, Inc.
P.O. Box 11390
Midland, Texas 79702

Ken Gray
Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

J. Wayne Bailey
Bass Enterprises Production Co.
Suite 3100
201 Main Street
Fort Worth, Texas 76102

Larry Cunningham
Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

2. NW¼ §10 Interest Owners.

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

Lloyd Company
22407 North Vega Drive
Sun City West, Arizona 85375

Elizabeth L. Kaderli, Trustee
No. 304
4718 Hallmark Drive
Houston, Texas 77056

John W. Gates and Jean
M. Gates, Trustees
706 West Grand Avenue
Artesia, New Mexico 88210

B.L. House
P.O. Box 3715
Midland, Texas 79702

Clifton & Terry Wilderspin
P.O. Box 50088
Midland, Texas 79710

Nora Helen McCaw, Trustee
210 Crossbow Road
Artesia, New Mexico 88210

Mable Claire Reeves, Independent
Executrix of the J. Travis
Reeves Estate
1060 31st S.E.
Paris, Texas 75460

Fidelity Exploration &
Production Company
P.O. Box 5601
Bismarck, North Dakota 58506

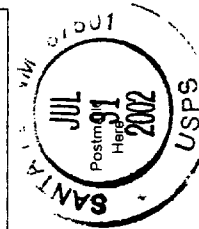
Energen Resources Corporation
605 Richard Arrington Jr. Boulevard
Birmingham, Alabama 35203

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 5987 5855



Postage	\$ 4.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To
W.T. Duncan, Jr.
Exxon Mobil Corporation
P.O. Box 4358
Houston, Texas 77210
City, State, Zip+4

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mark Virant
Maador Operating Company
Suite 150, Pecan Creek
8340 Meadow Road
Dallas, Texas 75231-3751

2. Article Number
(Transfer from service label)
7001 2510 0006 5987 5855

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

W.T. Duncan, Jr.
Exxon Mobil Corporation
P.O. Box 4358
Houston, Texas 77210

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7001 2510 0006 5987 5855

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

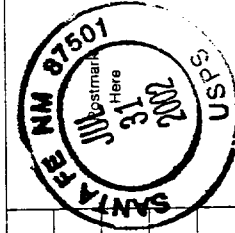
- A. Signature ☒ Agent
Mark Virant
- B. Received by (Printed Name) ☐ Addressee
Mark Virant
- C. Date of Delivery
AUG - 5 2002
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 5987 5855

Postage	\$ 4.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



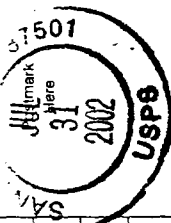
Sent To
Mark Virant
Maador Operating Company
Suite 150, Pecan Creek
8340 Meadow Road
Dallas, Texas 75231-3751

PS Form 3800, January 2001 See Reverse for Instructions

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

2001 2510 0006 5987 5879

Postage	\$ 60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
Ray Westall
P.O. Box 4
Loco Hills, New Mexico 88255
City, State, Zip+4

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Merit Energy Company
Suite 1500
12222 Merit Drive
Dallas, Texas 75251

2. Article Number
(Transfer from service label)
7001 2510 0006 5987 5862

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *8-5-02* C. Date of Delivery

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ray Westall
P.O. Box 4
Loco Hills, New Mexico 88255

2. Article Number
(Transfer from service label)
7001 2510 0006 5987 5879

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *ANGIE SANCHEZ* C. Date of Delivery *8-2-02*

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

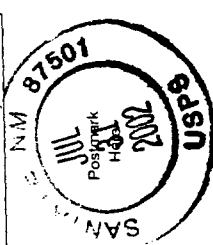
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

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

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

2001 2510 0006 5987 5862

Postage	\$ 60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
Merit Energy Company
Suite 1500
12222 Merit Drive
Dallas, Texas 75251
City, State, Zip+4

PS Form 3800, January 2001 See Reverse for Instructions

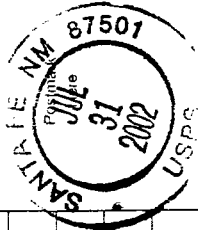
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

6695 2865 9000 0752 7002

Postage	\$ 60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
 Street, Apt. No.,
 P.O. Box No. 11390
 City, State, ZIP+4 Midland, Texas 79702

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John Qualls
 Chi Operating, Inc.
 P.O. Box 1799
 Midland, Texas 79702

2. Article Number
 (Transfer from service label)

7001 2510 0006 5987 5886

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *John Qualls* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *John Qualls* Date *31 AUG 2002*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Southwest Royalties, Inc.
 P.O. Box 11390
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *John Qualls* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *John Qualls* C. Date of Delivery *31 AUG 2002*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7001 2510 0006 5987 5893

PS Form 3811, August 2001

Domestic Return Receipt

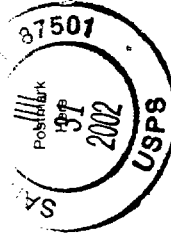
102595-01-M-0381

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

6695 2865 9000 0752 7002

Postage	\$ 60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
 Street, Apt. No.,
 P.O. Box No. 1799
 City, State, ZIP+4 Midland, Texas 79702

Domestic Return Receipt

102595-01-M-0381

See Reverse for Instructions

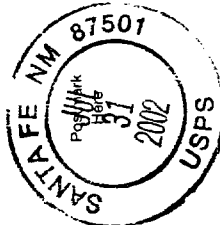
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To
J. Wayne Bailey
Bass Enterprises Production Co.
Suite 3100
201 Main Street
Fort Worth, Texas 76102

City, State, Zip+4
Fort Worth, Texas 76102

PS Form 3800, January 2001 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ken Gray
Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

2. Article Number
(Transfer from service label)

7001 2510 0006 5987 5770

PS Form 3811, August 2001

Domestic Return Receipt

0

102595-01-M-0381

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J. Wayne Bailey
Bass Enterprises Production Co.
Suite 3100
201 Main Street
Fort Worth, Texas 76102

2. Article Number

(Transfer from service label)

7001 2510 0006 5987 5787

PS Form 3811, August 2001

Domestic Return Receipt

0

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

C. AUG 05 2002

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

C. AUG 21 2002

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

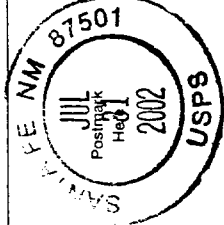
☐ Insured Mail ☐ C.O.D.

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

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

7001 2510 0006 5987 5770

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
Ken Gray
Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

PS Form 3800, January 2001

See Reverse for Instructions

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

1. Article Addressed to:

Complete items 1, 2, & 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

2. Article Number (Transfer from service label) 7001 2510 0006 5987 5305

PS Form 3811, August 2001

Postage \$ 6.00

Certified Fee 2-30

Return Receipt Fee (Endorsement Required) 1-75

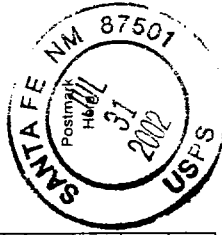
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.65

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

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

PS Form 3800, January 2001 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Complete items 1, 2, & 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

2. Article Number (Transfer from service label) 7001 2510 0006 5987 5299

PS Form 3811, August 2001

Postage \$ 6.00

Certified Fee 2-30

Return Receipt Fee (Endorsement Required) 1-75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.65

Sent To Larry Cunningham
Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

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

PS Form 3800, January 2001 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature L. Barrett ☒ Agent ☐ Addressee

B. Received by (Printed Name) L. Barrett C. Date of Delivery 8-5-02

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

If YES, enter delivery address below:

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

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

Domestic Return Receipt 0 102595-01-M-0381

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Complete items 1, 2, & 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

2. Article Number (Transfer from service label) 7001 2510 0006 5987 5305

PS Form 3811, August 2001

Postage \$ 6.00

Certified Fee 2-30

Return Receipt Fee (Endorsement Required) 1-75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.65

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

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

PS Form 3800, January 2001 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 8-2-02

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

If YES, enter delivery address below:

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

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

Domestic Return Receipt 0 102595-01-M-0381

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

Postage \$ 6.00

Certified Fee 2-30

Return Receipt Fee (Endorsement Required) 1-75

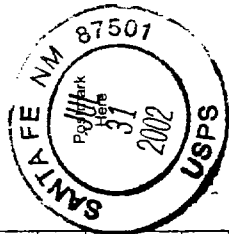
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.65

Sent To Larry Cunningham
Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

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

PS Form 3800, January 2001 See Reverse for Instructions



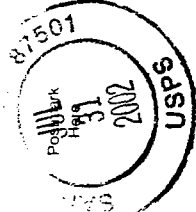
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 5987 5329

Postage	\$ 4.60
Certified Fee	2-30
Return Receipt Fee (Endorsement Required)	1-75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To: Elizabeth L. Kaderli, Trustee
No. 304
Street, Apt. No.,
4718 Hallmark Drive
Houston, Texas 77056
City, State, Zip+4

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lloyd Company
22407 North Vega Drive
Sun City West, Arizona 85375

2. Article Number

(Transfer from service label)

7001 2510 0006 5987 5312

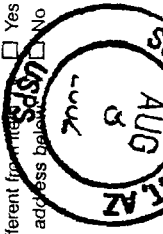
PS Form 3811, August 2001

Domestic Return Receipt

102595-01 M-0381

COMPLETE THIS SECTION ON DELIVERY

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



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elizabeth L. Kaderli, Trustee
No. 304
4718 Hallmark Drive
Houston, Texas 77056

COMPLETE THIS SECTION ON DELIVERY

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

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

2. Article Number

(Transfer from service label)

7001 2510 0006 5987 5329

PS Form 3811, August 2001

Domestic Return Receipt

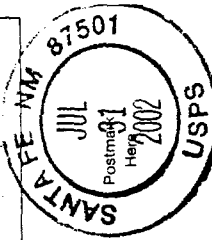
102595-01 M-0381

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 5987 5312

Postage	\$ 4.60
Certified Fee	2-30
Return Receipt Fee (Endorsement Required)	1-75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To: Lloyd Company
22407 North Vega Drive
Sun City West, Arizona 85375
Street, Apt. No.,
or PO Box No.
City, State, Zip+4

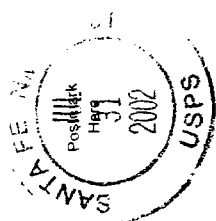
PS Form 3800, January 2001 See Reverse for Instructions

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

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To
B. L. House
Street, Apt. No. P.O. Box 3715
or PO Box No. Midland, Texas 79702
City, State, Zip+4

PS Form 3800, January 2001 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John W. Gates and Jean
M. Gates, Trustees
706 West Grand Avenue
Artesia, New Mexico 88210

2. Article Number
(Transfer from service label)

7001

PS Form 3811, August 2001

Domestic Return Receipt

2510 0006 5987 5336

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Margaret Gates* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Margaret Gates* C. Date of Delivery *AUG 03 2002*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

B. L. House
P.O. Box 3715
Midland, Texas 79702

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

2. Article Number
(Transfer from service label)

7001

PS Form 3811, August 2001

Domestic Return Receipt

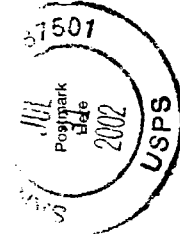
2510 0006 5987 5343

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *B. L. House* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *B. L. House* C. Date of Delivery *8-6-02*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
John W. Gates and Jean
M. Gates, Trustees
706 West Grand Avenue
Artesia, New Mexico 88210

PS Form 3800, January 2001

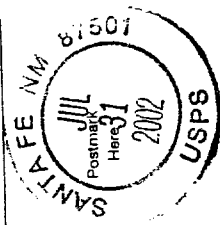
See Reverse for Instructions

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

7001 2510 0006 5987 5336

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

2965 2865 9000 0752 7002



Postage	\$ 4.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To
 Street, Apt. No., P.O. Box No., City, State, ZIP+4
 Nora Helen McCaw, Trustee
 210 Crossbow Road
 Artesia, New Mexico 88210

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Clifton & Terry Wilderspin
 P.O. Box 50088
 Midland, Texas 79710

2. Article Number
 (Transfer from service label)

7001 2510 0006 5987 5350

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nora Helen McCaw, Trustee
 210 Crossbow Road
 Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature Nora Helen McCaw ☐ Agent
 B. Received by (Printed Name) Nora Helen McCaw ☐ Addressee
 C. Date of Delivery Jul 31 2002
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

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

2. Article Number
 (Transfer from service label)

7001 2510 0006 5987 5367

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature Clifton & Terry Wilderspin ☐ Agent
 B. Received by (Printed Name) Clifton & Terry Wilderspin ☐ Addressee
 C. Date of Delivery Jul 31 2002
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

2. Article Number
 (Transfer from service label)

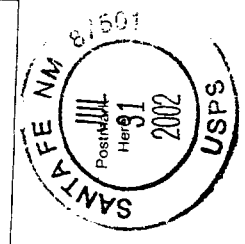
7001 2510 0006 5987 5350

Domestic Return Receipt

102595-01-M-0381

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

0565 2865 9000 0752 7002



Postage	\$ 4.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To
 Street, Apt. No., P.O. Box No., City, State, ZIP+4
 Clifton & Terry Wilderspin
 P.O. Box 50088
 Midland, Texas 79710

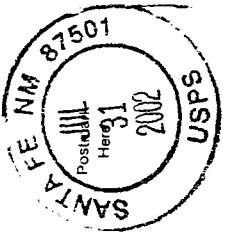
PS Form 3800, January 2001

See Reverse for Instructions

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

7001 2510 0006 5987 5381

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
Fidelity Exploration &
Production Company
P.O. Box 5601
Bismarck, North Dakota 58506

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mable Claire Reeves, Independent
Executrix of the J. Travis
Reeves Estate
1060 31st S.E.
Paris, Texas 75460

2. Article Number
(Transfer from service label)
7001 2510 0006 5987 5374

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mable C. Reeves ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Mable C. Reeves ☐ Date of Delivery
8-3-02

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fidelity Exploration &
Production Company
P.O. Box 5601
Bismarck, North Dakota 58506

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
[Signature] ☐ Date of Delivery
8-5-02

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)
7001 2510 0006 5987 5381

PS Form 3811, August 2001

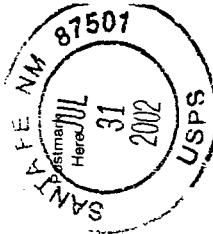
Domestic Return Receipt

102595-01-M-0381

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

7001 2510 0006 5987 5374

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
Mable Claire Reeves, Independent
Executrix of the J. Travis
Reeves Estate
1060 31st S.E.
Paris, Texas 75460

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Energen Resources Corporation
605 Richard Arrington Jr. Boulevard
Birmingham, Alabama 35203

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) ☐ Date of Delivery *8-5-02*

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 *7001 2510 0006 5987 5398*

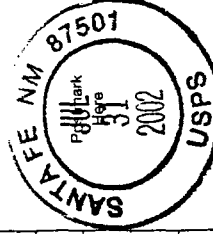
Domestic Return Receipt *0*

PS Form 3811, August 2001 102595-01-M-0381

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

8665 2965 9000 0006 5987 5398

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
Energen Resources Corporation
605 Richard Arrington Jr. Boulevard
Birmingham, Alabama 35203

PS Form 3800, January 2001

See Reverse for Instructions