

# MERIDIAN OIL

CASE # 10701

APRIL 8, 1993

**HUERFANITO UNIT  
MV/DK COMMINGLE APPLICATION**

Huerfanito Unit Well #71, Huerfanito Unit Well #104,  
Huerfanito Unit Well #78M, Huerfanito Unit Well #79M,  
Huerfanito Unit Well #82M, & Huerfanito Unit Well #98M

**APPLICATION**

**EXHIBIT "A":** UNIT PLAT

**EXHIBIT "B":** EXHIBIT "B" TO HUERFANITO UNIT

**EXHIBIT "C1":** DAKOTA P.A. OWNERSHIP

**EXHIBIT "C2":** MESAVERDE P.A. OWNERSHIP

**EXHIBIT "D":** OFFSET OWNERSHIP PLAT, NAMES, ADDRESSES

**EXHIBIT "E":** NOTICE VERIFICATION

- Lists all parties on Exhibits "C1", "C2", & "D"
- Return Certified Receipt

**EXHIBIT "F":** CERTIFIED OF MAILING AND COMPLIANCE WITH  
ORDER R-8054

**EXHIBIT "G":** LOWER POINT LOOKOUT NET ISOPACH

**EXHIBIT "H":** DECLINE CURVES

- Huerfanito Unit #104 Well (Dakota)
- Huerfanito Unit #107 Well (Dakota/Mesaverde)

**EXHIBIT "I":** CROSS SECTION A-A'

**EXHIBIT "J":** CROSS SECTION B-B'

**EXHIBIT "K":** HUERFANITO UNIT WELL #71-WORKOVER PROCEDURE

**EXHIBIT "L":** HUERFANITO UNIT WELL #104-WORKOVER PROCEDURE

**EXHIBIT "M":** PRESSURE DATA - MESAVERDE AND DAKOTA

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

17 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

A. THOMAS KELLAHIN\*

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

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

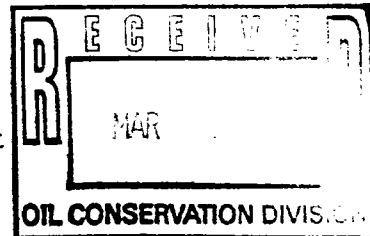
JASON KELLAHIN (RET. RECD. 1991)

March 10, 1993

Mr. William J. LeMay  
Oil Conservation Division  
310 Old Santa Fe Trail, Room 219  
Santa Fe, New Mexico 87501

**HAND DELIVERED**

RE: Application of Meridian Oil Inc.  
for Downhole Commingling and for an  
Administrative Downhole Commingling  
Procedure within the Huerfanito Unit  
Area, San Juan County, New Mexico



Dear Mr. LeMay:

On behalf of Meridian Oil Inc., please find enclosed our above-referenced application which we request be set for hearing on the Examiner's docket now scheduled for April 8, 1993.

By copy of this letter, including the application, to all affected parties, we are hereby notifying them by certified mail-return receipt requested, that they have the right to appear at the hearing, to make a statement to the Division, to present evidence and cross-examine witnesses either in support of or in opposition to the application. Also, all parties entitled to notice are hereby informed that pursuant to Division requirements all parties appearing in this case are required to file a Pre-Hearing Statement with the Division no later than 4:00 p.m. on Friday, April 2, 1993.

Also enclosed is our proposed notice for publication for this case.

Very truly yours,

A handwritten signature in dark ink, appearing to read "W. Thomas Kellahin".

W. Thomas Kellahin

WTK/jcl

Enclosures

cc: With Enclosures

John Zent - Meridian Oil Inc.

Alan Alexander - Meridian Oil Inc.

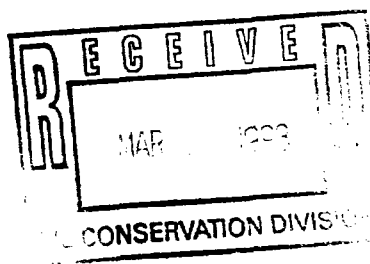
BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED

All parties listed on Exhibits B, C & D of the Application

**SUGGESTED ADVERTISEMENT FOR OCD**

**CASE NO. \_\_\_\_\_: Application of Meridian Oil Inc. for downhole commingling and for an administrative downhole commingling procedure within the Huerfanito Unit area, San Juan County, New Mexico.**

Applicant, in the above-styled cause, seeks approval to commingle gas production from the Blanco-Mesaverde Gas Pool and the Basin-Dakota Gas Pool within the wellbore of its existing Huerfanito Unit Well No. 71 located in Unit A in the E/2 of Section 3, Township 26 North, Range 9 West and Well No. 104 located in Unit M in the W/2 of Section 27, Township 27 North, Range 9 West, and within the wellbore to be drilled for Unit Well 78M, located in Unit I in the E/2 of Section 36, Unit Well 79M located in Unit J in the E/2 of Section 26, Unit Well 82M located in Unit D in the W/2 of Section 25, and Unit Well 98M located in Unit O in the E/2 of Section 35, all in Township 27 North, Range 9 West, NMPM with the identified 320-acre spacing and proration unit for both zones to be dedicated to each said well as indicated above. In addition, the Applicant seeks the adoption of an administrative procedure for authorizing the downhole commingling of Mesaverde and Dakota production in the wellbores of existing and subsequently drilled wells within the Huerfanito Unit area without hearing and without the requirement of notice to any offsetting operator and without the requirement that each interest owner in the Mesaverde and Dakota Participating Area be notified of such commingling. The Huerfanito Unit is located in portions of Sections 1-4, 10-12, Township 26 North, Range 9 West and portions of Sections 22-28 and 33-36, Township 27 North, Range 9 West. Said unit is located approximately 18 miles northwest by north of Nageezi, New Mexico or 12 miles northeast by north of Huerfano Trading Post

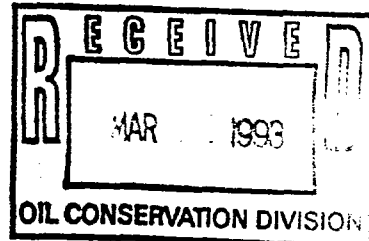


STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

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

CASE NO. \_\_\_\_\_

APPLICATION OF MERIDIAN OIL INC.  
FOR DOWNHOLE COMMINGLING AND FOR  
AN ADMINISTRATIVE DOWNHOLE  
COMMINGLING PROCEDURE FOR THE  
Huerfanito UNIT, SAN JUAN 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 of an administrative procedure for the Huerfanito Unit to downhole commingle production from the Blanco Mesaverde Gas Pool and the Basin Dakota Gas Pool within the Huerfanito Unit with the six initial wells for downhole commingling being:

(1) Huerfanito Unit Well #71, located 660 feet FNL and 660 feet FEL, (Unit A) Section 3, T26N, R9W, NMPM, with a 320-acre spacing unit consisting of the E/2 of

Section 3 and being an existing Dakota well to be recompleted and commingled with the Mesaverde;

(2) Huerfanito Unit Well #104, located 1090 feet FSL and 825 feet FWL, (Unit M) Section 27, T27N, R9W, NMPM, with a 320-acre spacing unit consisting of the W/2 of Section 27, and being an existing Dakota well to be recompleted and commingled with the Mesaverde;

(3) Huerfanito Unit Well #78M, located 1545 feet FSL and 1270 feet FEL, (Unit I) Section 36, T27N, R9W, NMPM, with a 320-acre spacing unit consisting of the E/2 of Section 36 and being a new well to be drilled for commingling of Dakota and Mesaverde production;

(4) Huerfanito Unit Well #79M, located 1795 feet FSL and 1730 feet FEL, (Unit J) Section 26, T27N, R9W, NMPM, with a 320-acre spacing unit consisting of the E/2 of Section 26 and being a new well to be drilled for commingling of Dakota and Mesaverde production;

(5) Huerfanito Unit Well #82M, located 870 feet FNL and 850 feet FWL, (Unit D) Section 25, T27N, R9W, NMPM, with a 320-acre spacing unit consisting of the W/2 of Section 25 and being a new well to be drilled for commingling of Dakota and Mesaverde production;

(6) Huerfanito Unit Well #98M, located 790 feet FSL and 1500 feet FEL, (Unit O) Section 35, T27N, R9W, NMPM, with a 320-acre spacing unit consisting of the W/2 of Section 35 and being a new well to be drilled for commingling of Dakota and Mesaverde production; all in San Juan County, New Mexico and in support thereof states:

1. Meridian Oil Inc. ("Meridian") is the operator of the Huerfanito Unit which includes all vertical intervals within the unit boundary but is a "divided" unit consisting of various participating areas for production from various pools.

2. The Huerfanito Unit contains 10,245.35 acres and consists of the following described area all as set forth on Exhibit A attached hereto:

**Township 26 North, Range 9 West**

Sections 1-4: All  
Section 10: N/2  
Section 11: N/2  
Section 12: All

**Township 27 North, Range 9 West**

Sections 22-23: All  
Sections 24 & 25: W/2  
Sections 26-28: All  
Sections 33-36: All

3. The current Dakota Participating area for the Unit is contiguous with the outer boundary of the Huerfanito Unit.

4. The current Mesaverde participating area for the Unit containing 4,321.16 acres, is described as follows:

**Township 26 North, Range 9 West**

Section 1: All  
Section 2: N/2 & SE/4

**Township 27 North, Range 9 West**

Section 23: E/2  
Section 24: W/2  
Section 25: W/2  
Section 26: All  
Section 34: E/2  
Sections 35 and 36: All

5. Meridian as unit operator proposes to recomplete Unit Wells #71 and #104 as a downhole commingled gas-gas wells between the Blanco Mesaverde Gas Pool and Basin Dakota Gas Pool.

6. Meridian as unit operator proposes to drill Unit Wells #78M, #79M, #82M and #98M as new wells for the downhole commingled gas-gas wells between the Blanco Mesaverde Gas Pool and Basin Dakota Gas Pool.

7. Both the Blanco Mesaverde Gas Pool and the



Basin Dakota Gas Pool are spaced on 320-acre gas spacing units and in each instance the spacing unit for each well is identical for both pools.

8. Applicant further seeks an administrative procedure for obtaining further downhole commingling approvals for Mesaverde and Dakota wells within the Huerfanito Unit without notice hearing and without the requirement that each offsetting operator and each interest owner in the Mesaverde and Dakota Participating Areas be notified of such commingling.

9. In accordance with Division Rule 303-C-1.(b), the Applicant states and will demonstrate at hearing:

A. That the commingling is necessary to permit the most efficient means for the remaining recovery of both Dakota and Mesaverde gas within the unit.

B. It is not otherwise economic to attempt to drill and complete separate wells in the unit for either Dakota production or for Mesaverde production.

C. It is not otherwise economic to attempt to drill and dually complete wells in the unit for Dakota production and Mesaverde production.

D. That there will be no significant crossflow between the two zones to be commingled.

E. That while the ownership in each of the two participating areas is not common between the two pools, no impairment of correlative rights will occur.

F. It is expected that the bottom hole pressure of the lower pressure zone is not less than 50 percent of the bottom hole pressure of the higher pressure zone adjusted to a common datum.

G. That the value of the commingled production will not be less than the sum of the values of the individual production.

10. Applicant seeks the approval of an allocation formula for the equitable distribution of production between the two pools based upon separate production tests of each zone prior to commingling.

11. The ownership between the Mesaverde participating area and the Dakota participating area in the Huerfanito Unit is not identical and accordingly, Applicant seeks the approval of the Division after notice and hearing.

12. Applicant requests that this matter be docketed

Application of Meridian Oil Inc.  
Page 7

for hearing on the Division's Examiner docket now scheduled for April 8, 1993.

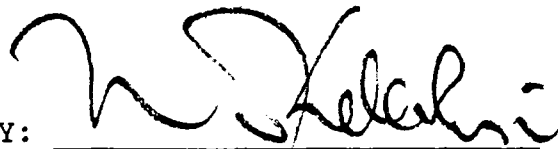
13. Copy of this application has been sent to all offsetting operators and to the owners of interests in the affected production within the Huerfanito Unit as set forth on Exhibits B, C and D.

WHEREFORE Applicant requests that this matter be set for hearing on April 8, 1993 before a duly appointed Examiner of the Oil Conservation Division and that after notice and hearing as required by law, the Division enter its order granting this application.

Respectfully submitted,

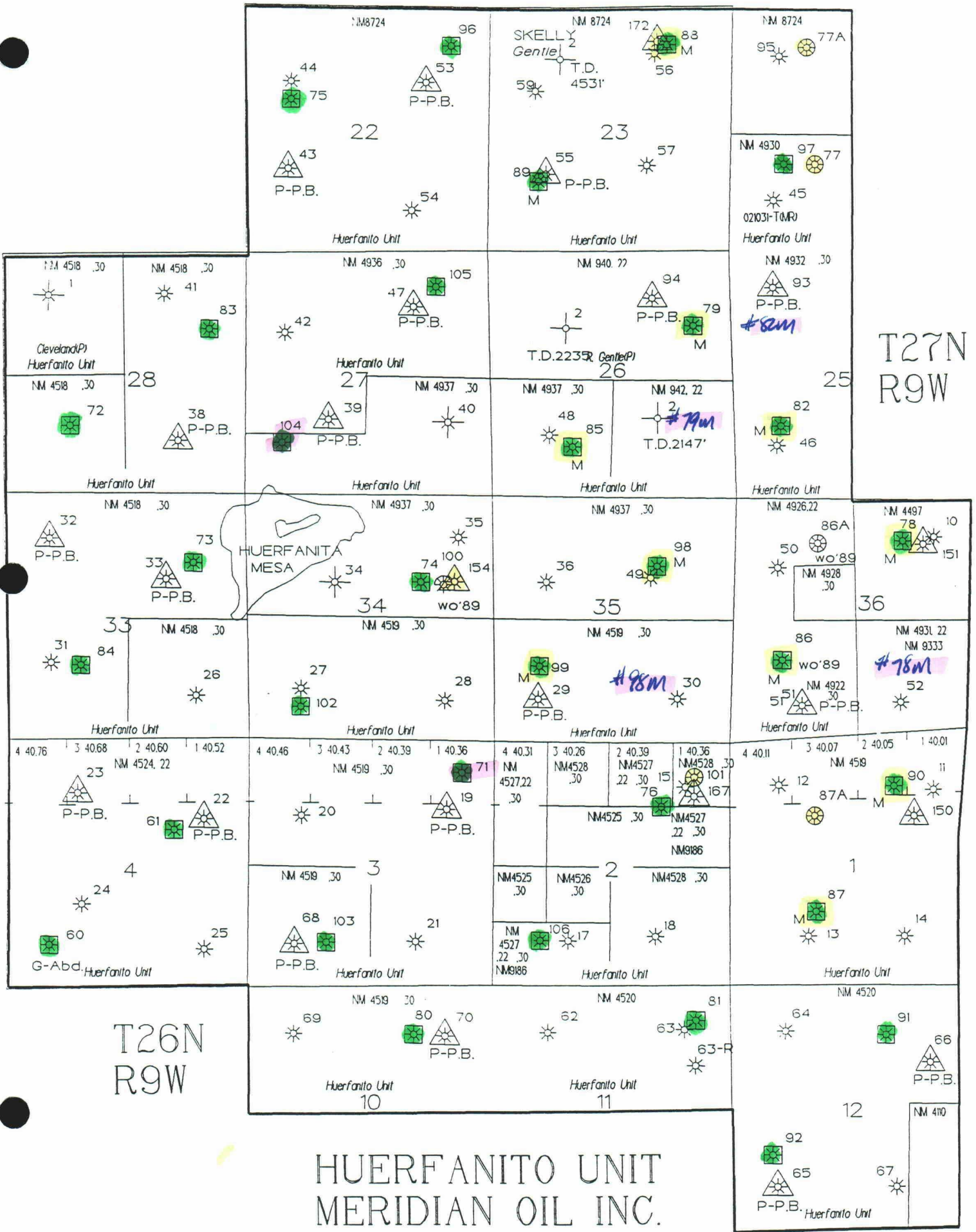
KELLAHIN AND KELLAHIN,

BY:



W. Thomas Kellahin  
P. O. Box 2265  
Santa Fe, New Mexico 87504  
(505) 982-4285  
ATTORNEYS FOR APPLICANT

EXHIBIT A



T26N  
R9W

T27N  
R9W

HUERFANITO UNIT  
MERIDIAN OIL INC.

EXHIBIT B

TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

FEDERAL LANDS

001 1 26N R 9W 642.56 NM 03491 USA J GLENN TURNER 5.00%  
 4 10TS 1-4, S/2 02/01/48 NM 4524 300 12.500000 BENSON MONTEIN 10 BASE PG  
 N/2, S/2 (ALL) BR PG 8 75%

CHARLENE GREER 9.700000  
 O J LILLY DECD 2.425000  
 K F MCAFFEE 0.335000  
 WILLIAM G WEBB 4.850000  
 ALBERT R GREER 3.325000  
 LA PLATA 2.425000  
 GATHERING SYSTEM  
 INC  
 JACK LONDON JR 0.670000  
 13.095000

SURFACE TO BASE PG  
 GAS RIGHTS  
 CURRENT  
 F1 PASO PRODUCTION CO 81.250000  
 MARY E STINER 2.083333  
 THOMAS S SENIER 2.083333  
 I H MCELVAIN OIL AND 3.125000  
 MERIDIAN OIL PRODUCTION INC 4.166667  
 JAMES M RAYMOND 2.604166  
 MAYDELL MILLER MASI TRUST 0.260417  
 CORINNE MILLER GAY TRUST 0.260417  
 JO ANN SCHMIDT 2.083333  
 JAMES R PAYNE & JEAN PAYNE 2.083333  
 GAS BR OF DK & ALL OIL  
 OIL & GAS  
 CURRENT  
 J GLENN TURNER 63.175000  
 WILLIAM G WEBB 3.325000  
 JACK LONDON JR 13.095000  
 BENSON MONTEIN GREER 9.700000  
 ALBERT R GREER 2.425000  
 CHARLENE GREER 2.425000  
 K F MCAFFEE 4.850000  
 LA PLATA GATHERING SYSTEM INC  
 0.670000  
 O J LILLY DECD

RUN DATE 11/20/92  
 RUN TIME 15:47:44

MERIDIAN OIL INC  
 EXHIBIT B  
 SCHEDULE SHOWING THE PERCENTAGE AND KIND OF OWNERSHIP OF OIL AND GAS INTEREST  
 IN ALL LANDS FOR THE HUERFANITO UNIT

TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

FEDERAL LANDS

0.335000

BASE PG TO BASE DK  
 GAS RIGHTS  
 CURRENT

EL PASO PRODUCTION CO  
 100.000000

0002 I 27N R 9W 960.00 SI 078081 USA EL PASO 15.00/0000 SURFACE TO BASE PG OIL & GAS CURRENT  
 SEC. 28 E/2 NM 4518 300 12.500000 PRODUCTION CO 100.000000 BS PG TO 100% RW IP OF MORRISON  
 SEC. 33 All 02/01/48

EXCEPT MV & DK: 13.437% BPO  
 24.375% APO  
 MV & DK: 27.0% BPO  
 32.5% APO  
 ALL OTHER DEBITS: 2.5%

EL PASO PRODUCTION CO  
 100.000000

BELOW BASE PG  
 OIL & GAS  
 CURRENT

G W FRANK 0.587404  
 KARI SCHNEIDAU 0.427203  
 FUGENE H DOBBS RESIDUAL TRUST 0.213601  
 SOPHIA ELIZABETH F DOBBS 0.213602  
 FRANK SCRUGGS 0.267002  
 WINSTON G SMITH 0.267002  
 EL PASO PRODUCTION CO 98.024186

0002A I 27N R 9W 160.00 SI 078081 USA EL PASO SURFACE TO BASE PG OIL & GAS CURRENT  
 SEC. 28 SW/4 NM 4518 300 12.500000 PRODUCTION CO 100.000000 02/01/48

D GLENN TURNER 63.175000  
 JACK LONDON JR 13.095000  
 BENSON MONTIN GREER 9.700000  
 CHARLINE GREER



RUN DATE 11/20/92  
RUN TIME 15:47:44

MERIDIAN OIL INC

SCHEDULE SHOWING THE PERCENTAGE AND KIND OF OWNERSHIP OF OIL AND GAS INTEREST

PAGE 3  
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EXHIBIT B  
IN ALL LANDS FOR THE HUERFANITO UNIT

TRACT NO DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

FEDERAL LANDS

LA PLATA GATHERING SYSTEM INC 2.425000  
0.670000  
O J HILLY DECID 0.335000  
ALBERT R GREER 2.425000  
K F McALIFF 4.850000  
WILLIAM G WEBB 3.325000

BELOW BASE PC  
OIL & GAS  
CURRENT

G W FRANK 0.587404  
KARI SCHEFFDAU 0.427203

EUGENE H DOBBS RESIDUAL TRUST 0.213601  
SOPHIA ELIZABETH F DOBBS 0.213602  
FRANK SCRUGGS 0.267002

WINSTON G SMITH 0.267002  
EL PASO PRODUCTION CO 98.024186

00238 1 27N R 9W 160.00 SF 078081 USA 12 500000 FL PASO 15.000000  
SEC 28 NW/4 NM 4518 300 02/01/48 100.000000 BR 100.000000 BB 100.000000

SURFACE TO BASE PC  
OIL & GAS  
CURRENT

EL PASO PRODUCTION CO 100.000000

BELOW BASE PC  
OIL & GAS  
CURRENT

G W FRANK 0.587404  
KARI SCHEFFDAU 0.427203

FEDERAL LANDS  
 TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

TRACT NO.	DESCRIPTION	NO. OF ACRES	SERIAL NO. FILE NO. LEASE DATE	LAND OWNER PERCENTAGE OF ROYALTY	LESSEE OF RECORD	OVERRIDING ROYALTY PERCENTAGE	WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST
0003	1-26N R 9W	320.75	SF-078135 NM 4519 300 02/01/48	USA	EL PASO PRODUCTION CO	15.500000 TO BASE PC	EL PASO PRODUCTION CO
	S10. 3 101S 182. S/2 NE, SE/4					100.000000 BB PC 3%	EL PASO PRODUCTION CO
							SURFACE TO BASE PC OIL & GAS CURRENT BELOW BASE PC OIL & GAS CURRENT G W FRANK 0.587404 KARL SCHEIDAU 0.427203 EUGENE H DOBBS RESIDUAL TRUST 0.213601 SOPHIA ELIZABETH DOBBS 0.213602 FRANK SCRUGGS 0.267002 WINSTON G SMITH 0.267002 EL PASO PRODUCTION CO 98.024186

TRACT NO.	DESCRIPTION	NO. OF ACRES	SERIAL NO. FILE NO. LEASE DATE	LAND OWNER PERCENTAGE OF ROYALTY	LESSEE OF RECORD	OVERRIDING ROYALTY PERCENTAGE	WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST
0003A	1-26N R 9W	192.1	SI 078135 NM 4519 300 02/01/48	USA	EL PASO PRODUCTION CO	15.500000 SURFACE TO BASE PC	EL PASO PRODUCTION CO
	S10. 1 101S 14. S/2 N/2, S/2 (ALL)					100.000000	EL PASO PRODUCTION CO
	S10. 3 101S 384. S/2 NW, SW/4					33.0% APD	EL PASO PRODUCTION CO
							SURFACE TO BASE PC OIL & GAS CURRENT BELOW BASE PC OIL & GAS ALL OTHER DEBITS: 3% OIL & GAS

TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE

FEDERAL LANDS

SEC. 35 S/2  
 I- 27N R- 9W  
 SEC. 34 S/2  
 CURRENT  
 G W FRANK  
 KARI SCHNEIDAU 0.587404  
 EUGENE H DOBBS RESIDUAL TRUST 0.427203  
 SOPHIA ELIZABETH F DOBBS 0.213601  
 FRANK SCRUGGS 0.213602  
 WINSTON G SMITH 0.267002  
 FT PASO PRODUCTION CO 98.024186

0004 I- 27N R- 9W 1280.00 SF 078356 USA TEXACO EXPLORATION & PROD INC 3.000000 ALL DEPTHS FROM BASE PC TO 7010' (DK) ONLY 6.25% OIL 12.5% GAS MERIDIAN OIL PRODUCTION INC 100.000000  
 SEC. 22 ALL 02/01/48  
 SEC. 23 ALL

0004A I- 27N R- 9W 160.00 SF 078356 USA TEXACO EXPLORATION & PROD INC 3.000000 ALL DEPTHS FROM BASE PC TO 6844' 6.25% OIL 12.5% GAS  
 SEC. 24 NW/4 02/01/48  
 SUR TO B PC, MV & BELOW 6844' OIL & GAS  
 CURRENT  
 TEXACO EXPLORATION & PROD INC 100.000000  
 SUR TO B PC, MV & BELOW 6844' OIL & GAS  
 CURRENT  
 TEXACO EXPLORATION & PROD INC 100.000000

BASE OF PC TO 6844' EXC. MV OIL & GAS  
 CURRENT  
 MERIDIAN OIL PRODUCTION INC 100.000000

IRACI NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

FEDERAL LANDS

0005 I 27N R 9W 320.00 SF 078356-A USA MERIDIAN OIL PRODUCTION INC 21.875000  
 NM 940 220 12.500000 ALL DEPTHS  
 STC. 26 N/2 02/01/48 36.423680  
 ELIZABETH I  
 CALLOWAY 15.000000  
 MARY FRANCES  
 TURNER JR TR 15.000000  
 CONOCO INC 18.576320  
 J GLENN TURNER JR 15.000000

GAS TO BASE PC  
 GAS RIGHTS  
 CURRENT  
 FI PASO PRODUCTION CO 100.000000  
 OIL TO BASE PC  
 OIL RIGHTS  
 CURRENT  
 J GLENN TURNER 60.000000  
 MERIDIAN OIL PRODUCTION INC 40.000000

BELOW BASE PC  
 OIL & GAS  
 CURRENT  
 J GLENN TURNER JR 15.000000  
 ELIZABETH JEANNE CALLOWAY 15.000000  
 CONOCO INC 18.580099  
 MARY FRANCES TURNER JR TR 15.000000  
 MERIDIAN OIL PRODUCTION INC 36.224189  
 MERIDIAN OIL PRODUCTION INC 0.195712

0006 I 27N R 9W 400.00 SF 078356-B USA EL PASO PRODUCTION CO 14.500000  
 NM 4936 300 12.500000 SURFACE TO BS PC  
 STC. 27 N/2 SW. N/2 02/01/48 100.000000 BS PC TO 100' BL TP  
 MORRISON, EXCEPT MV  
 AND DK 12.937% BPO  
 23.875% APO  
 MV AND DK 26.5% BPO  
 32.0% APO  
 ALL OTHER DEPTHS: 2%  
 FI PASO PRODUCTION CO 100.000000

SURFACE TO BASE PC  
 OIL & GAS  
 CURRENT  
 BELOW BASE PC  
 OIL & GAS  
 CURRENT  
 G W FRANK  
 0.587404

RUN DATE 11/20/92  
 RUN TIME 15:47:44

MERIDIAN OIL INC  
 EXHIBIT B  
 SCHEDULE SHOWING THE PERCENTAGE AND KIND OF OWNERSHIP OF OIL AND GAS INTEREST  
 IN ALL LANDS FOR THE HUBERFANTO UNIT

PAGE 7  
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TRAC#1 NO	DESCRIPTION	NO. OF ACRES	SERIAL NO. FILE NO. LEASE DATE	LAND OWNER PERCENTAGE OF ROYALTY	LESSEE OF RECORD	OVERRIDING ROYALTY PERCENTAGE	WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST
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FEDERAL LANDS

007	1 27N R 9W	160.00	SF 078358 NM 942 220 09/01/49	USA 12.500000	MERIDIAN OIL PRODUCTION INC 30.000000	21.875000 ALL DEPTHS	GAS TO BASE PG GAS RIGHTS CURRENT 98.024186
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ELIZABETH T  
 CALLOWAY 15.000000  
 MARY FRANCES  
 TURNER JR TR 15.000000  
 CONOCO INC 25.000000  
 J GLENN TURNER JR 15.000000

EL PASO PRODUCTION CO 100.000000  
 OIL TO BASE PG  
 OIL RIGHTS  
 CURRENT  
 J GLENN TURNER 60.000000  
 MERIDIAN OIL PRODUCTION INC 40.000000

BELOW BASE PG  
 OIL & GAS  
 CURRENT

J GLENN TURNER JR 15.000000  
 ELIZABETH JEANNE CALLOWAY 15.000000  
 CONOCO INC 18.580099  
 MARY FRANCES TURNER JR TR 15.000000  
 MERIDIAN OIL PRODUCTION INC 36.224189  
 MERIDIAN OIL PRODUCTION INC 0.195712

TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE OF ROYALTY PERCENTAGE OF RECORD  
 OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

FEDERAL LANDS

008 1 26N R 9W 880.00 SF 078388 NM 4520 300 06/01/49 USA 12.500000 EL PASO PRODUCTION CO 100.000000 SURFACE TO BS PC OIL & GAS CURRENT 100.000000  
 SEC. 11 N/2 SF 12 N/2, SW/4, W/2  
 14.500000 SURFACE TO BS PC  
 BS PC 10 100' BLW TP CURRENT  
 MORRISON, EXCEPT MV  
 AND DK: 12.937% BPO  
 23.875% APD  
 MV AND DK: 26.5% BPO  
 32.0% APD  
 ALL OTHER DEPTHS: 2%  
 BELOW BASE PC OIL & GAS CURRENT  
 100.000000

G W FRANK 0.587404  
 KARL SCHNEIDAU 0.427203  
 EUGENE H DOBBS RESIDUAL TRUST 0.213601  
 SOPHIA FLIZABETH F DOBBS 0.213602  
 FRANK SCRUGGS 0.267002  
 WINSTON G SMITH 0.267002  
 EL PASO PRODUCTION CO 98.024186

009 1 26N R 9W 880.00 SI 078434 NM 4110 300 02/01/48 USA 12.500000 MCGONNELL DRILLING CORP 100.000000 SURFACE TO BS PC OIL & GAS CURRENT 100.000000  
 SEC. 12 E/2 SE/4

20.812500 SURFACE TO BS PC  
 ALL DEPTHS OIL & GAS CURRENT  
 EL PASO PRODUCTION CO 67.500000  
 BARBARA ANN BRUYS 7.982812  
 D J LILLY DECID 0.568750  
 MCGONNELL TRUST 23.469469  
 MARGARET DORIS MCGONNELL 0.478969

TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

FEDERAL LANDS

010 I 27N R 9W 1040.00 SE 080117 USA EL PASO 14.500000 SURFACE TO BASE PC  
 NM 4937 300 12 500000 PRODUCTION CO 100.000000 SURFACE TO 100% BLW IP OIL & GAS  
 08/01/49 MORRISON, EXCEPT MV CURRENT  
 SFC. 26 SW/4 SFC. 27 SE/4, S/2 SW AND 1K 12.937% BPO FT PASO PRODUCTION CO 100.000000  
 SFC. 34 N/2 23.875% APD MV AND 1K 26.5% BPO BELOW BASE PC  
 SFC. 35 N/2 ALL OTHER DEPTHS 2% OIL & GAS CURRENT

G W FRANK 0.587404  
 KARI SCHEIDAU 0.427203  
 EUGENE H DORRS RESIDUAL TRUST 0.213601  
 SOPHIA FITZBARR III F DORRS 0.213602  
 FRANK SCRUGGS 0.267002  
 WINSTON G SMITH 0.267002  
 EL PASO PRODUCTION CO 98.024186

TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

STATE LANDS  
 011 T-26N R-9W 120.00 E-5379 NM 4525 07/10/51 300 NEW MEXICO STATE OF EL PASO PRODUCTION CO 100.000000 SURFACE TO BASE PC OIL & GAS  
 SFC. 2 SW/NE SE/NW. 12.500000 SURFACE TO 100' BLW TP CURRENT  
 MORRISON, EXCEPT MV AND DK: 10.937% BPO 21.875% APD F1 PASO PRODUCTION CO 100.000000  
 MV AND DK: 24.5% BPO 30.0% APD BELOW BASE PC OIL & GAS  
 ALL OTHER DEPTHS: NO CURRENT

G W FRANK 0.587404  
 KARL SCHNEIDAU 0.427203  
 EUGENE H DORRS RESIDUAL TRUST 0.213601  
 SOPHIA ELIZABETH F DORRS 0.213602  
 FRANK SCRUGGS 0.267002  
 WINSTON G SMITH 0.267002  
 F1 PASO PRODUCTION CO 98.024186

012 I-26N R-9W 240.41 B-93320-9 NM 4528 09/29/41 300 NEW MEXICO STATE OF EL PASO PRODUCTION CO 100.000000 SURFACE TO BASE PC OIL & GAS  
 SFC. 2 LOTS 1 & 3. SF/4 12.500000 SURFACE TO 100' BLW TP CURRENT  
 MORRISON, EXCEPT MV AND DK: 13.937% BPO 24.875% APD F1 PASO PRODUCTION CO 100.000000  
 MV AND DK: 27.5% BPO 33.0% APD BELOW BASE PC OIL & GAS  
 ALL OTHER DEPTHS: 3% CURRENT

G W FRANK 0.587404  
 KARL SCHNEIDAU 0.427203  
 EUGENE H DORRS RESIDUAL TRUST 0.213601  
 SOPHIA ELIZABETH F DORRS 0.213602  
 FRANK SCRUGGS



RUN DATE 11/20/92  
 RUN TIME 15:47:44

MERIDIAN OIL INC  
 EXHIBIT B  
 SCHEDULE SHOWING THE PERCENTAGE AND KIND OF OWNERSHIP OF OIL AND GAS INTEREST  
 IN ALL LANDS FOR THE HUERFANITO UNIT

TRACT NO.	DESCRIPTION	NO. OF ACRES	SERIAL NO. FILE NO.	LEASE DATE	LAND OWNER PERCENTAGE OF ROYALTY	LESSEE OF RECORD	OVERRIDING ROYALTY PERCENTAGE	WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST
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STATE LANDS

013	1 - 26N R. 9W	240.51	B-11122-2	03/20/44	STATE OF NEW MEXICO 12.500000	MERIDIAN OIL PRODUCTION INC 100.000000	12.500000 GAS IN PC ORG IN DK: 24.5% - BPO 34.5% - APD	GAS TO BASE PC GAS RIGHTS CURRENT 100.000000
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								FI PASO PRODUCTION CO 100.000000
								011 PC & ORG RIW PC, EXCEPT DK OIL & GAS CURRENT
								MERIDIAN OIL PRODUCTION INC 100.000000
								DAKOTA ONLY OIL & GAS CURRENT
								WILLIAM G WEBB
								LA PLATA GATHERING SYSTEM INC 0.281200
								JACK LONDON JR 0.056600
								BENSON MONNIN GREER 1.107700
								ALBERT R GREER 0.820600
								MERIDIAN OIL PRODUCTION INC 0.205100
								ELIZABETH JEANNE CALLOWAY 4.033408
								J GLENN TURNER JR 2.016700
								MARY FRANCES TURNER JR JR 2.016700
								FI PASO PRODUCTION CO 2.016700
								89.717536
								G W FRANK 0.513657

TRACT NO DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

STATE LANDS

014 1 27N R 9W 40.00 B-11370 23 STATE OF EL PASO PRODUCTION CO SURFACE TO BS PC OIL & GAS 0.373569  
 SFC. 36 SF/SW NM 4922 300 NEW MEXICO 02/10/47 12.500000 100.000000 BS PC TO 100' BLW TP CURRENT 0.186783  
 15.500000 SURFACE TO BS PC OIL & GAS 0.186785  
 24.875% APO MORRISON, EXCEPT MV EL PASO PRODUCTION CO 100.000000  
 13.937% BPO AND DR 27.5% BPO BELOW BASE PC  
 33.0% APO ALL OTHER DEPTHS: 3% OIL & GAS CURRENT  
 G W FRANK 0.587404  
 KARI SCHNEIDAU 0.427203  
 EUGENE H DOBBS RESIDUAL TRUST 0.213601  
 SOPHIA ELIZABETH F DOBBS 0.213602  
 FRANK SCRUGGS 0.267002  
 WINSTON G SMITH 0.267002  
 EL PASO PRODUCTION CO 98.024186

015 1 26N R 9W 40.00 E-5116-2 STATE OF EL PASO PRODUCTION CO SURFACE TO BS PC OIL & GAS 100.000000  
 SFC. 2 NI SW NM 4526 300 NEW MEXICO 04/06/51 12.500000 100.000000 BS PC TO 100' BLW TP CURRENT 100.000000  
 15.500000 SURFACE TO BS PC OIL & GAS 100.000000  
 24.875% APO MORRISON, EXCEPT MV EL PASO PRODUCTION CO 100.000000  
 13.937% BPO AND DR 27.5% BPO BELOW BASE PC  
 33.0% APO ALL OTHER DEPTHS: 3% OIL & GAS

15.500000 SURFACE TO BS PC OIL & GAS 100.000000  
 24.875% APO MORRISON, EXCEPT MV EL PASO PRODUCTION CO 100.000000  
 13.937% BPO AND DR 27.5% BPO BELOW BASE PC  
 33.0% APO ALL OTHER DEPTHS: 3% OIL & GAS

TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

STATE LANDS

TRACT NO.	DESCRIPTION	NO. OF ACRES	SERIAL NO. FILE NO. LEASE DATE	LAND OWNER PERCENTAGE OF ROYALTY	LESSEE OF RECORD	OVERRIDING ROYALTY PERCENTAGE	WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST
016	1 27N R 9W	240.00	E-1199-3 300	STATE OF NEW MEXICO	EL PASO PRODUCTION CO	9.550000	GAS TO BASE PC ONLY
	SEC. 36 NE/NW, NF/SW, W/2 W/2		02/10/47	12.500000	100.000000		EL PASO PRODUCTION CO
							100.000000
							OIL TO BASE PC
							OIL RIGHTS
							CURRENT
							J GLENN TURNER
							71.250000
							WILLIAM G WEBB
							3.750000
							BENSON MONTE GREER
							25.000000
							BELLOW BASE PC
							OIL & GAS
							CURRENT
							MERIDIAN OIL PRODUCTION INC
							100.000000

EL PASO PRODUCTION CO  
 GAS TO BASE PC  
 GAS RIGHTS  
 CURRENT  
 98.024186  
 OIL TO BASE PC  
 OIL RIGHTS  
 CURRENT  
 0.27203  
 0.213601  
 SOPHIA FLIZARFILLI DORRIS  
 0.213602  
 FRANK SCRUGGS  
 0.267002  
 WINSTON G SMITH  
 0.267002  
 EL PASO PRODUCTION CO  
 98.024186  
 GAS TO BASE PC  
 GAS RIGHTS  
 CURRENT  
 100.000000  
 OIL TO BASE PC  
 OIL RIGHTS  
 CURRENT  
 71.250000  
 WILLIAM G WEBB  
 3.750000  
 BENSON MONTE GREER  
 25.000000  
 BELLOW BASE PC  
 OIL & GAS  
 CURRENT  
 MERIDIAN OIL PRODUCTION INC  
 100.000000

TRACT NO. DESCRIPTION NO. OF ACRES SERIAL NO. FILE NO. LEASE DATE LAND OWNER PERCENTAGE OF ROYALTY LESSEE OF RECORD OVERRIDING ROYALTY PERCENTAGE WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST

STATE LANDS

016A 1 27N R- 9W 160.00 E-1199-1 NM 4497 300 STATE OF NEW MEXICO MERIDIAN OIL PRODUCTION INC 6.250000 ALL DEPTHS SURFACE TO BASE PC GAS RIGHTS CURRENT EL PASO PRODUCTION CO 100.000000

SEC. 36 NE/4 02/10/47 12.500000 100.000000  
 SURFACE TO BASE PC  
 OIL RIGHTS  
 CURRENT  
 BENSON MONTEIN GREER 100.000000

BELOW BASE PC  
 OIL & GAS  
 CURRENT  
 MERIDIAN OIL PRODUCTION INC 100.000000

017 1 27N R- 9W 40.00 E-3148-1 NM 4928 300 STATE OF NEW MEXICO EL PASO PRODUCTION CO 17.500000 SURFACE TO BS PC OIL & GAS SURFACE TO 100' BLW TP MORRISON, EXCEPT MV AND DK: 15.937% BPD 26.875% APD MV AND DK: 29.5% BPD 35.0% APD ALL OTHER DEPTHS: 5% EL PASO PRODUCTION CO 100.000000

BELOW BASE PC  
 OIL & GAS  
 CURRENT  
 G W FRANK 0.587404  
 KARI SCHNEIDAU 0.427203  
 EUGENE H DOBBS RESIDUAL TRUST 0.213601  
 SOPHIA ELIZABETH F DOBBS 0.213602  
 FRANK SCRUGGS 0.267002  
 WINSTON G SMITH 0.267002  
 EL PASO PRODUCTION CO 98.024186

SIG. 36 SE/NW

TRACT NO.	DESCRIPTION	NO. OF ACRES	SERIAL NO. FILE NO. LEASE DATE	LAND OWNER PERCENTAGE OF ROYALTY	LESSEE OF RECORD	OVERRIDING ROYALTY PERCENTAGE	WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT AND PERCENTAGE OF INTEREST
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INDIAN LANDS							
018	1 27N R 9W	160.00	NO G 0652 11	NAVAJO AGENCY	SOUTHLAND ROYALTY CO	12.500000	SURFACE TO BASE PG GAS RIGHTS CURRENT
	SEC. 24 SW/4		NM 4930 300	ALLOTTED	100.000000		FL PASO PRODUCTION CO 100.000000
			06/28/51	12.500000			GAS BR OF PG & ALL OIL OIL & GAS CURRENT

019	1 27N R 9W	160.00	NO G 0955 11	NAVAJO AGENCY	J GLENN TURNER	6.250000	GAS TO BASE PG GAS RIGHTS CURRENT
	SEC. 36 SE/4		NM 4931 300	ALLOTTED	BENSON MONTIN	ALL DEBITS	EL PASO PRODUCTION CO 100.000000
			06/28/51	12.500000	GREER		
					WILLIAM G WEBB		OIL TO BASE PG OIL RIGHTS CURRENT
					MERIDIAN OIL PRODUCTION INC		J GLENN TURNER 42.750000
					28.500000		BENSON MONTIN GREER 25.000000

					WILLIAM G WEBB		WILLIAM G WEBB 3.750000
					MERIDIAN OIL PRODUCTION INC		MERIDIAN OIL PRODUCTION INC 3.750000
					28.500000		MERIDIAN OIL PRODUCTION INC 28.500000
					BELOW BASE PG OIL & GAS CURRENT		
					MERIDIAN OIL PRODUCTION INC		100.000000

TRACT NO.	DESCRIPTION	NO. OF ACRES	SERIAL NO. FILE NO. LEASE DATE	LAND OWNER PERCENTAGE OF ROYALTY	LESSEE OF RECORD	OVERRIDING ROYALTY PERCENTAGE	WORKING INTEREST OWNER UNDER OPTION AGREEMENT, OPERATING AGREEMENT OR ASSIGNMENT PERCENTAGE OF INTEREST
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020	INDIAN LANDS 1-27N R-9W SEC. 25 W/2	320.00	149-IND8473 NIM 4932 300 08/17/50	NAVAJO AGENCY ALLOTTED 12.500000	EL PASO PRODUCTION CO 100.000000	12.500000 SURFACE TO BASE PC BS PC TO 100' BLW TP MORRISON, EXCEPT MV AND DK: 10.937% BPO - 21.875% APO MV AND DK: 24.5% BPO - 30% APO	SURFACE TO BASE PC OIL & GAS CURRENT ----- EL PASO PRODUCTION CO 100.000000
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ALL OTHER DEPTHS:  
 NONE

G W FRANK	0.587404
KARL SCHNEIDAU	0.427203
EUGENE H DOBBS RESIDUAL TRUST	0.213601
SOPHIA ELIZABETH F DOBBS	0.213602
FRANK SCRUGGS	0.267002
WINSTON G SMITH	0.267002
EL PASO PRODUCTION CO	98.024186

RUN DATE 11/20/92  
 RUN TIME 15:47:40

MERIDIAN OIL, INC  
 EXHIBIT B  
 RECAP

PAGE 1  
 FED520N13 B

R E C A P I T U L A T I O N FOR: HUERTANLIDU UNIT

TRC1#	ACREAGE	A C R E A G E C O M M I T T E D			TOTAL	A C R E A G E N O N - C O M M I T T E D			TOTAL
		FEDERAL	STATE	FEE		FEDERAL	STATE	FEE	
001	642.56	642.56			642.56				
002	960.00	960.00			960.00				
002A	160.00	160.00			160.00				
002R	160.00	160.00			160.00				
003	320.75	320.75			320.75				
003A	1921.13	1921.13			1921.13				
004	1280.00	1280.00			1280.00				
004A	160.00	160.00			160.00				
005	320.00	320.00			320.00				
006	400.00	400.00			400.00				
007	160.00	160.00			160.00				
008	880.00	880.00			880.00				
009	80.00	80.00			80.00				
010	1040.00	1040.00			1040.00				
011	120.00		120.00		120.00				
012	240.41		240.41		240.41				
013	240.51		240.51		240.51				
014	40.00		40.00		40.00				
015	40.00		40.00		40.00				
016	240.00		240.00		240.00				
016A	160.00		160.00		160.00				
017	40.00		40.00		40.00				
018	160.00		160.00		160.00				
019	160.00		160.00		160.00				
020	320.00		320.00		320.00				
		8484.44	1120.92	640.00	10245.36				

EXHIBIT C1



EXHIBIT "C1"  
MERIDIAN OIL INC.  
UNIT OWNERSHIP REPORT

PROPERTY UNIT NAME OPERATOR ST. COUNTY  
007970500 HUERFANITO - DAKOTA M01 NM, SAN JUAN

OWNER	UNIT NAME	ITYPE	EXP. DATE	EXP. NO.	===== O I L =====	===== G A S =====	
					TRUE NET WORKING INT	TRUE NET WORKING INT	
027338-01	MINERALS MANAGEMENT SERVI	RI	050165	009A	10.351565	10.351565	0.000000
038375-01	STATE OF NEW MEXICO	RI	050165	009A	1.367597	1.367597	0.000000
048020-01	NAVAJO AGENCY ALLOTTED	RI	050165	009A	0.780841	0.780841	0.000000
	INTEREST TYPE TOTALS				12.500003	12.500003	0.000000

000030-02	MARIANNE WEILL LESTER	ORRI	050165	009A	0.001085	0.001085	0.000000
000141-01	W BENTON HARRISON III	ORRI	050165	009A	0.001085	0.001085	0.000000
000247-01	ANNA M FRITZ DECD	ORRI	050165	009A	0.001626	0.001626	0.000000
000350-01	SAM KIRSCHENBAUM & SARAH	ORRI	050165	009A	0.000542	0.000542	0.000000
000356-01	SIDNEY E LICHT	ORRI	050165	009A	0.000542	0.000542	0.000000
000416-01	DR ALEXANDER LORE	ORRI	050165	009A	0.001085	0.001085	0.000000
000418-01	MARGARET JENSIS DECD	ORRI	050165	009A	0.001085	0.001085	0.000000
000464-01	ANNE ZACHAREK	ORRI	050165	009A	0.000542	0.000542	0.000000
000599-01	MURRAY LANGFELDER	ORRI	050165	009A	0.002168	0.002168	0.000000
000673-01	LAWRENCE L LAVALLE	ORRI	050165	009A	0.026132	0.026132	0.000000
000725-01	MARY E SENTER	ORRI	050165	009A	0.004338	0.004338	0.000000
000746-01	MARIE HELENE WEILL	ORRI	050165	009A	0.001085	0.001085	0.000000
000800-01	NELLY LIDELLE	ORRI	050165	009A	0.000406	0.000406	0.000000
000882-01	NANGCI L FOX	ORRI	050165	009A	0.000406	0.000406	0.000000
000883-01	ENID CAROL BARTON	ORRI	050165	009A	0.003795	0.003795	0.000000
000898-01	WILLIAM V LICHT	ORRI	050165	009A	0.003795	0.003795	0.000000
000948-01	WALLACE S KARUTZ	ORRI	050165	009A	0.000272	0.000272	0.000000
001077-01	OLIVE W MILLER ESTATE	ORRI	050165	009A	0.004338	0.004338	0.000000
001162-01	JAMES E ANDERSON	ORRI	050165	009A	0.003254	0.003254	0.000000
001535-01	FLORENCE DUBILIER AW	ORRI	050165	009A	0.002712	0.002712	0.000000
001566-01	IRIS GITTELMAN	ORRI	050165	009A	0.001085	0.001085	0.000000
001621-01	HELEN G PIENKOWSKI	ORRI	050165	009A	0.001085	0.001085	0.000000
001728-01	ROBERT M WILLIAMS	ORRI	050165	009A	0.000396	0.000396	0.000000
002218-01	JULIA SIMPSON	ORRI	050165	009A	0.001086	0.001086	0.000000
002333-04	CHEVRON USA INC	ORRI	050165	009A	0.256597	0.256597	0.000000
002506-01	VOIT GILMORE	ORRI	050165	009A	0.012440	0.012440	0.000000
002656-02	LEO A ACHTSCHIN	ORRI	050165	009A	0.008675	0.008675	0.000000
002818-01	DANIEL D DUDEN	ORRI	050165	009A	0.010845	0.010845	0.000000
002820-02	ROBERT W DUDEN	ORRI	050165	009A	0.001085	0.001085	0.000000
003268-02	GUY A WEILL	ORRI	050165	009A	0.001085	0.001085	0.000000
003270-01	GUY A WEILL CUSTODIAN	ORRI	050165	009A	0.002168	0.002168	0.000000
003898-02	E JEAN KEYSER	ORRI	050165	009A	0.002440	0.002440	0.000000
006715-01	SIDNEY H DUNKEN	ORRI	050165	009A	0.001085	0.001085	0.000000
007097-02	O J LILLY DECD	ORRI	050165	009A	0.019599	0.019599	0.000000
011318-03	RACHEL LYMAN	ORRI	050165	009A	0.008675	0.008675	0.000000
015268-01	MARY ANN HONEY	ORRI	050165	009A	0.001736	0.001736	0.000000
016054-02	SIDNEY L WEISS ESTATE	ORRI	050165	009A	0.008589	0.008589	0.000000
016252-01	CLINTON C BALLARD JR	ORRI	050165	009A	0.000198	0.000198	0.000000
016680-02	H W SMITH ESTATE	ORRI	050165	009A	0.000198	0.000198	0.000000
016944-01	C V LYMAN DECEASED	ORRI	050165	009A	0.019599	0.019599	0.000000
017096-01	KATHRYN D ASHBY	ORRI	050165	009A	0.008675	0.008675	0.000000
017252-02	LEE ETIA HEBBERG	ORRI	050165	009A	0.004338	0.004338	0.000000

PROPERTY UNIT NAME OPERATOR  
007970500 HUERFANITO - DAKOTA MO1  
ST. COUNTY  
NM, SAN JUAN

OWNER	UNIT NAME	ITYPE	EXP. DATE	EXP. NO.	TRUE NET OWNERSHIP	I L WORKING INT	TRUE NET OWNERSHIP	G A S WORKING INT
018145-01	JAMES ROBERT MARTIN	ORRI	050165	009A	0.017352	0.000000	0.017352	0.000000
018657-02	VIOLA I STEWART	ORRI	050165	009A	0.017352	0.000000	0.017352	0.000000
018791-03	J GLENN TURNER JR	ORRI	050165	009A	0.041055	0.000000	0.041055	0.000000
019122-03	ELLIS RUDY	ORRI	050165	009A	0.035198	0.000000	0.035198	0.000000
019192-02	ELIZABETH JEANNE CALLOWAY	ORRI	050165	009A	0.040079	0.000000	0.040079	0.000000
019193-02	ELIZABETH T CALLOWAY	ORRI	050165	009A	0.000976	0.000000	0.000976	0.000000
020063-02	J BURTON VETETO	ORRI	050165	009A	0.000396	0.000000	0.000396	0.000000
020881-01	PAUL SLAYTON	ORRI	050165	009A	0.435709	0.000000	0.435709	0.000000
021216-01	ETOILE POSTELLE	ORRI	050165	009A	0.017352	0.000000	0.017352	0.000000
021410-01	PATTI JO WOOD	ORRI	050165	009A	0.000218	0.000000	0.000218	0.000000
021428-02	DEBBIE LEE SHOSS	ORRI	050165	009A	0.000152	0.000000	0.000152	0.000000
021506-01	KATHRYN LEVINE ROMAN	ORRI	050165	009A	0.000396	0.000000	0.000396	0.000000
021721-02	JIM L SHARP	ORRI	050165	009A	0.039198	0.000000	0.039198	0.000000
022375-01	BEN DANSBY JR ESTATE	ORRI	050165	009A	0.011713	0.000000	0.011713	0.000000
024295-01	BETTY H JOHNSON	ORRI	050165	009A	0.070275	0.000000	0.070275	0.000000
026154-01	GLENN R GENTLE	ORRI	050165	009A	0.009370	0.000000	0.009370	0.000000
026236-01	HAZLE L GENTLE	ORRI	050165	009A	0.008565	0.000000	0.008565	0.000000
026521-01	BARBARA ANN BRUSS	ORRI	050165	009A	0.001952	0.000000	0.001952	0.000000
027338-01	MINERALS MANAGEMENT SERVI	ORRI	050165	009A	0.002893	0.000000	0.002893	0.000000
028942-01	TERESA HOME	ORRI	050165	009A	0.002828	0.000000	0.002828	0.000000
030049-01	LOIS J WILLARD	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
030373-01	GUALTHERA WESTERMAN ESTAT	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
030726-01	THOMAS S SENTER	ORRI	050165	009A	0.026132	0.000000	0.026132	0.000000
030858-03	RAYMOND T DUNCAN	ORRI	050165	009A	0.140552	0.000000	0.140552	0.000000
031116-10	AMOCO PRODUCTION COMPANY	ORRI	050165	009A	0.631115	0.000000	0.631115	0.000000
033318-05	MARALO INC	ORRI	050165	009A	0.008677	0.000000	0.008677	0.000000
033329-01	MELCONE CORPORATION	ORRI	050165	009A	0.035198	0.000000	0.035198	0.000000
033854-02	JAMES M RAYMOND	ORRI	050165	009A	0.032665	0.000000	0.032665	0.000000
034270-01	ANDREW FASKEN DECD	ORRI	050165	009A	0.004338	0.000000	0.004338	0.000000
034880-01	UNITED PIPE SUPPLY CO	ORRI	050165	009A	0.000791	0.000000	0.000791	0.000000
036382-01	FIRST CITY TX MIDLAND TRU	ORRI	050165	009A	0.004338	0.000000	0.004338	0.000000
036696-01	SHOSS LEVINE TRUSTS	ORRI	050165	009A	0.001064	0.000000	0.001064	0.000000
036939-01	ROZELLE B CLEVELAND	ORRI	050165	009A	0.008677	0.000000	0.008677	0.000000
037056-01	MONTEZ JOHNSON	ORRI	050165	009A	0.013014	0.000000	0.013014	0.000000
037218-01	REESE CLEVELAND DECD	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
038202-01	T H MCELVAIN OIL AND	ORRI	050165	009A	0.039198	0.000000	0.039198	0.000000
038218-01	ELLIOT OIL COMPANY	ORRI	050165	009A	0.328228	0.000000	0.328228	0.000000
038271-01	HANSON MCBRIDE PETROLEUM	ORRI	050165	009A	0.435709	0.000000	0.435709	0.000000
038504-02	JULIE ANN ANTWEIL TRUST	ORRI	050165	009A	0.001187	0.000000	0.001187	0.000000
038524-01	JOHN BURROUGH'S ESTATE	ORRI	050165	009A	0.019521	0.000000	0.019521	0.000000
038921-12	UNION OIL CO OF CALIF	ORRI	050165	009A	0.039198	0.000000	0.039198	0.000000
040361-02	CASSANDRA KEYSER	ORRI	050165	009A	0.002168	0.000000	0.002168	0.000000
045426-01	P O SILL DECD	ORRI	050165	009A	0.004338	0.000000	0.004338	0.000000
050144-01	MAYDELL MILLER MAST TRUST	ORRI	050165	009A	0.003267	0.000000	0.003267	0.000000
050145-01	CORINNE MILLER GAY TRUST	ORRI	050165	009A	0.000000	0.000000	0.000000	0.000000
050155-01	SINGER BROS	ORRI	050165	009A	0.015429	0.000000	0.015429	0.000000
050388-01	JULIE LEVINE MULLEN	ORRI	050165	009A	0.000152	0.000000	0.000152	0.000000
050491-01	BARRON PROPERTIES LTD	ORRI	050165	009A	0.017352	0.000000	0.017352	0.000000

MERIDIAN OIL INC.  
UNIT OWNERSHIP REPORT

OPERATOR

MOI

ST. COUNTY  
NM, SAN JUAN

PROPERTY UNIT NAME  
007970500 HUERFANITO - DAKOTA

OWNER

ITYPE

EXP. DATE  
EXP. NO.

===== O I L =====  
TRUE NET WORKING INT  
OWNERSHIP

===== G A S =====  
TRUE NET WORKING INT  
OWNERSHIP

051212-01	KENNETH E CARTER	ORRI	050165	009A	0.140552	0.000000	0.140552	0.000000
051213-01	TEXACO OIL PRODUCING	ORRI	050165	009A	0.878446	0.000000	1.756893	0.000000
051792-01	MS ANNE MAY COLWILL	ORRI	050165	009A	0.002168	0.000000	0.002168	0.000000
052928-01	ORBIE N LAMBRIGHT	ORRI	050165	009A	0.328228	0.000000	0.328228	0.000000
054145-01	DONALD E WEBER	ORRI	050165	009A	0.627047	0.000000	0.627047	0.000000
054150-01	CAROLINE DAVY WEBER	ORRI	050165	009A	0.627047	0.000000	0.627047	0.000000
057880-01	BEN R HOWARD	ORRI	050165	009A	0.015373	0.000000	0.015373	0.000000
058058-01	GERALD FITZGERALD JR TRUS	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
058858-01	EVELYN SMITH	ORRI	050165	009A	0.000198	0.000000	0.000198	0.000000
059484-01	LOWE PARTNERS LP	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
067006-01	FRANK A SCHULTZ TRUSTEE	ORRI	050165	009A	0.017352	0.000000	0.017352	0.000000
067124-01	LIPSHY FAMILY TRUST	ORRI	050165	009A	0.001736	0.000000	0.001736	0.000000
068615-01	ADAM BRUSS TRUST	ORRI	050165	009A	0.003212	0.000000	0.003212	0.000000
068616-01	JON BRUSS TRUST	ORRI	050165	009A	0.003212	0.000000	0.003212	0.000000
068617-01	PETER BRUSS TRUST	ORRI	050165	009A	0.003212	0.000000	0.003212	0.000000
068618-01	ERNEST BRUSS III TRUST	ORRI	050165	009A	0.003212	0.000000	0.003212	0.000000
075070-01	JO ANN SCHMIDT	ORRI	050165	009A	0.034672	0.000000	0.034672	0.000000
075071-01	JAMES R PAYNE & JEAN PAYN	ORRI	050165	009A	0.034672	0.000000	0.034672	0.000000
075977-01	RICHARD P BARKLEY ESTATE	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
075978-01	EDWARD GRAPEL & PEARL GRA	ORRI	050165	009A	0.000542	0.000000	0.000542	0.000000
075979-01	MARIE OLIVE KEYSER	ORRI	050165	009A	0.002168	0.000000	0.002168	0.000000
075980-01	NELLY LIDDEL ET AL EXECUT	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
075984-01	ANN HOME EMMERSON	ORRI	050165	009A	0.002893	0.000000	0.002893	0.000000
075985-01	ROBERT E OLDER & VIRGINIA	ORRI	050165	009A	0.008589	0.000000	0.008589	0.000000
075986-01	WINIFRE PONDNER	ORRI	050165	009A	0.005856	0.000000	0.005856	0.000000
075989-01	JOHN R BRENNAND JR	ORRI	050165	009A	0.002928	0.000000	0.002928	0.000000
076162-01	LEVINE FAMILY TRUST B	ORRI	050165	009A	0.002170	0.000000	0.002170	0.000000
076987-01	HALEY AYCOCK ESTATE	ORRI	050165	009A	0.001736	0.000000	0.001736	0.000000
077039-01	ROSE MARION BERG	ORRI	050165	009A	0.000867	0.000000	0.000867	0.000000
077040-01	DENNA ELY	ORRI	050165	009A	0.000152	0.000000	0.000152	0.000000
077082-01	SHEILA MARIE LEVINE TRUST	ORRI	050165	009A	0.000000	0.000000	0.000000	0.000000
077094-01	TOM S & ANNA LOU HOME REV	ORRI	050165	009A	0.002893	0.000000	0.002893	0.000000
999022-02	MERIDIAN OIL PRODUCTION I	ORRI	050165	009A	0.132422	0.000000	0.132422	0.000000
999030-01	EL PASO PRODUCTION CO	ORRI	050165	009A	21.611260	0.000000	21.611260	0.000000
	INTEREST TYPE TOTALS				27.565561	0.000000	28.444008	0.000000

007097-02	O J LILLY DECD	NWI	050165	009A	0.002825	0.004443	0.002825	0.004443
009059-01	MARGARET DORIS MCCONNELL	NWI	050165	009A	0.002377	0.003740	0.002377	0.003740
010889-01	JACK LONDON JR	NWI	050165	009A	0.022753	0.026007	0.022753	0.026007
018791-02	J GLENN TURNER JR	NWI	050165	009A	0.041424	0.047342	0.041424	0.047342
018791-03	J GLENN TURNER JR	NWI	050165	009A	0.491932	0.702753	0.491932	0.702753
019192-02	ELIZABETH JEANNE CALLOWAY	NWI	050165	009A	0.533354	0.750101	0.533354	0.750101
023642-05	WILLIAM G WEBB	NWI	050165	009A	0.005776	0.006601	0.005776	0.006601
025714-01	ALBERT R GREER	NWI	050165	009A	0.004213	0.004815	0.004213	0.004815
026521-01	BARBARA ANN BRUSS	NWI	050165	009A	0.039620	0.062333	0.039620	0.062333
036103-02	LA PLATA GATHERING SYSTEM	NWI	050165	009A	0.001163	0.001329	0.001163	0.001329
036282-01	MARY FRANCES TURNER JR TR	NWI	050165	009A	0.533354	0.750101	0.533354	0.750101

MERIDIAN OIL INC.  
UNIT OWNERSHIP REPORT

PROPERTY UNIT NAME  
007970500 HUERFANITO - DAKOTA

OPERATOR  
MOI

ST. COUNTY  
NM, SAN JUAN

OWNER	UNIT NAME	I TYPE	EXP. DATE	EXP. NO.	O I L		G A S	
					TRUE NET OWNERSHIP	TRUE WORKING INT	TRUE NET OWNERSHIP	TRUE WORKING INT
038105-01	BENSON MONTIN GREER	NWI	050165	009A	0.016856	0.019264	0.016856	0.019264
038562-01	MCCONNELL TRUST	NWI	050165	009A	0.116484	0.183258	0.116484	0.183258
050080-01	CONOCO INC/SAN JUAN BASIN	NWI	050165	009A	0.744266	0.870486	0.744266	0.870486
051486-01	G W FRANK	NWI	050165	009A	0.066404	0.131030	0.066404	0.131030
075903-01	KARL SCHNEIDAU	NWI	050165	009A	0.048293	0.095240	0.048293	0.095240
075904-01	EUGENE H DOBBS RESIDUAL T	NWI	050165	009A	0.024147	0.047615	0.024147	0.047615
075905-01	SOPHIA ELIZABETH F DOBBS	NWI	050165	009A	0.024147	0.047615	0.024147	0.047615
076159-01	FRANK SCRUGGS	NWI	050165	009A	0.030185	0.059507	0.030185	0.059507
076160-01	WINSTON G SMITH	NWI	050165	009A	0.030185	0.059507	0.030185	0.059507
076956-01	G W FRANK	NWI	050165	009A	0.132805	0.261907	0.132805	0.261907
076957-01	KARL SCHNEIDAU	NWI	050165	009A	0.096588	0.190479	0.096588	0.190479
076958-01	EUGENE H DOBBS RESIDUAL T	NWI	050165	009A	0.048294	0.095241	0.048294	0.095241
076959-01	SOPHIA ELIZABETH F DOBBS	NWI	050165	009A	0.048294	0.095241	0.048294	0.095241
076960-01	FRANK SCRUGGS	NWI	050165	009A	0.060367	0.119060	0.060367	0.119060
076991-01	WINSTON G SMITH	NWI	050165	009A	0.060367	0.119060	0.060367	0.119060
999001-01	SOUTHLAND ROYALTY CO	NWI	050165	009A	1.366472	1.561682	1.366472	1.561682
999022-02	MERIDIAN OIL PRODUCTION I	NWI	050165	009A	12.033077	15.846949	11.154630	15.846949
999022-18	MERIDIAN OIL PRODUCTION I	NWI	050165	009A	4.790491	5.475057	4.790491	5.475057
999030-01	EL PASO PRODUCTION CO	NWI	050165	009A	38.517923	72.362237	38.517923	72.362237
	INTEREST TYPE TOTALS				59.934436	100.000000	59.055989	100.000000
	UNIT TOTALS				100.000000	100.000000	100.000000	100.000000

EXHIBIT "C1"  
MERIDIAN OIL INC.  
UNIT OWNERSHIP REPORT

PROPERTY UNIT NAME  
007970500 HUERFANITO - DAKOTA

OPERATOR  
MOI

ST. COUNTY  
NM, SAN JUAN

OWNER	ITYPE	EXP. DATE	EXP. NO.	TRUE NET OWNERSHIP	I L TRUE GROSS WORKING INT	G A S TRUE GROSS WORKING INT	
027338-01 MINERALS MANAGEMENT SERVI	RI	050165	009A	10.351565	0.000000	10.351565	0.000000
038375-01 STATE OF NEW MEXICO	RI	050165	009A	1.367597	0.000000	1.367597	0.000000
048020-01 NAVAJO AGENCY ALLOTTED	RI	050165	009A	0.780841	0.000000	0.780841	0.000000
INTEREST TYPE TOTALS				12.500003	0.000000	12.500003	0.000000

000030-02 MARIANNE WEILL LESTER	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
000141-01 W BENTON HARRISON III	ORRI	050165	009A	0.001626	0.000000	0.001626	0.000000
000247-01 ANNA M FRITZ DECD	ORRI	050165	009A	0.000542	0.000000	0.000542	0.000000
000350-01 SAM KIRSCHENBAUM & SARAH	ORRI	050165	009A	0.000542	0.000000	0.000542	0.000000
000356-01 SIDNEY E LICHT	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
000416-01 DR ALEXANDER LORE	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
000418-01 MARGARET JENSIS DECD	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
000464-01 ANNE ZACHAREK	ORRI	050165	009A	0.000542	0.000000	0.000542	0.000000
000599-01 MURRAY LANGFELDER	ORRI	050165	009A	0.002168	0.000000	0.002168	0.000000
000673-01 LAWRENCE L LAVALLE	ORRI	050165	009A	0.026132	0.000000	0.026132	0.000000
000725-01 MARY E SENTER	ORRI	050165	009A	0.004338	0.000000	0.004338	0.000000
000746-01 MARIE HELENE WEILL	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
000782-01 NELLY LIDELL	ORRI	050165	009A	0.000406	0.000000	0.000406	0.000000
000882-01 NANJI L FOX	ORRI	050165	009A	0.000406	0.000000	0.000406	0.000000
000883-01 ENID CAROL BARTON	ORRI	050165	009A	0.003795	0.000000	0.003795	0.000000
000898-01 WILLIAM V LICHT	ORRI	050165	009A	0.000272	0.000000	0.000272	0.000000
000948-01 WALLACE S KARUTZ	ORRI	050165	009A	0.004338	0.000000	0.004338	0.000000
000977-01 OLIVE W MILLER ESTATE	ORRI	050165	009A	0.003254	0.000000	0.003254	0.000000
001162-01 JAMES E ANDERSON	ORRI	050165	009A	0.002712	0.000000	0.002712	0.000000
001535-01 FLORENCE DUBILIER AW	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
001566-01 IRIS GITTELMAN	ORRI	050165	009A	0.000396	0.000000	0.000396	0.000000
001621-01 HELEN G PIENKOWSKI	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
001728-01 ROBERT M WILLIAMS	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
002218-01 JULIA SIMPSON	ORRI	050165	009A	0.256597	0.000000	0.256597	0.000000
002333-04 CHEYRON USA INC	ORRI	050165	009A	0.012440	0.000000	0.012440	0.000000
002506-01 VOIT GILMORE	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
002656-02 LEO A ACHTSCHIN	ORRI	050165	009A	0.006507	0.000000	0.006507	0.000000
002818-01 DANIEL D DUDEN	ORRI	050165	009A	0.010845	0.000000	0.010845	0.000000
002820-02 ROBERT W DUDEN	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
003270-01 GUY A WEILL	ORRI	050165	009A	0.002168	0.000000	0.002168	0.000000
003898-02 E JEAN KEYSER	ORRI	050165	009A	0.002168	0.000000	0.002168	0.000000
006715-01 SIDNEY H DUNKEN	ORRI	050165	009A	0.001085	0.000000	0.001085	0.000000
007097-02 O J LILLY DECD	ORRI	050165	009A	0.002440	0.000000	0.002440	0.000000
011318-03 RACHEL LYMAN	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
015268-01 RACHYL ANN HONEY	ORRI	050165	009A	0.001736	0.000000	0.001736	0.000000
016054-02 SIDNEY L WEISS ESTATE	ORRI	050165	009A	0.008589	0.000000	0.008589	0.000000
016252-01 CLINTON C BALLARD JR	ORRI	050165	009A	0.000198	0.000000	0.000198	0.000000
016680-02 H W SMITH ESTATE	ORRI	050165	009A	0.019599	0.000000	0.019599	0.000000
016944-01 C V LYMAN DECEASED	ORRI	050165	009A	0.008675	0.000000	0.008675	0.000000
017096-01 KATHRYN D ASHBY	ORRI	050165	009A	0.004338	0.000000	0.004338	0.000000
017252-02 LEE ETIA HEDBERG	ORRI	050165	009A				

**EXHIBIT C2**

EXHIBIT "C2"  
MERIDIAN OIL INC.  
UNIT OWNERSHIP REPORT

PROPERTY UNIT NAME OPERATOR  
002340300 HUERFANITO - MESAVEVERDE MO1  
ST. COUNTY  
NM, SAN JUAN

OWNER	UNIT NAME	ITYPE	EXP. DATE	EXP. NO.	===== O I L =====	===== G A S =====
					TRUE NET OWNERSHIP	TRUE NET OWNERSHIP
027338-01	MINERALS MANAGEMENT SERVI	RI	110166	006A	7.148126	7.148126
038375-01	STATE OF NEW MEXICO	RI	110166	006A	2.779694	2.779694
048020-01	NAVAJO AGENCY ALLOTTED INTEREST TYPE TOTALS	RI	110166	006A	1.851355	1.851355
					11.779175	11.779175

018791-03	J GLENN TURNER JR	ORRI	110166	006A	0.095027	0.095027	0.000000	0.000000
019122-03	ELLIS RUDY	ORRI	110166	006A	0.083453	0.083453	0.000000	0.000000
019193-02	ELIZABETH T CALLOWAY	ORRI	110166	006A	0.095027	0.095027	0.000000	0.000000
020881-01	PAUL SLAYTON	ORRI	110166	006A	0.314668	0.314668	0.000000	0.000000
024295-01	BETTY H JOHNSON	ORRI	110166	006A	0.027770	0.027770	0.000000	0.000000
026154-01	GLENN R GENTLE	ORRI	110166	006A	0.051838	0.051838	0.000000	0.000000
026236-01	HAZLE L GENTLE	ORRI	110166	006A	0.018089	0.018089	0.000000	0.000000
031116-10	AMOCO PRODUCTION COMPANY	ORRI	110166	006A	0.873030	0.873030	0.000000	0.000000
033329-01	MELCONE CORPORATION	ORRI	110166	006A	0.083453	0.083453	0.000000	0.000000
038218-01	ELLIOTT OIL COMPANY	ORRI	110166	006A	0.314668	0.314668	0.000000	0.000000
038321-01	HANSON MCBRIDE PETROLEUM	ORRI	110166	006A	0.046284	0.046284	0.000000	0.000000
038524-01	JOHN BURROUGHS ESTATE	ORRI	110166	006A	0.074054	0.074054	0.000000	0.000000
051212-01	KENNETH E CARTER	ORRI	110166	006A	0.462839	0.462839	0.000000	0.000000
051213-01	TEXACO OIL PRODUCING	ORRI	110166	006A	0.538190	0.538190	0.000000	0.000000
052928-01	ORBIE N LAMBRIGHT	ORRI	110166	006A	0.388868	0.388868	0.000000	0.000000
054145-01	DONALD E WEBER	ORRI	110166	006A	0.538190	0.538190	0.000000	0.000000
054150-01	CAROLINE DAVY WEBER	ORRI	110166	006A	0.074054	0.074054	0.000000	0.000000
056603-01	JOAN R DUNCAN	ORRI	110166	006A	0.038184	0.038184	0.000000	0.000000
057880-01	BEN R HOWARD	ORRI	110166	006A	0.190053	0.190053	0.000000	0.000000
999022-02	MERIDIAN OIL PRODUCTION I	ORRI	110166	006A	18.729047	18.729047	0.000000	0.000000
999030-01	EL PASO PRODUCTION CO INTEREST TYPE TOTALS	ORRI	110166	006A	23.425654	23.888492	0.000000	0.000000

018791-02	J GLENN TURNER JR	NWI	110166	006A	1.166354	1.666221	1.166354	1.666221
019192-02	ELIZABETH JEANNE CALLOWAY	NWI	110166	006A	1.166353	1.666219	1.166353	1.666219
036282-01	MARY FRANCES TURNER JR TR	NWI	110166	006A	1.166353	1.666219	1.166353	1.666219
051496-01	G W FRANK	NWI	110166	006A	0.057003	0.112406	0.057003	0.112406
075903-01	KARL SCHNEIDAU	NWI	110166	006A	0.041453	0.081748	0.041453	0.081748
075904-01	EUGENE H DOBBS RESIDUAL T	NWI	110166	006A	0.020728	0.040870	0.020728	0.040870
075905-01	SOPHIA ELIZABETH F DOBBS	NWI	110166	006A	0.020728	0.040870	0.020728	0.040870
076159-01	FRANK SCRUGGS	NWI	110166	006A	0.025908	0.051093	0.025908	0.051093
076160-01	WINSTON G SMITH	NWI	110166	006A	0.025908	0.051093	0.025908	0.051093
076956-01	G W FRANK	NWI	110166	006A	0.113997	0.113997	0.113997	0.113997
076957-01	KARL SCHNEIDAU	NWI	110166	006A	0.082907	0.163496	0.082907	0.163496
076958-01	EUGENE H DOBBS RESIDUAL T	NWI	110166	006A	0.041454	0.081749	0.041454	0.081749
076959-01	SOPHIA ELIZABETH F DOBBS	NWI	110166	006A	0.041454	0.081749	0.041454	0.081749
076960-01	FRANK SCRUGGS	NWI	110166	006A	0.051818	0.102186	0.051818	0.102186
076991-01	WINSTON G SMITH	NWI	110166	006A	0.051818	0.102186	0.051818	0.102186
					3.239870	3.239870	3.239870	3.239870
					11.820677	11.820677	11.820677	11.820677
					11.358134	11.358134	11.358134	11.358134

PROPERTY UNIT NAME  
002340300 HUERFANITO - MESAVERDE

OPERATOR  
MOI

ST. COUNTY  
NM, SAN JUAN

OWNER	UNIT NAME	ITYPE	EXP. DATE	EXP. NO.	O I L		G A S	
					TRUE OWNERSHIP	NET WORKING INT	TRUE OWNERSHIP	NET WORKING INT
999030-01	EL PASO PRODUCTION CO	NWI	110166	006A	28.535644	56.272789	28.535644	56.272789
INTEREST TYPE TOTALS					59.028561	94.233390	58.565723	94.233390
023367-02	TEXACO EXPLORATION & PROD	GWI	110166	006A	3.702709	3.702709	3.702709	3.702709
050080-01	CONOCO INC/SAN JUAN BASIN	GWI	110166	006A	2.063901	2.063901	2.063901	2.063901
INTEREST TYPE TOTALS					5.766610	5.766610	5.766610	5.766610
UNIT TOTALS					100.000000	100.000000	100.000000	100.000000



EXHIBIT D

# HUERFANITO UNIT

San Juan County, New Mexico

R9W

R8W

T27N

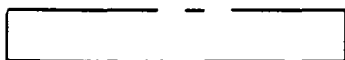
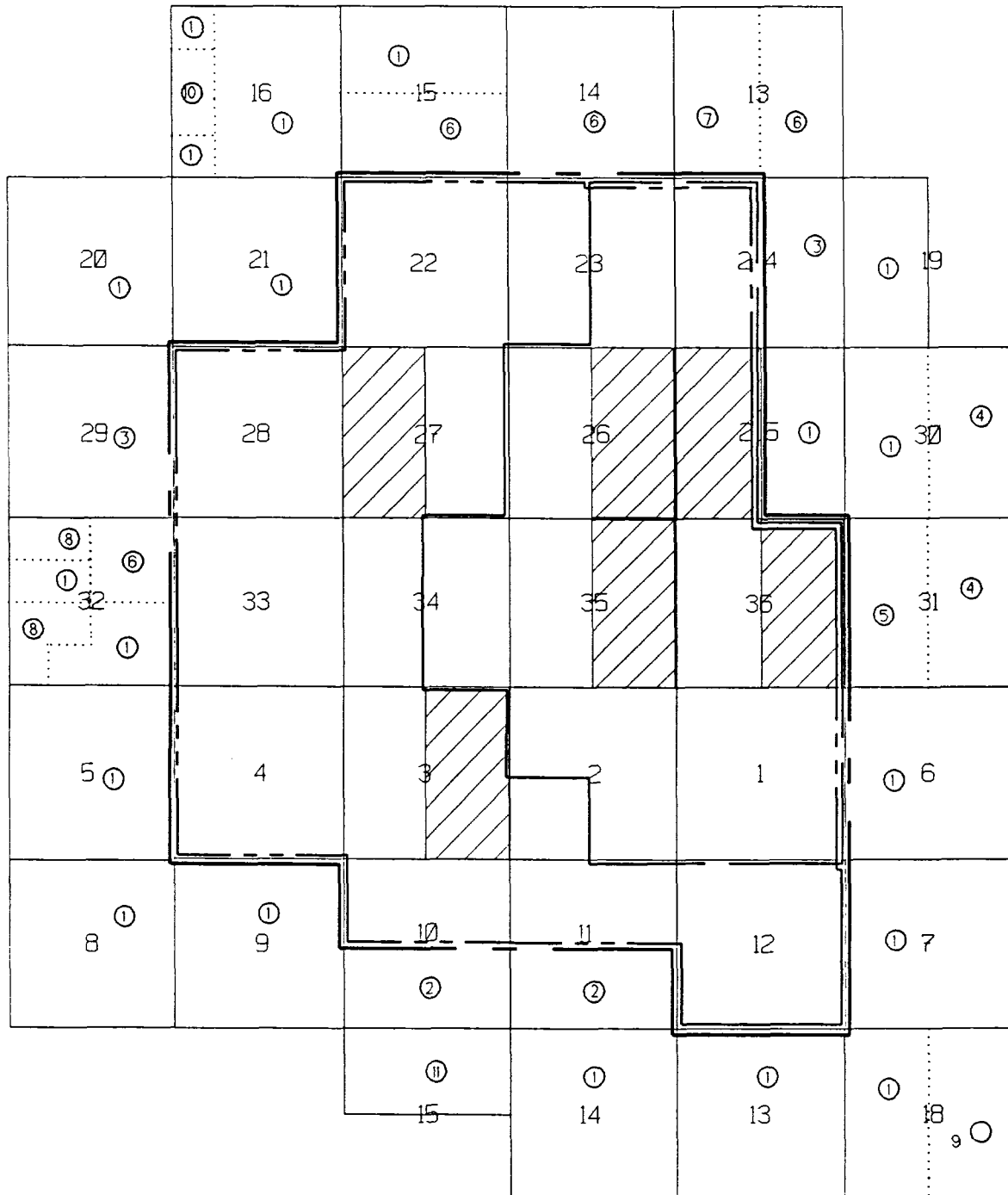
T27N

T26N

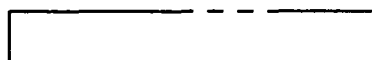
T26N

R9W

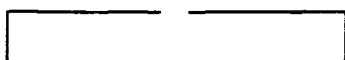
R8W



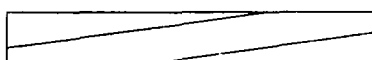
Unit Boundary



Dakota Participating Area



Mesaverde Participating Area



Drillblocks for MV / DK  
Conningle Application

## MESAVERDE / DAKOTA OFFSET OWNERSHIP

### MESAVERDE

### DAKOTA

- |  |                             |
|--|-----------------------------|
| 1. Meridian Oil Inc  | Same                        |
| 2. Dugan Production Corporation  | Same                        |
| 3. Southland Royalty Company   | Same                        |
| 4. Amoco Production Company  | Same                        |
| 5. Snyder Oil Corporation  | Southeren Union Exploration |
| 6. Texaco Exploration & Production, Inc.                                 | Meridian Oil Inc            |
| 7. Texaco Exploration & Production, Inc.                                 | Same                        |
| 8. Conoco, Inc.  | Same                        |
| 9. Southern Union Exploration  | Same                        |
| 10. J. Glenn Turner, Jr.<br>Frank A. Schultz, Trustee<br>William T. Webb | Same                        |
| 11. Meridian Oil Inc.<br>Geodyne Resources Inc                           | Same                        |

## EXHIBIT "D"

Names addresses of Operators on parties having lease operating rights in the Mesaverde and/or Dakota formation, offsetting the Huerfanito Unit Area.

	Mesaverde	Dakota
Meridian Oil Inc.	X	X
Dugan Production Corporation P.O. Box 420 Farmington, NM 87499	X	X
Southland Royalty Corporation	X	X
Amoco Production Company P.O. Box 800 Denver, CO 80201	X	X
Snyder Oil Corporation 777 Main, Suite 2500 Ft. Worth, TX 76102	X	
Southern Union Exploration P.O. Box 97927 Dallas, TX 75327	X	X
Texaco Exploration & Production Inc. P.O. Box 2100 Denver, CO 80201-2100	X	X
Conoco, Inc. 10 Desta Drive, Suite 100W Midland, TX 79705-4500	X	X
J. Glenn Turner Jr. 3131 Turtle Creek Blvd. Suite 1201 Dallas, TX 75219	X	X
Mr. Frank A. Schultz, Trustee Lincoln Plaza, Suite 2160 LB-1 500 North Akard Dallas, TX 75201-3318	X	X
William G. Webb 4200 Republic Bank Tower Dallas, TX 75201	X	X

EXHIBIT E

Mary E. Senter ✓  
P.O. Box 3791 Station D 081-704-600  
Albuquerque, NM 87411

Debbie L. Shoss ✓  
1105 Chinoe 081-704-602  
Lexington, KY 40502

Thomas S. Senter ✓  
1440 Ventura 081-704-603  
Enumclaw, WA 98022

James M. Raymond ✓  
P.O. Box 1445 081-704-601  
Kerrville, TX 78028

Jo Ann Schmidt ✓  
6819 Oaklawn Way 081-704-604  
Fair Oaks, CA 95628

James R. Payne ✓  
525 Sierra Drive SE 081-704-605  
Albuquerque, NM 87108

Jack London Jr. ✓  
101 Park Avenue Bldg., Ste 310 081-704-606  
Oklahoma City, OK 73102

Karl Schneidau ✓  
1042 Shorewood 081-704-607  
Seabrook, TX 77586

Frank Scruggs ✓  
872 Bettina Ct #455 081-704-608  
Houston, TX 77024-4334

Winston G. Smith ✓  
12210 Pebblebrook 081-704-609  
Houston, TX 77024

Elizabeth Jeanne Turner Calloway ✓  
4801 St. Johns Drive 081-704-610  
Dallas, TX 75205

Raymond T. Duncan ✓  
P.O. Box 211 081-704-611  
LaSalle, IL 61301

Eugene H. Dobbs Residual Trust ✓  
P.O. Box 1589 081-704-612  
Willis, TX 77378-1589

Sophia Elizabeth F. Dobbs ✓  
P.O. Box 1589 081-704-613  
Willis, TX 77378-1589

A. R. Greer ✓  
501 Airport Dr. 081-704-614  
Petroleum Center Bldg.  
Farmington, NM 87401

G. W. Frank ✓  
6223 Holly Springs 081-704-615  
Houston, TX 77057

Lois J. Willard ✓  
P.O. Box 5205 081-704-616  
Santa Fe, NM 87502

Donald E. Weber ✓  
P.O. Box 559 081-704-741  
Corpus Christi, TX 78403

Anne Zacharek ✓  
166 Jewett Ave 081-704-618  
Jersey City, NJ 07304

Marie Helene Weill ✓  
50 E. 79th St. Apt 20A 081-704-619  
New York, NY 10021

Robert M. Williams ✓  
P.O. Box 854 081-704-620  
Hobbs, NM 88241

J. Burton Veteto ✓  
607 ABO 081-704-621  
Hobbs, NM 88240

Patti Jo Wood ✓  
P.O. Box 1099 081-704-622  
Rising Star, TX 76471

Caroline Davy Weber ✓  
202 Del Mar Blvd 081-704-623  
Corpus Christi, TX 78404

Enid Carol Barton ✓  
174 Summit Ave. 081-704-624  
Summit, NJ 07091

James E. Anderson ✓  
P.O. Box 285 081-704-625  
Pawlet, VT 05761

Leo A. Achtschin ✓  
6335 W. Northwest Hwy 1917 081-704-626  
Dallas, TX 75225

Daniel D. Duden ✓  
P.O. Box 162481 081-704-627  
Austin, TX 78716-2481

Robert W. Duden ✓  
P.O. Box 162481 081-704-628  
Austin, TX 78716-2481

Clinton C. Ballard, Jr. ✓  
312 Pennsylvania Dr. 081-704-629  
Denton, TX 76205

Kathryn D. Ashby ✓  
P.O. Box 1854 081-704-630  
Midland, TX 79702

Julie Ann Antweil Trust ✓  
4408 Canyon CT NE 081-704-631  
Albuquerque, NM 87111

Kenneth E. Carter ✓  
P.O. Box 1657 081-704-632  
Durango, CO 81302

Joan R. Duncan ✓  
P.O. Box 24267 081-704-633  
Denver, CO 80224

W. Benton Harrison III ✓  
561 S. Country Club Dr. 081-704-634  
Atlantix, FL 33462

Anna M. Fritz Dec'd ✓  
51 Foster St. 081-704-635  
Newington, CT 06111

Sam & Sarah ADA Kirschenbaum ✓  
3033 N. Via Vista 081-704-636  
Laguna Hills, CA 92653

Margaret Jensis Dec'd ✓  
1615 Putnam Ave. 081-704-637  
Ridgewood, NY 11385

Wallace S. Karutz ✓  
1731 NE 22nd Ter 081-704-638  
Fort Lauderdale, FL 33305

Iris Gittelman ✓  
11 Aaron Burr Ct Concordia 081-704-639  
Cranbury, NJ 08512

Mary Ann Honey ✓  
10303 Ocotillo Dr. 081-704-640  
Sun City, AZ 85373

Lee Etta Hedberg ✓  
P.O. Box 470337 081-704-641  
Ft. Worth, TX 76147-0337

Betty H. Johnson ✓  
718 E. Murry St. 081-704-642  
Rawlins, WY 82301

Glenn R. Gentle ✓  
1117 S. Michigan St. 081-704-643  
Roswell, NM 88201

Hazle L. Gentle ✓  
1117 S. Michigan 081-704-644  
Roswell, NM 88201

Teresa Home ✓  
20321 Celtic 081-704-645  
Chatsworth, CA 91311

Cassandra Keyser  
7170 Isabella Ct. 763-359-869  
Windsor, ON N8S 4J7

Ms. Anne May Colwill ✓  
Ste 302 Churchill Pl  
345 Church St. 765-359-870  
Oakvill, ON L6J 1P2

Ben R. Howard ✓  
3807 Cypresswood Dr. 081-704-648  
Spring, TX 77388-5729

Gerald Fitzgerald Jr. Trust ✓  
9125 Evangeline NE 081-704-649  
Albuquerque, NM 87111

Edward & Pearl Grapel ✓  
7051 Enviorn Bldg. Apt 536 081-704-650  
Lauderhill, FL 33319-4210

Ann Home Emmrson ✓  
1495 SW Clifton 081-704-651  
Portland, OR 97201-3135

Marianne Weill Lester ✓  
75 Mercer Ave. 081-704-652  
Hartsdale, NY 10530

Sidney E. Licht ✓  
1401 Ocean Ave. Apt. 121 081-704-653  
Brooklyn, NY 11230

Dr. Alexander Lore ✓  
85 15 Chevy Chase St. 081-704-654  
Jamaica, NY 11432

Murray Langfelder ✓  
2665 Homecrest Ave. 081-704-655  
Brooklyn, NY 11235

Lawrence L. Lavallo ✓  
2600 N. Military Tr. 4th Fl 081-704-656  
Boca Raton, FL 33431

Nelly Lidell ✓  
40 E. 88th St. 081-704-657  
New York, NY 10028

William V. Licht ✓  
1311 A. Brightwater Ave. Apt. 16C 081-704-658  
Brooklyn, NY 11235



Helen G. Pienkowski ✓  
35 Broad St. Apt. 10 081-704-659  
Freehold, NJ 07728

Julia Simpson ✓  
12300 Radoyka Dr. 081-704-660  
Saratoga, CA 95070

Rachel Lyman ✓  
P.O. Box 3726 081-704-661  
Midland, TX 79702

James Robert Martin ✓  
P.O. Box 8617 081-704-662  
Horseshoe Bay, TX 78654

Viola I. Stewart ✓  
P.O. Box 2460 081-704-663  
Uvalde, TX 78802

Ellis Rudy ✓  
P.O. Box 789 081-704-664  
Houston, TX 77001

Paul Slayton ✓  
P.O. Box 2035 081-704-665  
Roswell, NM 88201

Etoile Postelle ✓  
823 S. Water St. #2B 081-704-666  
Corpus Christi, TX 78401

Kathryn Levine Roman ✓  
3927 Westland Dr. 081-704-667  
West Jordan, UT 84084

Jim L. Sharp ✓  
P.O. Box 594 081-704-668  
Hobbs, NM 88240

Maralo Inc. ✓  
P.O. Box 2923 081-704-669  
Houston, TX 77252-2923

Nanci L. Fox ✓  
84 Colten Ave. 081-704-670  
Sayville, NY 11782

Julie Levine Mullen  
4747 Emory 081-704-671  
El Paso, TX 79922

Orbie N. Lambright ✓  
7208 E. 65th St. 081-704-672  
Tulsa, OK 74133

Evelyn Smith ✓  
404 De Grummond Way 081-704-673  
Salado, TX 76571

Lowe Partners LP ✓  
P.O. Box 2923 081-704-674  
Houston, TX 77252-2923

Robert E. & Virginia C. Older ✓  
4729 Scotts Valley Dr. #11 081-704-675  
Scotts Valley, CA 95066-4232

Rose Marion Berg ✓  
5714 Over Downs 081-704-676  
Dallas, TX 75230

Denna Ely  
5716 Over Downs 081-704-677  
Dallas, TX 75230

Tom S & Anna Lou Home ✓  
109 S. McCadden Pl 081-704-678  
Los Angeles, CA 90004

Geodyne Resources Inc. ✓  
P.O. Box 1450 081-704-679  
Minneapolis, MN 55485-8045

Amoco Production Co. ✓  
P.O. Box 800 081-704-680  
Denver, CO 80201

Barron Properties Ltd. ✓  
First City TX-Midland NA 081-704-681  
P.O. Box 10966  
Midland, TX 79702

Benson-Montin-Greer Corp. ✓  
Albert R. Greer 081-704-682  
221 Petroleum Center Building  
Farmington, NM 87401

Chevron U.S.A. Inc. ✓  
P.O. Box J. Section 732 N. 081-704-683  
Concord, CA 94524

Cloa W. Barkley Ind. Exec. ✓  
Richard P. Barkley Estate 081-704-684  
P.O. Box 872  
Midland, TX 79702-0872

Conoco, Inc. ✓  
10 Desta Dr., Suite 100W 081-704-685  
Midland, TX 79705-4500

Corrinne Miller Gay Trust ✓  
James W. Raymond, Trustee 081-704-686  
P.O. Box 1445  
Kerrville, TX 78028

Dugan Production Corp. ✓  
P.O. Box 420 081-704-687  
Farmington, NM 87499

E. Jean Keyser ✓  
Coopers & Lybrand 765-359-867  
200-600 Ouellette Ave.  
Winsor Canada, ON N9A 6Z3

Elliott Oil Company ✓  
P.O. Box 1355 081-704-689  
Roswell, NM 88201

Estate of J. R. Brennand ✓  
John Brennand, Exec. 081-704-690  
P.O. Box 6616  
Santa Barbara, CA 93160

First City Texas - Midland Trustee U/W/O ✓  
Reese Cleveland Dec'd  
P.O. Box 10966 081-704-691  
Midland, TX 79702

First City Texas Midland NA ✓  
Trustee Acct #99-0799-00  
P.O. Box 10966 081-704-692  
Midland, TX 79702

First City Texas Midland NA ✓  
U/W/O Rozelle B. Cleveland 081-704-693  
P.O. Box 10966  
Midland, TX 79702

Florence Dubilier AW INACTIVE ADDRESS  
Steele Hector Dave 081-704-694  
P.O. Box 2367  
Palm Beach, FL 33480-2367

Gary W. Harvey Indep. Exec. ✓  
H W Smith Estate 081-704-695  
401 SW 23rd  
Seminole, TX 79360

George Galerstein Trustee ✓  
Family Trust U/W/O  
Harry Lipshy 081-704-696  
3817 Vinecrest  
Dallas, TX 78229

Hanson McBride Petroleum Company ✓  
P.O. Box 1515 081-704-697  
Roswell, NM 88201

Herb Marchman Pers. Rep. ✓  
John Burroughs Estate 081-704-698  
9350 Arroya Ln  
Colorado Springs, CO 80908

J. Glenn Turner Jr. ✓  
3131 Turtle Creek Blvd. 081-704-699  
Suite 1201  
Dallas, TX 75219

Joel Schonfeld Exec.  
Olive W. Miller Estate 081-704-701  
1201 Union St.  
Brooklyn, NY 11225-1511

La Plata Gathering System, Inc. ✓  
One Energy Square #852,  
4925 Greenview Ave. 081-704-703  
Dallas, TX 75206-4079

Margaret Dorris McConnell, Life Tenant  
Mr. Jimmy Lynn McConnell 081-704-705  
600 North Broadway  
Hobart, OK 73651

MBank Dallas, Trustee  
Mary Frances Turner Jr. 081-704-707  
P.O. Box 951412  
Dallas, TX 75395-1412

Michael Fitzgerald & ✓  
James Fitzgerald III 081-704-709  
Est. Ben Dansby Jr. Dec'd  
P.O. Box 710  
Midland, TX 79702

Montez Johnson Trust ✓  
U/W/O Leah B. Downey 081-704-711  
P.O. Box 225  
Midland, TX 79702

Nelly Liddel, Harles J. Leave INACTIVE ADDRESS  
& Jules Golden Executors 081-704-942  
11 W 42nd Street  
New York, NY 10036-8002

P O Sill Dec'd ✓  
Mrs. Walter K. Graham 081-704-714  
1504 Soplo Rd SE  
Albuquerque, NM 87123-4425

Robt Murry Fasken Exec. & Trustee UWO ✓  
Andrew Fasken Dec'd  
500 W. Texas Ste. 1160 081-704-716  
Midland, TX 79701

James M. Raymond Ind. Exe. ✓  
Maydell Miller Mast Estate 081-704-700  
P.O. Box 1445  
Kerrville, TX 78028

Julia B. Lilly, Ind. and as Adm. ✓  
O. J. Lilly  
1906 Rock Creek Drive 081-704-702  
Round Rock, TX 78664

Lee Aycock Ind. Exec. ✓  
Haley Aycock Estate 081-704-704  
300 Meadowlakes Dr.  
Marble Falls, TX 78654

Marie Olive Keyser  
Cassandra Keyser 765-359-868  
7170 Isabelle Ct  
Windsor, ON N8S 4J7

Melcone Corp. ✓  
Melvin S. Cohn 081-704-708  
5847 San Felipe St. 1700  
Houston, TX 77057

Minerals Management Service ✓  
P.O. Box 5810, T.A.  
Denver, CO 80217 081-704-710

Mr. Frank A. Schultz, Trustee ✓  
Lincoln Plaza, Suite 21600 LB-1 081-704-712  
500 North Akard  
Dallas, TX 75201-3318

New Mexico Comm of Public Lands ✓  
Mr. Floyd Prando  
P.O. Box 1148 081-704-713  
Santa Fe, NM 87501

Rachel Lyman & Thomas C Brown ✓  
U/W/O C V Lyman Dec'd 081-704-715  
P.O. Box 3726  
Midland, TX 79702

Rosaline Weiss Ind. Exec. ✓  
Sidney L. Weiss Estate 081-704-717  
200 Patterson #614  
San Antonio, TX 78209

Rose Marion Berg, Denna Ely, ✓  
Lee Michael Berg & Richard Ely  
Co Trustees of the  
vine Family Trust B 081-704-718  
1114 Over Downs  
Dallas, TX 75230-4041  
Sidney H. Dunken ✓  
21st Century Contianers 081-704-720  
150 Selig Dr.  
Atlanta, GA 30336

Snyder Oil Corp. ✓  
777 Main, Suite 2500 081-704-722  
Ft. Worth, TX 76102

Sunwest Bank of Albqu. ✓  
Adam Bruss Trust  
c/o Trust Division 081-704-724  
P.O. Box 26900  
Albuquerque, NM 87125-6900

Sunwest Bank of Albqu. ✓  
Peter Bruss Trust 081-704-726  
P.O. Box 26900  
Albuquerque, NM 87125-6900

Sunwest Bank of Albuquerque. ✓  
Ernest Bruss III Trust 081-704-728  
P.O. Box 26900  
Albuquerque, NM 87125-6900

T.H. McElvain Oil & Gas ✓  
P.O. Box 2148 081-704-730  
Santa Fe, NM 87504-2148

Texas Commerce Bank of El Paso ✓ No Current ADDRESS  
for Winifred K. Ponder FOR TRUST  
Ms. Julia E. Merkt 081-704-732  
P.O. Drawer 140  
El Paso, TX 79980

Union Oil Company of California ✓  
Gary Armstrong 081-704-734  
P.O. Box 4531  
Houston, TX 77210-4531

Voit Gilmore ✓  
Merrill Lynch 081-704-736  
4011 University Dr. 3rd Floor  
Durham, NC 27707

Sheila Maria Levine Trust  
NCNB TX Natl Bank A/C 081-704-719  
Fruce Lipshey & David Shoss Trustees  
P.O. Box 852029  
Dallas, TX 75285-2029

Singer Bros ✓  
Bank of Oklahoma 081-704-721  
P.O. Box 771982300  
Tulsa, OK 74182

Southern Union Exploration ✓  
P.O. Box 97927 081-704-723  
Dallas, TX 75327

Sunwest Bank of Albqu. ✓  
Jon Bruss Trust 081-704-725  
P.O. Box 26900  
Albuquerque, NM 87125-6900

Sunwest Bank of Albuquerque ✓  
c/o Barbara Ann Bruss Trust  
Gail McBrearty 081-704-727  
P.O. Box 25500  
Albuquerque, NM 87125

Sunwest Bank Trust Dept ✓  
c/o Barbara I. McConnell Trust  
Gail McBrearty 081-704-729  
P.O. Box 25500  
Albuquerque, NM 87512-5500

Texaco Exploration & Production Inc. ✓  
P.O. Box 2100 081-704-731  
Denver, CO 80201-2100

The Navajo Tribe ✓  
Mr. Albert Dehiya 081-704-733  
Window Rock, AZ 86515

United Pipe Supply co. ✓  
8911 Capital of TX Hwy, Ste 3130 081-704-735  
Austin, TX 78759

William G. Webb ✓  
4200 Republic Bank Tower 081-704-737  
Dallas, TX 75201

WM M Westerman Personal Rep ✓  
Gualthera Westerman Estate  
3777 Kenwick Trl. SW  
Roanoke, VA 24018

081-704-738

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

Mary Smith  
P.O. Box 1445  
Kendall, TX 78028

5. Signature (Addressee)

Signature (Agent)  
D. Glenn W. Glenn

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P-081-704-602

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

22 Mar 93

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

James Raymond  
P.O. Box 3791  
Station B  
Debouergue, NM 87411

5. Signature (Addressee)

Signature (Agent)  
Anthony W. Williams

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P-081-704-601

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

22 Mar 93

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

Debbie Shoss  
1105 Cinnac  
Beyington, RP 40502

5. Signature (Agent)

Signature (Agent)  
D. Glenn W. Glenn

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P-081-704-602

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-22

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

Thomas Senker  
1440 Wintuka  
Enumelaw, WA 98022-0993

5. Signature (Addressee)

Signature (Agent)  
Thomas Senker

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P-081-704-603

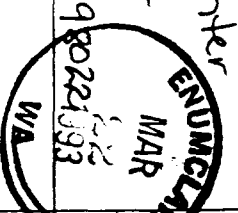
4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-22

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



your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*James Schmidt*  
 1819 Oaklawn Way  
 Birch Lake, CA 95608

5. Signature (Addressee)  
*James Schmidt*

6. Signature (Agent)

4a. Article Number: *P-081-704-007*

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: *3/20/93*

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

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*James Payne*  
 535 Jane St SE  
 Dubuque IA 52008

5. Signature (Addressee)  
*James Payne*

6. Signature (Agent)  
*James Payne*

4a. Article Number: *P-081-704-008*

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: *03-19-93*

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Mark Jordan*  
 701 Hill & Hill Bldg 5th Fl  
 Oklahoma City OK 73102

5. Signature (Addressee)  
*Mark Jordan*

6. Signature (Agent)  
*Mark Jordan*

4a. Article Number: *P-081-704-006*

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: *3-22-93*

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Kat Schneider*  
 1042 Shorewood  
 Sanbrook, TX 77586

5. Signature (Addressee)  
*Kat Schneider*

6. Signature (Agent)  
*Kat Schneider*

4a. Article Number: *P-081-704-007*

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: *3-25-93*

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Frank Savage  
892 Bittie St  
Houston, TX 77024

4a. Article Number

081-704-008

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5-22-93

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

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Elizabeth Calhoun  
4801 St Johns Dr  
Dallas, TX 75205

4a. Article Number

081-704 610

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-20-93

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

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Wendy Smith  
12210 Redbrook  
Houston, TX 77024

4a. Article Number

081-704 5009

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

8/19/92

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Raymond Runner  
PO Box 211  
Fayetteville, TX 61301

4a. Article Number

081-704 611

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT



your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 F.N. Dobbs Sweet  
 PO Box 1589  
 Wilho, TX 77378  
 G. B. Smith & Sons

4a. Article Number: 081-704-612

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: 3-18

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 A.P. Greer  
 501 Airport Dr.  
 Darnington, NM 87004  
 G. B. Smith & Sons

4a. Article Number: 081-704-614

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: 3-18

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Sophia Dobbs  
 PO Box 1589  
 Wilho, TX 77378  
 G. B. Smith & Sons

4a. Article Number: 081-704-613

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: 3-18

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 G.W. Frank  
 6223 Kelly Springs  
 Houston TX 77057  
 G. B. Smith & Sons

4a. Article Number: 081-704-615

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: 3-20-93

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Address a Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

1  
Doro G Weiback  
PO Box 5205  
Santa Fe, NM  
87502

4a. Article Number: 081-704 616

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: 03/19/93

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Donald Weber  
PO Box 533  
Corpus Christi TX  
78403

4a. Article Number: 081-704 617

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: [Blank]

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ann Pachant  
164 Quetta Ave  
Gross Point, NJ  
07304

4a. Article Number: 081-704 618

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: MAR 22 1993

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mari Helene Weill  
50E 95th St Apt 20A  
New York, NY 10021

4a. Article Number: 081-704 619

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: 3-20-93

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Robert Williams  
PO Box 854  
Mableton, GA 30244

4a. Article Number

081-704-620

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

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

6. Signature (Agent)

Signature (Addressee)  
Michelle Williams  
37993

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

Your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P. Burtner Utter  
607 ABO  
Kingsville, TX 78401

4a. Article Number

081-704-621

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

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

6. Signature (Agent)

Signature (Addressee)  
P. Burtner Utter

PS Form 38

December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

Your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Bette G Wood  
PO Box 1095  
Rising Star TX 76471

4a. Article Number

081-704-622

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

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

6. Signature (Agent)

Signature (Addressee)  
Bette G Wood

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

Your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Carolyn Weber  
902 DeMar Blvd  
Corpus Christi TX 78404

4a. Article Number

081-704-623

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

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

6. Signature (Agent)

Signature (Addressee)  
Carolyn Weber

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*David Gerald Baxter*  
 104 Summit Ave.  
 Summit NJ 07091

5. Signature (Addressee)  
*David G. Baxter*

6. Signature (Agent)

4a. Article Number  
 081-104 624

4b. Service Type  
 Registered  Insured  
 Certified  COD

7. Date of Delivery  
 3/25/93

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*John A. Decker*  
 6335 W. New Hwy, 1917  
 Redwood TX 75225

5. Signature (Addressee)  
*John A. Decker*

6. Signature (Agent)  
*John A. Decker*

4a. Article Number  
 081-104 624

4b. Service Type  
 Registered  Insured  
 Certified  COD

7. Date of Delivery  
 5-28-93

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*James Q. E. Anderson*  
 PO Box 285  
 Raubert VT 05761

5. Signature (Addressee)  
*James Q. E. Anderson*

6. Signature (Agent)

4a. Article Number  
 081-104 625

4b. Service Type  
 Registered  Insured  
 Certified  COD

7. Date of Delivery  
 3-23-93

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Denise D. Ruden*  
 PO Box 162481  
 Austin TX 78716

5. Signature (Addressee)  
*Denise D. Ruden*

6. Signature (Agent)  
*Denise D. Ruden*

4a. Article Number  
 081-104 627

4b. Service Type  
 Registered  Insured  
 Certified  COD

7. Date of Delivery  
 5-28-93

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Robert Rudden  
PO Box 162081  
Austin TX 78716

5. Signature (Addressee)

Signature (Agent)  
Robert Rudden

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081-704 628

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-28-93

8. Addressee's Address (Only if requester and fee is paid)

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Clinton Ballard Jr  
312 Remondiana Dr  
Denton TX 76205

5. Signature (Addressee)

Signature (Agent)  
Clinton Ballard Jr

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081-704 629

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-22-93

8. Addressee's Address (Only if requester and fee is paid)

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Kathryn D Cobbley  
PO Box 1854  
Midland TX 79702

5. Signature (Addressee)

Signature (Agent)  
Kathryn D Cobbley

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081-704 630

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 22 1993

8. Addressee's Address (Only if requester and fee is paid)

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Julie Cantrell Jr.  
4808 Campstreet  
Arlington TX 76011

5. Signature (Addressee)

Signature (Agent)  
Julie Cantrell Jr

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081-704 631

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-22-93

8. Addressee's Address (Only if requester and fee is paid)

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Annex Center  
PO Box 1625  
Durango CO 81302

5. Signature (Addressee)

Signature (Agent)  
A. E. Baker

PS Form 3811, December 1991 #U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

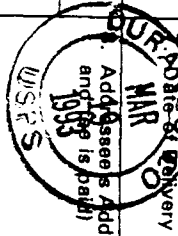
4a. Article Number

081 104 632

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

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



your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Joan Dunbar  
PO Box 84267  
Denver CO 80224

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 #U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 104 633

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

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



your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

WJ Benton Dunson  
5015 Country Club Dr.  
Atlantic, FL 33462  
Katie Morrison

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 #U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 104 634

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

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

7. Date of Delivery  
5/20

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Uma Fritz Road  
51 Foster St  
Newburyport, MA 01881  
Katherine Dunbar

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 #U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 104 635

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

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

7. Date of Delivery  
3-20-93

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Sam Kucherbaum  
 P.O. Box 33 N. Via Vista  
 Laguna Hills CA  
 92653

5. Signature (Addressee)

*Sam Kucherbaum*  
 Signature (Agent)

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081 704 636

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/20/93

8. Addressee's Address (Only if request and fee is paid)

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Wallace Karutz  
 1731 NE 22nd St  
 Fort Lauderdale FL  
 33305

5. Signature (Addressee)

*Wallace Karutz*  
 Signature (Agent)

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081 704 638

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/27/93

8. Addressee's Address (Only if request and fee is paid)

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Dr. Dittelman  
 11 Aaron Burnett Dr  
 Cambridge NJ  
 08512

5. Signature (Addressee)

*Dr. Dittelman*  
 Signature (Agent)

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081 704 639

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/27/93

8. Addressee's Address (Only if request and fee is paid)

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mary Ann Henry  
10305 Decelle Dr  
Sun City, AZ 85303

5. Signature (Addressee)

Mary Henry

6. Signature (Agent)

4a. Article Number

081 204 640

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/22/93

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

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991

4 U.S. GPO: 1992-323-402

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Joe Otto Hedberg  
PO Box 470337  
St. Louis, TX 76147

5. Signature (Addressee)

Joe Otto Hedberg

6. Signature (Agent)

Joe Otto Hedberg

4a. Article Number

081 204 641

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/23/93

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

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991

4 U.S. GPO: 1992-323-402

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Betty Johnson  
915 E Murray St  
Lawrence KS 66230

5. Signature (Addressee)

Betty Johnson

6. Signature (Agent)

4a. Article Number

081 204 642

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/22/93

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

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991

4 U.S. GPO: 1992-323-402

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Blenn Heulle  
1117 S Michigan St  
Lawrence KS 66201

5. Signature (Addressee)

Blenn Heulle

6. Signature (Agent)

4a. Article Number

081 204 643

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/19

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

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991

4 U.S. GPO: 1992-323-402



our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

1 *Bozell Gentles*  
 1117 S. Michigan  
 Roseville MI 48229

5. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081700 645

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/19

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

our RETURN ADDRESS completed on the reverse side?

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

1 *Arizona Kemp*  
 20321 Celtic  
 Chatawaun MI 49711

5. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081700 645

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-22-93

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

5614

1001

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 General Fitzgerald  
 1125 Brown Square DE  
 Albusquerque, NM 87111

5. Signature (Addressee)  
 Signature (Agent)

6. Signature (Agent)

4a. Article Number: 081 204 649

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery

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

1 also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Van Home Services  
 1495 SW Capital  
 Portland, OR 97201

5. Signature (Addressee)  
 Signature (Agent)

6. Signature (Agent)

4a. Article Number: 081 704 657

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery

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

1 also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Ben Heuserel  
 3807 Appaloosa Dr  
 Spring TX 77388

5. Signature (Addressee)  
 Signature (Agent)

6. Signature (Agent)

4a. Article Number: 081 204 649

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: 3-18-93

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

1 also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Edward Beapol  
 7051 Brown Bldg. 5th  
 Jacksonville, FL 32319

5. Signature (Addressee)  
 Signature (Agent)

6. Signature (Agent)

4a. Article Number: 081 704 650

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: 3/23/93

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

1 also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

21 MAR 1993

1993

DOMESTIC RETURN RECEIPT

1993

DOMESTIC RETURN RECEIPT

1993

DOMESTIC RETURN RECEIPT

1993

DOMESTIC RETURN RECEIPT

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Marwanne White Peters*  
*75 Marcell Ave.*  
*Hertfordale, NY 10550*

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

4a. Article Number

*081-704 652*

4b. Service Type  
 Registered  
 Certified  
 Express Mail

7. Date of Delivery  
*3/24/93*

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

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Bridney Dick*  
*W401*  
*BROOKLYN, NY 11230*

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

4a. Article Number

*081-704 653*

4b. Service Type  
 Registered  
 Certified  
 Express Mail

7. Date of Delivery

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

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Dr. Alexander Jure*  
*85 15 Quoy Chase St.*  
*Oranorra, NY 11432*

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

4a. Article Number

*081-704 654*

4b. Service Type  
 Registered  
 Certified  
 Express Mail

7. Date of Delivery  
*3/23/93*

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

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Murray Hargreaves*  
*8 Jews Hempstead Ave.*  
*Brooklyn, NY 11235*

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

4a. Article Number

*081-704 655*

4b. Service Type  
 Registered  
 Certified  
 Express Mail

7. Date of Delivery

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

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:

1. *Barbara Fucille*  
 2000 N. Midway Tr.  
 Boca Raton, FL 33431

5. Signature (Addressee)

*M. Conolly*

6. Signature (Agent)

PS Form 3811 November 1991

4U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 6559

4b. Service Type

Registered

Certified

Express Mail

Return Receipt for Merchandise

7. Date of Delivery

11/11/91

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

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:

1. *William Sweet*  
 111 A. Binghamton  
 Hill Apt 16c  
 Brooklyn, NY 11235

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811 November 1991

4U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 6559

4b. Service Type

Registered

Certified

Express Mail

7. Date of Delivery

11/11/91

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

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:

1. *Nelly Riddell*  
 410 E. 88th St.  
 New York, NY

5. Signature (Addressee)

*Nelly Riddell*

PS Form 3811

November 1991

4U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 6559

4b. Service Type

Registered

Certified

Express Mail

Return Receipt for Merchandise

7. Date of Delivery

11/11/91

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

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:

1. *William Perkowski*  
 300 Broad St Apt 10  
 44 Wood, NJ

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811

November 1991

4U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 6559

4b. Service Type

Registered

Certified

Express Mail

7. Date of Delivery

11/11/91

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

**YOUR RETURN ADDRESS Completed on the reverse side**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Paula Simpson  
 2300 Paducah Dr.  
 Sarasota, FL 34209

4a. Article Number: 081 704 660

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: 3-20

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

NS Form 3811 November 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

**RETURN ADDRESS Completed on the reverse side**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 James Martin  
 PO Box 5617  
 Mercedes Bay, TX 78654

4a. Article Number: 8866

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: 3-18-93

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): James Peter Nordin

NS Form 3811 November 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

**YOUR RETURN ADDRESS Completed on the reverse side**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Rachel Symms  
 PO Box 3726  
 Midland, TX 79702

4a. Article Number: 081 704 661

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: 3-18-93

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

NS Form 3811 November 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

**RETURN ADDRESS Completed on the reverse side**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Diana Stewart  
 PO Box 3540  
 Dallas, TX 75202

4a. Article Number: 081 704 663

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: 3-18-93

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

NS Form 3811 November 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Ellie Rudy*  
 PO Box 789  
 Newton TX 77001

4a. Article Number

081 704 1604

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 2 1993

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

5. Signature (Addressee)

*Ellie Rudy*

6. Signature (Agent)

*Paula J. Kelly*

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Paul Slaytor*  
 PO Box 2035  
 Reseed TX 88201

4a. Article Number

081 704 1605

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 2 1993

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

5. Signature (Addressee)

*Paul Slaytor*

6. Signature (Agent)

*Paula J. Kelly*

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Erica Steller*  
 8255 Water St 2B  
 Carpoo Christi TX  
 78409

4a. Article Number

081 704 1616

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 2 1993

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

5. Signature (Addressee)

*Erica Steller*

6. Signature (Agent)

*Paula J. Kelly*

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Kathryn Roman*  
 1392 Walden Dr.  
 W. Jordan, UT  
 84084

4a. Article Number

081 704 1617

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 2 1993

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

5. Signature (Addressee)

*Kathryn Roman*

6. Signature (Agent)

*Paula J. Kelly*

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

1 Eric Ward  
 1 PO Box 594  
 Hobbs, NM 88240

5. Signature (Addressee)  
 6. Signature (Agent)

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 1668

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-19-93

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

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

1 also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 1669

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 19 1993

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

1 Marab Inc.  
 1 PO Box 2923  
 Houston, TX 77252

5. Signature (Addressee)  
 6. Signature (Agent)

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 1668

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-19-93

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

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

1 also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 1669

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 19 1993

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

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

1 Marab Inc.  
 84 Colburn Ave.  
 Sayville, NY 11782

5. Signature (Addressee)  
 6. Signature (Agent)

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 1670

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/25/93

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

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 1670

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3/25/93

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a, b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Article Handbuilt  
 4208 E 65th St.  
 Jussa, TX 74133

4a. Article Number: 081 704 672

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: 3-19-93

8. Addressee's Address (Only if request and fee is paid)

6. Signature (Agent): *[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a, b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Special Artworks  
 PO Box 2925  
 Houston TX 77252

4a. Article Number: 081 704 677

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: MAR 19 1993

8. Addressee's Address (Only if request and fee is paid)

6. Signature (Agent): *[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a, b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Quaberg & Smith  
 1104 Dr. Drummond Way  
 Selado, TX 74571

4a. Article Number: 081 704 673

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: MAR 19 1993

8. Addressee's Address (Only if request and fee is paid)

6. Signature (Agent): *[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a, b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Robert Oldberg  
 4729 Scotts Valley Dr #11  
 Scotts Valley, CA 95066

4a. Article Number: 081 704 675

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: MAR 19 1993

8. Addressee's Address (Only if request and fee is paid)

6. Signature (Agent): *[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.



your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*1*  
 Ross Burg  
 5714 Our Downs  
 Dallas TX 75238

5. Signature (Addressee)

6. Signature (Agent)  
*Deanna Turner*

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081 724 678

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 21 1993

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*1*  
 Gudrun Rosner  
 PO Box 1450  
 MBRUNNEN, MN  
 55485

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081 724 679

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAR 20 1993

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

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*1*  
 Tom Stone  
 109 S. Mcadden  
 Los Angeles CA 90004

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081 724 678

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-19

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*1*  
 Leneo  
 PO Box 800  
 Denver, CO 80201

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991

\*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081 724 680

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-19

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

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Barton Shop.*  
 PO Box 10946  
 Midland TX 79702

5. Signature (Addressee)

6. Signature (Agent)  
*R. Rodriguez*

PS Form 3811, December 1991

U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081704681

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-22-93

8. Addressee's Address (Only if request and fee is paid)

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Benson Martin Evans*  
 221 Pietro Bldg.  
 Farmington NM  
 87401

5. Signature (Addressee)

6. Signature (Agent)  
*Shirley M. Miller BME*

PS Form 38

December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

4a. Article Number

081704682

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-18

8. Addressee's Address (Only if request and fee is paid)

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Chewer*  
 PO Box 986 7324  
 Concord, CA 94524

5. Signature (Addressee)

6. Signature (Agent)  
*John Albarran*

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

081704683

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-23-93

8. Addressee's Address (Only if request and fee is paid)

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Richard Berkley*  
 PO Box 972  
 Midland TX 79702

5. Signature (Addressee)

6. Signature (Agent)  
*Pat Quinteros*

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

4a. Article Number

081704684

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-23-93

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

Your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Conce  
10 Lechard St  
Midland TX  
79705

5. Signature (Addressee)

Signature (Agent)  
Crista Bonales

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 685

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

2/23/93

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Donna Miller Gray  
PO Box 1445  
Kerrville, TX 78028

5. Signature (Addressee)

Signature (Agent)  
Kerrville Postcard

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

017 004 886

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

3-22-93

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

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Duquoin Road  
PO Box 420  
Farmington, NY  
87495

5. Signature (Addressee)

Signature (Agent)  
Kerrville Postcard

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number

081 704 687

4b. Service Type

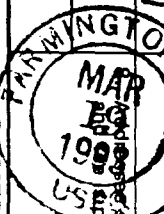
Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

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



**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number 081 704 689

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery 3-22-93

5. Signature (Addressee) Robert DUB.

6. Signature (Agent) Robert DUB.

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number 081 704 691

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery 3-22-93

5. Signature (Addressee) Robert Cleveland

6. Signature (Agent) Robert Cleveland

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number 081 704 690

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee) J. R. Brunard

6. Signature (Agent) J. R. Brunard

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number 081 704 692

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery 3-22-93

5. Signature (Addressee) Just City TX Midland

6. Signature (Agent) Just City TX Midland

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print full name and address on the reverse of this form so that we can return it to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
 Rogge B Cowland  
 PO Box 10946  
 Midland TX  
 79702

4a. Article Number: 081 704 693

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: 3-22-93

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

PS Form 3811, November 1990 \* U.S. G.P.O.: 1991-297-006

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print full name and address on the reverse of this form so that we can return it to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1 also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number: 081 704 695

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: 3-20-93

8. Addressee's Address (Only if requested and fee is paid):  
 H.W. Smith Bldg  
 401 SW 23rd  
 Seminole, TX  
 79300

Signature (Addressee): [Signature]

Signature (Agent): [Signature]

PS Form 3811, November 1990 \* U.S. G.P.O.: 1991-297-006

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print full name and address on the reverse of this form so that we can return it to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1 also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number: 081 704 696

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery: MAR 24 1993

8. Addressee's Address (Only if requested and fee is paid):  
 Harry Shady  
 3817 University  
 Dallas, TX  
 75229

Signature (Addressee): [Signature]

Signature (Agent): [Signature]

PS Form 3811, November 1990 \* U.S. G.P.O.: 1991-297-006

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the article to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ranson McBride  
PO Box 1515  
Roswell NM  
88201

4a. Article Number

081 704 1097

4b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

MAR 22 1993

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

6. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-095

DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Glen Turner Jr  
3131 Durbin Creek Blvd  
Dallas TX 75219

4a. Article Number

081 704 1095

4b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

3-22-93

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

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Oliver Burroughs  
14350 Arroyo Ln  
Chico Verde Springs CO  
80908

4a. Article Number

081 704 1098

4b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

3-23-93

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

5. Signature (Addressee)

Oliver Burroughs

6. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-095

DOMESTIC RETURN RECEIPT

**your RETURN ADDRESS completed on the reverse side?**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Waydell Mast  
PO Box 1445  
Kearnsville UT 84028

4a. Article Number

081 704 1100

4b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

3-22-93

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

5. Signature (Addressee)

Waydell Mast

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: OS Lilly  
1906 Rock Creek Dr.  
Round Rock, TX  
Dustin Wiley 518804

5. Signature (Addressee)

6. Signature (Agent)

PS Form 37 December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

4a. Article Number: 081 704 702

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: 3-19-93

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: The Papa Bellongs  
4925 Shennandoah Ave.  
Denton TX 75206

5. Signature (Addressee)

6. Signature (Agent) [Signature]

PS Form 3811 December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

4a. Article Number: 081 704 703

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: 2-22-93

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: Yellow Pages Dept.  
3500 Guadalupe Lakes Dr.  
Norton Shores TX 78654

5. Signature (Addressee) [Signature]

6. Signature (Agent) [Signature]

PS Form 3811 December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

4a. Article Number: 081 704 704

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: [Blank]

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

USPO 3811 33

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Madison Corp.  
5847 San Diego St  
Houston, TX 77057

4a. Article Number

881704 108

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

2/19/95

6. Signature (Addressee)

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

Signature (Agent)

*John A. Moore*



**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Ben Barsby*

PO Box 710  
Midland, TX  
79702

4a. Article Number: *081 704 709*

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: *3-22-93*

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

6. Signature (Agent): *W. Lee P. Williams*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*John B. Dourney*

PO Box 225  
Midland, TX  
79702

4a. Article Number: *081 704 711*

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: *MAR 22 1993*

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

6. Signature (Agent): *Monty Johnson*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Minerals Manag.*

PO Box 580  
Denver, CO  
80219

4a. Article Number: *081 704 710*

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: *3-17-93*

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

6. Signature (Agent): *DE*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Mark Seubly*

5200 N. Akard  
Dallas, TX 75201

4a. Article Number: *081 704 712*

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: *MAR 24 1993*

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

6. Signature (Agent): *W. Lee*

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-006

**DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Shed Hand  
P.O. Box 1148  
Santa Fe, NM 87501

5. Signature (Addressee)

M. J. WOOD

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

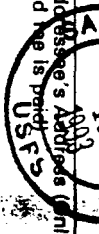
Consult postmaster for fee.

4a. Article Number  
081 704 715

4b. Service Type  
 Registered  
 Insured  
 Certified N.M.P.C.O.D.  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
1/19/93

8. Addressee's Address (Only if requested and fee is paid)  
US



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P.O. Box 1001  
1524 Sophie Rd SE  
Albuquerque, NM 87185

5. Signature (Addressee)

Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
081 704 714

4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
3-19-93

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

CV Dymon Deck  
PO Box 374  
Midland, TX 79701

5. Signature (Addressee)

Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
081 704 715

4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
3/24/93

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Andrew Jackson Deck  
8200 JK St  
Midland, TX 79701

5. Signature (Addressee)

Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
081 704 716

4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
3/24/93

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Sidney S. Wood Esq.  
 200 Patterson #614  
 18309  
 78309

4a. Article Number: **PO81-704-719**

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: **3-1-53**

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

5. Signature (Addressee)  
 Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

Thank you for using Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 John Family Street  
 5714 Our Adams  
 Dallas TX 75230

4a. Article Number: **PO81-704-719**

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: **3-1-53**

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

5. Signature (Addressee)  
 Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Sidney Dunkin  
 150 Selig Dr.  
 Atlantic, GA 30336

4a. Article Number: **PO81-704-720**

4b. Service Type:  Registered  Insured  Certified  COD

7. Date of Delivery: **3-1-53**

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

5. Signature (Addressee)  
 Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Singer Bros.  
PO Box 77982300  
Queen, OK 74182

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

1 also wish to receive the following services (for an extra fee):

2.  Restricted Delivery Consult postmaster for fee.

4a. Article Number  
D081704721

4b. Service Type  
 Registered  
 Certified  
 Express Mail

7. Date of Delivery  
MAR 22 1993

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Southern Union Bldg.  
PO Box 97927  
Dallas TX 75327

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

1 also wish to receive the following services (for an extra fee):

2.  Restricted Delivery Consult postmaster for fee.

4a. Article Number  
D081704723

4b. Service Type  
 Registered  
 Certified  
 Express Mail

7. Date of Delivery  
MAR 24 1993

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Snyder Oil  
PO Box 3500  
Ft Worth TX 76102

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

1 also wish to receive the following services (for an extra fee):

2.  Restricted Delivery Consult postmaster for fee.

4a. Article Number  
D081704722

4b. Service Type  
 Registered  
 Certified  
 Express Mail

7. Date of Delivery  
MAR 22 1993

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Adam Bros  
PO Box 29900  
Abilene TX 79602

5. Signature (Addressee)

6. Signature (Agent)  
KIMBERLY YOUNG

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

1 also wish to receive the following services (for an extra fee):

2.  Restricted Delivery Consult postmaster for fee.

4a. Article Number  
D081704724

4b. Service Type  
 Registered  
 Certified  
 Express Mail

7. Date of Delivery  
MAR 24 1993

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

John Bruno  
PO Box 26900  
Albuquerque, NM  
87125

5. Signature (Addressee)  
KIMBERLY YOUNG

6. Signature (Agent)  
KIMBERLY YOUNG

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

1. I also wish to receive the following services (for an extra fee):

1.  Addressee's Address Restricted Delivery

2.  Restricted Delivery Consult postmaster for fee.

4a. Article Number  
P-081-704-725

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if request and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

John Bruno  
PO Box 26900  
Albuquerque, NM

5. Signature (Addressee)

6. Signature (Agent) KIMBERLY YOUNG

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

1. I also wish to receive the following services (for an extra fee):

1.  Addressee's Address Restricted Delivery

2.  Restricted Delivery Consult postmaster for fee.

4a. Article Number  
P-081-704-726

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if request and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Barbara Ann Bruno  
PO Box 26900  
Albuquerque, NM  
87125

5. Signature (Addressee)

6. Signature (Agent) KIMBERLY YOUNG

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

1. I also wish to receive the following services (for an extra fee):

1.  Addressee's Address Restricted Delivery

2.  Restricted Delivery Consult postmaster for fee.

4a. Article Number  
P-081-704-727

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if request and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

John Bruno III  
PO Box 26900  
Albuquerque, NM  
87125

5. Signature (Addressee)

6. Signature (Agent) KIMBERLY YOUNG

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

1. I also wish to receive the following services (for an extra fee):

1.  Addressee's Address Restricted Delivery

2.  Restricted Delivery Consult postmaster for fee.

4a. Article Number  
P-081-704-728

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if request and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return it to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Barbara McClellan  
PO Box 26900  
Albuquerque, NM 87125

5. Signature (Addressee)  
KIMBERLY YOUNG

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

- Addressed
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P081704729

- 4b. Service Type
- Registered
  - Certified
  - Insured
  - COD
  - Express Mail
  - Return Receipt for Merchandise

7. Date of Delivery

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return it to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

T. N. McClellan  
PO Box 2148  
Sandoz, NM 87504

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P081704730

- 4b. Service Type
- Registered
  - Certified
  - Insured
  - COD
  - Express Mail
  - Return Receipt for Merchandise

7. Date of Delivery

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Doraco  
PO Box 2100  
Denver, CO 80201

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P081704731

- 4b. Service Type
- Registered
  - Certified
  - Insured
  - COD
  - Express Mail
  - Return Receipt for Merchandise

7. Date of Delivery

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Winfred K Boudier  
PO Box 140  
Alamo, TX 79980

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P081704732

- 4b. Service Type
- Registered
  - Certified
  - Insured
  - COD
  - Express Mail
  - Return Receipt for Merchandise

7. Date of Delivery

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

4a. Article Number: **P-081-704-733**

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: **March 18, 1993**

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

5. Signature (Addressee)

6. Signature (Agent): *Steve Markwick*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

4a. Article Number: **P-081-704-735**

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: **3-22-93**

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

5. Signature (Addressee)

6. Signature (Agent): *Steve Markwick*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

4a. Article Number: **P-081-704-734**

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: **MAR 22 1993**

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

5. Signature (Addressee)

6. Signature (Agent): *Steve Markwick*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

4a. Article Number: **P-081-704-736**

4b. Service Type:  Registered  Insured  Certified  COD  Express Mail  Return Receipt for Merchandise

7. Date of Delivery: **3/22**

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

5. Signature (Addressee)

6. Signature (Agent): *Steve Markwick*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a, b, h.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

William Hubbard  
14300 Republic Bank Dr.  
Dallas, TX 75201

5. Signature (Addressee)

6. Signature (Agent)  
*William Hubbard*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
081-704-1737

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
3-22-93

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

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a, b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

WMM Bob Hubbard  
3777 Kenwick Tr. SW  
Roanoke, VA 24018

5. Signature (Addressee)  
*Bob Hubbard*

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
081-704-1738

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
3-23-93

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a, b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Donald E. Ueber  
110 Kennedy Ave. Units  
San Antonio, TX  
78209

5. Signature (Addressee)  
*Donald E. Ueber*

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
081-704-741

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
3-1-93

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


Thank you for

Receipt Service



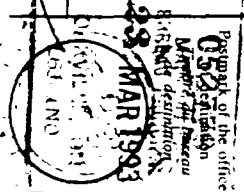
To be completed at destination.  
A compléter à destination.

To be filled out by the office of origin.  
A remplir par le bureau d'origine.

Registered article Envoi recommandé	<input checked="" type="checkbox"/> Letter Lettre	<input type="checkbox"/> Printed Matter Imprime	<input type="checkbox"/> Other Autre	<input type="checkbox"/> Express Mail International
<input type="checkbox"/> Insured parcel Colis avec valeur déclarée	Insured Value Valeur déclarée	Article No.	Date of posting Date de dépôt	
Office of mailing Bureau or depot				
Addressee (Name or firm) Nom ou raison sociale du destinataire				
E. Jean Keger (Coopers & Lybrand)				
Street and No. Rue et No.				
800-600 OUELLETTE AVE				
Place and country Lieu et Pays				
Windsor Canada ON N9A 6Z3				
<p>This receipt must be signed by the addressee or by a person authorized to do so by virtue of the regulations of the country of destination, or, if those regulations so provide, by the employee of the office of destination, and returned by the first mail directly to the sender.</p> <p>Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.</p>				
The article mentioned above was duly delivered L'envoi mentionné ci-dessus a été dûment livré.		Date	Postmark of the office of destination Timbre de destination	
Signature of the addressee Signature du destinataire		Signature of the employee of the office of destination Signature de l'agent du bureau de destination		
E. Keger				

To be completed at destination.  
A compléter à destination.

To be filled out by the office of origin.  
A remplir par le bureau d'origine.

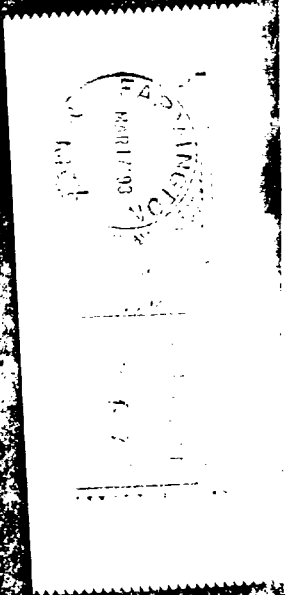
Registered article Envoi recommandé	<input checked="" type="checkbox"/> Letter Lettre	<input type="checkbox"/> Printed Matter Imprime	<input type="checkbox"/> Other Autre	<input type="checkbox"/> Express Mail International
<input type="checkbox"/> Insured parcel Colis avec valeur déclarée	Insured Value Valeur déclarée	Article No.	Date of posting Date de dépôt	
Office of mailing Bureau or depot				
Addressee (Name or firm) Nom ou raison sociale du destinataire				
MS Anne May Colwill				
Street and No. Rue et No.				
ste 302 Churchhill Pl. 345 Church St.				
Place and country Lieu et Pays				
Oakville Canada ON L6T 1P2				
<p>This receipt must be signed by the addressee or by a person authorized to do so by virtue of the regulations of the country of destination, or, if those regulations so provide, by the employee of the office of destination, and returned by the first mail directly to the sender.</p> <p>Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.</p>				
The article mentioned above was duly delivered L'envoi mentionné ci-dessus a été dûment livré.		Date	Postmark of the office of destination Timbre de destination	
Signature of the addressee Signature du destinataire		Signature of the employee of the office of destination Signature de l'agent du bureau de destination		
P. Balnu				

C

Texas Commerce Bank of El Paso  
for Winifred K. Ponder  
Ms. Julia E. Merki  
P.O. Drawer 140  
El Paso, TX 79980

MAIL  
P 081 704 732  
CERTIFIED

Fold at line over top of envelope to the  
right of the return address



*Handwritten signature*

*Handwritten signature*

*Handwritten initials*

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 081 204 694

**MAIL**

~~Florence Duhilien AW  
Steele Hector Dave  
P.O. Box 2567 2637  
Palm Beach, FL 33480-2367~~



3 67

POSTAGE



U.S. POSTAGE  
3 67

Fold line over top of envelope to the right of the return address

**CERTIFIED**

P 081 704 942

**MAIL**

Nelly Liddell, Charles J. Leave  
& Jules Golden Executors  
11 W 42nd Street  
New York, NY 10036-8002

EXHIBIT F

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. 10510

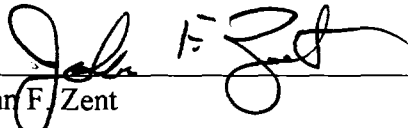
APPLICATION OF MERIDIAN OIL, INC.  
FOR DOWNHOLE COMMINGLING AN  
ADMINISTRATIVE PROCEDURE FOR THE  
HUERFANO UNIT, SAN JUAN COUNTY,  
NEW MEXICO

CERTIFICATE OF MAILING

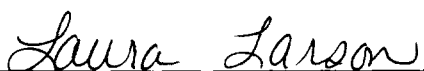
AND

COMPLIANCE WITH ORDER R-8054

John F. Zent, authorized representative of MERIDIAN OIL INC., 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 address of all interested parties entitled to receive notice, that on March 17, 1993, 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 as along with the cover letter, at least twenty days prior to the hearing set of April 8, 1993, 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.

  
\_\_\_\_\_  
John F. Zent

SUBSCRIBED AND SWORN to before me this 31<sup>st</sup> day of March, 1993.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

January 8, 1995

EXHIBIT G

R10W

R9W

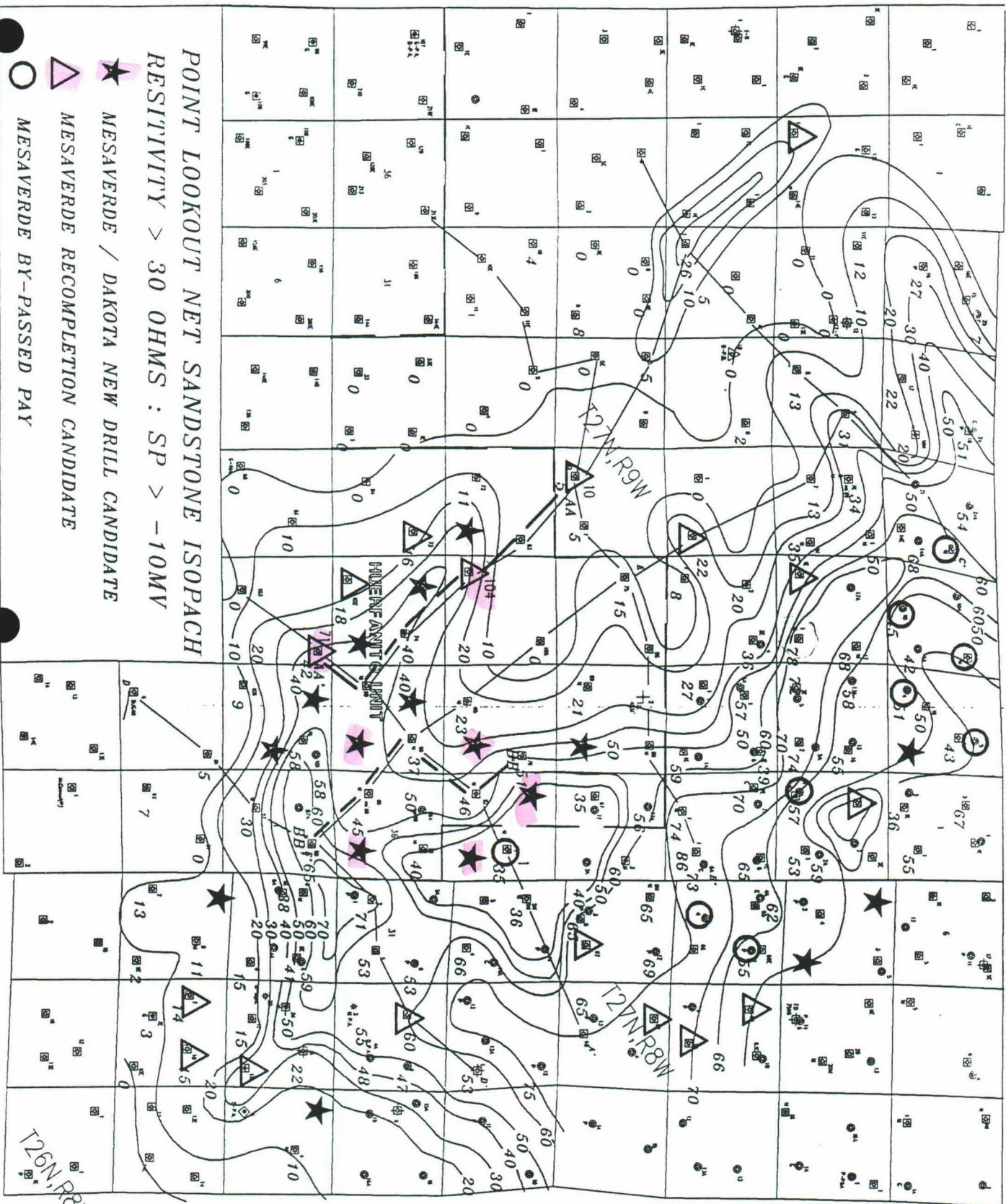
R8W

FIG. 3

T 27 N

T 27 N

T 26 N

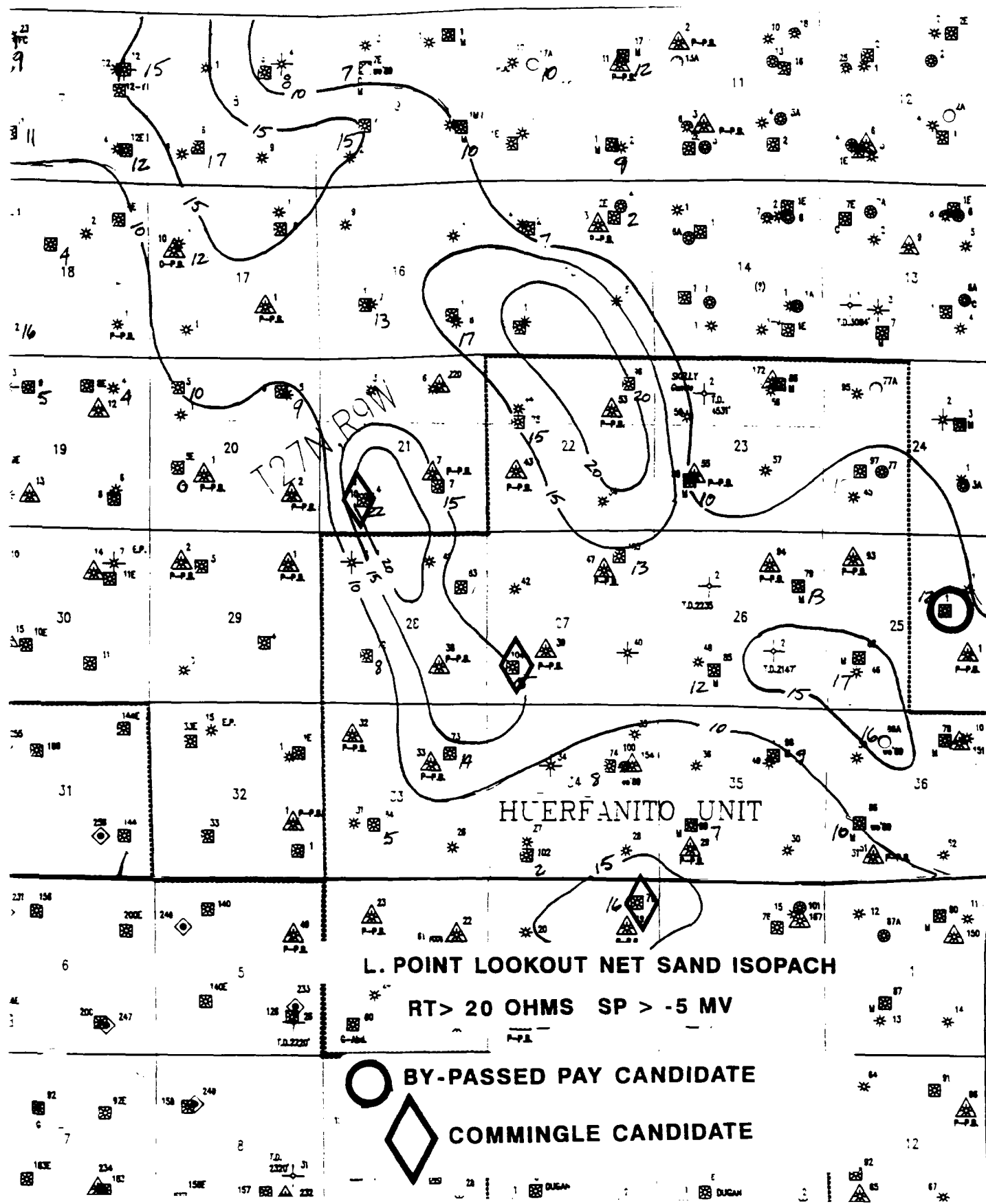


POINT LOOKOUT NET SANDSTONE ISOPACH  
RESISTIVITY > 30 OHMS : SP > -10MV

- ★ MESAVERDE / DAKOTA NEW DRILL CANDIDATE
- △ MESAVERDE RECOMPLETION CANDIDATE
- MESAVERDE BY-PASSED PAY



FIG. 5



HUERFANITO UNIT

L. POINT LOOKOUT NET SAND ISOPACH

RT > 20 OHMS SP > -5 MV

- BY-PASSED PAY CANDIDATE
- ◇ COMMINGLE CANDIDATE

EXHIBIT H

---

YIELD  
 WTR-bpm  
 OIL-bpm  
 GAS-mcfm

1.000  
 10.00  
 1000  
 10000

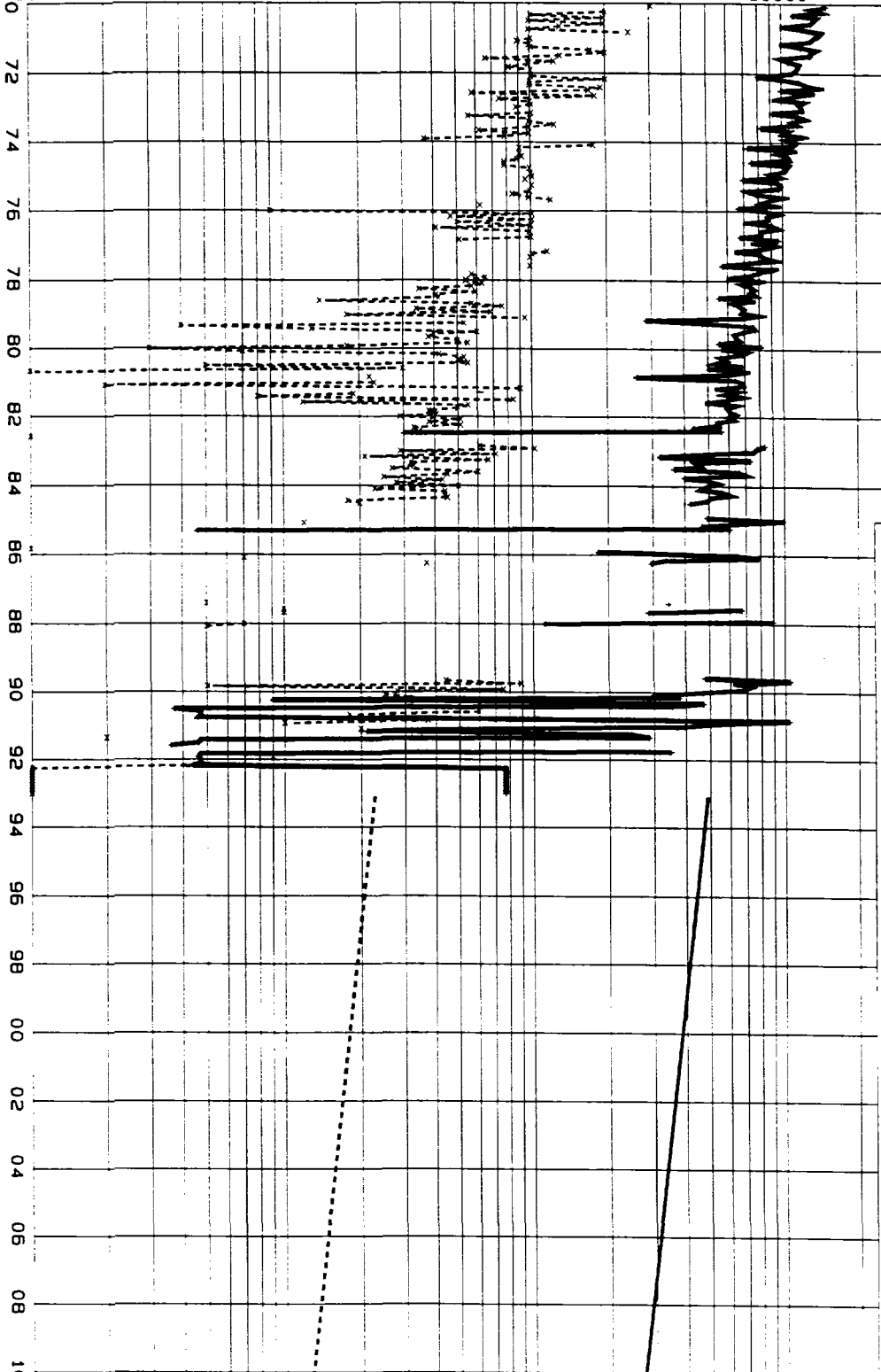
.100  
 1.00  
 100  
 1000

.010  
 .10  
 10  
 100

.001  
 .01  
 10  
 100

WELL NAME: HUERFANITO UNIT  
 WELL #: 104  
 FORMATION: DAKOTA  
 LOCATION: 027N009W27M  
 STATUS: F  
 SWITCHER: KENNY CULBERTSON  
 STAT DATE: 09/30/91

DPNO: 30064-1



GAS-mcfm  
 Ref- 12/92  
 Cum-1607.735  
 OIL-bpm  
 Ref- 12/92  
 Cum- 11.717  
 WTR-bpm  
 Ref- 12/92  
 Cum- .003

GAS  
 Ga1=93PDP  
 Ref- 01/93  
 Cum-2242.588  
 Rem-1584.777  
 EUR-3827.365  
 Yrs= 78.500  
 G1= 4867.4  
 De= 3.379  
 n= 3.000  
 Gab= 327.8

OIL  
 Ga1=93PDP  
 Ref- 01/93  
 Cum- 18.458  
 Rem- 7.365  
 EUR- 25.823  
 Yrs- 78.500  
 G1- 0  
 De- .000  
 n- .000  
 Gab- .0

DATE

YIELD  
WTR-bpm  
OIL-bpm  
GAS-mc fm

1.000  
100.0  
1000  
1000

.100  
10.0  
100  
100

.010  
1.0  
10  
10

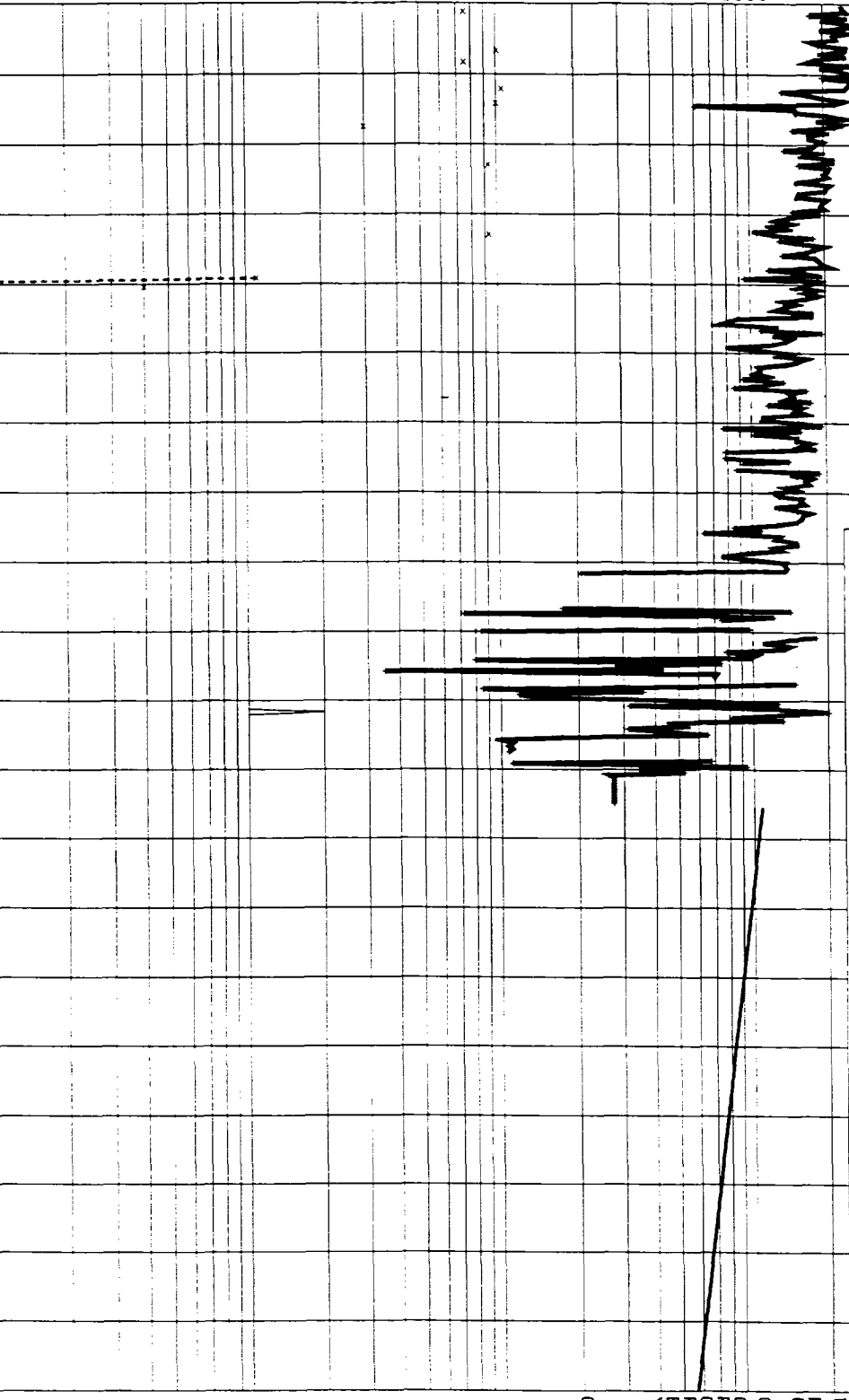
001  
1  
1  
1

WELL NAME: HUERFANITO UNIT  
WELL #: 71  
FORMATION: DAKOTA  
LOCATION: 026N009W03A  
STATUS: F  
SWITCHER: KENNY CULBERTSON  
STAT DATE: 09/30/91

DPNO: 30037-1

70 72 74 76 78 80 82 84 86 88 90 92 94 96 98 00 02 04 06 08 10

DATE



GAS-mc fm  
Ref = 12/92  
Cum = 355.391  
OIL-bpm  
Ref = 12/92  
Cum = .688  
WTR-bpm  
Ref = 12/92  
Cum = .028  
GAS  
Ga1 = 93PDP  
Ref = 01/93  
Cum = 607.616  
Rem = 247.263  
EUR = 854.879  
YCS = 33.833  
Qi = 1081.8  
De = 3.723  
n =  
Qab = 300.0

WTR-bpd  
OIL-bpd  
GAS-mcfd

10.00  
10.00  
100.0

1.00  
1.00  
10.0

.10  
.10  
1.0

001  
01  
1

80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09

WELL NAME: HUERFANITO UNIT  
WELL #: 71  
FORMATION: MESAVERDE  
LOCATION: 3A 25N 9W  
STATUS: AC  
STAT DATE: 01/01/80  
SWITCHER:

DPNO: 251-045-2

GAS-mcfd  
Ref= 07/92  
Cum= 355.124  
OIL-bpd  
Ref= 07/92  
Cum= .688  
WTR-bpd  
Ref= 07/92  
Cum= .030  
GAS  
0a1=BUD93  
Ref= 07/93  
Cum= 385.878  
Rem= 809.833  
EUR= 1195.711  
Yrs= 34.583  
Q1= 6219.1  
De= 8.398  
n= .000  
gab= 300.0  
OIL  
0a1=BUD93  
Ref= 07/93  
Cum= 1.303  
Rem= 16.197  
EUR= 17.500  
Yrs= 34.583  
Q1= 0  
De= .000  
n= .000  
gab= .0

DAKOTA

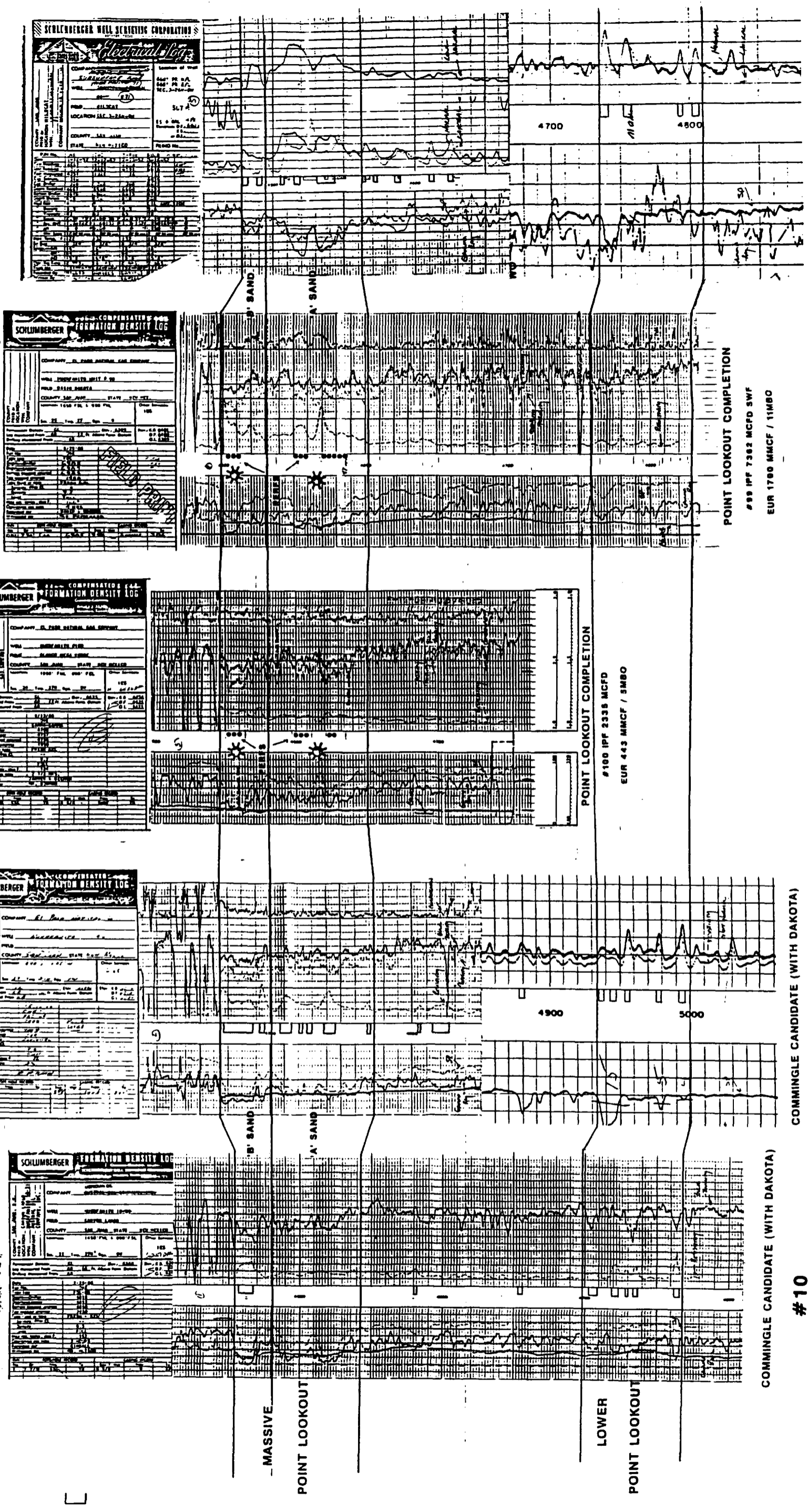
DATE

**EXHIBIT I**

H U M E R F A N I T O C M E S A V E R D E  
C O M M I N G L E C A N D I D A T E S

'AA

AA'



REC. PERFS

MESA VERDE

COMMINGLE CANDIDATE (WITH DAKOTA)

#10

COMMINGLE CANDIDATE (WITH DAKOTA)

#104

COMMINGLE CANDIDATE (WITH DAKOTA)

#71

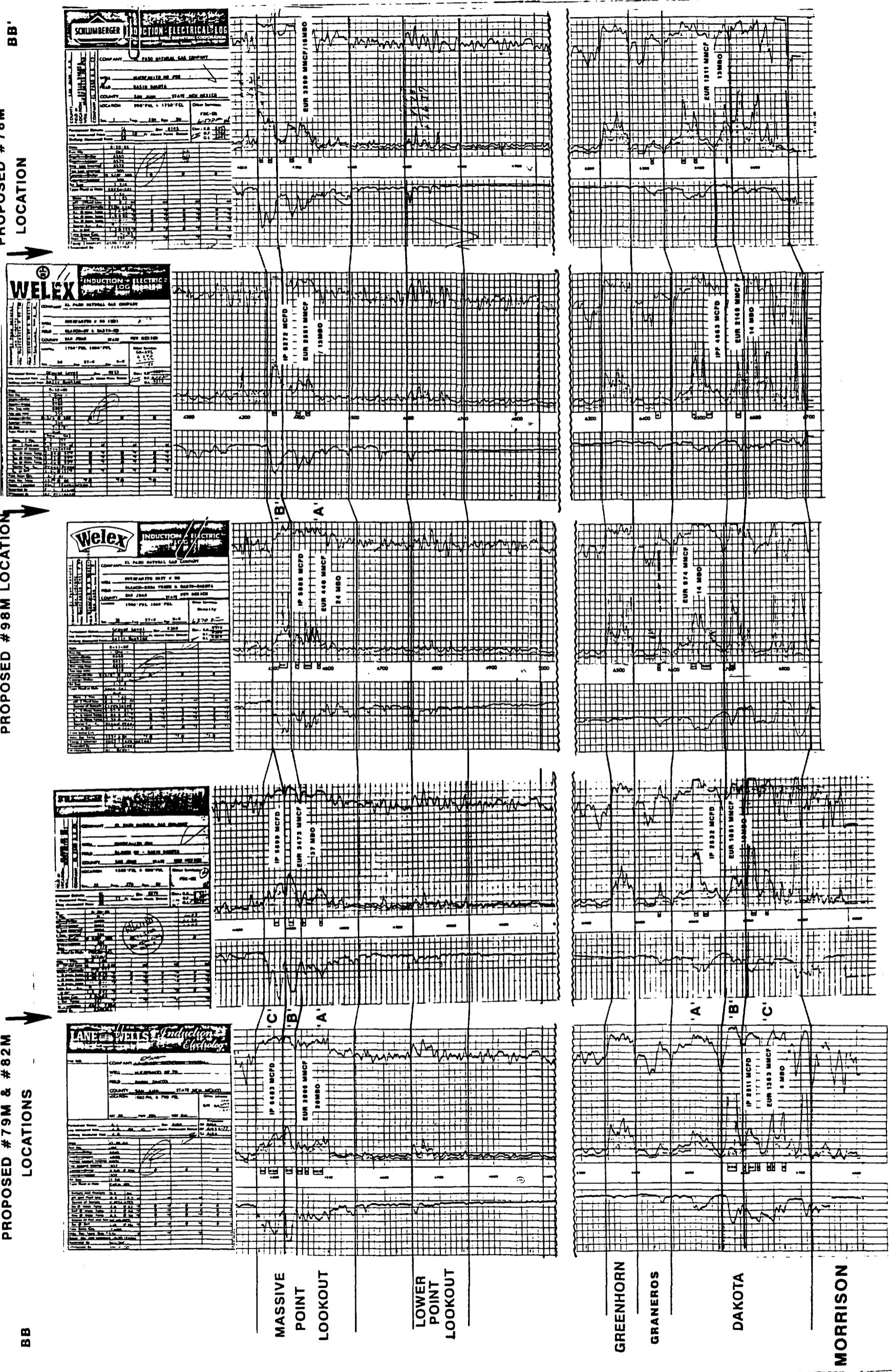
**EXHIBIT J**



PROPOSED #78M LOCATION

PROPOSED #98M LOCATION

PROPOSED #79M & #82M LOCATIONS



HUERFANITO AREA MESAVERDE / DAKOTA DUAL COMPLETIONS

EXHIBIT K

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**MV CAPITAL WORKOVER  
HUERFANITO UNIT #71  
Section 3A, T26N-R09W  
San Juan County, New Mexico**

**🔊 NOTIFY NMOCD AND BLM PRIOR TO WORKING ON WELL. 🔊**

1. Install 5x400 bbl frac tanks and fill with filtered (25 micron) 2% KCL water. Add 5#s of biocide to each tank during the filling. Transport 300' of 2-3/8" tubing to location.
2. MIRU. Comply with all BLM, NMOCD, and MOI rules and regulations. Blow down well and kill with water if needed. ND WH and NU BOP assembly. Test BOP to 1500 psi for 15 minutes.
3. TOOH w/2-3/8" (205 joints) tbg, visually inspect and stand back. PU 4-3/4" bit ,5-1/2" 15.5# casing scraper, 6 - 3-1/8" collars on 2-3/8" tbg. TIH to 6542' and circulate hole clean. TOOH.
4. PU 3-3/8" bit, 4" 11.6# (VFJ) casing scraper and collars on 2-3/8" tbg. TIH to 6807' and circulate hole clean. TOOH.
5. RU wireline and set 4" drillable BP @ 6550'. Note: 4" Liner Top @ 6542'. Gamma-Ray needed to locate Liner Top prior to setting.
6. Run CBL from 6550' to 4300'. If Mesaverde interval is not sufficiently covered, squeeze as follows:  

Perforate 2 squeeze holes at 4840' and 2 squeeze holes at 4450'.  
TIH w/5-1/2" cement retainer and set at 4820'. Sting into retainer and establish injection rate.  
Squeeze with 150 sks. of Class "B" neat cement.  
Sting out, spot 10 sks on top of retainer and TOOH to 4400'. Reverse out.
7. TOOH. TIH w/4-3/4" bit, junk basket and collars on 2-3/8" tbg. \*Drill cement to top of retainer @ 4820'. PU and pressure test squeeze to 1000 psi. Load hole w/2% KCL water. \*(If cement was not encountered at top squeeze holes @ 4450', prep to PU packer and block squeeze top set of perforations, procedure will be provided). TOOH
8. RU wireline and run CBL from 4820' to 4300'.
9. PU 5-1/2" packer on 2 joints of tubing and pressure test casing and BP to 3800 psi. If casing does not hold pressure, locate leak(s) with a packer, notify office personnel and a repair procedure will be supplied.
10. Perforate the following intervals with 3-3/8" HGC, Owen 16 gram charges (0.45" Dp) @ 2 SPF and 90 degree phasing.

4802-06', 81-84', 52-58', 4735-41', 24-27', 4610-14', 86-90', 70-73', 64-66', 30-34', 15-19,  
4506-08', 88-92', 4478-83'

55 net feet

**Huerfanito Unit #71  
Recompletion Procedure  
Page 2**

11. TIH with 5-1/2" pkr. on 2-3/8" tubing & set @ 4300'. Pressure test tbg to 4500 psi. Breakdown perforations and balloff Point Lookout perforations w/3000 gal 15% HCL acid and 140 RCN ball sealers. Acid to contain 1 gal/1000 gal cla-stabalizer, 10#/1000 gal Iron control and 2gal/1000 gal corrosion inhibitor. Max pressure 4500 psi. Record BD pressure, injection pressure, injection rate, and ISIP. Release pkr and lower to retainer @ 4820'. TOOH.

⊗ **Heat Frac-tanks to 90 degrees Farenheight prior to pumping** ⊗

12. Install treesaver. RU stimulation company for Stimulation. Hold safety meeting. Pressure test surface lines to 4800 psi; maximum allowable pressure is 3800 psi. Stimulate during daylight w/ 160,000# 20/40 Az. sand in 2% KCL water, 30 # gel and 70 quality N2 foam @ 40 BPM. Sand will be tagged in stages w/ three different tracers. See attached stimulation procedure.
13. Flow well to pit on 1/8" choke. Increase choke size as needed but do not exceed 20 BPH or 2.0 MMCF/D estimated returns at any time. Record MV gauge. RD treesaver.
14. TIH w/ 4-3/4" bit and collars on 2-3/8" tbg. Drill retainer @ 4820' and clean out w/air-mist to top of liner top @ 6542'. Obtain gauge from Mesaverde. obtain a final gauge and obtain water, oil and gas samples. Tag Fill. TOOH.
15. RU wireline and run multi-tracer isotope after frac log from 4900'-4300'.
16. TIH w/3-3/8" bit and collars on 2-3/8" tbg. Drill bridgeplug at 6550' and clean out w/air-mist to bottom. Obtain gauge from now commingled Dakota and Mesaverde. Tag sand fill after 12 hours. If negligible TOOH.
17. TIH w/ exp. check on 2-3/8" production string and SN one joint off bottom. Pump off exp. check and obtain a final gauge and obtain water, oil and gas samples from the commingled Dakota and Mesaverde formations.
18. ND BOP, NU WH. Release rig.

  
J. A. Howieson

**Service Companies:**

Stimulation: Halliburton (325-3575)  
Wireline: Halliburton Logging Services (325-3544)  
RA Tagging: Pro-Technics (326-7133)

# HUERFANITO UNIT #71

BASIN DAKOTA  
NE/4 SECTION 3, T26N-R09W

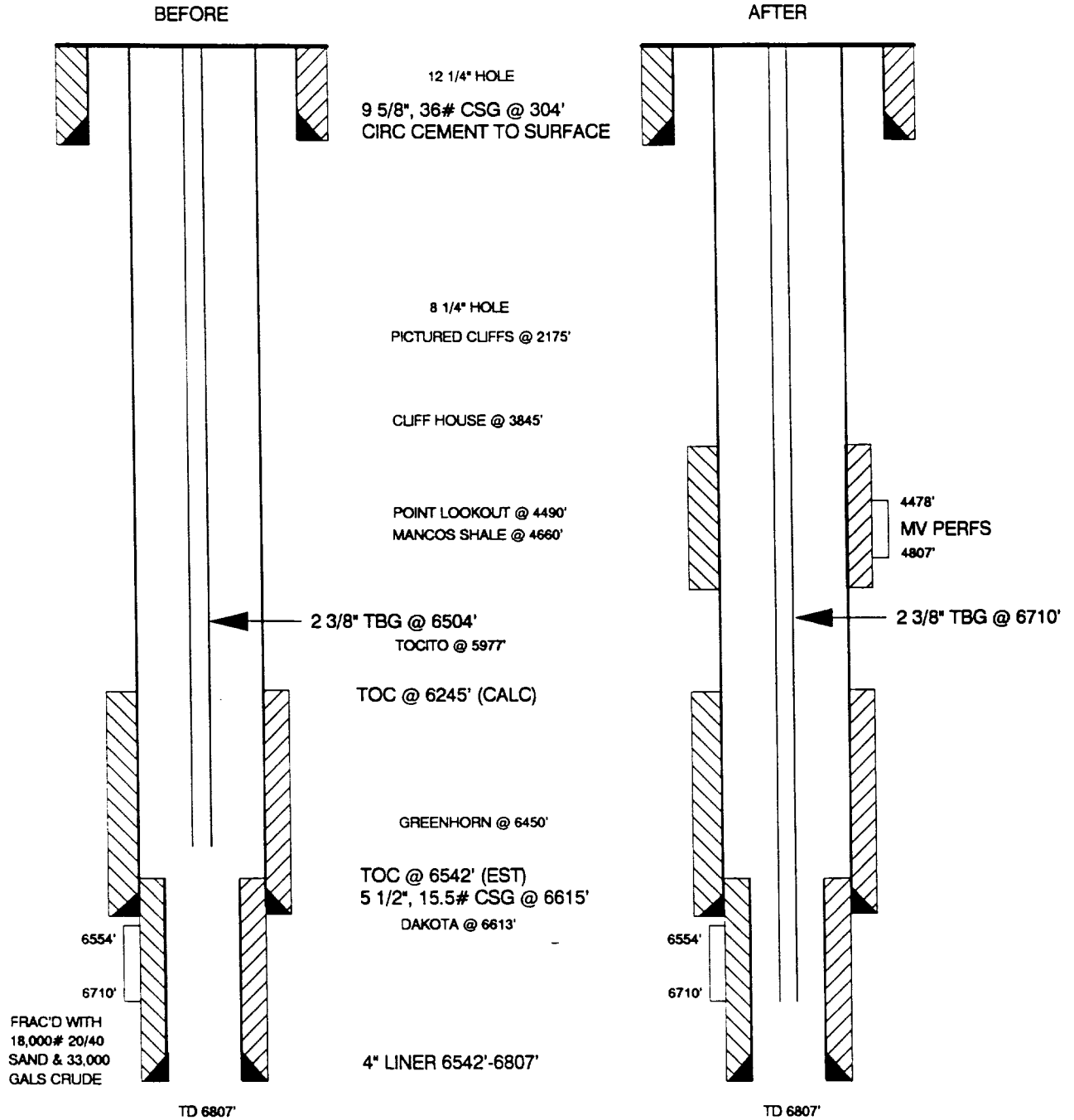


EXHIBIT L

---

**MV CAPITAL WORKOVER  
HUERFANITO UNIT #104  
Section 27M, T27N-R09W  
San Juan County, New Mexico**

**☛ NOTIFY NMOCD AND BLM PRIOR TO WORKING ON THIS WELL. ☛**

1. Install 5x400 bbl frac tanks and fill with filtered (25 micron) 2% KCL water. Add 5#'s of biocide to each tank during the filling. Transport 200' of 2-3/8" tubing to location.
2. MIRU. Comply with all BLM, NMOCD, and MOI rules and regulations. Blow down well and kill with water if needed. ND WH and NU BOP assembly. Test BOP to 1500 psi for 15 minutes.
3. TOOH w/2-3/8" (221 joints) tbg, visually inspect and stand back. PU 3-7/8" bit ,4-1/2" 10.50# casing scraper, 6 - 3-1/8" collars on 2-3/8" tbg. TIH to 6974' and circulate hole clean. TOOH.
4. RU wireline and set 4-1/2" drillable BP @ 5500'.
5. Run CBL from 5500' to 3800'. If Mesaverde interval is not sufficiently covered, a squeeze procedure will be provided.
6. PU 4-1/2" packer on 2 joints of tubing and pressure test casing and BP to 3800 psi. If casing does not hold pressure, locate leak(s) with a packer, notify office personnel and a repair procedure will be provided.
7. Perforate (First Stage) the following intervals with 3-1/8" HGC, Owen 16 gram charges @ 2 SPF and 90 degree phasing.  
  
4992'-96', 76'-80', 54'-57', 43'-47', 35'-39',  
4871'-81'

23 net feet

8. TIH with 4-1/2" pkr. on 2-3/8" tubing & set @ 4700'. Pressure test tbg to 4500 psi. Breakdown perforations and balloff Lower Point Lookout perforations w/1500 gal 15% HCL acid and 80 RCN ball sealers. Acid to contain 1 gal/1000 gal cla-stabilizer, 10#/1000 gal Iron control and 2 gal/1000 gal corrosion inhibitor. Max pressure 4500 psi. Record BD pressure, injection pressure, injection rate, and ISIP. Release pkr and lower to 5100'. TOOH.

**☼ Heat Frac-tanks to 90 degrees Farenheight prior to pumping ☼**

9. Install treesaver. RU stimulation company for First Stage. Hold safety meeting. Pressure test surface lines to 4800 psi; maximum allowable pressure is 3800 psi. Stimulate during daylight w/35,000# 20/40 Az. sand in 2% KCL water, 30# gel and 70 quality N2 foam @ 20 BPM. See attached stimulation procedure.

**Huerfanito Unit #104**  
**Recompletion Procedure**  
**Page 2**

10. RD treesaver. RU wireline and set retrievable BP @ 4860'. PU packer on 2 joints of tubing and pressure test to 3800 psi.
11. Perforate (Second Stage) the following intervals with 3-1/8" HSC and 16 gram charges @ 2 SPF and 90 degree phasing.


4814'-26', 04'-06',  
4768'-71', 38'-46', 26'-30', 20'-23', 06'-16',  
4692'-96', 66'-87'

**67 net feet**

12. TIH with 4-1/2" pkr. on 2-3/8" tubing & set @ 4500'. Pressure test tbg to 4500 psi. Breakdown perforations and balloff Massive Point Lookout perforations w/2500 gal 15% HCL acid and 160 RCN ball sealers. Acid to contain 1 gal/1000 gal cla-stabilizer, 10#/1000 gal Iron control and 2 gal/1000 gal corrosion inhibitor. Max pressure 4500 psi. Record BD pressure, injection pressure, injection rate, and ISIP. Release pkr and lower to 4850'. TOOH.

⊙ **Heat Frac-tanks to 90 degrees Farenheight prior to pumping** ⊙

13. Install treesaver. RU stimulation company for Second Stage. Hold safety meeting. Pressure test surface lines to 4800 psi; maximum allowable pressure is 3800 psi. Stimulate during daylight w/120,000# 20/40 Az. sand in 2% KCL water, 30# gel and 70 quality N2 foam @ 35 BPM. See attached stimulation procedure.
14. Flow well to pit on 1/8" choke. Increase choke size as needed but do not exceed 20 BPH or 2.5 MMCF/D estimated returns at any time. RD treesaver.
15. TIH w/ retrieving head on 2-3/8" tubing. Clean out to top of retrievable BP @ 4860'. When sand returns stop and fluid production is minimal, obtain final gauge, water and gas samples from Mesaverde retrieve BP and TOOH.
16. TIH w/ 3-7/8" bit and collars on 2-3/8" tbg. Drill BP and clean out to bottom. Obtain gauge from Mesaverde and Dakota. TOOH.
17. TIH w/ exp. check on 2-3/8" production string and SN one joint off bottom. Pump off exp. check and obtain a final gauge from the commingled Dakota and Mesaverde formations.
18. BOP, NU WH. Release rig.

  
J. A. Howieson

**Service Companies:**

Stimulation: Western Company (327-6222)  
Wireline: Petro Wireline (326-6669)



# HUERFANITO UNIT #104

BASIN DAKOTA  
SW/4 SECTION 27, T27N-R09W

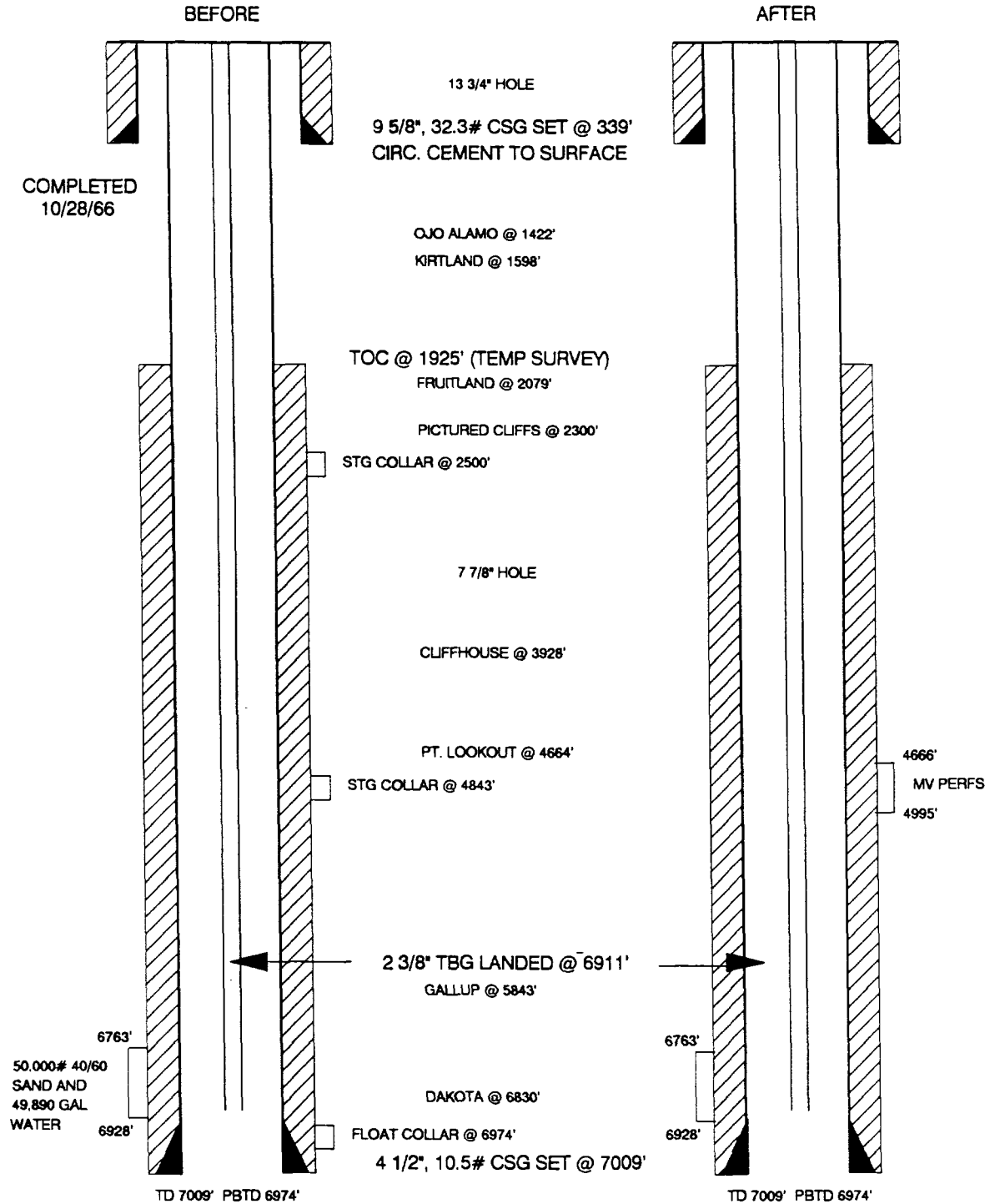


EXHIBIT M

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**HUERFANITO UNIT  
DAKOTA / MESAVERDE  
PRESSURE DATA**

**USED CURRENT SURFACE SHUTIN PRESSURES FROM MOST RECENT  
STATE DELIVERABILITY TESTS**

- DAKOTA AVERAGE SHUTIN PRESSURE- 572 PSIA (34 WELLS)**
- MESAVERDE AVERAGE SHUTIN PRESSURE- 444 PSIA (16 WELLS)**