

MERIDIAN OIL

CASE # 10595

NOVEMBER 5, 1992

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GLADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

CASE # 10575

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

October 13, 1992

OCT 13 1992

Mr. William J. LeMay
Oil Conservation Division
State Land Office Building
310 Old Santa Fe Trail, 2nd floor
Santa Fe, New Mexico 87501

HAND DELIVERED

Re: FIRST AMENDED APPLICATION

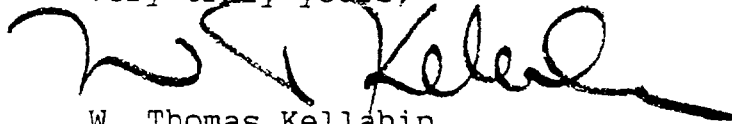
Tapacitos #3 Well
Sec 16, T26N, R2W, NMPM
Application of SOUTHLAND ROYALTY COMPANY
for a High Angle/Horizontal Directional
Drilling Pilot Project, including Special
Operating Rules and an Unorthodox Oil Well
Location, Gavilan-Mancos Pool,
Rio Arriba County, New Mexico

Dear Mr. LeMay:

On October 9, 1992, we filed the referenced application on behalf of Meridian Oil Inc. when in fact the applicant is Southland Royalty Company.

We hereby amend our original application to substitute Southland Royalty Company as the applicant. A copy of this amendment has been mailed to all parties shown on the original application.

Very truly yours,



W. Thomas Kellahin

cc: Meridian Oil Inc.
Attn: Mr. Alan Alexander

CERTIFIED MAIL - RETURN RECEIPT
To all Parties Listed on Exhibit
"C" of the Application - This letter
Mailed attached to the Original
Application

EXHIBIT 1

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

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RECOGNIZED SPECIALIST IN THE AREA OF
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JASON KELLAHIN (RETIRED 1991)

October 9, 1992

Mr. William J. LeMay
Oil Conservation Division
State Land Office Building
310 Old Santa Fe Trail, 2nd Floor
Santa Fe, New Mexico 87501

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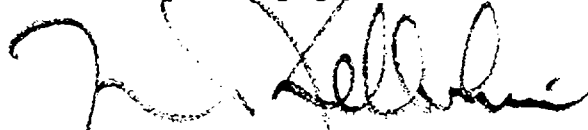
Re: Tapacitos #3 Well
Sec 16, T26N, R2W, NMPM.
Application of MERIDIAN OIL INC.
for a High Angle/Horizontal Directional
Drilling Pilot Project, including Special
Operating Rules, and An Unorthodox Oil Well
Location, Gavilan-Mancos Pool,
Rio Arriba County, New Mexico

Dear Mr. LeMay:

On behalf of Meridian Oil., please find enclosed our Application for a High Angle/Horizontal Direction Drilling Pilot Project as referenced above, which we request be set for hearing on the next available Examiner's docket now scheduled for November 5, 1992.

By copy of this letter and application, sent certified mail, we are notifying all interested parties offsetting the subject well and is proposed spacing and proration unit of their right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application.

Very truly yours,



W. Thomas Kellahin

WTK/jcl
Enclosure

Mr. William J. LeMay
October 9, 1992
Page Two

cc: Meridian Oil Inc.
Farmington, New Mexico

By Certified Mail - Return Receipt
All Parties Listed on Exhibit "C" of Application

app1009a.330

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

RECEIVED
OCT 09 1992
OIL CONSERVATION DIVISION

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

CASE:

APPLICATION OF MERIDIAN OIL INC.
FOR A HIGH ANGLE/HORIZONTAL DIRECTIONAL
DRILLING PILOT PROJECT INCLUDING
SPECIAL OPERATING RULES, AND
AN UNORTHODOX OIL WELL LOCATION,
RIO ARriba COUNTY, NEW MEXICO

A P P L I C A T I O N

Comes now MERIDIAN OIL INC., by and through its attorneys, Kellahin and Kellahin, and applies to the New Mexico Oil Conservation Division for approval for a High Angle/Horizontal Directional Drilling Pilot Project in the Niobrara ("Gallup") formation of the Gavilan-Mancos Oil Pool, including Special Operating Rules, and a standard 640 acre spacing and proration unit consisting of all of Section 16, T26N, R2W, NMPM, Rio Arriba County, New Mexico, including an Unorthodox Oil Well Location for its Tapacitos #3 Well to be re-entered at its existing unorthodox surface location 1540 feet FNL and 995 feet

FEL of said Section 16. Applicant further seeks special rules and provision within the pilot project area including the designation of a prescribed area limiting the horizontal displacement of the wellbore such that its producing interval be no closer than 790 feet to the outer boundaries of the spacing unit. In support the Applicant states:

(1) Applicant is the operator of all of Section 16, T26N, R2W, NMPM, Rio Arriba County, New Mexico.

(2) On November 5, 1988, Applicant spudded its Tapacitos #3 Well at an unorthodox surface location 1540 feet FNL and 995 feet FEL of Section 16 and drilled the well to a total depth of 7,900 feet. On or about January 4, 1998, Applicant was unsuccessful in attempting to complete the well as a producing vertical well in the Gavilan-Mancos Oil. Because the well failed to produce, Applicant did not obtain an order from the Division approving the unorthodox well location.

(3) Applicant proposes to re-enter its Tapacitos #3 Well and attempt to recomplete it as a high angle/horizontal directional well in the Gavilan Mancos Oil Pool by squeezing the existing Mancos perforations

from 7146 feet to 7476 feet, milling a section from 6830 feet to 6910 feet, setting a cement kickoff plug from 6830 feet to 6910 feet and drilling to the kickoff point at approximately 6877 feet. At that point, the Applicant will select a target point within the drilling-producing window established for the well and then kick off the well in an estimated westerly direction and commence to building angle at an appropriate rate which will reach the target point such that the producing interval of the well will be within the drilling-producing window from the top of the Niobrara B zone to the base of the Niobrara C zone. A copy of Applicant's preliminary projection of a horizontal and vertical plans for the subject well are attached as Exhibits "A" and "B" respectively.

(4) The drilling-producing window is identified as the area within Section 16 which shall be no closer than 790 feet to the outer spacing unit boundary. See Exhibit "A."

(5) The target point is defined at the actual bottom hole location at the end point of the lateral of the subject well.

(6) The Niobrara interval of Gavilan-Mancos Oil Pool is characterized by tight, low permeability blocks interconnected by a high capacity fracture system. That interval is the potential productive zone in this section and is anticipated to contain numerous fractures with orientations in a north-south direction and good permeability associated with the fractures.

(7) The well is located in the Gavilan-Mancos Oil Pool where Rule 2 provides for 640-acre spacing and proration units and Rule 4 provides that wells shall not be located nearer than 790 feet from the outer boundary of the proration unit nor closer than 330 feet to a quarter-quarter section line.

(8) While the producing interval of the well will be no closer than 790 feet to the outer boundary of the spacing unit, it will be closer than 330 feet to a quarter-quarter section line within the interior of the spacing unit and therefore an unorthodox well location is necessary.

(9) Past experience in the Niobrara formation has shown that unless a conventionally drilled (vertical)

well intersects natural fractures, the chance of obtaining commercial production is severely curtailed.

(10) By drilling a high angle/horizontal wellbore, the applicant is attempting to increase the probability of encountering several of these fractures, which may ultimately result in the recovery of a greater amount of gas and oil, thereby preventing waste.

(11) In as much as the exact distance and direction of the lateral portion of the wellbore is not known at this time, the Applicant seeks approval to be allowed to drill and produce said lateral portion anywhere within the drilling-producing window.

(12) As required, notice is provided to those offsetting operators as listed on Exhibit "C."

(13) The granting of this Application will be in the best interest of conservation, the prevention of waste and the protection of correlative rights.

WHEREFORE, Applicant requests that this matter be set for hearing on November 5, 1992 before a duly appointed Examiner of the Oil Conservation Division and, after notice and hearing as required by law, the Division enter its Order granting this application.

Application of Meridian Oil Inc.
Page 6

Respectfully submitted,

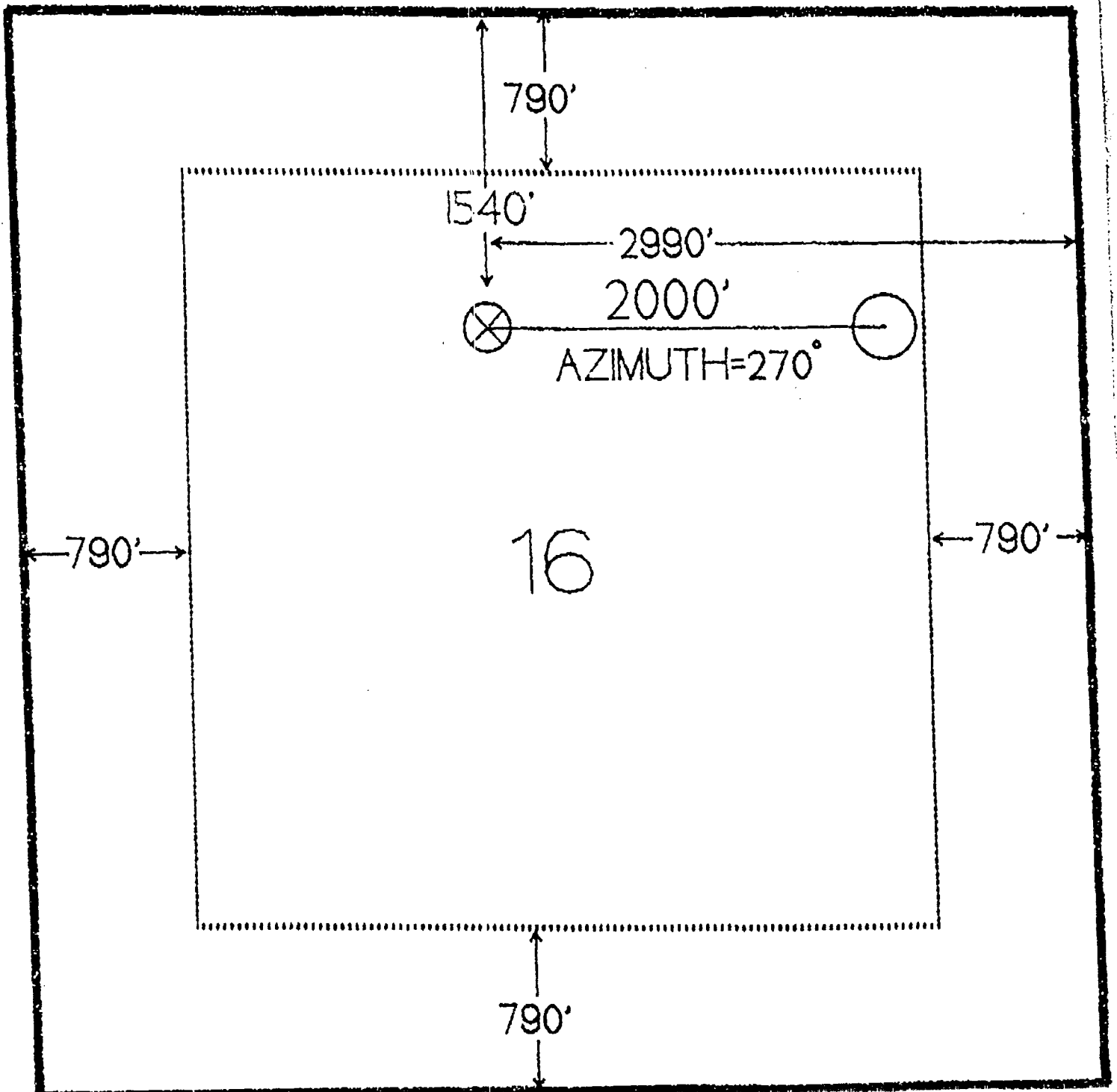
KELLAHIN and KELLAHIN

A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over a horizontal line.

By:
W. Thomas Kellahin
Post Office Box 2265
Santa Fe, New Mexico 87504
(505) 982-4285

Attorneys for Applicant

SOUTHLAND ROYALTY COMPANY
TAPACITOS # 3 WELL
1540'FNL, 995'FEL
SECTION 16-26N-2W
RIO ARRIBA CO., NM



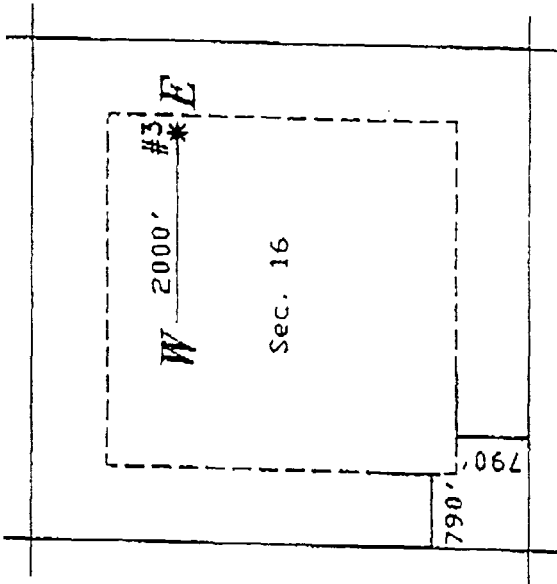
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MERIDIAN OIL

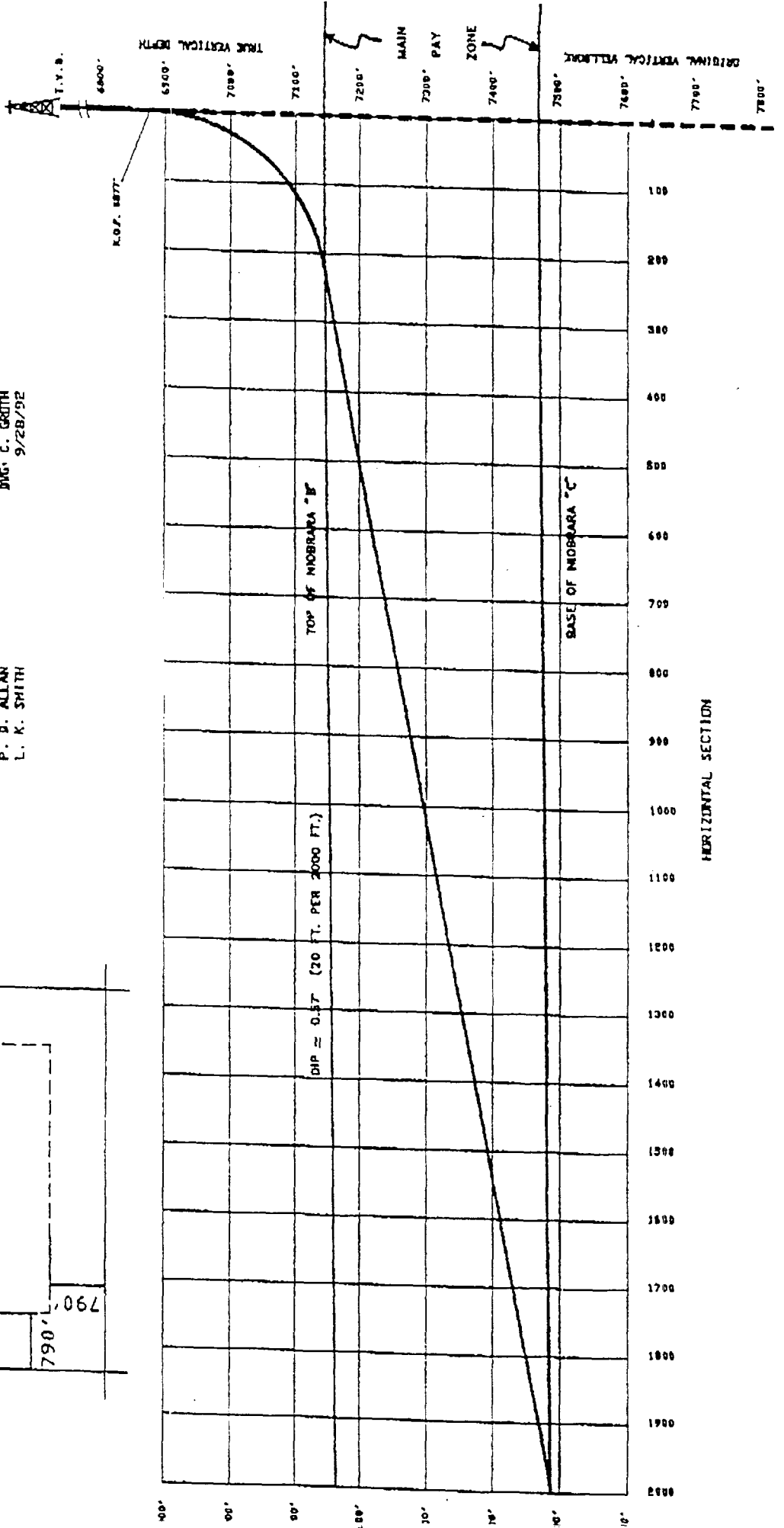
TAPACITOS NO. 3
 HIGH ANGLE MIOBRARA RECOMPLETION
 Rio Arriba County, New Mexico

D. A. SCHUBERT
 P. D. ALLAN
 L. K. SMITH

DWG. C. GROTH
 9/28/92



W



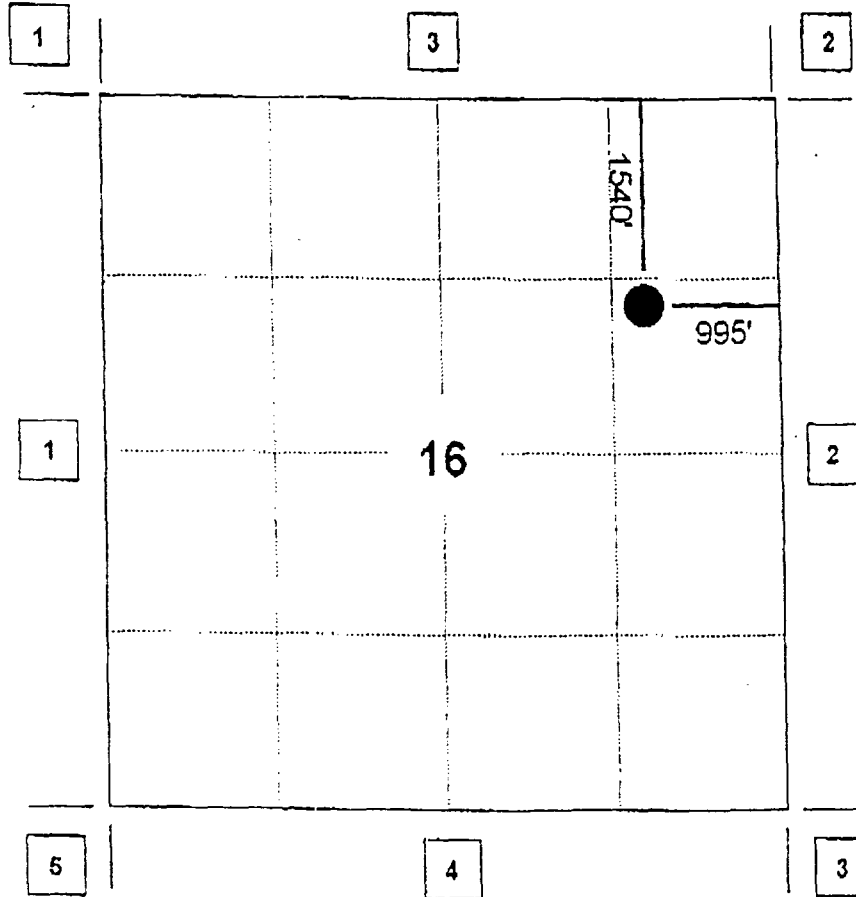
SOUTHLAND ROYALTY COMPANY

OFFSET OPERATOR PLAT

TAPACITOS #3

Gallup Horizontal Well

Township 26 North, Range 02 West



1) Meridian Oil Inc

2) Amoco Production Company, PO Box 800, Denver, CO 80202

3) MW Petroleum Corporation PO Box 87703, Chicago, Ill 60680-0703

4) Dugan Production Company PO Box 420, Farmington, NM 87499

5) See Attached List

James N. Gardner, Jr.
6018 S. 92nd E. Ave.
Tulsa, OK 74145

Marcheta Colson
P.O. Box 1167
Astascadero, CA 93423

Carl L. Burley
P.O. Box 1941
Grand Junction, CO 81502

Hermine Luria
531 Park Ave
New York, NY

Lillian Habeeb
100 Marine Ave
Brooklyn, NY 11209

The Shaefer Family Trust
5835 Stadium Street
San Diego, CA 92122

J. T. Alexander
Rt. 12, Box 638
Fort Worth, TX

Laverne F. Rode
573 B. Boyle Ave. Rm. 2020
Los Angeles, CA 90033

David H. Eslick
c/o Armstrong Roth Cady Co.
120 Delaware Ave.
Buffalo, NY 14202

Fraser R. McVicar
78 Birchwoodk Dr.
Coram, NY 11727

Henry Thieke
21 Winslow Circle
Tackahoe, NY 10707

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1200 national Bank of Commerce Bldg.
San Antonio, TX 78205

Norma Jean Rosenborough
121 Congressional Lane
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Rockville, Maryland 20852

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Grand Junction, CO 81502

William Luria
531 Park Ave
New York, NY

Albert J. Blair, Jr.
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Tulsa, OK 74135

The Leota Jones Trust
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Tulsa, OK 74114

Alice S. Eslick
362 Riverside Dr., Apt 8A
New York, NY

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Roslyn, NY

Edward E. Giess
26 Pearl St.
Noank, CT 06340

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9281 Shore Rd.
Brooklyn, NY 11209

Hazel Schmedes
1333 Birch Hill Lane
Mamaroneck, NY 10543

Glays Mouakad Zaron
8423 Ridge 85 St.
Brooklyn, NY 11209

Marcelle Stratton
66 Summit Drive
Long Island, NY 11030

Huntington Walker
2961 S. Fillmore Way
Denver, CO 80210

Jerome P. McHugh
600 S. Cherry St., Suite 1225
Denver, CO 80222

Mesa Grande Resources
1200 Phil Tower Bldg
Tulsa, OK 74103

James B. Fullerton
1645 Court Place #406
Denver, CO 80202

Merrion Oil & Gas
P.O. Box 840
Farmington, NM 87400

Robert L. Bayless
P.O. Box 168
Farmington, NM 87401

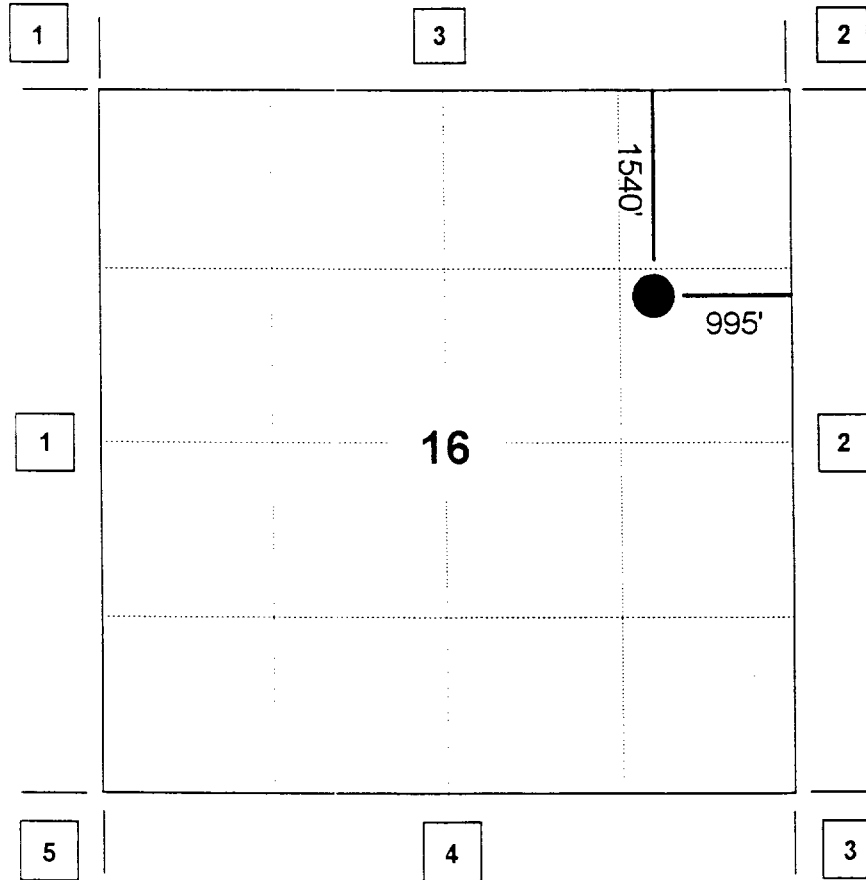
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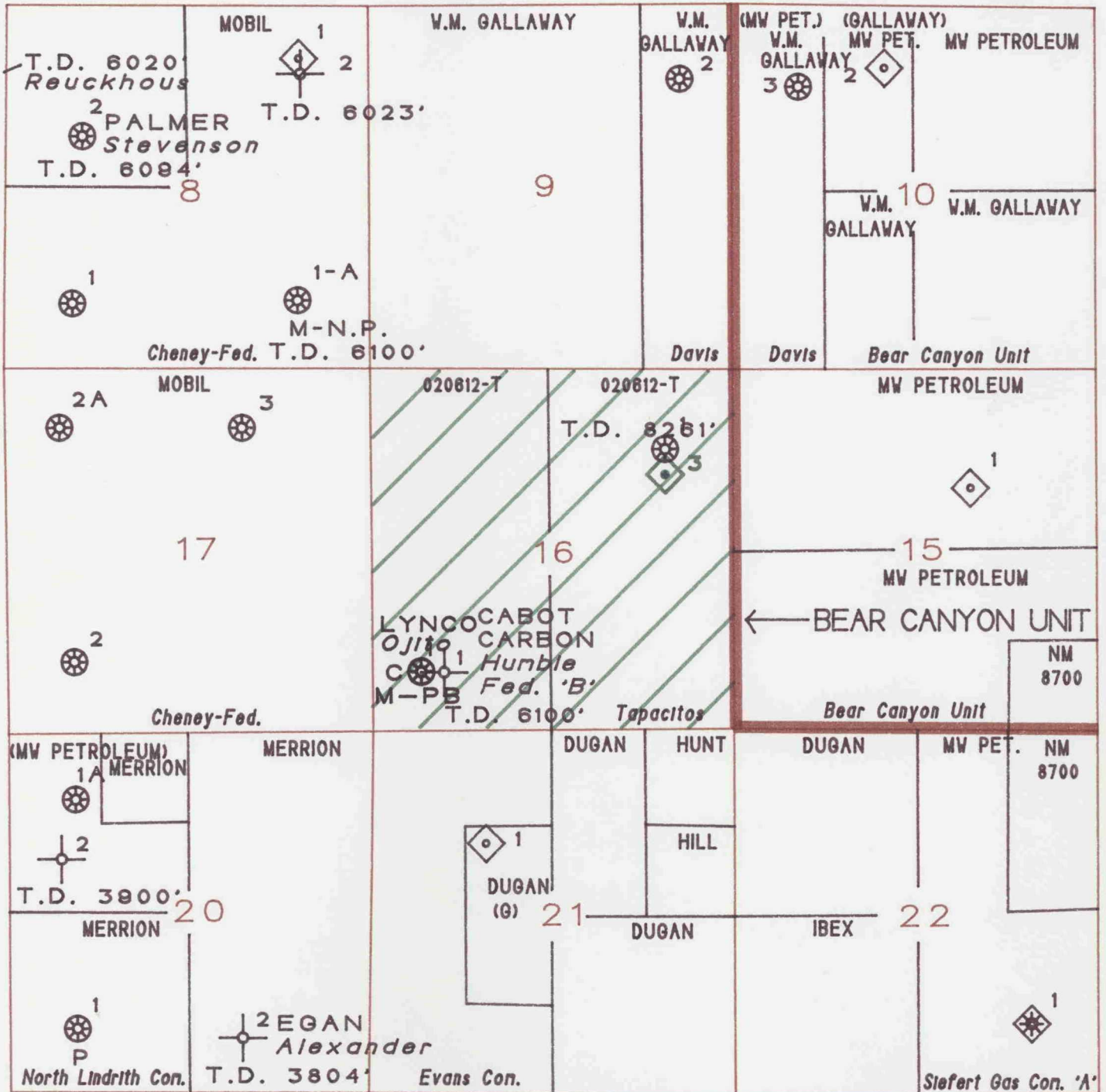
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SOUTHLAND ROYALTY COMPANY

TAPACITOS # 3 WELL

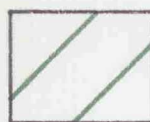
1540'FNL, 995'FEL SECTION 16-26N-2W
RIO ARRIBA CO., NM



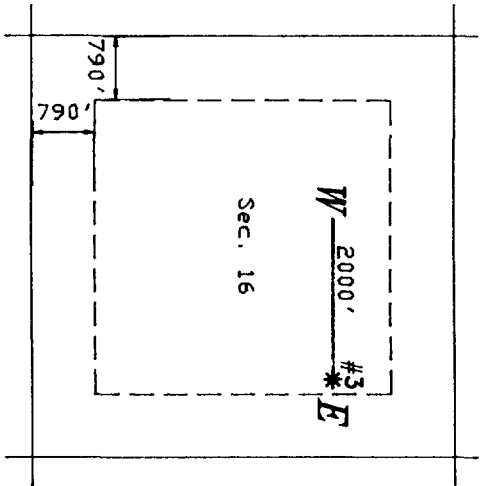
 MESAVERDE WELL

 GALLUP WELL

EXHIBIT 3



GALLUP SPACING



MERIDIAN
 TAPACITOS NO. 3
 HIGH ANGLE NIOBRARA RECOMPLETION
 Rio Arriba County, New Mexico
 D. A. SCHERREK
 P. D. ALLAN
 L. K. SMITH
 DUGI, C. GOUTH
 9/28/92

TAPACITOS NO. 3
 SE/NE 16, T26N-R2W
 Rio Arriba Co., N.M.

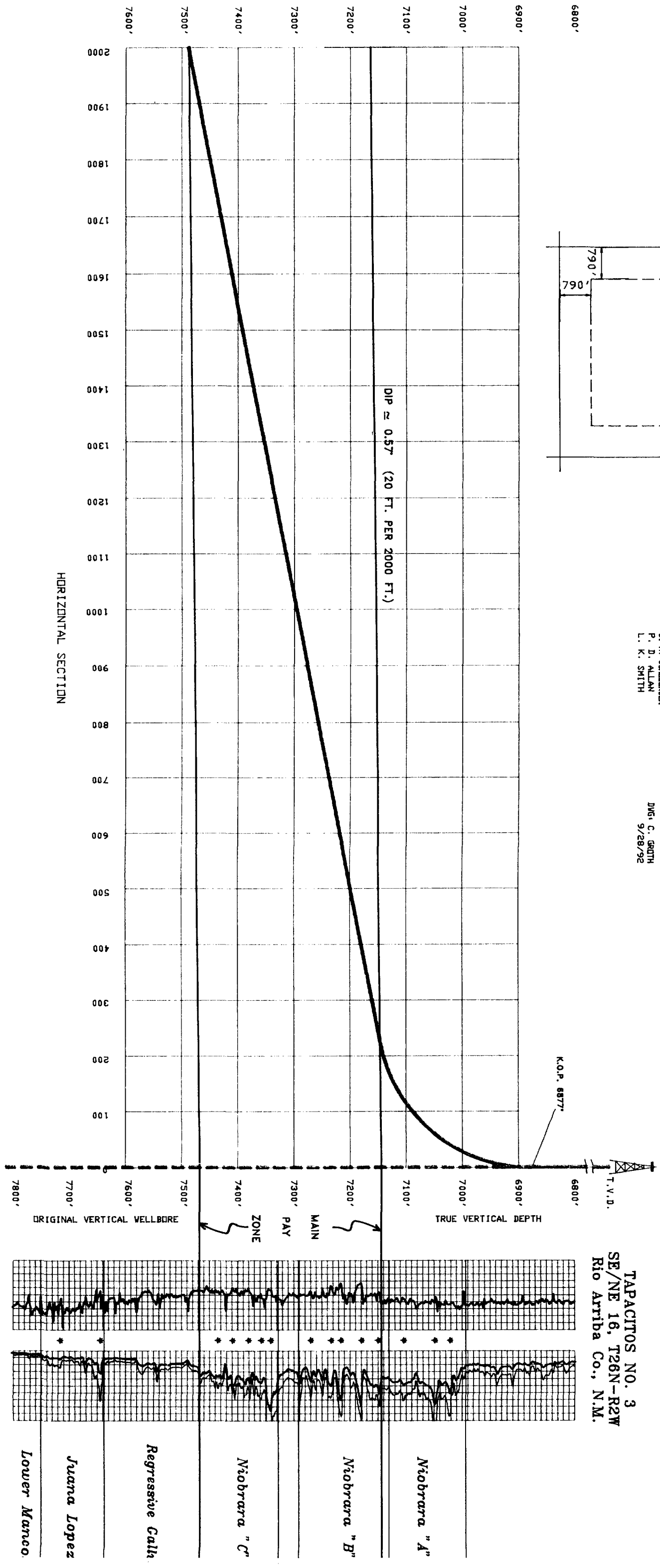


EXHIBIT 4

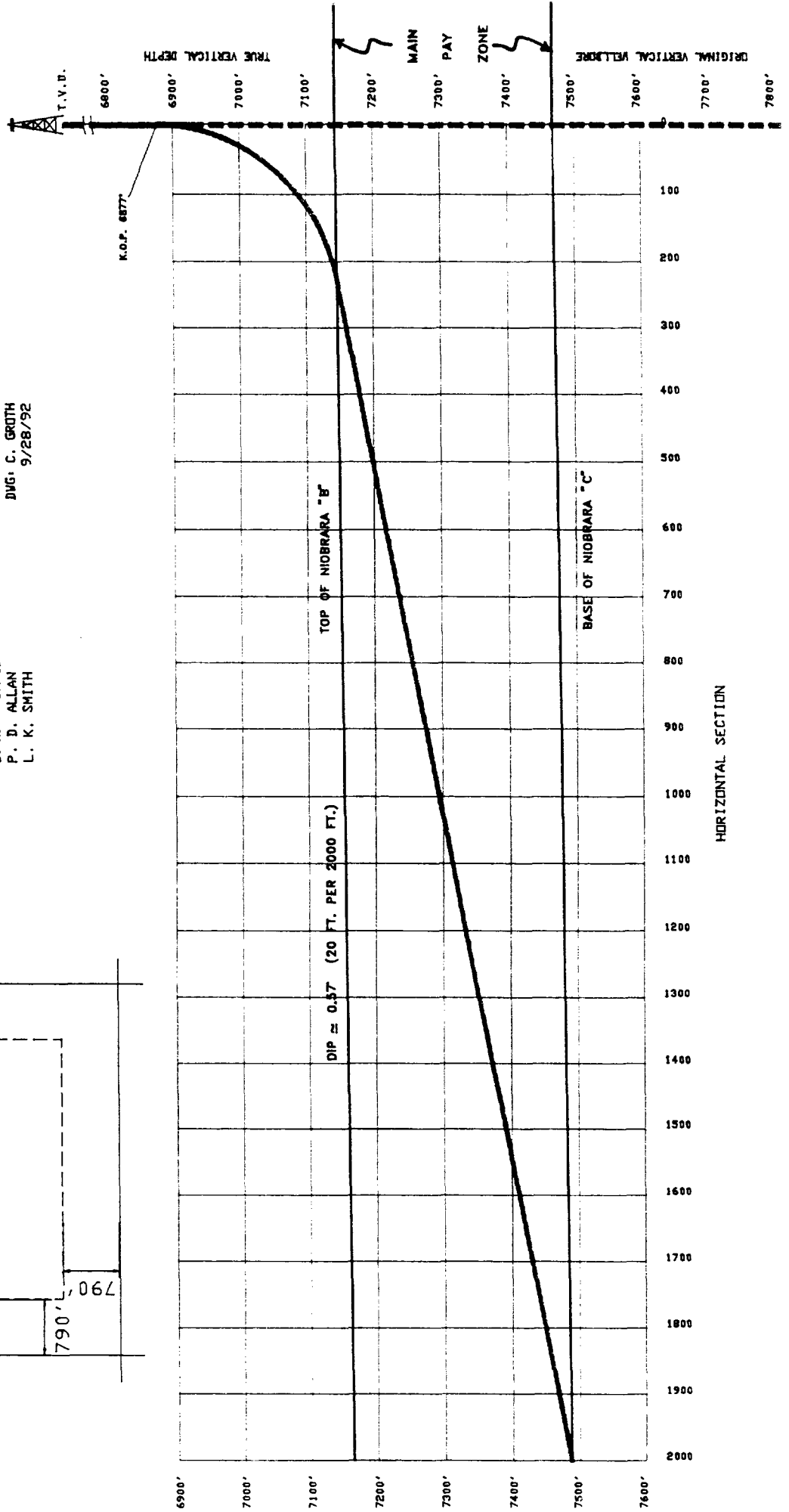
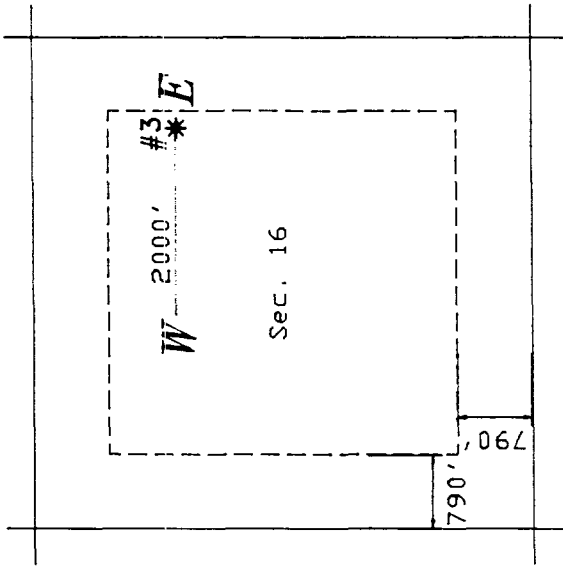
MERIDIAN OIL
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 HIGH ANGLE NIOBRARA RECOMPLETION
 Rio Arriba County, New Mexico

D. A. SCHIDDERBEK
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DWG. C. GROTH
 9/28/92

E

W



K.O.P. 6877

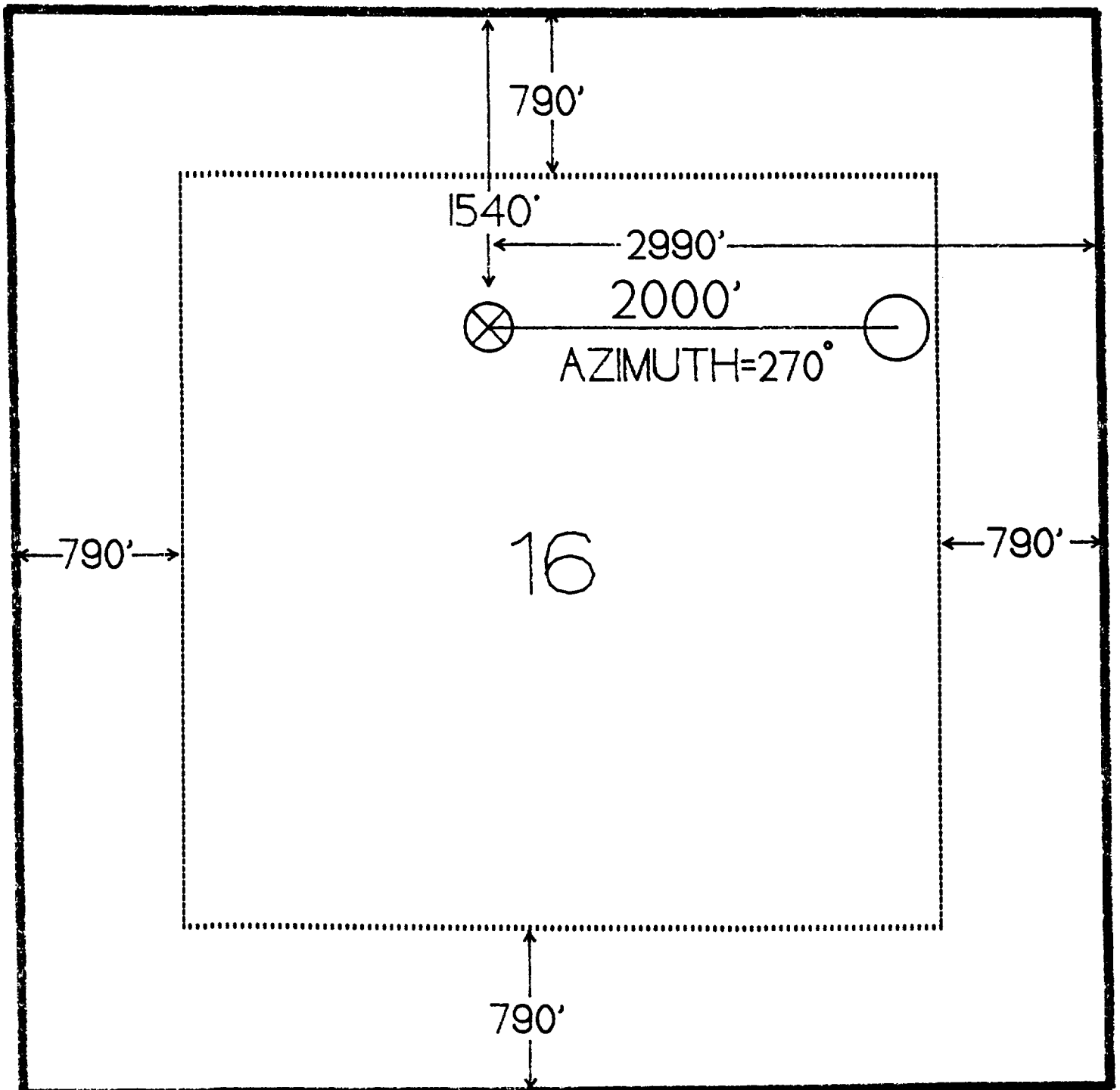
T.V.D.

W 2000' #3 * E

Sec. 16

790' 790'

SOUTHLAND ROYALTY COMPANY
TAPACITOS # 3 WELL
1540'FNL, 995'FEL
SECTION 16-26N-2W
RIO ARRIBA CO., NM



A



SCHUMBERGER INDUCTION ELECTRICAL LOG

COMPANY: AITEC OIL & GAS COMPANY
 WELL: TAPACITO #1
 FIELD: UNDESIGNATED
 COUNTY: RIO ARRIBA STATE: NEW MEXICO
 LOCATION: 1190' FHL 990' FEL
 SW/NE/4E

Sec. 16 Twp. 28N Rgn. 2W

Permitted Drilling:
 Log Measured From 23 To 10 Ft. Above Perm. Division
 Drilling Measured From 23 To 10 Ft. Above Perm. Division

Other Services:
 PDC/OR: []
 SHP/OR: []
 BHC: []

City: S.A. 7281
 Dist: D. 2500
 C.I.: 7281

Date	Run No.	Depth - Driller	Depth - Logger	Bottom Log Interval	Top Log Interval	Casing - Driller	Casing - Logger	Bit Size	Type Fluid in Hole
9/28/88	001	1174	1174	1174	1174	0 3/4	3 7/8	6 3/4	FOG
11/4/88	002	1175	1175	1175	1175	0 3/4	3 7/8	6 3/4	FOG
9/30/88	003	1176	1176	1176	1176	0 3/4	3 7/8	6 3/4	FOG
9/30/88	004	1177	1177	1177	1177	0 3/4	3 7/8	6 3/4	FOG
9/30/88	005	1178	1178	1178	1178	0 3/4	3 7/8	6 3/4	FOG
9/30/88	006	1179	1179	1179	1179	0 3/4	3 7/8	6 3/4	FOG
9/30/88	007	1180	1180	1180	1180	0 3/4	3 7/8	6 3/4	FOG
9/30/88	008	1181	1181	1181	1181	0 3/4	3 7/8	6 3/4	FOG
9/30/88	009	1182	1182	1182	1182	0 3/4	3 7/8	6 3/4	FOG
9/30/88	010	1183	1183	1183	1183	0 3/4	3 7/8	6 3/4	FOG
9/30/88	011	1184	1184	1184	1184	0 3/4	3 7/8	6 3/4	FOG
9/30/88	012	1185	1185	1185	1185	0 3/4	3 7/8	6 3/4	FOG
9/30/88	013	1186	1186	1186	1186	0 3/4	3 7/8	6 3/4	FOG
9/30/88	014	1187	1187	1187	1187	0 3/4	3 7/8	6 3/4	FOG
9/30/88	015	1188	1188	1188	1188	0 3/4	3 7/8	6 3/4	FOG
9/30/88	016	1189	1189	1189	1189	0 3/4	3 7/8	6 3/4	FOG
9/30/88	017	1190	1190	1190	1190	0 3/4	3 7/8	6 3/4	FOG
9/30/88	018	1191	1191	1191	1191	0 3/4	3 7/8	6 3/4	FOG
9/30/88	019	1192	1192	1192	1192	0 3/4	3 7/8	6 3/4	FOG
9/30/88	020	1193	1193	1193	1193	0 3/4	3 7/8	6 3/4	FOG
9/30/88	021	1194	1194	1194	1194	0 3/4	3 7/8	6 3/4	FOG
9/30/88	022	1195	1195	1195	1195	0 3/4	3 7/8	6 3/4	FOG
9/30/88	023	1196	1196	1196	1196	0 3/4	3 7/8	6 3/4	FOG
9/30/88	024	1197	1197	1197	1197	0 3/4	3 7/8	6 3/4	FOG
9/30/88	025	1198	1198	1198	1198	0 3/4	3 7/8	6 3/4	FOG
9/30/88	026	1199	1199	1199	1199	0 3/4	3 7/8	6 3/4	FOG
9/30/88	027	1200	1200	1200	1200	0 3/4	3 7/8	6 3/4	FOG

← 0.85 miles →

Dresser Atlas

DUAL INDUCTION FOCUSED LOG

CAYNA RAY

COMPANY: ARCO PRODUCTION COMPANY
 WELL: BUCK CANYON UNIT NO. 1
 FIELD: CAYNAR FRANCIS
 COUNTY: RIO ARRIBA STATE: NEW MEXICO
 LOCATION: 1188' FHL 1178' FEL
 TIGHT HOLE!

Sec. 15 Twp. 24-N Rgn. 2-W

Permitted Drilling:
 Log Measured From 18 To 13.8 Ft. Above P.D.
 Drilling Measured From 18 To 13.8 Ft. Above P.D.

Other Services:
 PDC/OR: []
 SHP/OR: []
 BHC: []

City: S.A. 7281
 Dist: D. 2500
 C.I.: 7281

Date	Run No.	Depth - Driller	Depth - Logger	Bottom Log Interval	Top Log Interval	Casing - Driller	Casing - Logger	Bit Size	Type Fluid in Hole
8/21/87	1187	1187	1187	1187	1187	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1188	1188	1188	1188	1188	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1189	1189	1189	1189	1189	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1190	1190	1190	1190	1190	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1191	1191	1191	1191	1191	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1192	1192	1192	1192	1192	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1193	1193	1193	1193	1193	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1194	1194	1194	1194	1194	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1195	1195	1195	1195	1195	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1196	1196	1196	1196	1196	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1197	1197	1197	1197	1197	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1198	1198	1198	1198	1198	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1199	1199	1199	1199	1199	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1200	1200	1200	1200	1200	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1201	1201	1201	1201	1201	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1202	1202	1202	1202	1202	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1203	1203	1203	1203	1203	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1204	1204	1204	1204	1204	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1205	1205	1205	1205	1205	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1206	1206	1206	1206	1206	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1207	1207	1207	1207	1207	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1208	1208	1208	1208	1208	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1209	1209	1209	1209	1209	0 3/4	3 7/8	6 3/4	FOG
8/21/87	1210	1210	1210	1210	1210	0 3/4	3 7/8	6 3/4	FOG

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:

CASE NO. 10595

APPLICATION OF SOUTHLAND ROYALTY COMPANY
FOR A HIGH ANGLE/HORIZONTAL DIRECTIONAL
DRILLING PILOT PROJECT, SPECIAL OPERATING
RULES THEREFOR, AND AN UNORTHODOX OIL WELL
LOCATION, RIO ARRIBA COUNTY, NEW MEXICO

CERTIFICATE OF MAILING

AND

COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of SOUTHLAND ROYALTY COMPANY, 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 OCTOBER 13, 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 NOVEMBER 5, 1992, to the parties shown in the application as evidenced by the attached copies of return receipt cards, returned envelopes and certified mail receipts, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 4TH day of
NOVEMBER, 1992.


Notary Public

My Commission Expires:

10/7/95

cer1102B.330

JAY C. LAUBSCHER

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION
Meridian DEPARTMENT NO. <u>8</u>
CASE NO. <u>10595</u>

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 04
 Marcelle Stratton
 66 Summit Drive
 Long Island, NY 11030

4. Article Number
 P 676 666 143

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X Marcelle Stratton

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-234-811 **AP #3 DOMESTIC RETURN RECEIPT**

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Henry Thieke
 8 Surrey Drive
 Norwalk, Ct 06851

4. Article Number
 P 676 666 144

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X Lee Thieke

6. Signature - Agent
 X

7. Date of Delivery
 10/25/92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-234-811 **AP #3 DOMESTIC RETURN RECEIPT**

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Hazel Schmedes
 1333 Birch Hill Lane
 Mamaroneck, NY 10543

4. Article Number
 P 676 666 145

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X Hazel Schmedes

6. Signature - Agent
 X

7. Date of Delivery
 11/19/92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-234-811 **AP #3 DOMESTIC RETURN RECEIPT**

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Marcheta Colson
 P.O. Box 1167
 Astascadero, CA 93423

4. Article Number
 P.676 666 346

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature of Addressee
 X Marcheta Colson

6. Signature of Agent
 X

7. Date of Delivery
 10-16-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-515 TAP #3 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1990

Postage	\$75
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.75
Postmark or Date	10/13/92 TAP #3

Clayds Moukad Zaron
 8423 Ridge 85 St.
 Brooklyn, NY 11209



Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail

P 676 666 347

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 George Mourry
 9281 Shore Rd.
 Brooklyn, NY 11209

4. Article Number
 P.676 666 348

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature of Addressee
 X [Signature]

6. Signature of Agent
 X [Signature]

7. Date of Delivery
 [Signature]

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-515 TAP #3 DOMESTIC RETURN RECEIPT

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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 The Leota Jones Trust
 1134 E. 24th Place
 Tulsa, OK 74114

4. Article Number
 P676 666 349

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
Louise Lassiter

6. Signature - Agent
 X

7. Date of Delivery
 10-16-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **TAP # 3 DOMESTIC RETURN RECEIPT**

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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Albert J. Blair, Jr.
 P.O. Box 35426
 Tulsa, OK 74135

4. Article Number
 P676 666 350

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Albert Blair*

6. Signature - Agent
 X

7. Date of Delivery
 10-16-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **TAP # 3 DOMESTIC RETURN RECEIPT**

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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 James Gardner, Jr.
 6018 S. 92nd E Ave.
 Tulsa, OK 74145

4. Article Number
 P676 666 351

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *James Gardner Jr.*

6. Signature - Agent
 X

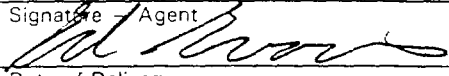
7. Date of Delivery
 10-16-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **TAP # 3 DOMESTIC RETURN RECEIPT**

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 are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

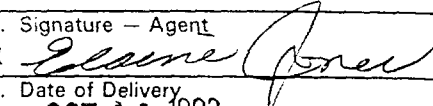
1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: MW Petroleum Corp. P.O. Box 87703 Chicago, IL 60680	4. Article Number P 676 666 352
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X 	
7. Date of Delivery OCT 10 1992	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-511 **DOMESTIC RETURN RECEIPT**

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 are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

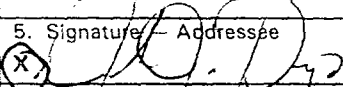
1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Mesa Grande Resources 1200 Phil Tower Bldg Tulsa, OK 74103	4. Article Number P 676 666 353
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X 	
7. Date of Delivery OCT 16 1992	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-511 **DOMESTIC RETURN RECEIPT**

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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Fwd 65 TANGIER DR to SOUND BEACH NY 11789 Fraser R. McVicar 73 Birchwood Dr Coram, NY 11727	4. Article Number P 676 666 354
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X 	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Robert L. Bayless
 P.O. Box 168
 Farmington, NM 87401

4. Article Number
 P 676 666 355

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 10-15-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-236-013 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1990

Postage	\$.75
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.75
Postmark or Date	10/15/92 Tmp #3

Hermine Luria
 531 Park Ave.
 New York, NY 10021

Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

P 676 666 355

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Edward E. Giess
 26 Pearl Street
 Noank, CT 06340

4. Article Number
 P 676 666 357

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-236-013 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS

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 are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Miller B. Reton, 133 Millburn Land, Roslyn, NY

4. Article Number: P 676 666 358

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X

6. Signature - Sender: X

7. Date of Delivery:

8. Addressee's Address (ONLY if requested and fee paid)

Thank you for using Return Receipt Service.

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-76 H #3 DOMESTIC RETURN RECEIPT

TO:

Ellen B. Reton
 133 Millburn Land
 Roslyn, NY

KELLAHIN AND KELLAHIN
 El Patio - 117 N. Guadalupe
 P.O. Box 2265
 Santa Fe, New Mexico 87504-2265

RECEIVED OCT-29 1992

Stamp: 2nd Notice Return, 10/29/92

Handwritten: ROSLYN

MAIL P 676 666 358

MOVED, LEFT NO FORWARDING ADDRESS
 RETURNED TO SENDER
 UNCLAIMED
 NO SUCH STREET
 NO SUCH NUMBER
 INSUFFICIENT ADDRESS

Handwritten signature: Ellen B. Reton

Stamp: 10/29/92

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 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 Restricted Delivery (Extra charge)

3 Article Addressed to:
 Merrion Oil & Gas
 P.O. Box 840
 Farmington, NM 87400

4 Article Number:
 P 676 666 359

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5 Signature - Addressee
 X

6 Signature - Agent
 X *Steve Collins*

7 Date of Delivery
 OCT 14 1992

8 Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. (33-245) 1-3 DOMESTIC RETURN RECEIPT

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 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 Restricted Delivery (Extra charge)

3 Article Addressed to:
 Charles A. Shear
 P.O. Box 2665
 Grand Junct., CO 81502

4 Article Number:
 P 676 666 360

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5 Signature - Addressee
 X

6 Signature - Agent
 X *C. A. Shear*

7 Date of Delivery
 OCT 15 1992

8 Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. (33-245) 1-3 DOMESTIC RETURN RECEIPT

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 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 Restricted Delivery (Extra charge)

3 Article Addressed to:
 Carl L. Burley
 P.O. Box 1941
 Grand Junct., CO 81502

4 Article Number:
 P 676 666 361

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5 Signature - Addressee
 X *Carl L. Burley*

6 Signature - Agent
 X

7 Date of Delivery
 OCT 15 1992

8 Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. (33-245) 1-3 DOMESTIC RETURN RECEIPT

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Jerome P. McHugh
 600 S. Cherry St.
 Suite 1225
 Denver, CO 80222

4. Article Number:
 P 676 666 367

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery:
 Nov 11 1989

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S. GPO 1989-238-217 **FAP 3 DOMESTIC RETURN RECEIPT**

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 James B. Fullerton
 1645 Court St # 406
 Denver, CO 80202

4. Article Number:
 P 676 666 363

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery:
 10-15-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S. GPO 1989-238-217 **FAP 3 DOMESTIC RETURN RECEIPT**

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 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. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Huntington Walker
 2961 S. Fillmore Way
 Denver, CO 80210

4. Article Number:
 P 676 666 364

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X (Huntington Walker)

6. Signature - Agent
 X

7. Date of Delivery:
 10-24-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S. GPO 1989-238-217 **FAP 3 DOMESTIC RETURN RECEIPT**

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 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 (Extra charge) 2 Restricted Delivery (Extra charge)

3 Article Addressed to:

E.C. Ames
1200 National Bank
of Commerce Bldg
San Antonio, TX 78205

4 Article Number:
P 676 666 366

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5 Signature - Addressee
X

6 Signature - Agent
X

7 Date of Delivery
10/15/82

8 Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989 U.S.G.P.O. 1989-238-015 AP 3 DOMESTIC RETURN RECEIPT

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 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 (Extra charge) 2 Restricted Delivery (Extra charge)

3 Article Addressed to:

Amoco Production Co.
P.O. Box 800
Denver, CO 80202

4 Article Number:
P 676 666 365

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5 Signature - Addressee
X

6 Signature - Agent
X

7 Date of Delivery
10/16

8 Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr 1989 U.S.G.P.O. 1989-238-015 AP 2 DOMESTIC RETURN RECEIPT

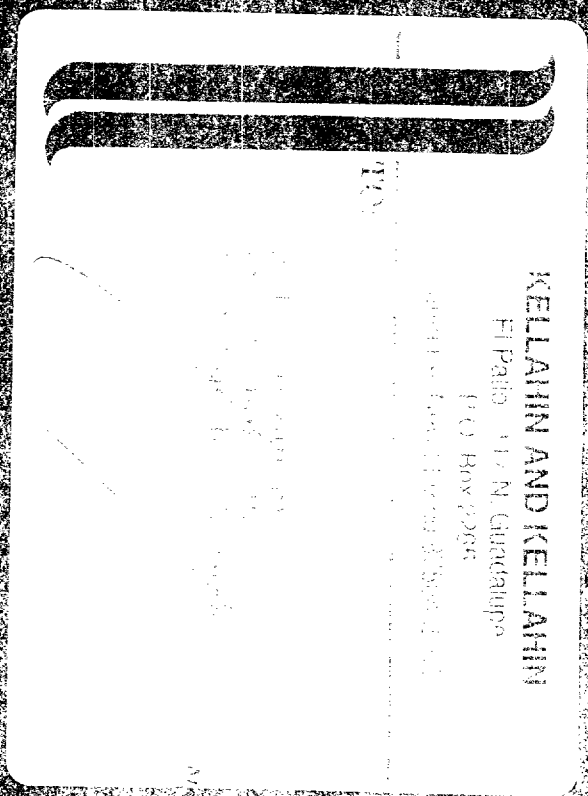
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services 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. (Extra charge) 2. Restricted Delivery (Extra charge)

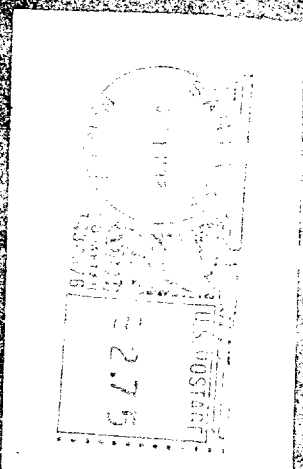
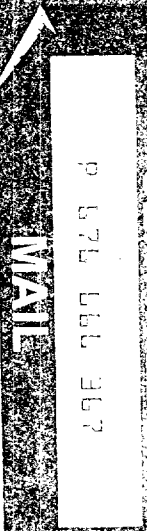
3. Article Addressed to: [Faded text] [Faded text]	4. Article Number P 676 666 367 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature -- Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature -- Agent X	
7. Date of Delivery	

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.



RECEIVED 1992



Is your RETURN ADDRESS completed on the reverse side?

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 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. (Extra charge)
- 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Laverne F. Rode
573 B. Boyle Ave.
Rm 2020
Los Angeles, CA 90033

4. Article Number
P 676 666 369

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X

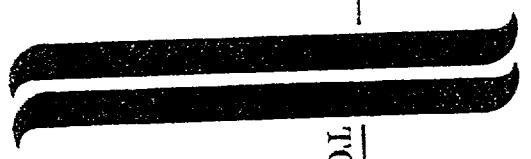
7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-011 TAP #3 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



TO:

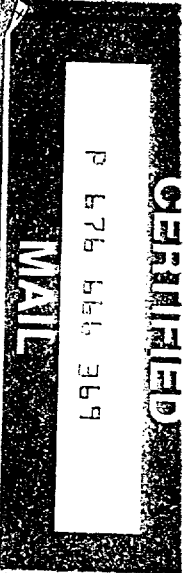
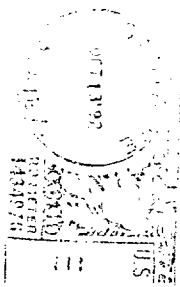
KELLAHIN AND KELLAHIN
El Patio - 117 N. Guadalupe
P.O. Box 2265
Santa Fe, New Mexico 87504-2265

Laverne F. Rode
573 B. Boyle Ave.
Rm 2020
Los Angeles, CA 90033

1st Notice
2nd Notice
3rd Notice

OCT 21 1992

RECEIVED OCT 22 1992



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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Schaefer Family Trust
 5835 Stadium Street
 San Diego, CA 92122

4. Article Number
 P 676 666 368

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
 X

6. Signature - Agent
J. Schaefer

7. Date of Delivery
 10-15-92

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 **AP #3 DOMESTIC RETURN RECEIPT**

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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Dugan Production Co.
 P.O. Box 420
 Farmington, NM 87499

4. Article Number
 P 676 666 370

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
 X

6. Signature - Agent
 X *Frank Smith*

7. Date of Delivery
 10-14-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 **AP #3 DOMESTIC RETURN RECEIPT**

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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Alice S. Eslick
 362 Riverside Dr.
 Apt. 8A
 New York, NY 10025

4. Article Number
 P 676 666 546

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
 X *Alice Eslick*

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 **AP #3 DOMESTIC RETURN RECEIPT**

● **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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Rosenborough
 121 Congressional Lane
 Suite 605
 Rockville, MD 20852

4. Article Number:
 P676666547

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X [Signature]

6. Signature - Agent
 X [Signature]

7. Date of Delivery
 10-19-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-8194 **AP #3 DOMESTIC RETURN RECEIPT**

● **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 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 David H. Eslick
 c/o Armstrong Roth Cad
 120 Delaware Ave.
 Buffalo, NY 14202

4. Article Number:
 P676666548

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X [Signature]

6. Signature - Agent
 X [Signature]

7. Date of Delivery
 OCT 10 1992

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-8194 **AP #3 DOMESTIC RETURN RECEIPT**

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 are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Lillian Habeeb
100 Marine Ave.
Brooklyn, NY 11209

4. Article Number: P 676 666 549

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee: *Lillian Habeeb*

6. Signature - Agent: *X*

7. Date of Delivery: 10-16-92

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238 *PAF #3*

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	<i>10/16/92 #3</i>

William Luria
531 Park Ave.
New York, NY 10021



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

P 676 666 550

Is your RETURN ADDRESS completed on the reverse side?

● **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 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. Restricted Delivery (Extra charge)

3. Article Addressed to: Hermine Luria 531 Park Ave. New York, NY 10021	4. Article Number P676 666 356
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

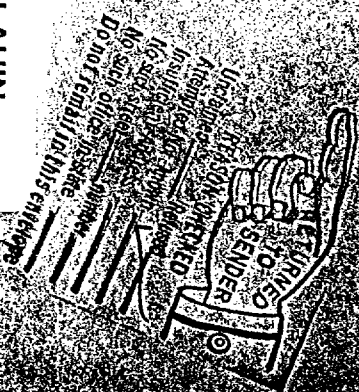
Thank you for using Return Receipt Service.

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-015 **AP #3** DOMESTIC RETURN RECEIPT

TO:

KELLAHIN AND KELLAHIN
 El Patio - 117 N. Guadalupe
 P.O. Box 2265
 Santa Fe, New Mexico 87504-2265

Hermine Luria
 531 Park Ave.
 New York, NY 10021



*Unknown
by K
10/19/89
S.F.S.*

MAIL
P 676 666 356

NOV 27 1998

C.O.D. Charge
Deliver Article To
Forward To Address At
Signature

1. "TURN TO" Space on the reverse side. Failure to do this will prevent this card from being used. The return receipt fee will provide you the name of the person delivered to and for additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to:

William Luria
531 Park Ave.
New York, NY 10021

4. Article Number
P 676 666 550
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

5. Signature - Addressee
X
6. Signature - Agent
Y

Always obtain signature of addressee or agent and DATE DELIVERED.
8. Addressee's Address (ONLY if requested and fee paid)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

AP #3 DOMESTIC RETURN RECEIPT

TO:
KELLAHIN AND KELLAHIN
El Patio - 117 N. Guadalupe
P.O. Box 2265
Santa Fe, New Mexico 87504-2265

William Luria
531 Park Ave.
New York, NY 10021

Handwritten notes: "MEXICANO", "10/19/98", "M.L.", "9175"

MAIL P 676 666 550

Postmark: SANTA FE, NM 87504 NOV 27 1998

