

CHI ENERGY, INC.
P.O. BOX 1799
MIDLAND, TEXAS 79702

Certified Mail

September 5, 2002

Ms. Katherine Mary Scott
809 Sheridan St.
Altoona, PA 16602-5440

Re: Communitization Agreement
W/2 Section 30, T-18-S, R-31-E,
Eddy County, New Mexico

Dear Ms. Scott,

Enclosed is a copy of the above referenced Communitization Agreement and three original Ratifications of Communitization Agreement for your execution.

Please have the three originals of the ratification signed, notarized and returned to the undersigned.

Should you have any questions please give me a call at the number on the letterhead.

Sincerely,

Gary Green
Gary Green

OIL CONSERVATION DIVISION

CASE NUMBER

3

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$ 1.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11
MIDLAND, TX DOWNTOWN STA. SEP 9 2002 Postmark Here USPS	
Sent To Katherine Mary Scott	
Street, Apt. No.; or PO Box No. 809 Sheridan St.	
City, State, ZIP+4 Altoona, PA 16602-5440	
PS Form 3800, January 2001 See Reverse for Instructions	

7002 0460 0002 0067 7002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Katherine Mary Scott
809 Shendan St.
Altoona, PA
16602-5440

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/12/02

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)

7002 0460 0002 0087 7032

CHI ENERGY, INC.
 P.O. BOX 1799
 MIDLAND, TEXAS 79702

Certified Mail

September 5, 2002

Ms. Mary Elizabeth Baish
 220 Fran Street
 Lilly, PA 15938

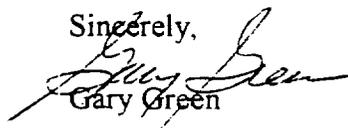
Re: Communitization Agreement
 W/2 Section 30, T-18-S, R-31-E,
 Eddy County, New Mexico

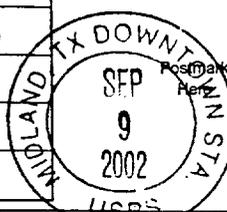
Dear Ms. Baish,

Enclosed is a copy of the above referenced Communitization Agreement and three original Ratifications of Communitization Agreement for your execution.

Please have the three originals of the ratification signed, notarized and returned to the undersigned.

Should you have any questions please give me a call at the number on the letterhead.

Sincerely,

 Gary Green

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11
	
Sent To Mary Elizabeth Baish	
Street, Apt. No., or PO Box No. 220 Fran St.	
City, State, ZIP+4 Lilly PA 15938	
PS Form 3800, January 2001 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-family: cursive;">Mary Elizabeth Baish 220 Fran St. Lilly, PA 15938</p>	<p>Mary Elizabeth Baish 9-13-02</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-family: monospace;">7002 0460 0002 0087 7018</p>

CHI ENERGY, INC.

P.O. BOX 1799

MIDLAND, TEXAS 79702

Certified Mail

September 5, 2002

Estate of Elyse Saunders Patterson
c/o Commerce Bank of Kansas City
Personal Trust Department
P. O. Box 419248
Kansas City, MO 64141-6248

Re: Communitization Agreement
W/2 Section 30, T-18-S, R-31-E,
Eddy County, New Mexico

Gentlemen:

Enclosed is a copy of the above referenced Communitization Agreement and three original Ratifications of Communitization Agreement for your execution.

Please have the three originals of the ratification signed, notarized and returned to the undersigned.

Should you have any questions please give me a call at the number on the letterhead.

Sincerely,

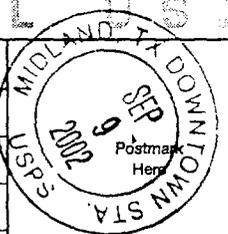
Gary Green
Gary Green

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

7002 0460 0002 0087 7049

OFFICIAL USE

Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.11



Sent To
Comm. Bank of KC - Personal Trust Dep
Street, Apt. No.;
or PO Box No. P.O. Box 419248
City, State, ZIP+4
K. City MO 64141-6248

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elyse Saunders Patterson Est
c/o Comm. Bank of Kansas City
Personal Trust Dept.
P.O. Box 419248
Kansas City, MO 64141-
6248

2. Article Number

(Transfer from service label)

7002 0460 0002 0087 7049

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ron Shupe

- Agent
- Addressee

B. Received by (Printed Name)

Ron Shupe

C. Date of Delivery

SEP 12 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

CHI ENERGY, INC.
P.O. BOX 1799
MIDLAND, TEXAS 79702

Certified Mail

September 5, 2002

Higgins Trust, Inc.
P.O. Box 2421
Gainesville, GA 30503

Re: Communitization Agreement
W/2 Section 30, T-18-S, R-31-E,
Eddy County, New Mexico

Gentlemen:

Enclosed is a copy of the above referenced Communitization Agreement and three original Ratifications of Communitization Agreement for your execution.

Please have the three originals of the ratification signed, notarized and returned to the undersigned.

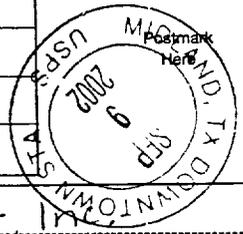
Should you have any questions please give me a call at the number on the letterhead.

Sincerely,

Gary Green
Gary Green

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11
Sent To: Higgins Trust, Inc. Street, Apt. No., or PO Box No. P.O. Box 2421 City, State, ZIP+4 Gainesville, GA 30503	
PS Form 3800, January 2001 See Reverse for Instructions	

7056 7056 0087 0087 0002 0002 0460 0460



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Higgins Trust, Inc.
P.O. Box 2421
Gainesville, GA
30503

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Kathleen Edward Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

SEP
13

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)

7002 0460 0002 0087 7056

CHI ENERGY, INC.
P.O. BOX 1799
MIDLAND, TEXAS 79702
CERTIFIED MAIL

October 23, 2002

Mr. Donald S. Iverson
#1 Terrace Mountain Cove
Austin, Texas 78746

Re: Communitization Agreement
W/2 Section 30, T-18-S, R-31-E,
Eddy County, New Mexico

Dear Mr. Iverson,

Enclosed is a copy of the above referenced Communitization Agreement and three original Ratifications of Communitization Agreement for your execution.

Please have the three originals of the Ratification signed, notarized and returned to the undersigned. If you have signed the Ratifications previously provided, please disregard this request.

Should you have any questions give me a call at the number on the letterhead.

Sincerely,

Gary Green
Gary Green

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

7002 0460 0002 0091 9725

OFFICIAL USE

Postage	\$ 106
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.05



Sent To
Donald S. Iverson
Street, Apt. No. or PO Box No. #1 Terrace Mt. Cove
City, State, ZIP+4 Austin, TX. 78746

CHI ENERGY, INC.

P.O. BOX 1799
MIDLAND, TEXAS 79702

Certified Mail

September 5, 2002

SklarCo, L.L.C.
401 Edwards, STE 1601
Shreveport, LA 71101

Re: Communitization Agreement
W/2 Section 30, T-18-S, R-31-E,
Eddy County, New Mexico

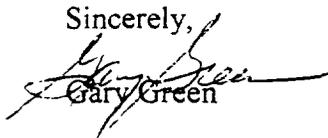
Gentlemen:

Enclosed is a copy of the above referenced Communitization Agreement and three original Ratifications of Communitization Agreement for your execution.

Please have the three originals of the ratification signed, notarized and returned to the undersigned.

Should you have any questions please give me a call at the number on the letterhead.

Sincerely,


Gary Green

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

OFFICIAL USE

Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	5.11
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.11

7070 0087 0002 0460 7002

Postmark Here
MIDLAND, TX
SEP 5 2002

Sent To: **SKLAR Co, LLC**
Street, Apt. No.; or PO Box No. **401 Edwards, Ste 1601**
City, State, ZIP+ 4 **Shreveport, LA 71101**

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:

SKlar Co, LLC
401 Edwards, Ste 1601
Shreveport, LA 71101

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 E. R. Cassano Addressee

B. Received by (Printed Name) C. Date of Delivery
E. R. Cassano *9/11/02*

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 **7002 0460 0002 0087 7070**
(Transfer from service)

CHI ENERGY, INC.

P.O. BOX 1799
MIDLAND, TEXAS 79702

Certified Mail

September 5, 2002

Ms. Karen Elizabeth Charles
110 Hudson Ave.
Altoona, PA 16602-4914

Re: Communitization Agreement
W/2 Section 30, T-18-S, R-31-E,
Eddy County, New Mexico

Dear Ms. Charles,

Enclosed is a copy of the above referenced Communitization Agreement and three original Ratifications of Communitization Agreement for your execution.

Please have the three originals of the ratification signed, notarized and returned to the undersigned.

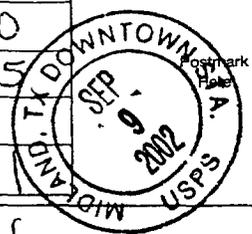
Should you have any questions please give me a call at the number on the letterhead.

Sincerely,

Gary Green
Gary Green

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11
Sent To Karen Charles Street, Apt. No., or PO Box No. 110 Hudson Ave City, State, ZIP+4 Altoona PA 16602-4914	
PS Form 3800, January 2001 See Reverse for Instructions	

7002 0460 0002 0087 6981





7002 0460 0002 0087 698J



1230 P83553961
0750\$05.110 SEP 09 2002
2127 MAILED FROM ZIP CODE 70...

RIS
RETURN TO SENDER

- OTHER
- INSUFFICIENT ADDRESS
- ATTEMPTED, NOT KNOWN
- NO SUCH NUMBER/STREET
- NOT DELIVERABLE AS ADDRESSED
- UNABLE TO FORWARD

3601

UNCLAIMED
UNCLAIMED

Name _____
 1st Notice 19
 2nd Notice 22
 Return _____

10-2

CHI ENERGY, INC.
P.O. BOX 1799
MIDLAND, TX 79702

TO:

Karen Elizabeth Charles
110 Judson Ave.
Altoona, PA 15602-4912

W/2/82