

CASE NO.

1 1 0 3 0

LEASE & WELL NAME

STATE COM R NO. 14

LOCATION

940' FSL & 990' FWL

SEC. 36, T-30N, R-9W

SAN JUAN COUNTY

POOLS TO BE DOWNHOLE COMMINGLED

Blanco Pictured Cliffs

Blanco Mesaverde

STATE LEASE NOS. AT WELL LOCATION

Pictured Cliffs: B-11479-21

Mesaverde: B-11479-21

SPACING UNITS

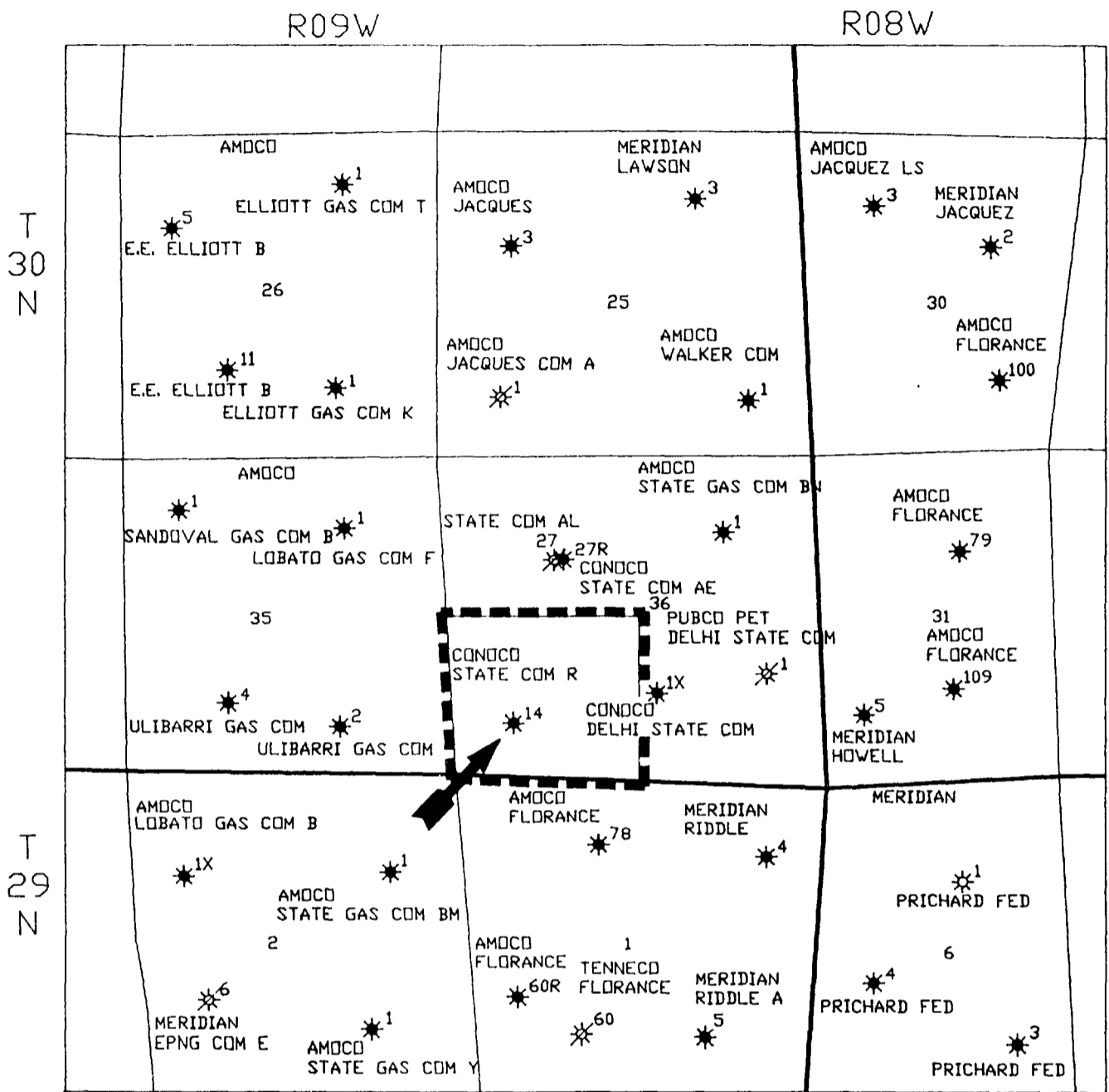
Pictured Cliffs: SW/4, Sec. 36 -- 160 acres

Mesaverde: S/2, Sec. 36 -- 320 acres


Exhibits 1 through 10
Complete Set

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 1
CASE NO.: 11030
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

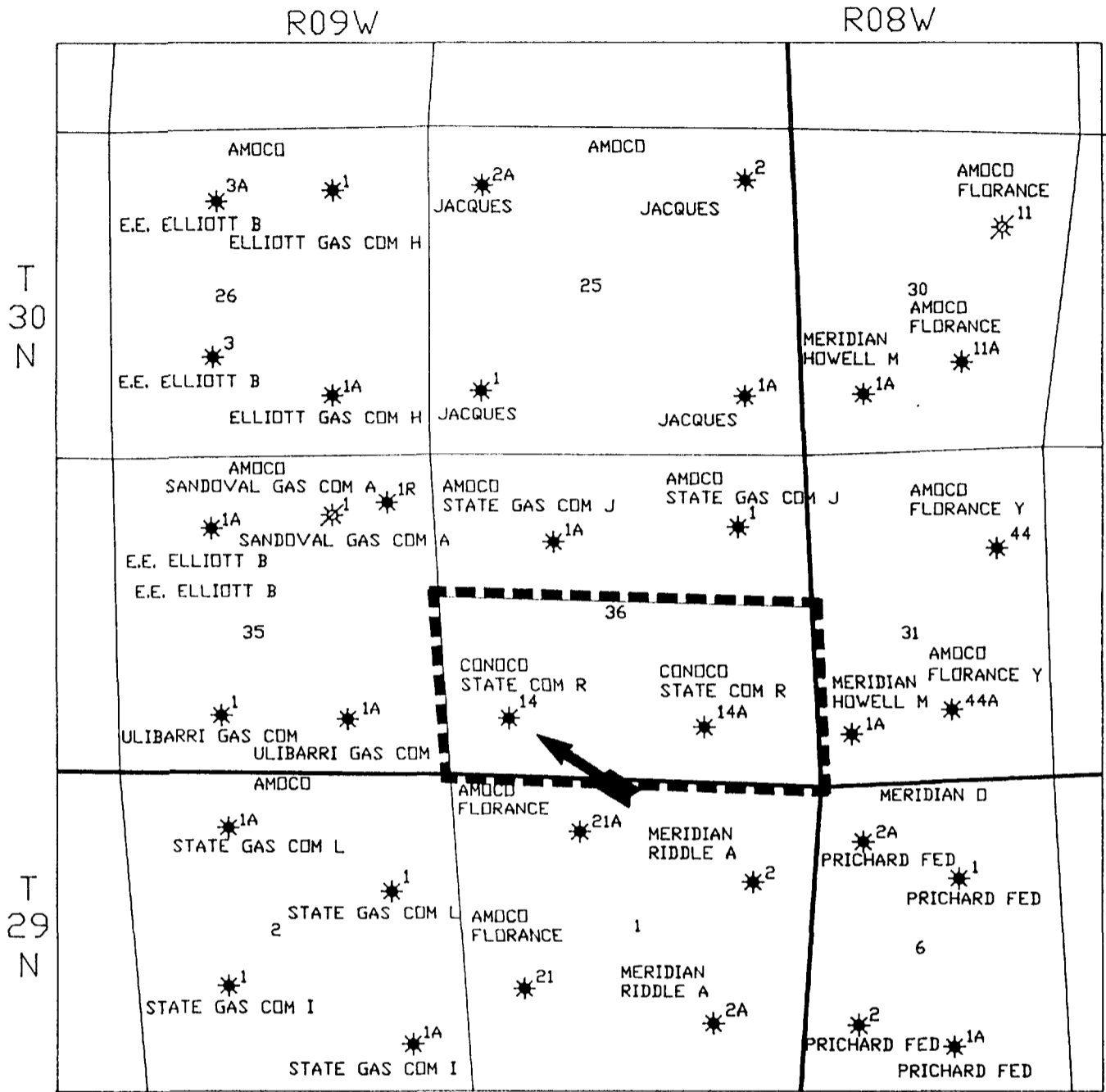


----- PICTURED CLIFF UNIT


	
EPNGNA MIDLAND DIVISION	
STATE COM R #14 PICTURED CLIFF WELLS	
DRAWING NO. PL1149	

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 2-A
 CASE NO.: 11030
 Submitted by: Conoco Inc.
 Hearing Date: Sept 1, 1994



----- MESAVERDE PRORATION UNIT

	
EPNGBA MIDLAND DIVISION	
STATE COM R #14	
MESAVERDE WELLS	
DRAWING NO. PL1148	

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 2-B
 CASE NO.: 11030
 Submitted by: Conoco Inc.
 Hearing Date: Sept 1, 1994

State Com R 14 36-30N-9W Pictured Cliffs (SW/4) Mesaverde (S/2)	Interest Type*	Pictured Cliffs	Interest Type*	Mesaverde
Conoco Inc.	W	0.72389448	W	0.65478056
Amoco Production Company	W	0.02929688	W	0.07714844
Evko Development Company	W	0.00000000	W	0.05468750
Conoco A/C Mesa Royalty Trust	CWI	0.07816113	CWI	0.05596723
Conoco A/C Shirley Bernstein	CWI	0.00001830	CWI	0.00000836
Conoco A/C Atwell & Company	CWI	0.00002065	CWI	0.00000000
Conoco A/C Kathleen B. Lipkins	CWI	0.00000505	CWI	0.00000000
State of New Mexico	R	0.09375000	R	0.10156250
Louis Dreyfus Natural Gas	R	0.00566405	R	0.00283203
R.E. Beamon III	R	0.00423180	R	0.00211590
Rogers Gibbard Trust	R	0.00030520	R	0.00015260
Daniel T. Heard	R	0.00152588	R	0.00076294
Carmen Varela	R	0.00152588	R	0.00076294
V.A. Johnston Family Trust	R	0.00030518	R	0.00015259
James J. Johnston	R	0.00030518	R	0.00015259
Amador Gonzales	R	0.00152590	R	0.00076295
Eula May Johnston Trust	R	0.00122070	R	0.00061035
Marathon Oil Company	R	0.00566405	R	0.00283203
Jerry J. Andrew	R	0.00030520	R	0.00015260
Mary Cecile Forehand	R	0.00325520	R	0.00162760
Leonard Gonzales	R	0.00152590	R	0.00076295
Carol Rutland Zahara	R	0.00039063	R	0.00019531
Union Oil Company of California	R	0.00244130	O/R	0.00599030
Gloria Wynne Lankford	R	0.00292970	R	0.00146485
Pattie Beamon Lundell	R	0.00423180	R	0.00211590
James Blazer Ind. & as A-I-F	O	0.01875000	O	0.00937500
F.J. Odendahl Investments	O	0.01875000	O	0.00937500
Grace Mathews			O	0.00104168
Ann Berding Trust			O	0.00104166
Bernice Unruh Trust			O	0.00104168
Gertrude Fogg			O	0.00104166
Raymond Holdgrafer			O	0.00104166
Henry Holdgrafer			O	0.00104166
W.R. Archer Trustee			O	0.00004150
Elizabeth Goodwin Reese			O	0.00000150
Waters S. Davis III, Agent			O	0.00001425
Wesley West Mineral Corp.			O	0.00008310
Maurice Florence Jr. Trust			O	0.00087500
Mary and Robert Howard			O	0.00000525
James Wendell West			O	0.00015550
Cynthia Gray Milana, Agent			O	0.00000143
L.J. & R.R. Money 1990 Trust			O	0.00000525
Jeremy S. Davis			O	0.00001450
David H. Gray, Agent			O	0.00000570
Douglas E. Florence Trust			O	0.00087500
Catharine Remonick, Agent			O	0.00000143
Margaret A. Kearns Trust			O	0.00002050
Pamela Gray Baldwin, Agent			O	0.00000143
Florence A. Florence Trust			O	0.00218750
Margaret A. Kearns Trust			O	0.00002100
Virginia Thompson Creps Trust			O	0.00002950
Hazel Ashley Bracken			O	0.00000700
F.L. Tucker			O	0.00001050
Margaret Hardy Van Sant			O	0.00001050
James J. Florence Trust			O	0.00087500
G.E. Thompson			O	0.00001050
Rebecca Ann Reese Ward			O	0.00000150
Davant Family Trust C			O	0.00007300
David Elbert Reese			O	0.00000200
The Nordan Trust			O	0.00002800
Pearl Neugent Nordan			O	0.00002800
Barbara Reese Dinges			O	0.00000200
Lorene Rayborn Smith et al			O	0.00003850
Harry D. Porter			O	0.00001900
Joanne Thompson Rugeley			O	0.00002950
Allison A. Henderson Estate			O	0.00000700
San Juan Royalty Partners			O	0.00001150
John L. Gray			O	0.00000428
Maureen E. Florence Trust			O	0.00087500
Betty West Stedman			O	0.00013490
Catherine M. Florence Trust			O	0.00087500
Enid Lillian Thompson			O	0.00001150
Jane M. Thompson Trust			O	0.00001150

LEGEND:

W = Working Interest
 CWI = Carried Working Interest
 R = Royalty Interest
 O = Overriding Royalty Interest

BEFORE AN EXAMINER OF THE
 OIL CONSERVATION DIVISION

EXHIBIT NO. 3
 CASE NO.: 11030
 Submitted by: Conoco Inc.
 Hearing Date: Sept 1, 1994

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:
 Douglas Florance Trust
 Ameritrust Texas Trustee
 P.O. Box 2320
 Dallas, TX 75221-2320

4a. Article Number
 2 III 016 065

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

7. Date of Delivery
 JUL 20 1994

5. Signature (Addressee)
 Leonard U Jackson

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 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.
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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:
 Meridian Oil Inc.
 P.O. Box 4289
 Farmington, NM 87499-4289

4a. Article Number
 2 III 016 071

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

7. Date of Delivery
 7-20-94

5. Signature (Addressee)

6. Signature (Agent)
 John Davidson

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

SENDER:
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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:
 Maurice Florance, Jr. Trust
 Ameritrust Texas Trustee
 P.O. Box 2320
 Dallas, TX 75221-2320

4a. Article Number
 2 III 016 064

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

7. Date of Delivery
 JUL 20 1994

5. Signature (Addressee)
 Leonard U Jackson

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
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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:
 Florence Florance Trust
 Ameritrust Texas Trustee
 P.O. Box 2320
 Dallas, TX 75221-2320

4a. Article Number
 2 III 016 066

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

7. Date of Delivery
 JUL 20 1994

5. Signature (Addressee)
 Leonard U Jackson

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

SENDER:
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 • Complete items 3, and 4a & b.
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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:
 Union Oil of California
 Attn: Rocky Mtn. Group
 P.O. Box 4551
 Houston, TX 77210-4551

4a. Article Number
 2 III 016 062

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

7. Date of Delivery
 7-21-94

5. Signature (Addressee)
 W.R. Archer

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
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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:
 W.R. Archer
 U/W/O E.M. Archer,
 Trustee
 3615 Piping Rock Ln.
 Houston, TX 77027-46116,
 Flower M. Archer

4a. Article Number
 2 III 016 063

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

7. Date of Delivery
 7-21-94

5. Signature (Addressee)
 W.R. Archer

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

SENDER:
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 • Complete items 3, and 4a & b.
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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:
 Maureen Florance Trust
 Ameritrust Texas Trustee
 P.O. Box 2320
 Dallas, TX 75221-2320

4a. Article Number
 2 III 016 068

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

7. Date of Delivery
 JUL 20 1994

5. Signature (Addressee)
 Leonard U Jackson

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

SENDER:
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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:
 F. L. Tucker
 c/o Bradford Tucker
 P.O. Box 2822
 Houston, TX 77252-2822

4a. Article Number
 2 III 016 070

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

7. Date of Delivery
 July 20 1994

5. Signature (Addressee)
 Bradford Tucker

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 4
 CASE NO.: 11030
 Submitted by: Conoco Inc.
 Hearing Date: Sept 1, 1994

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.
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- 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:
Amoco Production Company
P.O. Box 800
Denver, CO 80201

4a. Article Number
Z 111 016 166

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

7. Date of Delivery
6/20/94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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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:
Comm. of Public Lands
State of New Mexico
P.O. Box 1148, E-1295
Santa Fe, NM 87504-1148

4a. Article Number
Z 111 016 167

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

7. Date of Delivery
6/20/94

5. Signature (Addressee)
Mike D.

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

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- Complete items 3, and 4a & b.
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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:
Catherine Florance Trust
Ameritrust Texas Trustee
P.O. Box 2320
Dallas, TX 75221-2320

4a. Article Number
Z 111 016 069

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

7. Date of Delivery
JUN 21 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1993-352-714 **DOMESTIC RETURN RECEIPT**

SENDER:

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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:
JANE M THOMPSON TRUST
THE FOUR SEASONS
APT #407
333 SUNSET DR
FORT LAUDERDALE FL
33301-2699

4a. Article Number
Z 111 016 165

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

7. Date of Delivery
6-20-94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

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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:
BETTY WEST STEDMAN
ATTN LB DEPT
P O BOX 1349
HOUSTON TX 77251-1349

4a. Article Number
Z 111 016 162

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

7. Date of Delivery
JUN 21 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

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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:
ENID LILLIAN THOMPSON
316 DAHLIA
DENVER CO 80220-5714

4a. Article Number
Z 111 016 164

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

7. Date of Delivery
6/20/94

5. Signature (Addressee)
Enid Lillian Thompson

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

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- 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:
JOHN L GRAY
TEXAS COMMERCE BANK N A
AGENT & ATTORNEY-IN-FACT
TRUST MINERALS SECTION
32400-04
PO BOX 200555
HOUSTON TX 77216

4a. Article Number
Z 111 016 160

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

7. Date of Delivery
JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)
LAWRENCE DUPREE

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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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:
SAN JUAN ROYALTY
PARTNERS
PO BOX 3759
MIDLAND TX 79702-3759

4a. Article Number
Z 111 016 159

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

7. Date of Delivery
JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

- Complete items 1 and/or 2 for additional services.
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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:
JOANNE THOMPSON RUGELEY
3813 TOLMAS
METAIRIE LA 70002-1846

4a. Article Number
Z 111 016 157

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

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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:
John A. Henderson Estate
Klin Metzner Foreign Personal Rep.
Box 23462
Tampa, Florida 33623

4a. Article Number
Z 111 016 158

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 **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.

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:
 LORENE RAYBOURN SMITH
 CLAUD W RAYBOURN & JESSE
 S RAYBOURN CO-TRUSTEES
 207 WILSHIRE LN
 NEWARK DE 19711-2757

4a. Article Number
 Z III 016 155

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)
Lorene Raybourn

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:
 HARRY D POKRY
 NATIONS BANK OF TEXAS NA
 TRUSTEE # 15-020-6401500
 C/O TRUST OIL & GAS
 P O BOX 840738
 DALLAS TX 75284-0738

4a. Article Number
 Z III 016 156

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, and 4a & b.
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- 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:
 PEARL NEUGENT NORDAN
 STE 500
 112 E PECAN
 SAN ANTONIO TX
 78205-1516

4a. Article Number
 Z III 016 153

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)
Pearl Neugent Nordan

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:
 BARBARA REESE DINGES
 6510 SHADOW CREST
 HOUSTON TX 77074-6818

4a. Article Number
 Z III 016 154

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)
Barbara Reese Dinges

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- 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 ELBERT REESE
 2203 N BELMONT
 RICHMOND TX 77469-5502

4a. Article Number
 Z III 016 151

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

7. Date of Delivery

5. Signature (Addressee)
David Elbert Reese

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- 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:
 THE NORDAN TRUST
 LOUIS BELINSKY TRUSTEE
 STE 500
 112 E PECAN
 SAN ANTONIO TX
 78205-1516

4a. Article Number
 Z III 016 152

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- 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:
 REBECCA ANN REESE WARD
 2210 CUSTER PRKWY
 RICHARDSON TX 75080-2502

4a. Article Number
 Z III 016 149

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)
Rebecca Ann Reese Ward

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- 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:
 DAVANT FAMILY TRUST C
 U/A DATED 11-19-1986
 NATIONSBANK OF TX NA TRS
 ACCT NO 30011053442647
 P O BOX 840738
 DALLAS TX 75284-0738

4a. Article Number
 Z III 016 150

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

7. Date of Delivery
 JUN 18 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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- 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:
 MARGARET HARDY VAN SANT
 PO BOX 817
 LEAGUE CITY TX
 77574-0817

4a. Article Number
 Z III 016 146

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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SENDER:

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- 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:
 G E THOMPSON
 PO BOX 111
 ROUND TOP TX 78954-0111

4a. Article Number
 Z III 016 148

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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 • 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:
 VIRGINIA THOMPSON CREPS
 REVOCABLE LIVING TRUST
 VIRGINIA THOMPSON CREPS,
 TRST
 4556 AVALON COVE
 LAKELAND FL 33801-0572

4a. Article Number
 2 111 016 143

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

7. Date of Delivery
 6/20/94

5. Signature (Addressee)
Virginia Thompson Creps

6. Signature (Agent)
 (S)

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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 • 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:
 HAZEL ASHLEY BRACKEN
 #403
 101 WESTCOTT
 HOUSTON TX 77007-7030

4a. Article Number
 2 111 016 144

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

7. Date of Delivery
 6/20/94

5. Signature (Addressee)

6. Signature (Agent)
Hazel Ashley Bracken

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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 • Complete items 3, and 4a & b.
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 • 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:
 PAMELA GRAY BALDWIN
 TEXAS COMMERCE BANK N A
 AGENT & ATTORNEY-IN-FACT
 TRUST MINERALS SECTION
 32400-07
 PO BOX 200555
 HOUSTON TX 77216

4a. Article Number
 2 111 016 140

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)
 LAWRENCE DUTRELL

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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SENDER:
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 • 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:
 MARGARET A KEARNS TRUST
 JAMES B DRAPER TRUSTEE
 F/B/O JAMES B DRAPER
 APT #8D
 77 S BIRCH RD
 FORT LAUDERDALE FL
 33316-1556

4a. Article Number
 2 111 016 142

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)
James B Draper

6. Signature (Agent)

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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 • 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:
 CATHARINE GRAY REMENICK
 TEXAS COMMERCE BANK N A
 AGENT & ATTORNEY-IN-FACT
 TRUST MINERALS SECTION
 32400-07
 PO BOX 200555
 HOUSTON TX 77216

4a. Article Number
 2 111 016 138

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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 • 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:
 "MARGARET A KEARNS TRUST"
 U/A F/B/O HELENE D
 GORMAN HELENE D GORMAN
 TRUSTEE
 1440 OSPREY AVE
 NAPLES FL 33962-3410

4a. Article Number
 2 111 016 139

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

7. Date of Delivery
 7-5-94

5. Signature (Addressee)
Heleene D Gorman

6. Signature (Agent)

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

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 • 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:
 JEREMY S DAVIS
 7539 BROMPTON BLVD
 HOUSTON TX 77025-2267

4a. Article Number
 2 111 016 134

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

7. Date of Delivery
 6-21-94

5. Signature (Addressee)
Jeremy S Davis

6. Signature (Agent)

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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.
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 • 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 H GRAY
 TEXAS COMMERCE BANK N A
 AGENT & ATTORNEY-IN-FACT
 TRUST MINERALS SECTION
 32400-03
 PO BOX 200555
 HOUSTON TX 77216

4a. Article Number
 2 111 016 136

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)
 LAWRENCE DUTRELL

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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 • 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:
 CYNTHIA GRAY MILANI
 TEXAS COMMERCE BANK N A
 AGENT & ATTORNEY-IN-FACT
 TRUST MINERALS SECTION
 32400-07
 PO BOX 200555
 HOUSTON TX 77216

4a. Article Number
 2 111 016 133

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

7. Date of Delivery
 JUN 20 1994

5. Signature (Addressee)

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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 • 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:
 L J & R R MONEY 1990 TR
 DATED 10-9-90
 LLOYD J & RUTH MONEY TRST
 904 21ST STREET
 HERMOSA BEACH CA
 90254-3105

4a. Article Number
 2 111 016 135

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

7. Date of Delivery

5. Signature (Addressee)

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

PS Form 3811, December 1991 • U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- 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:
MARY ANNE & ROBT HOWARD
JOINT TENANTS
438 FOX BRIAR
SUGARLAND TX 77478-3717

4a. Article Number
Z 111 016 131

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

7. Date of Delivery
6-28-94

5. Signature (Addressee)
Mary Anne Howard

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.
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- 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 WENDELL WEST
PO BOX 5591
SHERMAN OAKS CA
91413-5591

4a. Article Number
Z 111 016 132

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

7. Date of Delivery

5. Signature (Addressee)
James Wendell West

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
WATERS S DAVIS III
TEXAS COMMERCE BANK N A
AGENT & ATTY-IN-FACT
TRUST MIN SEC
#32400-01
PO BOX 200555
HOUSTON TX 77216-0555

4a. Article Number
Z 111 016 128

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

7. Date of Delivery
JUN 22 1994

5. Signature (Addressee)

6. Signature (Agent)
Lawrence Quince

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
WESLEY WEST MINERAL CORP
P O BOX 4383
HOUSTON TX 77210-4383

4a. Article Number
Z 111 016 129

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

7. Date of Delivery
JUN 26 1994

5. Signature (Addressee)

6. Signature (Agent)
Wesley West

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
EVKO DEVELOPMENT COMPANY
A PARTNERSHIP
4710 CABRILLO STREET
SAN FRANCISCO CA
94121-3226

4a. Article Number
Z 111 016 125

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

7. Date of Delivery

5. Signature (Addressee)
Michelle Rojas

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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 GOODWIN REESE
7800 NAIRN
HOUSTON TX 77074-5321

4a. Article Number
Z 111 016 127

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

7. Date of Delivery
6-30-94

5. Signature (Addressee)
Elizabeth Goodwin Reese

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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 H HOLDGRAFER
3132 SUNDIEN COURT
GIG HARBOR WA 98335-5118

4a. Article Number
Z 111 016 123

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

7. Date of Delivery
6-20-94

5. Signature (Addressee)
Raymond H Holdgrafer

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
HENRY B HOLDGRAFER
2235 - 24 STREET
MARION IA 52302-1632

4a. Article Number
Z 111 016 124

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

7. Date of Delivery
JUN 21 1994

5. Signature (Addressee)
Henry B Holdgrafer

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
BERNICE A UNRUH LIVING
TRUST BERNICE A UNRUH
TRUSTEE
332 EMMA CL
GOOSE LAKE IA 52750-9648

4a. Article Number
Z 111 016 121

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

7. Date of Delivery
6-21-94

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
GERTRUDE E FOGG
3519 CLEVELAND STREE
CLINTON IA 52732-1441

4a. Article Number
Z 111 016 122

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

7. Date of Delivery
June 20, 94

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
GRACE MATHEWS
PO BOX 149
COALDALE CO 81222-0149

4a. Article Number
Z 111 016 119

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

7. Date of Delivery

5. Signature (Addressee)
Grace Mathews

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 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.

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 C BERDING TRUSTEE
ANN C BERDING LIVING TRUST
1487 MAIN AVE APT 1
CLINTON IA 52732-1900

4a. Article Number
Z 111 016 120

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

7. Date of Delivery
6/20/94

5. Signature (Addressee)
Ann C Berding

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:
GLORIA WYNNE LANKFORD
248 SUGARBERRY CIR
HOUSTON TX 77024-7246

4a. Article Number
Z 111 016 117

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

7. Date of Delivery
6-20-94

5. Signature (Addressee)
Gloria Wynne Lankford

6. Signature (Agent)
2475

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 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.

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:
PATTIE BEAMON LUNDELL
#870
1616 S VOSS RD
HOUSTON TX 77057-2626

4a. Article Number
Z 111 016 118

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

7. Date of Delivery
6-20-94

5. Signature (Addressee)
Pattie Beamon Lundell

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 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.

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:
LEONARD GONZALES
PO BOX 85
LOOMFIELD NM 87413-0085

4a. Article Number
Z 111 016 114

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

7. Date of Delivery
6-20-94

5. Signature (Addressee)
Leonard Gonzales

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 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.

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:
CAROL RUTLAND ZAHARA
14926-81 B AVE
SURREY BC
CANADA V3S7J6

4a. Article Number
Z 111 016 115

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

7. Date of Delivery
June 20th

5. Signature (Addressee)
Carol Zahara

6. Signature (Agent)
Wendy

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:
JERRY J ANDREW
408 LONGWOODS
HOUSTON TX 77024-5617

4a. Article Number
Z 111 016 111

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

7. Date of Delivery
6/20/94

5. Signature (Addressee)
Jerry J Andrew

6. Signature (Agent)
JC

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 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.

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:
MARY-CECILE FOREHAND
ESTATE
GUS E MERIWETHER, IND
EXEC
306 E HOUSTON
CROCKETT TX 75835-2033

4a. Article Number
Z 111 016 113

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

7. Date of Delivery
6-20-94

5. Signature (Addressee)
Mary-Cecile Forehand

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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:
U/A EULA MAY JOHNSTON
#661 NATIONSBANK TEXAS
N A TRUSTEE
PO BOX 848703
DALLAS TX 75284-8703

4a. Article Number
Z 111 016 110

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

7. Date of Delivery
JUN 20 1994

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 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.

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:
MARATHON OIL COMPANY
PO BOX 730366
DALLAS TX 75373-0366

4a. Article Number
Z 111 016 112

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 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.

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 J JOHNSTON
 STE 2608
 ELEVEN GREENWAY PLZ
 HOUSTON TX 77046-1105

4a. Article Number
 Z III 016 108

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

7. Date of Delivery
 6/21/94

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
 AMAOR GONZALES
 4413 HEILAND DRIVE
 SAZTEC NM 87410-2509

4a. Article Number
 Z III 016 109

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

7. Date of Delivery
 6-22-94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
 CARMEN VARELA
 5587 NEW COLONG DR
 VIRGINIA BEACH VA
 23464-4010

4a. Article Number
 Z III 016 106

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

7. Date of Delivery
 6/20/94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
 V A JOHNSTON FAMILY TR
 KATHERINE PREWITT +
 MARY FRANCES CRESSER TRS
 P O BOX 925
 RALLS TX 79357-0925

4a. Article Number
 Z III 016 107

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

7. Date of Delivery
 6-20-94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 ROGERS-GIBBARD TRUST
 ORVILLE C ROGERS/VEVA
 GIBBARD & ELAINE GIBBARD
 HOWE TRUSTEES
 C/O SUSAN ROGERS EVELAND
 6804 LA COSTA DRIVE
 TYLER TX 75703-9613

4a. Article Number
 Z III 016 104

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

7. Date of Delivery
 6-21-94 CW

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
 DANIEL T HEARD
 314 VALENTIAN DRIVE
 GALLUP NM 87301-4874

4a. Article Number
 Z III 016 105

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

7. Date of Delivery
 6/23/94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 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.

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:
 LOUIS DREYFUS NATL GAS
 P O BOX 850163
 OKLAHOMA CITY OK
 73185-0163

4a. Article Number
 Z III 016 103

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

7. Date of Delivery
 6/20/94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)
 731

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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SENDER:

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- 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:
 R E BEAMON III
 STE 470
 THREE RIVERWAY
 HOUSTON TX 77056

4a. Article Number
 Z III 016 102

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

7. Date of Delivery
 6/20/94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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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 B. BLAZER, INDIVID
 & AS ATTY-IN-FACT FOR
 PATRICIA B HAMILTON LAUR
 NAN E HAN & SALLY B BOND
 234 W FORESDALE RD
 ASHLAND KY 41102-9401

4a. Article Number
 Z III 016 100

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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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:
 F J ODENDAHL INVESTMENTS
 INC
 110 E 7TH AVE
 COLONA IL 61241-9364

4a. Article Number
 Z III 016 101

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

7. Date of Delivery
 6-21-94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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- 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:
Conoco A/C Atwell & Company
% United States Trust Co of NY
Box 456, Wall Street Station
New York, NY 10005

4a. Article Number
Z 111 016 170

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

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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- Complete items 3, and 4a & b.
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- 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:
Conoco A/C Kathleen B. Lipkins
654 Madison Avenue
New York, NY 10021-8404

4a. Article Number
Z 111 016 169

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

7. Date of Delivery
6/21/94

5. Signature (Addressee)
M. Fagan

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

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- Complete items 3, and 4a & b.
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- 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:
Conoco A/C Mesa Royalty Tr
New Mexico Properties Only
P.O. Box 1267
Ponca City, OK 74602-1267

4a. Article Number
Z 111 016 172

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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- Complete items 3, and 4a & b.
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- 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:
Conoco A/C Shirley Bernstein
654 Madison Avenue
New York, NY 10021-8404

4a. Article Number
Z 111 016 171

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

7. Date of Delivery
6/20/94

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Submit 2 copies to Appropriate District Office.
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
 DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

GAS - OIL RATIO TEST

Operator		Well		County										
Conoco Inc.		Blanco Mesaverde & Blanco Pictured Cliffs		San Juan										
Address		TYPE OF TEST - (A)		Average Daily Rates for April, 1994										
10 Desta Drive, Ste 100W, Midland, TX 79705		Scheduled <input type="checkbox"/> Special <input type="checkbox"/>		Completion <input type="checkbox"/> Special <input type="checkbox"/>										
LEASE NAME	WELL NO.	LOCATION			DATE OF TEST	CHOKE SIZE	TBG PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU.FT/BBL	
		U	S	T						R	WATER BBL.S	GRV. OIL		OIL BBL.S
State Com R (Pictured Cliffs)	14	M	36	30N	9W	4/94	F	--	N/A	--	--	--	60	--
State Com R (Mesaverde)	14	M	36	30N	9W	4/94	F	--	Marginal Well	--	--	--	291	--

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

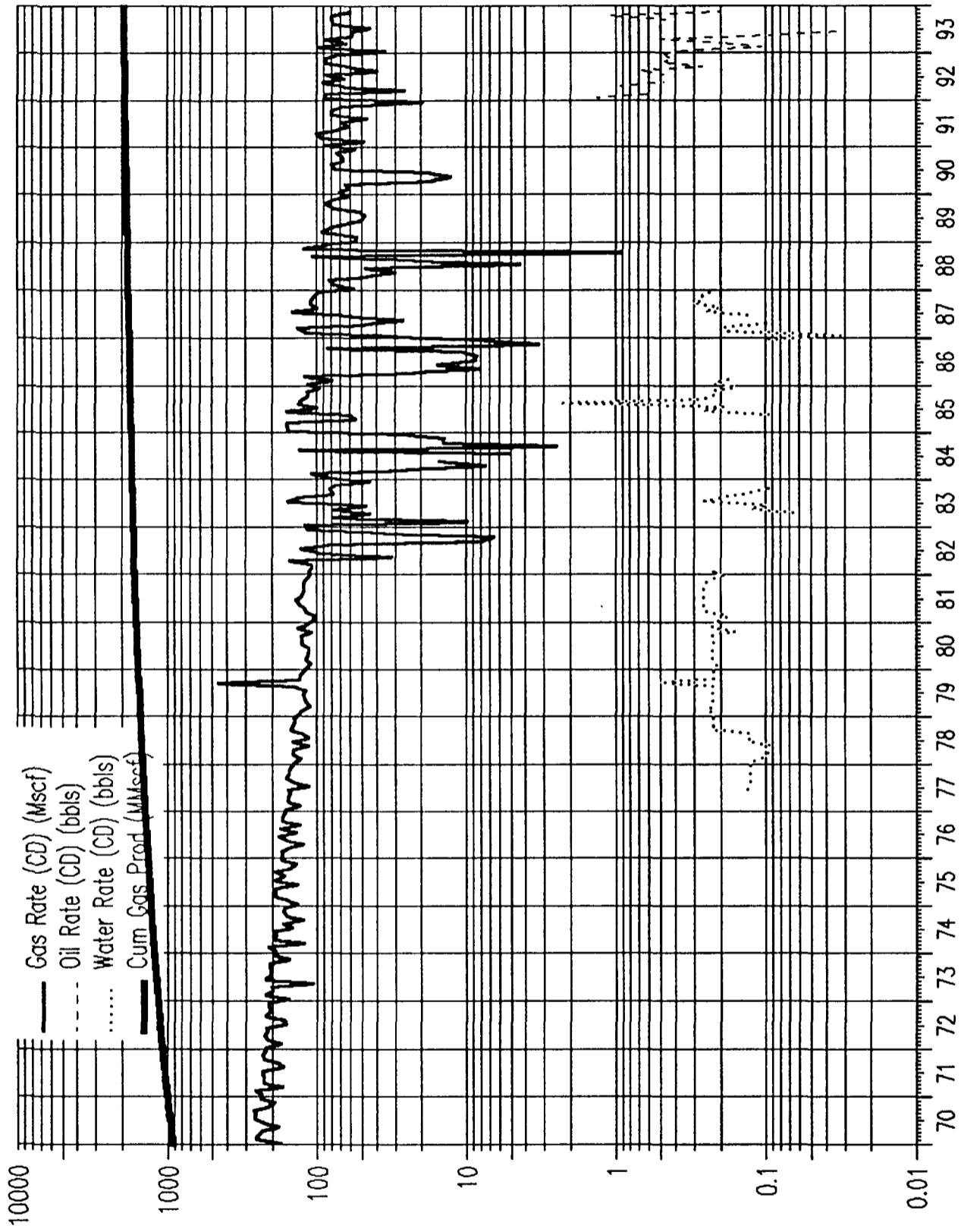
Signature: Jerry W. Hoover, Sr. Conservation Coordinator
 Printed name and title: Jerry W. Hoover, Sr. Conservation Coordinator
 Date: 6/17/94 Telephone No. (915) 686-6548

Instructions:
 During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.
 Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.
 Report casing pressure in lieu of tubing pressure for any well producing through casing.
 (See Rule 301, Rule 1116 & appropriate pool rules.)

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 5
 CASE NO.: 11030
 Submitted by: Conoco Inc.
 Hearing Date: Sept 1, 1994

STATE COM R 14 CID : Pictured Cliffs
SECTION : 36 STDATE : 195307 SPOT : M OPERATOR : CONOCO



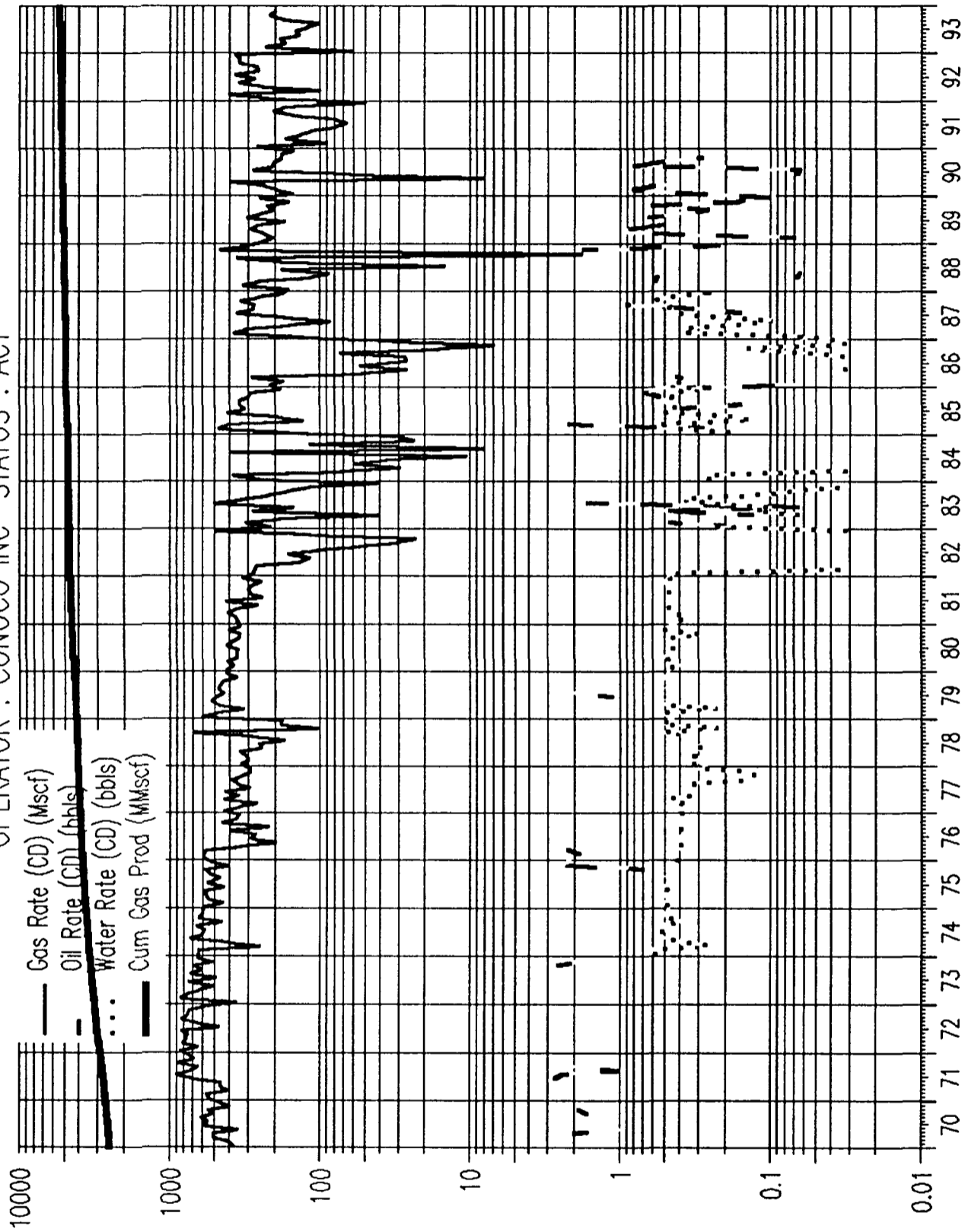
BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 6-A
CASE NO.: 11030
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

STATE COM R 000014 ZONE : Mesaverde

LOCATION : 30N09W36M

OPERATOR : CONOCO INC STATUS : ACT



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 6-B
CASE NO.: 11030
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



1115 FARMINGTON AVE. - FARMINGTON, NM 87401

(505) 325-6622

ANALYSIS NO: CON30132

WELL/LEASE INFORMATION

COMPANY: CONOCO, INC. PRESSURE: 168.1 PSIG
WELL NAME: STATE COM R #14 SAMPLE TEMP.: 84.0 DEG.F
LOCATION: WELL FLOWING: YES
COUNTY: SAN JUAN DATE SAMPLED: 7/7/93
FORMATION: PICTURED CLIFFS SAMPLED BY: R.G.M.
METER NO.: 066-010-090
EFFECTIVE: JULY 1, 1993 - DECEMBER 31, 1993

REMARKS:

ANALYSIS

COMPONENT	MOLE %	GPM	*B.T.U.	*SP. GR.
NITROGEN	0.199	0.0000	0.000	0.0019
CO2	0.826	0.0000	0.000	0.0126
METHANE	83.155	0.0000	841.77	0.4606
ETHANE	8.940	2.3915	158.57	0.0928
PROPANE	3.983	1.0976	100.44	0.0606
I-BUTANE	0.646	0.2114	21.07	0.0130
N-BUTANE	1.059	0.3338	34.62	0.0212
I-PENTANE	0.370	0.1354	14.84	0.0092
N-PENTANE	0.284	0.1027	11.40	0.0071
HEXANE	0.538	0.2348	27.68	0.0173
TOTAL	100.000	4.5072	1210.39	0.6963

* @ 14.730 PSIA DRY & UNCORRECTED FOR COMPRESSIBILITY

COMPRESSIBILITY FACTOR (1/Z) 1.0033
BTU/CU.FT. (DRY) CORRECTED FOR (1/Z) 1214.4
BTU/CU.FT. (WET) CORRECTED FOR (1/Z) 1193.3
REAL SPECIFIC GRAVITY 0.6983

ANALYSIS RUN AT 14.73 PSIA & 60 DEGREES F

CYLINDER PRESSURE: 142 PSIG
CYLINDER NO.: GAS-AZT034
DATE RUN: 7/8/93
ANALYSIS RUN BY: CHELLE DURBIN

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 7-A
CASE NO.: 11030
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



1115 FARMINGTON AVE. - FARMINGTON, NM 87401

(505) 325-6622

ANALYSIS NO: CON30131

WELL/LEASE INFORMATION

COMPANY: CONOCO, INC. PRESSURE: 168.3 PSIG
WELL NAME: STATE COM R #14 SAMPLE TEMP.: 75.4 DEG.F
LOCATION: WELL FLOWING: YES
COUNTY: SAN JUAN DATE SAMPLED: 7/7/93
FORMATION: MESAVERDE SAMPLED BY: R.G.M.
METER NO.: 066-010-091
EFFECTIVE: JULY 1, 1993 - DECEMBER 31, 1993

REMARKS:

ANALYSIS

COMPONENT	MOLE %	GPM	*B.T.U.	*SP. GR.
NITROGEN	0.202	0.0000	0.000	0.0020
CO2	0.839	0.0000	0.000	0.0127
METHANE	83.285	0.0000	843.10	0.4613
ETHANE	8.945	2.3927	158.65	0.0929
PROPANE	3.973	1.0948	100.18	0.0605
I-BUTANE	0.638	0.2088	20.80	0.0128
N-BUTANE	1.038	0.3273	33.94	0.0208
I-PENTANE	0.354	0.1297	14.21	0.0088
N-PENTANE	0.268	0.0969	10.75	0.0067
HEXANE	0.458	0.1997	23.53	0.0147
TOTAL	100.000	4.4499	1205.16	0.6932

* @ 14.730 PSIA DRY & UNCORRECTED FOR COMPRESSIBILITY

COMPRESSIBILITY FACTOR (1/Z) 1.0033
BTU/CU.FT. (DRY) CORRECTED FOR (1/Z) 1209.1
BTU/CU.FT. (WET) CORRECTED FOR (1/Z) 1188.1
REAL SPECIFIC GRAVITY 0.6952

ANALYSIS RUN AT 14.73 PSIA & 60 DEGREES F

CYLINDER PRESSURE: 152 PSIG
CYLINDER NO.: GAS-040
DATE RUN: 7/8/93
ANALYSIS RUN BY: CHELLE DURBIN

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 7-B
CASE NO.: 11030
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

STATE COM R NO. 14

BOTTOMHOLE PRESSURE DATA

<u>POOL</u>	<u>PERFS</u>	<u>DATUM</u>	<u>BHP</u>	<u>% of Higher Pressure</u>
Pictured Cliffs	2445'-2462'	3252'	308	89
Mesaverde	4042'-4813'	3252'	346	--

BTU-WEIGHTED PRODUCTION PERCENTAGES

<u>POOL</u>	<u>MCFGPD</u>	<u>BTU/CU FT</u>	<u>% of Production</u>
Pictured Cliffs	60	1214	17.15
Mesaverde	291	1209	82.85

ECONOMIC LIMIT CALCULATIONS

<u>OPERATING COSTS</u>	Direct Operating Expense	\$700/Month
	Overhead/Accounting Expense	<u>\$600/Month</u>
	TOTAL OPERATING COSTS	\$1300/Month

WORKOVER COSTS.....\$20,000 / Workover

CURRENT GAS PRICE.....\$1.35 / MCFG

ECONOMIC LIMIT WITHOUT WORKOVER COSTS.....37 MCFGPD

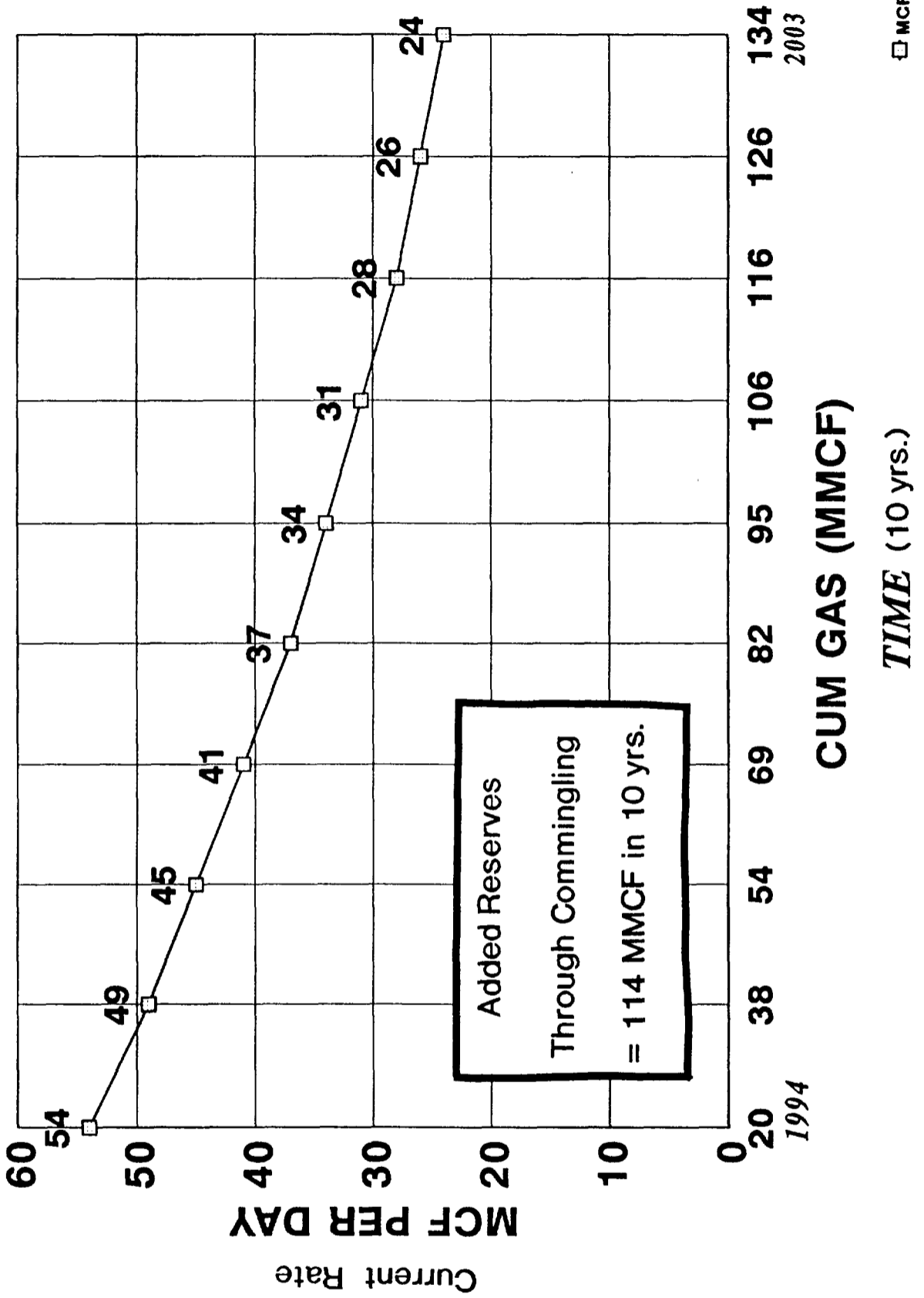
ECONOMIC LIMIT WITH WORKOVER COSTS.....49 MCFGPD

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 8
CASE NO.: 11030
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

STATE COM R 14 PC

Uneconomic Pictured Cliffs Zone



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 9
CASE NO.: 11030
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



State of New Mexico
Commissioner of Public Lands

310 OLD SANTA FE TRAIL P.O. BOX 1148
SANTA FE, NEW MEXICO 87504-1148

(505) 827-5760
FAX (505) 827-5766

RAY POWELL, M.S., D.V.M.
COMMISSIONER

June 28, 1994

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705-4500

Attn: Mr. Jerry Hoover

Re: Downhole Commingling Application
State Com R Well No. 14
Unit M 36-30N-9W
San Juan County, New Mexico

Dear Mr. Hoover:

Your application to downhole commingle the production from within the wellbore of the above captioned well was received on June 20, 1994. Your application requests our approval to downhole commingle the Blanco Mesaverde Pool production with the Blanco Pictured Cliffs production within the wellbore of the State Com R Well No. 14, located in Unit letter M, Section 36-30N-9W.

Since it appears that all the New Mexico Oil Conservation Division's rules and regulations have been complied with and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request for downhole commingling is hereby approved. Any deviation from the substance of your request will be sufficient grounds for rescinding our approval. Our approval is subject to like approval by the New Mexico Oil Conservation Division.

Your filing fee in the amount of Thirty (\$30.00) Dollars has been received.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY POWELL, M.S., D.V.M.
COMMISSIONER OF PUBLIC LANDS

BY: 

FLOYD O. PRANDO, Director
Oil/Gas and Minerals Division
(505) 827-5744
RP/FOP/pm

encls.

cc: Reader File
OCD-Santa Fe Attn: Mr. David Catanach, Ben Stone
B-11479-54

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 10
CASE NO.: 11030
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994