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

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION DIVISION FOR THE PURPOSE OF CONSIDERING:

APPLICATION OF MITCHELL ENERGY CORPORATION FOR AN UNORTHODOX GAS WELL LOCATION AND FOR NON-STANDARD PRORATION UNITS, LEA COUNTY, NEW MEXICO

CERTIFICATE OF MAILING Witchell EXPUSIT NO. 4

COMPLIANCE WITH ORDER R-8054

Steven J. Smith, authorized representative of Mitchell Energy Corporation, states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on JULY 1, 1992, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for JULY 23, 1992, to the parties shown in the application as evidenced by the attached copies of return receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

SUBSCRIBED AND SWORN TO BEFORE ME THIS  $2v^{4h}$  DAY OF JULY, 1992.

My Commission Expires:

eil/gry  Apr. 1989  *U.S.G.P.O. 1989-238-815	5. Sangure — Addressee  Or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  8. Signature — Address (ONLY if requested and fee paid)	3. Article Addressed to:  Amax Oil+ Gas, Inc.  P 355 301 851  P.O. Box 41806  Howston, Texas 77043  Express Mail Resum Receipt for Merchandise	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the sate of delivery. For additional fees the following services are evallable. Consult postmaster for fees and opeck boxies? for additional service(s) requested.  1. E. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery. (Extra charge)	To strict.  To strict.  To strict.  To strict.  To strict.  To strict address in the "RETURN TO". Space on the reverse stide. Failure to do this will prevent this card the date of delivery. For additional service is requested.  The strict redictional service is requested.  The strict acts.  The strict rediction is reverse stide. Failure to do this will prevent this card the date of delivery. For additional service is requested.  The strict acts.  The strict acts and addressee's address.  The strict acts.  The s
7. Data of Delivery 7. Data of Delivery 7. Data of Delivery 8 Form 3811, Apr. 1989 *U.S.G.PO. 1989-238-815 DOMESTIC RETURN RECEIPT	Signature -	Raw Material Supply Division   P355 de   853  Po. Box 910355  Always Trype of Service:  Registered   Insured   Cod    Registered   Cod    Registered   Cod    Registered   Cod    Expliss Mail   Return Receipt    For Merchandise	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  3 and 4.  3 and 4.  3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and cleake box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery (Extra charge)	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO". Space on the reverse side, Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to fee and cheek box(es) for additional services in equested.  In the date of delivery, for additional fees the following services are evaluable. Consult postmaster for fees and cheek box(es) for additional services.  Article Number  Part Dil Co., Inc.  Con Robert Pullium  Heart charge.  Insured  Con Registered  Con

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3. Article Addressed to: Roy G. Barton, dr. P. J. Box 978 Hobbs, New Mexico 88941	3. Article Addressed to:  Roy G. Barton and Opal Barton P. O. Box 978 Type of Sapylice: Registered Cortified Cortified Express Mall: Resum Receipt Always obtain signature of addressee or agent and DATE DELIVERED.
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Roy G. Barton Vr., Trustee  P. O. Box 978  Hobbs New Mexico 38540	Milliam P. Ayoock & Rossociates  1207 W. Wall  Midland J. Texas 79701  Express Mail   Article Number    4. Article Number    4. Article Number    4. Article Number    4. Article Number    9.355 121 854    1207 W. Hard   Begistered   Cob    1208 Certified   Cop    1209 C
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8. Signature - About X  7. Date of Delivery	5. Signature — Addressee X		Conoco, Inc. P. O. Box 1959 Midland, Texas 79702	0	3.and 4.  3.and 4.  3.and 5.  3.and 5.  3.and 6.  3.and 6.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from peling returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's address.  2.   3. Restricted Delivery (Extra charge)	PS Form 3811, Apr. 1989 2:38 3 d.s. g.po. 1989-238-815	X  7. Date of Delivery  Of Estate  7. Date of Delivery	Signature -		2004 Brentwood Drive Auburndale, Florida 33823	3. Article Addressed to:	Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and gheck box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)
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S Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  2 or your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person deliveried to and the date of additional fees the following services are evaliable. Consult postmaster for fees and check box(es) for additional fees the following services are evaliable. Consult postmaster for fees and check box(es) for additional service(s) requested.  3 Article Addressed to:  1 Article Addressed to:  1 Article Addressed to:  2 Restricted Delivery (Extra charge)  3 Article Num  4 Article Num  5 Contilied  7 Per of Service?  1 Per of Service?  1 Registered  2 Contilied  3 Registered  3 Registered  4 Article Num  6 Contilied  6 Region Part Charge  7 Per of Service?  1 Restricted Delivery  1 Per of Service?  2 Restricted Delivery  2 Contilied  3 Registered  4 Article Num  6 Contilied  6 Region Part Charge  7 Per of Service?  1 Registered  1 Registered  1 Registered  2 Contilied  3 Registered  3 Always obtain signature of addressee  1 Always obtain signature of addressee  1 Always obtain signature of addressee  1 Article Addressee  1 Restricted Delivery  1 Restricted Delivery  1 Restricted Delivery  2 Contilied  3 Registered  3 Article Num  6 Contilied  5 Registered  6 Restricted Delivery  6 Contilied  7 Restricted Delivery  8 Registered  8 Registered  9 Reg	Services: Items (and 2 when address services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt few will provide you the name of the person delivered to and the date of delivery to you. The return requested.  Article Addressed to:  Marion Culbertson, Trustic.  Marion Culbertson, Trustic.  P, O, Box DAID  Type of Services  Restricted Delivery  4. Article Number  Type of Services  Registered  Consult postmaster for fees and addresses's address.  2. Restricted Delivery  4. Article Number  Type of Services  Registered  Consult postmaster for fees and addresses's address.  Extra charge)  A Article Number  Type of Services  Registered  Consult postmaster for fees and addresses are available. Consult postmaster for fees and addresses will requisite and part Delivery  Type of Services  Registered  Consult postmaster for fees and addresses and addresses and addresses and addresses will requisite and part Delivery  Registered  Registered  Consult postmaster for fees and addresses.  Always obtain signature of addresses  Requisited and fee paid)  Services are available. Consult postmaster for fees and addresses  Always obtain signature of addresses  Registered  Registered  Consult postmaster for fees and addresses and addresses (ONLY if requisited and fee paid)  Registered  Services and part charge)  Services are available. Consult postmaster for fees and addresses address.  Restricted Delivery  A Article Number  A Article Number  A Article Number  A Article Number  Registered  Con Marchandise  N' All Article Number  Registered  Con Marchandise  Registered  Con Marchandise  Registered  Con Marchandise  Registered  Co
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DOMESTIC DELOCITE DECE	TO DESTINA RECEIPT	or egent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)	Registered Insured  COD  Express Mail Return Receipt  For Merchandise  Always obtain signature of addressee	1. Article Number   1. Art	when additional services are some with prevent this card ace on the reverse side. Failure to do this will prevent this card into fee will provide you the name of the person delivered to and into the person delivered to and into the person delivered to and into the person delivered to an account postmaster for fees requested.  (Extra charge)  Addition Number	desired and complete items	5 DOMESTIC RETURN RECEIP			8. Addressee's Address (ONLY if requested and fee paid)	Always obtain signature of addressee or agent and DATE DELIVERED.	Express Mail COD Return Receipt for Merchandise	Type of Service:  Registred Insured	4. Article Number P3550001 873

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S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT	3. Article Addressed to:    James & Francis   4. Article Number   355, 2018     Scite 313   Type of Sarvice:   Insured   Cod   Contilled   Cod   Centified   Insured   Express Mail   Cod   Express Ma	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Putlyour address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery	X Harman American Section 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT	MIDLAND, TEXAS 79702  Always obtain signature of addressee  Signature — Addressee  S. Signature — Addressee  S. Signature — Addressee  S. Signature — Addressee  R. Signature — Addressee  S. Signature — Addressee  R. Signature — Addressee  S. Signature — Addressee  R. Signature — Addressee  R. Signature — Addressee  R. Signature — Addressee  R. Signature — Addressee	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the late of delivery. For additional service (s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery (Extra charge)  3. Article Addressed to:  FINA OIL AND CHEMICAL COMPANY  Passingted  Insured  Insured
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6. Signature - Agent	6. Signature – Agent
5. Signature — Addressee X	1
OKLHHONIN CITY, ON 10140	Always obtain signatu or agent and DATE DE
P.D. BOX 2586	1911 W. Missouri Ave.   Registered   Insured   Contilled   Contill
KERR MCGEE CORPORATION	Type of Service:
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PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	2S Form 3811, Apr. 1989 *U.S.Q.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT
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1911 W. MISSOURI AVE.	Gainesville, Georgia 30503 Centilide Cop Return Receipt
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	7. 1980 of Salvary Jul _ 6 1992
	6. Signature — Agent
8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee X
l ∾ ≶	OKCHADING CITY ON: 10140
Express Mail COD Return Receipt for Merchandise	CUINDOMA CITY OF FRIDE
Type of Service:  Registered Insured	0 00 00 000 000 000 000
4. Article Number 0 355 201 891	3. Article Addressed to:
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DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815
	7. Date of Delivery 7 / 2/9 2
	6. Signature — Agent
8. Addressee's Address (ONLY if requested and fee paid)	S. Signature — Addressee
Always obtain signature of addressee or agent and DATE DELIVERED.	MIDLAND, [EXAS 7970]-6520
Express Mail COD Return Receipt for Merchandise	1911 W. MISSOURI HUE.
Registered	ARY TRUST
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1626 COLE TUENUE    Cortified   COUNTY   County Receipt	Registered Insured Contified COD Excress Mail Return Receipt
HE MAPLE CORPORATION Type of Service:	
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Page of Delivery 1/2/07	
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	D Contilled Copy Copy Copy Copy Copy Copy Copy Copy
EGGY RUTH MCOAW MANN P 355 201 902	VC. Type of Service: 892
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5. Signature – Addressee X	requested and fe	Signature
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1213 TUMBLEWEED	ROAD    Population   Insured   Insur	210 CROSSBOW ROAD
WILLIAM REED McCAW, JR.	P 355 201	ROBERT S. McCAW
Ind check box(es) for additional service(s) requested.  Show to whom delivered, date, and addressee's addressee's addressee's addressee's addressee's addresseed to:	incers; requested.  ate, and addressee's address.  2.   Restricted Delivery  (Extra charge)  4. Article Number	and check pox(es) for additional service.  1. □ Show to whom delivered, cl.  (Extra cl.)  3. Article Addressed to:
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7. Date of Delivery		7. Date of Delivery 7/8/92
X Signature — Agent		6. Signature — Agent
N/	8. Addressee's Address (ONLY if requested and fee paid)	
PUEBLO WEST, COLORADO OLOUT	Always obtain signature or agent and DATE DEL	FRESNO, CALIFORNIA 93726
P.O. 108X /385	A ANA Receipt Con Receipt Receipt	3623 E. SANTF
THOMAS M. McCAW	Type of Wenyloss	LURA G. McCAW
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6. Signature - Agent A	5. Signature - Addressee	NEW BRAUNIFELS, Tx. 78130-5942	1213 TUMBLEWEED	WILLIAM REED McCAW, JR.	3. Article Addressed to:	and 4.  The reverse side. Failure to do this will prevent this card fur your address in the "RETURN TO". Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and from being returned to you. The return receipt fee will provide you the name of the person delivered for fees the date of delivery. For additional fees the following services are available. Consult postmaster for fees the date of delivery for additional service(s) requested.	SENDER: Complete items 1 and 2 when additional services	PS Form 3811, Apr. 1989 *U.S.G.PO. 1989-238-815	7. Date of Delivery	8. Signature — Agent	Signature -		DIFFIT ( DIDEANN 81007	Pn. Box 7383	THOMAS M. McCAW	-11		SENDER: Complete items 1 and 2 when additional services 3 and 4.
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2. 2. 92 2811 Apr. 1989 +U.S.G.P.O. 1989-238-815		7. Date of Delivery 7/2/92
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HARTESIA, NEW MEXICO 88210	Always obtain signature or agent and SATE DELI'	OF I BNOCKTY LOWIN
11 1105 SOUTH 4th STREET		130) SUNNY THE
MYCO INDUSTRIES, INC.	Type of Service:	JOHN WILLIAM McDONALD
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7. 2.92	6. Signature – Agent  X  X  X  X  Delivery	5. Signature — Addressee 科文	P.O. BOX 920 HOBBS, NEW MEXICO 88240	NMESCO FUELS, INC.	SENDER: Complete items 1 and 2 when additional services on.  3 and 4.  3 and 4.  3 and 4.  4.  3 and 4.  5 and 4.  6 and 4.  9 and 6		*U.S.Q.PO. 1989-238-815	7-2-92	11 (=	X Signature — Addressee	1/KIESIM, INEW / IEXICO 88210	1 105 SOUTH 4th STREET	MYCO INDUSTRIES, INC.	3. Article Addressed to:	from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees 1. Show to whom delivered to great the consult postmaster for fees 1. Show to whom delivered to and the consult postmaster for fees 1. Show to whom delivered to and the consult postmaster for fees 1. Show to whom delivered the consult postmaster for fees 1.	SENDER: Complete items 1 and 2 when additional services
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DDESSA, TEXAS 19162	Always obtain signature of addressee or agent and DATE DELIVERED.	CLOVIS, NEW MEXICO 88101
4001 PENBROOK	T	3821 NANCY LOPEZ LR.
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MINDLAND, IEXAS FYTOL-31 FS	Always obtain signature of addressee or agent and DATE DELIVERED.	DALLAS, TEXAS 75284-2029
	Express Mail for Merchandise	P.D. Box 842029
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5. Signature Addibssee  X 6. Signature Agent  X 7. Date of Delivery  7. Date of Delivery  4.0.5.G.PO. 1989-238-815	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  Pur wour address in the "RETURN TO!" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional services is requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery (Extra charge)  3. Article Addressed to:  1. Article Addressed to:  1. PAJLIPS PETROLEUM CD.  1. Registered, Consult postmaster for fees address.  2. Restricted Delivery (Extra charge)  4. Article Number Type of Service:  1. Registered, Consult postmaster for fees addressee.  2. Restricted Delivery (Extra charge)  3. Article Addressed to:  4. Article Number Type of Service:  1. Registered, Consult postmaster for fees addressee.  3. Article Number Article Number Type of Service:  1. Registered, Consult postmaster for fees addressee.  3. Article Number Article Number Article Number Type of Service:  4. Article Number Type of Service:  1. Registered, Consult postmaster for fees addressee.  3. Article Addressed to:  4. Article Number Type of Service:  5. Registered, Consult postmaster for fees addressee.  6. Article Number Type of Service:  8. Article Number Article Number Article Number Article Number Type of Service:  9. Article Number (Extra charge)  9. Article Number Article Number Article Number Article Number Article Number Article Number (Extra charge)  9. Article Number Artic	the deter of delivery for additional fees the following services are available. Consult postmaster for fees find collections and check boxies for additional service is requested.  I. Show to whom delivered, date, and addressee's address.  PARKER & PARSLEY DEVPT. Co.  PARKER & PARSLEY DEVPT. Co.  PARKER & PARSLEY DEVPT. Co.  Pagistered Coroll postmaster for fees address.  P.O. DRAWER 3178  MIDLAND, TEXAS 79702-3178  Signature — Addressee  S. Signature — Addressee  S. Signature — Addressee  S. Signature — Addressee  T. Date of Delivery  PS Form 3811, Apr. 1989  **u.s.g.po. 1989-238-815  **DOMESTIC RETURN RECEIP**	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card.
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S Form 3811, Apr. 1989 *u.s.a.Po. 1989-238-915 DOMESTI	7. Date of Delivery	6. Signature — Agent X	S. Signature — Addressee  X. Signature — Addressee  X. Requested and fee paid)  X. Requested and fee paid)	IONSIDN, IEXAD ITOIT AIM	Type of Sewige:	items 1 and 2 when additional service TURN TO" Space on the reverse side. The return receipt fee will provide you to ditional fees the following services are tional service(s) requested. [Eurra charge)	Pury que address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from their getturned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxies for additional services are available. Consult postmaster for fees and check boxies for additional services, and addressee's address.  2. Restricted Delivery  3. Article Number  4. Article Number  5. Signature — Addressee  6. Signature — Addressee  5. Signature — Addressee  6. Signature — Agent  7. Date of Delivery  7. Date of Delivery  7. Date of Delivery  8. Aus. G.P.O. 1989-238-815  Pury of Services:  1. Restricted Delivery  4. Article Number  6. Signature — Addressee  1. Respirature of addressee  1. Respirature of sedressee  1. Respirature of sedressee  1. Respirature of addressee  1. Respirature of sedressee  2. Respirature of sedressee  3. Respirature	SENDER: Complete items 1 and 2 when additional services are desired, and complete items
DOMESTIC RETURN RECEIPT PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT	7. Date of Delivery	6. Signature — Agent	dress (ONLY if  5. Signature — Addressee  paid)  8. Addressee's Address (ONLY if requested and fee paid)	INDLAND, MEXAS 1970 Always obtain signature or agent and DATE DEL	 13. Article Addressed to: 1943 JACK L. RUSSELL P355 201 844	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Will prevent this card from the card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.    Coted Delivery   Services   Se	## SENDER: Complete items 1 and 2 when additional services are desired, and complete items  ### Services are desired, and complete items  ### 2.0   Restricted Desired to fees  ### Article Address in the "RETURN TO" Space on the reverse side. Failure to do this will provent this card from the feet mace to you the name of the presendational fees the following services are available. Consult postmaster for fees  #### 2.0   Restricted Desired Desired To fees  #### 2.0   Restricted Desired To fees  #### Article Address 2. □ Restricted Desired To fees  #### Article Number □ Required Address and addresses s address. 2. □ Restricted Desired To fees  #### Article Number □ Required Address ONLY if Registered □ Required Address ONLY if Registered □ Required Address ONLY if Registered □ Registered □ Required Address ONLY if Registered □ Required Desired To fees  #### Address ONLY if Restricted Desired □ Required Address ONLY if Required Addr	and complete items

SENDER: Complete Items A wind 2 when additional services are desired, and complete Items 3 and 4.  Puryour additional fees the following services are desired, and complete Items from being feetured to you. The return receipt fee will provide you the name of the person delivered to and the detail delivery. For additional services is requisited.  3 Article Addressed to:  SHIRLEN SHABPAREH  SUGARLAND, TEXAS TAA79  Average and complete Items  Article Number  Article Number  Pagisteried  Cop  Registeried  Cop  Regis	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the delivery for additional fees the following services are evaluable. Consult postmaster for fees and directed to service the person delivered and services are evaluable. Consult postmaster for fees and directed to services are evaluable. Consult postmaster for fees and directed to services are evaluable. Consult postmaster for fees and directed to services are evaluable. Consult postmaster for fees and directed to services are evaluable. Consult postmaster for fees and directed to services are evaluable. Consult postmaster for fees and directed to services are evaluable. Consult postmaster for fees and directed to services are evaluable. Consult postmaster for fees and services are evaluable. Consult postmaster for fees are evaluable. Consult postmaster for fees are evaluab
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from soing featured to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional service is requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery (Extra charge)  3. Article Addressed to:  2. Consult postmaster for fees and addressee's address.  2. Restricted Delivery (Extra charge)  4. Article Number (Parta charge)  5. Signature — Addressee  6. Signature — Addressee  7. Dette of Delivery (Parta charge)  8. Addressee's Address Address (ONLY if requested and fee paid)  8. Addressee's Address (ONLY if requested and fee paid)  9. Separation Demonstration of the person delivery (Particle Number (Parta charge)  8. Addressee's Address (ONLY if requested and fee paid)  9. Separation Demonstration of the person delivery (Parta charge)  1. Dette of Delivery (Parta charge)  1. Description of Delivery (Parta charge)  1. Article Number (Parta charge)  4. Article Number (Parta charge)  5. Signature — Addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  8. Addressee's Address (ONLY if requested and fee paid)	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services: and ediversed.  The date of delivery. For additional fees the following services will provide you the name of the person delivered to and service will provide you the name of the person delivered to and service for fees and services.  The date of delivery. For additional fees the following services address.  The date of delivery. For additional fees will provide you the name of the person delivered to and services and revulational fees available. Consult prostinate for fees (Extra charge)  And SHACKELFORD TOWN SHACKELFORD Type of Service:  Type of Service:  Type of Service:  Pagesistered to de this will prevent this card the evaluable. Consult need to and service and services address.  Always obtain signature of addressee or agent and DATE DELIVERED.  The date of Delivery of Addressee and services and services and services and services and services.  The date of Delivery of Services.  T

	S DOMESTIC RETURN RECEIPT	'S Form 3811, #pr. 1989 + u.s.a.p.o. 1989-238-815
PS Form 3811 Apr 1000		2 Mily 8
f Delly		S. Signature — Agent X
Signal We -	8. Addipssee's Address (ONLY if requested and fee paid)	
5. Signature - Addressee	ways obtain signature	SHRING NATIONAL NATIO
P.D. Box	Lorente de la control de la co	•
TEXACO IN	P 35 5 201 915	JULIA S. TERRY
and sheck box(es) for addit 1. Show to whom deli 3. Article Addressed to:	s are available. Consult postmaster for fees idress. 2.   Restricted Delivery (Exira charge)	the date of delivery. For additional fees the following services are evailable. Consult postmaster for fees and dheck box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery (Extra charge)
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PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT	S Form 3811, Apr. 1989 *U.S.G.FO. 1989-238-818
7. Date of Delivery		7. Paxe of Delivery
6. Signature - Agent		6. Signature Agent X Agent Caffred
5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee X
EL PASO, IEM	E 5	LOS ANGELES, CALIF. 90071
P.O.Box 126	Registered Insured  Le Certified COD  Extress Mail Return Receipt	400 SOUTH HOPE STREET
SANDRA LEIGH	P 355 201 913	TCW DRIL ROYALTY PARTNERSHIP
ine date or delivery, For additional and check box(es) for additional and Show to whom delivers.	dress. 2. Restricted Delivery (Extra charge)	and check box(es) for additional service(s) requested.  Show to whom delivered, date, and addressee's an (Extra charge)  A price Addressed to:
Put your address in the "RET from being returned to you. I	side. Failure to do this will prevent this card 1.you the name of the person delivered to and is are available. Consult postmaster for fees	3 and 4.  3 and 4.  3 and 4.  4 rour address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees
BENDED: Complete ite	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional services are desired, and complete items

	7. Date of Delivery JUL - 71992
	X Shingling — Agent
8. Addressee's Address (ONLY if requested and fee paid)	
ways obtain signature	HOUSTON, IEXAS ++216-1665
Registered Insured Contilled Return Receipt Express Mail Return Receipt	P.D. Box 201665
P 355 201 923	TEXACO INC.
is in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card to you. The return receipt fee will provide you the name of the person delivered to and easy for additional fees the following services are available. Consult postmaster for fees whom delivered, date, and addressee's address.  Whom delivered, date, and addressee's address.  (Extra charge)  ressed to:	Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card the late of delivery. For additional fees the following services are available. Consult postmaster for fees and bheck boxies for additional services) requested.  3. Article Addressed to:
	SENDER: Complete items 1 and 2 when additional
DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815
	7. Date of Delivery JUL - 8 1982
	6. Signature — Agent X X Callin
8. Addressee's Address (ONLY if requested and fee paid)	5. Signature — Addressee X
Always obtain signature of addressee or agent and DATE DELIVERED.	\$
Express Mail COD Return Receipt	FI PASO, JEXAS 79912
Type of Service:  Registered Insured	On Box 12/17
4 Article Number 916	3. Article Addressed to: SANIADA /FICH /F DDY
dress. 2.  Restricted Delivery (Extra charge)	and check box(es) for additional service(s) requested.  1. ☐ Show to whom delivered? date, and addressee's addres
side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees	B and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees the date of delivery.
1 and 2 when additional services are desired, and complete items	SENDER: Complete items 1 and 2 when additional s

+U.S.G.P.O. 1989-238-815

Signature - Agent  Date of Delivery  Orm 3811; Apr. 1989  *U.S.O.PO. 1989-238-815	Article Addressed to:  JACQUELINE MCCAW THOMAS  / 355 20 924  // 438 LOVINGTON HIGHWAY  Prope of Service:  Insured  Contified  Contified  Resum Receipt  Express Mail Recommendise  From Receipt or agent and DATE DELIVERED.  S. Signature - Addressee  S.		SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  4 Article returned to you. The return receipt fee will provide you the name of the person delivered to and the dite of delivery. For additional services is requested.  1. If show to whom delivered, date, and addresses's address.  2. Restricted Delivery (Extra charge)  3. Article Addressed to:  TEXSTAR NORTH AMERICA, TX.  1. ON TRAVIS  SUITE FOO  HOUSTON, TEXAS  Addresses  5. Signature - Addresses  6. Signature - Agent  7. Date of Delivery  8. Form 3811, Apr. 1989  * Us.a.P.O. 1989-238-815  * DOMESTIC RETURN RECEIPT  **Services**  **DOMESTIC RETURN RECEIPT  **Services**  1. Date of Delivery  **Services**  2. Description Receipt and Delivery  **Services**  1. Date of Delivery  **Services**  1. Date of Delivery  **Services**  1. Date of Delivery  **Services**  2. Description Receipt and Delivery  **Services**  3. Article Addresses  **Services**  4. Article Number  4. Article Number  4. Article Number  1. Description Receipt  2. Description Receipt  2. Description Receipt  3. Article Number  4. Article Number  1. Description Receipt  2. Description Receipt  2. Description Receipt  3. Article Number  4. Article Number  2. Description Receipt  3. Description Receipt  4. Article Number  3. Description Receipt  4. Article Number  2. Description Receipt  3. Description Receipt  4. Article Number  3. Description Receipt  4. Article Number  4. Article Number  4.
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3. Article Addressed to:  LLTRAMAR PRODUCTION 6. P355 20 947  Type of Service:  Type
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SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from the fing returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postraaster for fees and check box(es) for additional service(s) requested.  3. Article Addressed to:  WIN INC.  WIN INC.  Begistered  Certified  Type of Service:  Registered  Type of Service:  Registered  Consult postraaster for fees address.  Extra charge)  A. Article Number  Type of Service:  Registered  Reg	## Acticle Addressed to:  ## IDO GREENBRIAR: ## 233  ## Acticle Addressed to:  ## Acticle Number (Extra charge)  ## Acticle Number (Part charge)  ## Post of Service:  ## Acticle Number (Part charge)  ## Actic
nal services are desired, and complete items vide you the name of the person delivered to and vide you the name of the person delivered to and vices are available. Consult postmaster for fees and available. Consult postmaster for fees and available. Consult postmaster for fees (Extra charge)  4. Article Number  7. Article Number  9. 355 20 926    Registered	BENDER: Complete Items I and 2 when additional services are desired, and complete items and 4.  Build detect of the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card being returned to you. The return receipt fee will provide you the name of the person delivered to and detected backs so readditional services is requested.  Show to whom delivered, date, and addressee's address.  Show to whom delivered to and defressee's address.  Thick addressed to:  A Article Number  P 355 20 928  Type of Service: Insured C Certified C Cop Residence of the person delivery (Extra charge)  4. Article Number  P 355 20 928  Type of Service: Insured C Cop Registered C Cop Registered C Cop Residence of the person delivery (Extra charge)  A Article Number  P 355 20 928  Type of Service: Insured C Cop Registered C Cop Residence of the sured C Cop Residence C Cop Residence

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آ	DOMESTIC RETURN RECEIPT	38 Form 384 1) Apr. 1989, *U.S.G.P.O. 1989-238-915
7. Date of Delivery		•
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(malallers		o. Signature — Agent
	•	Signature
5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signatur — Addressee
Antes a, 762 8210	or agent and:DATE DELIVERED.	$111 \times$
	Tatura I	
19 JOSEPH KAY STYLET	Express Mail Return Receipt	Kirtland, New Mexico 8747
Dersonal Representatives	Registered Insured	7.0. Koc 6/
1:11:0 N. + S. T. Yates, as	<u>کان ا</u>	
3. Article Addressed to:	4. Article Number	3. Article Addressed to:
1. Show to whom delivered, date, and addresses (Extra charge)	(Extra charge)	(Extra charge)
the date of delivery. For additional tees the following the late of delivery additional service(s) requested.	direct of Description Positions of 1999	and check box(es) for additional service(s) requested.
Put your address in the "RETURN IO" Space on the provide your made to you. The return receipt fee will provide you from heling returned to you. The return receipt fee will provide your manual to you.	a you the name of the person breath this cald a you the name of the person breathered to and as are available. Consult postmaster for fees	the date of delivery. For additional fees the following services are available. Consult mestars for fees the date of the person delivered to and the date of the person delivered to and the date of the person delivered to and the date of the person delivery. For additional fees the following services are available. Consult mestars for fees the date of the date of the person delivery.
SENDER: Complete items 1 and 2 Wiler accurate	Dace on the reverse side Saliure to do this will prevent the next	3 and 4.  Put voils address in the "RETURN TO" Space on the reverse
Serv		Complete items 1 and
	DOMESTIC RETURN RECEIPT	'S Form 3811, Apr. 1989 *U.S.G.Po-1989-238-815
7. Date of Delivery		
× Mule that		Date of Delivery
6. Signature - Apent		s. Signature — Agent
X Signature - Addressee		
Signal of the same	requested and fee paid)	5. Signature - Add BATSBURGH NAI
Total Nexice		1524-06
The same of the sa		CITIS GURCH CENNSYLVANIA
301 South Hts Street	Express Mall Return Receipt	KU, DOX GTO TO
Civile TV. lates		0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ion passed to:	Type of Service:	WISER OIL COMPANY
J. Article Addressed's addressed's addressed's addressed's addressed and	Article Number O O O	3. Article Addressed to:
and check box(es) for additional lees the following services  Show to whom delivered date for requested.	Idress. 2. — Restricted Delivery (Extra charge)	Show to whom delivered, date, and addressee's ad (Extra charge)
from being returned to you. The return receipt fee will provide the date of deliver.	s are available. Consult postmaster for fees	the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
3 and 2 when additional	side. Failure to do this will prevent this card	Put your address in the "RETURN TO". Space on the reverse from being returned to you. The return receipt fee will provide
PRIDED.	The second of th	3 and 4.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  3 and 4.  FRETURN TO" Space on the reverse side. Failure to do this will prevent this add put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this add put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this add put your addressed to and addresses side. Failure to do this will prevent this add put your addresses in the "RETURN RECIPIONAL AND THE PRIVATE ADDRESSES STORES AND THE PRIVATE ADDRESSES ADDRESS	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 4 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card the post of delivery report of additional feet in the gate of delivery report to additional services in equested.  The return receipt fee will provide you the name of the person delivered to and the person delivered to
arvices are desired, and complete trains did. Failure to do this will prevent this card out the name of the person delivered to and are available. Consult postmaster for fees and sail postmaster charge)  4. Article Number  A p 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	al services are desired, and complete items se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees address.  2. Restricted Delivery  4. Article Number  P355 DO 1 9 DC  Type of Service: Registered Cob Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addresseo's Address (ONLY if requested and fee paid)  DOMESTIC RETURN RE SEIPT

L	DOMESTIC RETORN RECE	S Form 3811, Apr. 1989 +u.s.g.RO. 1989-238-815
	DOMESTIC BETLIEN RECEIPT	7-2-92
	3	7. Date of Delivery
		x Sphature Cagent
	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee
	Always obtain signature of addressee or agent and DATE DELIVERED.	ARTESIA, NEW MEXICO 88210
	Cortified COD Return Receipt for Merchandise	105 SOUTH THE VIREN
— –	Registered Insured	AN CHARLE CONT.
	255 201 948	3. Article Addressed to:
	ess. 2.  Restricted Delivery (Extra charge)	and check box (es) for additional service (s) requestions (1. Show to whom delivered, date, and addressee's additional (Extra charge)
	are available. Consult postmaster for fees	Out your address in the Inc. I only Inc. See will provide you the name of the person delivered to and from being returned to you. The return fecelpt fee will provide you the name of the person delivered to fees from the delivery. For additional fees the following services are available. Consult postmaster for fees the following services are available.
	and 2 when additional services are desired, and complete items row space on the reverse side. Failure to do this will prevent this card	SENDER: Complete Items 1 and 2 when additional se
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۲	S DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 *us.g.po. 1989-238-818
	10年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	7-7-97
		Y A
	R. Addresses & Address (UNLY l) requested and fee paid)	
	1 - 5	, l
	Express Mail Return Receipt	Artesia New Mexico
	707	105 South the Street
	616. LOUSSE 0	Vates Drilling Company
	idress. 2. L. Restricted Delivery	(Extra charge)
	e are available. Consult postmaster for fees	from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and theck box(es) for additional service(s) requested.
	services are desired, and complete items side. Fallura to do this will prevent this card	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  Put Your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card

#### P 355 201 632

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(See Reverse)		
234-55	Sent to Yas Rayalty		
1989-	Street and No. 1+09 S. Devonshir	e Drive	
U.S.G.P.O. 1989-234-555	P.O., State and ZIP Code Salt Lake City U	e Drive	8
'n	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt showing to whom and Date Delivered		
198	Return Receipt showing to whom, Date, and Address of Delivery		
June	TOTAL Postage and Fees	S	
800	Postmark or Date		
Form 3800, June 1985	7/8/92		

# P 355 201 889

## RECEIPT FOR CERTIFIED MAIL

S

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

<b>.</b>	(See neverse)	
234-55	Sent to G.W. JACKSON,	IR.
. 1989-	Street and No. 2608 KACQUET CLUE	
U.S.G.P.O. 1989-234-555	PO. State and ZIP Code MIDLAND, TEXAS	79701
Ü	Postage	s .Ss
	Certified Fee	1.00
	Special Delivery Fee	
	Restricted Delivery Fee	
2	Return Receipt showing to whom and Date Delivered	1.00
Form 3800, June 1985	Return Recent showing to whom Date, and Address of Delivery	
Jun'	TOTAL Postence and Fees	5 9.98
3800	Postmark or Date 43	
Form		
PS		

## P 355 201 935

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

10 -		
. U.S.G.P.O. 1989-234-555	DOW CHEMICAL ( SUPER AND NO. 22468	OMPANY
S.G.P.O	R.O. State and ZIP Gode TOUSTON JEXAS 7	7027
۰.U.	Postage	s 98
	Certified Fee	1.00
	Special Delivery Fee	
	Restricted Delivery Fee	
2	Return Receipt strong to whom and Date Delivered	1.00
198	Return Receipt showing to mon Date, and Address on Deliver	
Form 3800, June 1985	TOTAL Post of the Dees	\$ 2.98
3800	Postmark or Date VIS	
-orm		
PS		

# P 355 201 886

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

sp.	(See Reverse)	
: U.S.G.P.O. 1989-234-555	Sent to Jane Ann Hud	son
. 1989	Street and No.	
S.G.P.(	Box T. Artesia N. N	1. 88210
ن ت	Postage	s .98
	Certified Fee	1.00
	Special Delivery Fee	
	Restricted Delivery Fee	
ιζ	Return Receipt showing to whom and Date Delivered	1.00
e 198	Return Receipt showing to whom, Date, and Address of Deliver	
Jun,	TOTAL Postage and Fees	50.93
PS Form 3800, June 1985	Postmark of Part 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ρć	VIS WHE	

#### P 355 201 946

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)	
S. P.B. TOMLINSON.	JR.
BOX 6/268	
PIG. State and ZIP Code	7208
Postage	s .98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Strowing () to whom and take Delivered	1.00
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Power of Feer	52.98
Postmark of Oate 15 NWO	
	Serno Formulason, Street and No. 1268 P.G. State and ZIP Code TOUSTON, EXAS Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Snowing to whom and State Delivery Delivery Date, and Address of Defaury Date, and Address of Defaury Date.

#### P 355 201 922

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

34-555	Sent to SUSAN LYNW TE	PRY
1989-2	Street and No. Box 1167	700
. U.S.G.P.O. 1989-234-555	P.O. State and ZIP Code SANTA JERESA, N.M.	88008
J.	Postage	s .98
	Certified Fee	1.00
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Catte Denveron	1.00
198	Return Receipt showing to Mich. Date, and Address of Refuser	
PS Form 3800, June 1985	TOTAL Postage and Fees	s 298
3800,	Postmark & Day	
orm		
PS F		

# P 355 201 953

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

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U.S.G.P.O. 1989-234-555	Sent to Review and English	and a la
. 1989	Street and No.	
S.G.P.O	P.O. State and ZIP Code Kirthank, M. W.	87417
n i	Postage	S
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	Special Delivery Fee	
	Restricted Delivery Fee	
ın	Return Receipt showing to whom and Date Delivered	
198	Return Receipt showing to whom, Date, and Address of Delivery	
PS Form 3800, June 1985	TOTAL Postage and Fees	S
3800	Postmark or Date	
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# P 355 201 952

# RECEIPT FOR CERTIFIED MAIL

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	(See Reverse)	
∵U.S.G.P.O. 1989-234-555	Sent to  New Roy English Ma  Street and Hall  # 40 Road 510=	uguez Kiner
.S.G.P.(	P.O. State and ZIP Code	1. 87401
ं	Postage 0	S
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	Special Delivery Fee	
	Restricted Delivery Fee	
10	Return Receipt showing to whom and Date Delivered	
e 198	Return Receipt showing to whom, Date, and Address of Delivery	
Jun.	TOTAL Postage and Fees	S
3800	Postmark or Date	
Form 3800, June 1985	1/16/42	
PS		

# P 355 201 951

#### RECEIPT FOR CERTIFIED MAIL

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⊭U.S.G.P.O. 1989-234-555	Sent to  Mrs. Muratta En  Street and No.  # 40 Raad 5109	glid Ola	ت.
S.G.P.O	P.O. State and ZIP Code Farmington, M.W	1.87401	
ņ	Postage	S	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
S	Return Receipt showing to whom and Date Delivered		
e 198	Return Receipt showing to whom. Date, and Address of Delivery		
Form 3800, June 1985	TOTAL Postage and Fees	S	
3800	Postmark or Date		
Form	7/16/92		
PS			

Unclaimed Refused

REASON CHECKED

Addresse unknown

lysufficient Address\_\_\_

OLERA NO MI-2

± U.S.G.P.O. 1989-234-555 Restricted Delivery Fee Special Delivery Fee Certified Fee DERBTING 1.00 1.00

PS Form 3800, June 1985

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL ш (See Reverse) T 0 2 0.69

P.O. Box Kaneb Operating Company, Ltd.

Houston, Texas

9891 .19A . [ [ 85 mo7 29

DOMESTIC RETURN RECEIPT. 8. Addressee's Address (ONLY if requesied and fee paid) or agent and DATE DELIVERED. TPSTT SAXAT, WIRN Always obtaining addressee Certified Express Mail Return Receipt for Merchandise Denstriga E nsured Type of Service: Article Number

KAUEB OPERATING ( P.O. Box 297827

→ 3 and 4.

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9 and 4.

10 Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check powers!

3 and check powers!

5 And 2 And 2

SENDER: Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

PS Form 3800, June 1985

28,

RETURN POSTAGE GUARANTEED

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Return Receipt showing to whom and Date Deliv

1.00

Conoco Inc.
P.O. Box 10369
Midland, Texas 79702

Special Delivery Fee

TOTAL F

Restricted Delivery Fee

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1000 INDEPENDENCE PLAZA 400 W. IILINOIS, MIDIAND, TEXAS 79701

MITCHELL ENERGY CORPORATION

Certified Fee

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RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

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1000 INDEPENDENCE PLAZA 400 W. ILLINOIS, MIDLAND, TEXAS 79701 MITCHELL ENERGY CORPORATION

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Box 1407 Energy Reserves Group, Inc.

Denver, Colorado 80201

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

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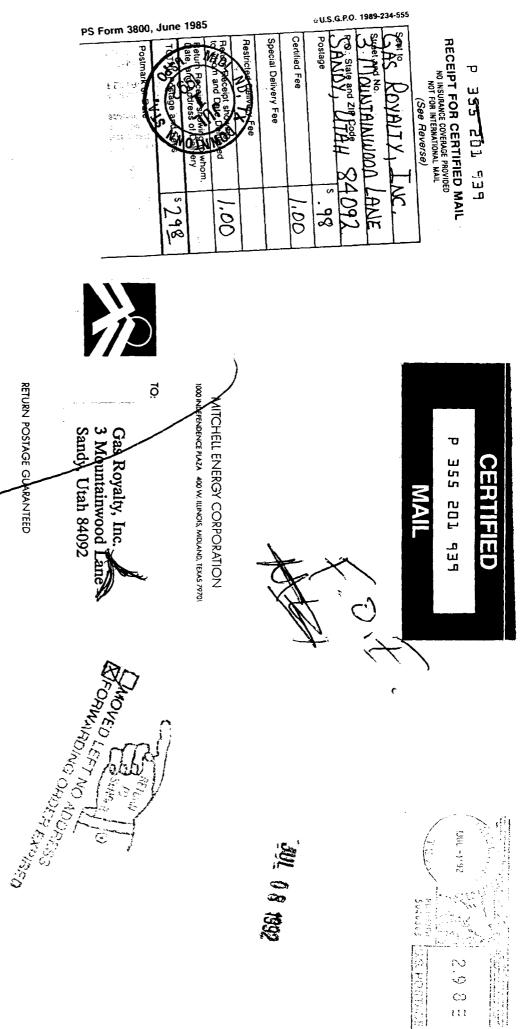
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Richard Hurrich



C:D

#### VIA FAX

Mr. Stanley G. English 3821 Nancy Lopex Drive Clovis, New Mexico 88101

RE: Updated Address List
Application for an Orthodox
Gas Well Location and Non-Standard
Proration and Spacing Units
Crazy Horse "18" Federal #1 Well
Lea County, New Mexico



Dear Mr. English:

In connection with the captioned and pursuant to our conversation of this date, the following are individuals to whom Mitchell Energy Corporation mailed notice of the captioned application whose notices were returned undeliverable:

> Evelyn Ann English Woods, Guardian for Linda Sueann English 6012 Pojogue NE Albuquerque, New Mexico 87110

Juretta English Olsen, Guardian for J. Kathleen English 1213 East 16th Farmington, New Mexico 87401

Joy English Marquez Miners 1401 North Tucker Farmington, New Mexico 87401

If you have current addresses for any of the above parties, please fax them to my attention at (915) 682-6439.

Thank you for your assistance in this matter.

Sincerely,

MITCHELL ENERGY CORPORATION

Senior Landman

SJS/jm

Postma

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RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL (See Reverse)

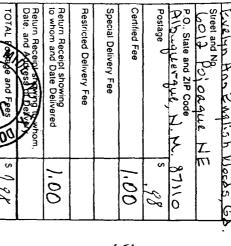
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CERTIFIED

Postage Postage Sent to Street and No. P.O. State and ZIP Code Ans English Words, G 87110 88







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1000 INDEPENDENCE PLAZA 400 W. ILLINOIS, MIDLAND, TEXAS MITCHELL ENERGY CORPORATION

zqy6fque, New Mexico 87110 gague NE

for Linda Spéann English

Evelyn And Haglish Woods Guardian

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RECEIPT FOR CERTIFIED MAIL
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4.5 16+4	S
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New Mexico 87401

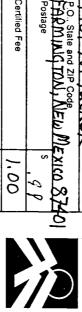
RETURN POSTAGE GUARANTEED

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# RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) 501 TO2 55E

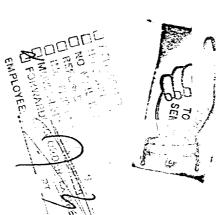
SOY ENGLISH MARQUEZ MINERS

**LUCKER** 



1000 INDEPENDENCE PLAZA 400 W. ILLINOIS, MIDLAND, TEXAS 79701

Joy English Marquez Miners



MITCHELL ENERGY CORPORATION

ö Farmington, New Mexico 87401 1401 N. Tucker

RETURN POSTAGE GUARANTEED

Return Receipt to whom and

1.00

Return P

Special Delivery Fee

Certified Fee

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Restricted Delivery Fee

