

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

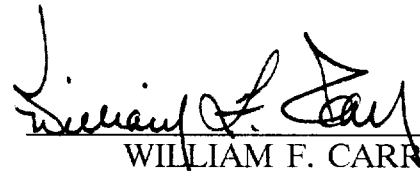
IN THE MATTER OF THE APPLICATION  
OF YATES DRILLING COMPANY  
FOR WATERFLOOD PROJECTS,  
CHAVES COUNTY, NEW MEXICO.

CASE NO. 9810

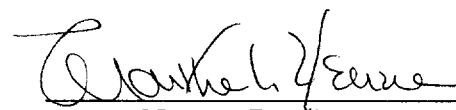
AFFIDAVIT

STATE OF NEW MEXICO     )  
  )ss.  
COUNTY OF SANTA FE     )

WILLIAM F. CARR, attorney in fact and authorized representative of Yates Drilling Company, the Applicant herein, being first duly sworn, upon oath, states that the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested persons entitled to receive notice in the above-referenced cases as shown by Exhibit "A" attached hereto, and that pursuant to Rule 1207, notice has been given at the correct addresses provided by such rule.

  
WILLIAM F. CARR

SUBSCRIBED AND SWORN to before me this 26<sup>th</sup> day of December, 1989.

  
Notary Public

My Commission Expires:

August 19, 1991

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
YATES DRILLING COMPANY EXHIBIT NO. <u>A</u>
CASE NO. <u>9810</u>

## EXHIBIT A

Mr. Raymond Spears  
307 N. 7th Street  
Lovington, New Mexico 88260

Enserch Exploration, Inc.  
6 Desta Drive, Suite 5250  
Midland, Texas 79705  
Attn: Steve Wright

Reading & Bates Petroleum Company  
2412 N. Grandview, Suite 201  
Odessa, Texas 79761  
Attn: Don Kipgen

Rich Partnership  
Post Office Box 3402  
Casper, Wyoming 82602  
Attn: Ken Snyder

Dalport Oil Corporation  
3471 Interfirst One  
Dallas, Texas 75202

C. R. Gallagher, Jr.  
1005 Texas Commerce Bank  
1208 - 14th Street  
Lubbock, Texas 79401

Robin C. Herndon, III  
c/o Robin C. Herndon, Jr.  
Post Office Box 2031  
Mobile, Alabama 36601

Floyd V. Doyal  
919 E. McGaffey  
Roswell, New Mexico 88201

Paul J. Doyal  
Post Office Box 2877  
Roswell, New Mexico 88201

Mrs. J. D. Spears  
Box 1017  
Carlsbad, New Mexico 88220

Phillips Petroleum Company  
4001 Penbrook  
Odessa, Texas 79762  
Attn: Frank Hulse

Burk Royalty  
Post Office Box BRC  
Wichita Falls, Texas 76307

Great Western Drilling Company  
Box 1659  
Midland, Texas 79702  
Attn: Pat L. Shannahan

E. S. Mayer, Jr.  
c/o Reading & Bates Petroleum Co.  
2412 N. Grandview, Suite 201  
Odessa, Texas 79761  
Attn: Don Kipgen

Gregory J. Gallagher  
8550 Kathy Freeway, Suite 208  
Houston, Texas 77024

Yates Drilling Company  
105 South Fourth Street  
Artesia, New Mexico 88210  
Attn: Toby Rhodes

Clarence Doyal  
308 S. Kansas  
Roswell, New Mexico 88201

F. G. Breckenridge  
Post Office Drawer 4667  
Midland, Texas 79704

Etoile M. Bennett  
c/o F.G. Breckenridge  
Post Office Drawer 3000  
Midland, Texas 79702

G & P Exploration, Inc.  
4800 San Felipe, Suite 620  
Houston, Texas 77056  
Attn: John W.T. Mediary

Mary B. Gallagher  
1005 Texas Commerce Bank Bldg.  
1208 - 14th Street  
Lubbock, Texas 79401

R.F. Partnership, Ltd.  
Post Office Box 243  
Wheat Ridge, Colorado 80034

Raymond Stanley Herndon  
c/o Robin C. Herndon, Jr.  
Post Office Box 1283  
Mobile, Alabama 36601

Charleen G. Knieriem  
10889 Wilshire Blvd.  
Suite 1100  
Los Angeles, California 90024

Natalie G. Pope  
10889 Wilshire Blvd., Suite 1100  
Los Angeles, California 90024

Veronica Herndon  
Post Office Box 1283  
Mobile, Alabama 36601

Frances Herndon  
Post Office Box 1283  
Mobile, Alabama 36601

Christine Gallagher Seger  
4607 - 20th Street  
Lubbock, Texas 79407

W. G. Ross  
Post Office Box 86  
Midland, Texas 79702

Erlon E. Nowell  
2735 South St. Paul  
Denver, Colorado 80210

George Globe  
Post Office Box 40577  
Bakersfield, California 93384

C. E. Strange  
Post Office Box 6438  
Incline Village, Nevada 89450

Susan Gallagher Grey  
1322 Marc Anthony Drive  
Baton Rouge, Louisiana 70816

Charles Bernard Gallagher  
1380 Asbury  
Winnetka, Illinois 60093

Mary G. Herndon  
Post Office Box 1283  
Mobile, Alabama 36601

Mary Herndon Ray  
Post Office Box 1283  
Mobile, Alabama 36601

Peter G. Herndon  
Post Office Box 1283  
Mobile, Alabama 36601

William G. Pope, Jr.  
4417 Tracy  
Meraux, Louisiana 70075

Mary Margaret Pope  
8550 Katy Freeway, Suite 208  
Houston, Texas 77024

Marguerite Gallagher Price  
8550 Katy Freeway, Suite 208  
Houston, Texas 77024

Gregory Charles Gallagher  
8550 Katy Freeway, Suite 208  
Houston, Texas 77024

Delphine Pope Keller  
9330 NE Schuyler  
Portland, Oregon 97220

Mary Knieriem Taylor  
4535 Miller Oak Drive  
Auburn, California 95603

Veda D. Williamson  
c/o United New Mexico Bank  
Post Office Box 1977  
Roswell, New Mexico 88201

Louis Doyal  
810 Meadow Place  
Roswell, New Mexico 88201

Ruth J. Penka  
c/o James T. Hill, Attorney  
Post Office Box 421  
Durham, North Carolina 27702

Natalie Pope  
8550 Katy Freeway, Suite 208  
Houston, Texas 77024

Stephen Lawrence Knieriem  
8550 Katy Freeway, Suite 208  
Houston, Texas 77024

Michael J. Gallagher  
8550 Katy Freeway, Suite 208  
Houston, Texas 77024

Christopher W. Knieriem  
Post Office Box 5404  
Petaluma, California 94953

Kathleen Gallagher Cooper  
Post Office Box 814  
Vacaville, California 95688

Dorothy Vargas  
2055 Dalis  
Concord, California 94520

Leo Doyal  
Box 183  
Elida, New Mexico 88116

CAMPBELL & BLACK, P.A.  
LAWYERS

JACK M. CAMPBELL  
BRUCE D. BLACK  
MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
J. SCOTT HALL  
JOHN H. BEMIS  
WILLIAM P. SLATTERY  
PATRICIA A. MATTHEWS

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
TELECOPIER: (505) 983-6043

December 5, 1989

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

RECEIVED  
DEC 8 1989  
OIL CONSERVATION DIVISION

TO ALL AFFECTED INTEREST OWNERS IN THE CACTUS QUEEN UNIT:

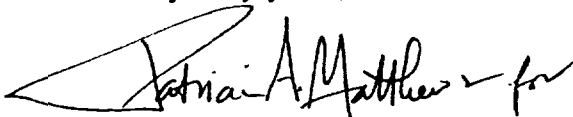
Re: Applications of Yates Drilling Company for Approval of Two Waterflood Projects, Chaves County, New Mexico

Gentlemen:

This letter is to advise you that Yates Drilling Company has filed applications with the New Mexico Oil Conservation Division seeking authority to institute waterflood projects by injection of water into the Queen formation in its proposed Cactus Queen Unit, underlying portions of Sections 27 and 34, Township 12 South, Range 31 East, Southeast Chaves Queen Field, Chaves County, New Mexico. Yates Drilling Company also seeks authority to institute a waterflood project on the Doyal Lease in Sections 26, 27 and 34, Township 12 South, Range 31 East, Southeast Chaves Queen Field, Chaves County, New Mexico. Copies of these applications were sent to you on November 8, 1989.

These applications have been set for hearing before an Examiner of the Oil Conservation Division on December 27, 1989. You do not need to be present at the hearing, but failure to appear at the hearing or otherwise become a party of record in these cases will preclude you from challenging these matters at a later date.

Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR YATES DRILLING COMPANY

WFC:mlh

cc: Toby Rhodes

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

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

3. Article Addressed to:

Mr. Raymond Spears  
307 N. 7th Street  
Lovington, NM 88260

4. Article Number  
4106-679-119

Type of Service:

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

Always obtain signature of addressee or agent, and DATE DELIVERED.

5. Signature - Address *Raymond Spears*

6. Signature - Agent *Raymond Spears*

7. Date of Delivery

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 119

Mr. Raymond Spears  
307 N. 7th Street  
Lovington, NM 88260

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Return Receipt Fee	
Return Receipt Fee	
TOTAL Postage and Fees	
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Enserch Exploration, Inc.  
6 Desta Drive, Suite 5250  
Midland, TX 79705  
Attn: Steve Wright

4. Article Number

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

12-7-89

PS Form 3841, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 120

Enserch Exploration, Inc.  
6 Desta Drive, Suite 5250  
Midland, TX 79705  
Attn: Steve Wright

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Reading & Bates  
 Petroleum Company  
 2412 N. Grandview, # 201  
 Odessa, TX 79761  
 Attn: Don Kipgen

4. Article Number

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X *Don Kipgen*

6. Signature - Agent

X

7. Date of Delivery

*12-11-84*

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-106 679 121

Reading & Bates  
 Petroleum Company  
 2412 N. Grandview, # 201  
 Odessa, TX 79761  
 Attn: Don Kipgen

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt show to whom and Date	
Return Receipt show Date and Address of	
TOTAL Postage and	2.8
Postmark or Date	DEC 5 1984



Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery

(Extra charge)

(Extra charge)

Type of Service:

<input type="checkbox"/>	Registered	<input type="checkbox"/>	Insured
<input checked="" type="checkbox"/>	Certified	<input type="checkbox"/>	COD
<input type="checkbox"/>	Express Mail	<input type="checkbox"/>	Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

**X**

**X**

1

**DOMESTIC RETURN RECEIPT**

Rich Partnership  
Post Office Box 3402  
Casper, Wyoming 82602  
Attn: Ken Snyder

Postage \_\_\_\_\_  
Certified Fee \_\_\_\_\_  
Special Delivery \_\_\_\_\_  
Insurance \_\_\_\_\_  
Postnet Delivery Fee \_\_\_\_\_  
Return Receipt (how many copies)  
Registered Mail \_\_\_\_\_  
Return Receipt (how many copies)  
Postage and Address \_\_\_\_\_  
\_\_\_\_\_ (CA) Postage and \_\_\_\_\_  
\_\_\_\_\_ 2.00 \_\_\_\_\_  
Postmark or Date \_\_\_\_\_  
DEC 5 - 1989

PS Form 3800, June 1965

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:

Dalport Oil Corporation  
3471 Interfirst One  
Dallas, TX 75202

4. Article Number: *P106-679 133*

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X *Stephania Bruce*

7. Date of Delivery *DEC 8 1989*

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 133

Dalport Oil Corporation  
3471 Interfirst One  
Dallas, TX 75202

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt shown to whom and Date Delivered	
Return Receipt shown Date and Address of Addressee	
TOTAL Postage and Fees	<i>2.00</i>
Postmark or Date	<i>DEC 5 - 1989</i>

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

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

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

3. Article Addressed to:

C. R. Gallagher, Jr.  
1005 Texas Commerce Bank  
1208 - 14th Street  
Lubbock, Texas 79401

4. Article Number  
P106 679 124

Type of Service:  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail  
☐ Return Receipt for Merchandise  
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X *C. R. Gallagher*

6. Signature - Agent  
X *B. J. Bea Johnson*

7. Date of Delivery  
12/8/89

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 124

C. R. Gallagher, Jr.  
1005 Texas Commerce Bank  
1208 - 14th Street  
Lubbock, Texas 79401

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Addressee	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Robin C. Herndon, III  
 c/o Robin C. Herndon, Jr.  
 Post Office Box 2031  
 Mobile, Alabama 36601

4. Article Number

106 679 125

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Signature (Request agent's signature if requested on back of card)

6. Signature - Address

X

6. Signature - Agent

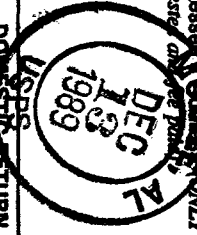
X

7. Date of Delivery

12-13-89

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT



P-106 679 125

Robin C. Herndon, III  
 c/o Robin C. Herndon, Jr.  
 Post Office Box 2031  
 Mobile, Alabama 36601

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Postmaster	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 1989

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

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

3. Article Addressed to:

FLOYD V. DOYAL  
919 E. MCGAFFEY  
ROSWELL, NM 88201

4. Article Number

116-679 126

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X *Floyd V. Doyal*

6. Signature - Agent

X

7. Date of Delivery

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 126

FLOYD V. DOYAL  
919 E. MCGAFFEY  
ROSWELL, NM 88201

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (following Date and Address only)	
Return Receipt (following Date and Address only)	
USPS Postage and Fee	
Postmark or Date	DEC 5 - 1989

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:

Mrs. J. D. Spears  
Box 1017  
Carlsbad, NM 88220

4. Article Number *P 106 679 127*

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address ☒

6. Signature - Agent ☒ *Juan Spears*

7. Date of Delivery

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

DEC 14 1989

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 127

Mrs. J. D. Spears  
Box 1017  
Carlsbad, NM 88220

Postage	
Delivery Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Addressee	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:

Burk Royalty  
Post Office Box BRC  
Wichita Falls, TX 76307

4. Article Number  
P186 679 128

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X *Burk Royalty*

6. Signature - Agent  
X

7. Date of Delivery  
DEC 07 1989

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 128

Burk Royalty  
Post Office Box BRC  
Wichita Falls, TX 76307

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Service Fee (when used for Certified)	
Return Receipt Service Fee (when used for Restricted Delivery)	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:		4. Article Number	
Great Western Drilling Box 1659 Midland, TX 79702 Attn: Pat L. Shannahan		P-106 679 129	
5. Signature - Address		Type of Service:	
<input checked="" type="checkbox"/>		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent		Always obtain signature of addressee or agent and DATE DELIVERED.	
<input checked="" type="checkbox"/>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery			
DEC - 7 1989			

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 129

Great Western Drilling  
 Box 1659  
 Midland, TX 79702  
 Attn: Pat L. Shannahan

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt shown to whom and Date Delivered	
Return Receipt shown Date and Address of Addressee	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989



● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Gregory J. Gallagher  
 8550 Kathy Freeway  
 Suite 208  
 Houston, Texas 77024

4. Article Number

106 679 130

Type of Service:

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

5. Signature - Address

X *Gregory J. Gallagher*

6. Signature - Agent

X

7. Date of Delivery

12-8-89

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 130

Gregory J. Gallagher  
 8550 Kathy Freeway  
 Suite 208  
 Houston, Texas 77024

Postage	
Insured Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (show to whom and date)	
Return Receipt (show date and address)	
TOTAL Postage and Fees	2.80
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Yates Drilling Company  
 105 South Fourth Street  
 Artesia, NM 88210  
 Attn: Toby Rhodes

4. Article Number

P106 679 131

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature Agent

X

7. Date of Delivery

12-7-89

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-106 679 131

Yates Drilling Company  
 105 South Fourth Street  
 Artesia, NM 88210  
 Attn: Toby Rhodes

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery	
Return Receipt (show to whom and Date)	
Return Receipt (show Date and Address)	
PS Form 3800, June 1985	2.00
Postmark or Date	DEC 5 - 1989

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

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

3. Article Addressed to:

Clarence Doyal  
308 S. Kansas  
Roswell, NM 88201

4. Article Number  
P106679132

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X *Clarence Doyal*

7. Date of Delivery  
12-7-89

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 132

Clarence Doyal  
308 S. Kansas  
Roswell, NM 88201

Postage	
Postage Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt on when to whom and Date Delivered	
Return Receipt on when to whom and Address of D	
Postage and Fee	2.00
Postmark or Date	DEC 5 - 1989

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  Frances Herndon Post Office Box 1283 Mobile, Alabama 36601		4. Article Number <i>106 679 133</i>
5. Signature - Address X		Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent X <i>[Signature]</i>		
7. Date of Delivery <i>12-1-89</i>		

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 133

Frances Herndon  
 Post Office Box 1283  
 Mobile, Alabama 36601

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt shown to whom and Date Delivered	
Return Receipt showing Date and Address of Sender	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

P-106 679 134

Christine Gallagher Seger  
4607 - 20th Street  
Lubbock, Texas 79407

<b>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</b> Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to:  Christine Gallagher Seger 4607 - 20th Street Lubbock, Texas 79407	4. Article Number  P106679 134
5. Signature - Address  X <i>Christine Gallagher Seger</i>	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent  X	Express Mail <input type="checkbox"/>
7. Date of Delivery  12-7-89	Always obtain signature of addressee or agent and DATE DELIVERED.
8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865-1010 DOMESTIC RETURN RECEIPT

DEC 5 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Mary Margaret Pope  
 8550 Katy Freeway, # 208  
 Houston, Texas 77024

4. Article Number

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X *M. Pope*

6. Signature - Agent

X

7. Date of Delivery

*12-8-89*

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 135

Mary Margaret Pope  
 8550 Katy Freeway, # 208  
 Houston, Texas 77024

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt shown to whom and Date Delivered	
Return Receipt shown Date and Address of	
POSTAGE and FEE	2.00
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Natalie Pope  
 8550 Katy Freeway, # 208  
 Houston, Texas 77024

4. Article Number

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

5. Signature - Address

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-106 679 136

Natalie Pope  
 8550 Katy Freeway, # 208  
 Houston, Texas 77024

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt shown to addressee

Return Receipt shown to agent

Postage and Fee

Postmark or Date

DEC 5 - 1989

2.00

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

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

2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Stephen Lawrence Knieriem  
8550 Katy Freeway, # 208  
Houston, Texas 77024

4. Article Number

4106 679 137

Type of Service:

☒ Registered  
☐ Insured  
☐ Certified  
☐ COD  
☐ Return Receipt for Merchandise  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

12-16-89

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-106 679 137

Stephen Lawrence Knieriem  
8550 Katy Freeway, # 208  
Houston, Texas 77024

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt shown to whom and Date Delivered	
Return Receipt shown Date and Address of Postmaster	
TOTAL Postage and Fees	8.12
Postmark or Date	DEC 5 - 1989



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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

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

3. Article Addressed to: Marguerite Gallagher Price  
8550 Katy Freeway, # 208  
Houston, Texas 77024

4. Article Number 106 679 138

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address Marguerite M. Price

6. Signature - Agent X

7. Date of Delivery 12-8-89

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 138

Marguerite Gallagher Price  
8550 Katy Freeway, # 208  
Houston, Texas 77024

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Show to whom and Date Delivered)	
Return Receipt (Show Date and Addressee's Address)	
To TAI Postage and Fee	
Postmark or Date	DEC 5 - 1989

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

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

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

3. Article Addressed to:

Gregory Charles Gallagher  
8550 Katy Freeway, # 208  
Houston, Texas 77024

4. Article Number

Type of Service:

☒ Registered  
☐ Certified  
☐ Insured  
☐ COD  
☐ Return Receipt for Merchandise  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

12-11-89

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-106 679 139

Gregory Charles Gallagher  
8550 Katy Freeway, # 208  
Houston, Texas 77024

Postage	
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt shown to whom and Date Delivered	
Return Receipt shown Date, and Address of	
TOTAL Postage and Fee	2.00
Postmark or Date	DEC 5 - 1989

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

3. Article Addressed to:

Michael J. Gallagher  
 8550 Katy Freeway, # 208  
 Houston, Texas 77024

4. Article Number

106 679 140

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X *Michael J. Gallagher*

6. Signature - Agent

X

7. Date of Delivery

12-8-89

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-885

DOMESTIC RETURN RECEIPT

P-106 679 140

Michael J. Gallagher  
 8550 Katy Freeway, # 208  
 Houston, Texas 77024

Postmark or Date	DEC 5 - 1989
Postage and Fees	2.00
Return Receipt Fee	
Restricted Delivery Fee	
Signature Required Fee	
Insurance Fee	
COD Fee	
Express Mail Fee	
Return Receipt for Merchandise Fee	
TOTAL Postage and Fees	

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

3. Article Addressed to:

Delphine Pope Keller  
 9330 NE Schuyler  
 Portland, Oregon 97220

4. Article Number

9106 679 141

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

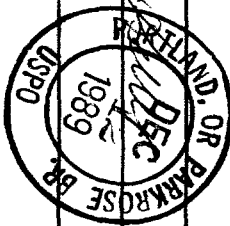
Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

6. Signature - Agent

7. Date of Delivery



PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 141

Delphine Pope Keller  
 9330 NE Schuyler  
 Portland, Oregon 97220

Postage	
Certified Fee	
Restricted Delivery Fee	
Return Receipt Fee	
Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult Postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Peter G. Herndon  
 Post Office Box 1283  
 Mobile, Alabama 36601

4. Article Number

P106 679 142

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

X

6. Signature Agent

X

7. Date of Delivery

DEC 11 1989

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 142

Peter G. Herndon  
 Post Office Box 1283  
 Mobile, Alabama 36601

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (show to whom and date)	
Return Receipt (show date and address)	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

5651 cunf 0086 wjof sd

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

William G. Pope, Jr.  
 4417 Tracy  
 Meraux, Louisiana 70075

4. Article Number

106679143

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature Address

X *William G. Pope, Jr.*

6. Signature - Agent

X

7. Date of Delivery

12.8.89

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

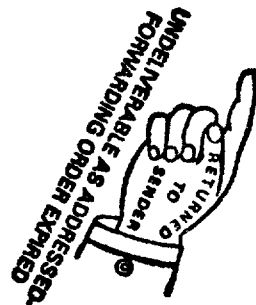
P-106 679 143

William G. Pope, Jr.  
 4417 Tracy  
 Meraux, Louisiana 70075

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery	
Return Receipt (with date and address)	
POSTA Postage and Postmark or Date	DEC 5 - 1989

CAMPBELL & BLACK, P.A.  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

LN- DEC 11 REC'D



**CERTIFIED**  
P-106 679 144  
**MAIL**

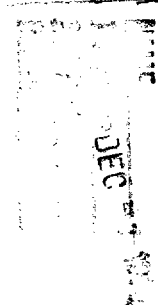
P-106 679 144

Christopher W. Knieriem  
Post Office Box 5404  
Petaluma, CA 94953

Postage	\$
Postnet Fee	
Special Delivery Fee	
Registered Mail Fee	
Insurance (if any)	
Postage and Fees	2.00
Postmark or Date DEC 5 - 1989	

PS Form 3800, June 1983

Christopher W. Knieriem  
Post Office Box 5404  
Petaluma, CA 94953



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

3. Article Addressed to: Paul J. Doyal Post Office Box 2877 Roswell, NM 88201		4. Article Number P106679 145	
5. Signature <i>Paul J. Doyal</i> X		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail	
6. Signature Agent X		8. Addressee's Address (ONLY if requested and fee paid) Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 12-7-89			

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 145

Paul J. Doyal  
 Post Office Box 2877  
 Roswell, NM 88201

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Addressee	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989



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

<b>3. Article Addressed to:</b> Etoile M. Bennett c/o F.G. Breckenridge Post Office Drawer 3000 Midland, Texas 79702		<b>4. Article Number</b> P-106 679 146	
<b>5. Signature - Address</b> X		<b>Type of Service:</b> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
<b>6. Signature - Agent</b> X <i>M. M. M. M. M.</i>		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
<b>7. Date of Delivery</b> DEC - 7 1989		<b>8. Addressee's Address (ONLY if requested and fee paid)</b>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 146

Etoile M. Bennett  
 c/o F.G. Breckenridge  
 Post Office Drawer 3000  
 Midland, Texas 79702

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt when to whom and Date Delivered	
Return Receipt when Date and Address of	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.  
 1. ☐ Show to whom delivered, date, and addressee's address.  
 2. ☐ Registered Delivery (Extra charge)

3. Article Addressed to:  G & P Exploration, Inc. 4800 San Felipe, Suite 621 Houston, TX 77056 Attn: John W.T. Mediary		4. Article Number 4-106 679 147	
5. Signature — Address X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature of Agent X		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 12-11-89			

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 147

G & P Exploration, Inc.  
 4800 San Felipe, Suite 62  
 Houston, TX 77056  
 Attn: John W.T. Mediary

Postage	
Registered Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt Fee	
Insurance	
Postmark or Date	DEC 5 - 1989
TOTAL Postage and Fees	2.00

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Mary B. Gallagher  
1005 Texas Commerce Bank  
1208 - 14th Street  
Lubbock, TX 79401

4. Article Number

2106 679 148

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature Address

X *M. Gallagher*

6. Signature - Agent

X

7. Date of Delivery

*12/5/89*

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-106 679 148

Mary B. Gallagher  
1005 Texas Commerce Bank  
1208 - 14th Street  
Lubbock, TX 79401

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt shown to whom and Date	
Return Receipt shown Date, and Address of	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. **2. ☒ Restricted Delivery.** (Extra charge)

3. Article Addressed to:

R.F. Partnership, Ltd.  
 Post Office Box 243  
 Wheat Ridge, CO 80034

4. Article Number

1106 679 149

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

12/5/89

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 149

R.F. Partnership, Ltd.  
 Post Office Box 243  
 Wheat Ridge, CO 80034

Postage	
Certified Fee	
Special Delivery Fee	
Registered Delivery	
Return Receipt (only for Merchandise)	
Return Receipt (only for Date and Address)	
POSTAGE and	
Postmark or Date	DEC 5 - 1989

P-106 679 150

Raymond Stanley Herndon  
c/o Robin C. Herndon, Jr.  
Post Office Box 1283  
Mobile, Alabama 36601

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>Raymond Stanley Herndon c/o Robin C. Herndon, Jr. Post Office Box 1283 Mobile, Alabama 36601</p>	<p>4. Article Number</p> <p>P106 679 150</p>
<p>5. Signature, Address</p> <p><i>[Signature]</i></p>	<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED</p>
<p>6. Shipper's Address</p> <p><i>[Address]</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p><i>[Address]</i></p>
<p>7. Date of Delivery</p> <p>12-7-89</p>	<p>9. Postmark or Date</p> <p>DEC 5 - 1989</p>

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

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

3. Article Addressed to:  Charleen G. Knieriem 10889 Wilshire Blvd. Suite 1100 Los Angeles, CA 90024		4. Article Number 106 679 151	
5. Signature of Addressee X <i>Charleen G. Knieriem</i>		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 12-31-89		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 151

Charleen G. Knieriem  
 10889 Wilshire Blvd.  
 Suite 1100  
 Los Angeles, CA 90024

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt shown to whom and Date	
Return Receipt shown Date and Address	
POSTAGE PAID	2.00
Postmark or Date	DEC 5 - 1989

P-106 679 152

Natalie G. Pope  
10889 Wilshire Blvd., #110  
Los Angeles, CA 90024

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery	
Return Receipt sent to whom and Date	
Return Receipt sent Date, and Address	
TOTAL Postage and Fees	
Postmark or Date	DEC 5 - 1989

PS Form 3800, June 1985

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

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

3. Article Addressed to:  
Natalie G. Pope  
10889 Wilshire Blvd., #110  
Los Angeles, CA 90024

4. Article Number: P106 679 152

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

6. Signature - Address  
X Natalie G. Pope

6. Signature - Agent  
X

7. Date of Delivery  
12-3-89

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:

Veronica Herndon  
 Post Office Box 1283  
 Mobile, Alabama 36601

4. Article Number

2106 679 153

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

USPS 1000 DEC 8 1989 MAIN POST

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

DEC 5 1989

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-106 679 153

Veronica Herndon  
 Post Office Box 1283  
 Mobile, Alabama 36601

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (show to whom and Date Delivered)	
Return Receipt (show Date and Address of addressee)	
TOTAL Postage and Fees	
Postmark or Date	DEC 5 - 1989



● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
 F. G. Breckenridge  
 Post Office Drawer 4667  
 Midland, Texas 79704

4. Article Number  
 9106 679 154

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
 X

6. Signature - Agent  
 X *Sumner*

7. Date of Delivery  
 12-13-89

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

DEC 13 1989  
 MIDLAND  
 STA.

P-106 679 154

F. G. Breckenridge  
 Post Office Drawer 4667  
 Midland, Texas 79704

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (show to whom and Date Delivered)	
Return Receipt (show Date and Address of)	
TOTAL Postage and Fees	
Postmark or Date	DEC 5 - 1989

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

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

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

3. Article Addressed to:  
W. G. Ross  
Post Office Box 86  
Midland, Texas 79702

4. Article Number  
9106 679 155

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *W. G. Ross*

6. Signature - Agent  
X

7. Date of Delivery  
12-14-89

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 155

W. G. Ross  
Post Office Box 86  
Midland, Texas 79702

Postage	
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt for Merchandise	
Return Receipt for Date and Address	
10¢ At Postmaster	2.00
Postmark or Date	DEC 5 1989

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

3. Article Addressed to:  
 Erlon E. Nowell  
 2735 South St. Paul  
 Denver, Colorado 80210

4. Article Number  
 P106 679 156

Type of Service:  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Return Receipt for Merchandise  
 Always obtain signature of addressee  
 DO NOT WRITE DELIVERED.  
 DO NOT WRITE ADDRESS (ONLY if request for fee paid)

5. Signature - Addressee  
 X Erlon E. Nowell

6. Signature - Agent  
 X

7. Date of Delivery  
 X

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 156

Erlon E. Nowell  
 2735 South St. Paul  
 Denver, Colorado 80210

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Addressee	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

George Globe  
 Post Office Box 40577  
 Bakersfield, CA 93384

4. Article Number

9106679 157

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-106 679 157

George Globe  
 Post Office Box 40577  
 Bakersfield, CA 93384

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (show to whom and Date Delivered)	
Return Receipt (show Date and Address of Addressee)	
<b>TOTAL Postage and Fees</b>	<b>2.00</b>
Postmark or Date	<b>DEC 5 - 1989</b>

P-106 679 158

C. E. Strange  
Post Office Box 6438  
Incline Vil., NV 89450

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of F	
TOTAL Postage and Fee	2.00
Postmark or Date	DEC 5 - 1989

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to: C. E. Strange  
Post Office Box 6438  
Incline Vil., NV 89450

4. Article Number: 9106 679 158

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address X

6. Signature - Agent X C. E. Strange

7. Date of Delivery

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

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

3. Article Addressed to:

Susan Gallagher Grey  
1322 Marc Anthony Drive  
Baton Rouge, LA 70816

4. Article Number  
7106-679159

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 159

Susan Gallagher Grey  
1322 Marc Anthony Drive  
Baton Rouge, LA 70816

Postage

Postmark or Date  
DEC 5 - 1989

2.00

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:	4. Article Number
Mary G. Herndon Post Office Box 1283 Mobile, Alabama 36601	P106 679 160
5. Signature — Address	Type of Service:
X	<input type="checkbox"/> Registered <input type="checkbox"/> Insured
6. Signature — Agent	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD
X	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
DEC 1 1989	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

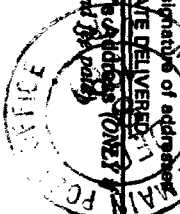
P-106 679 160

Mary G. Herndon  
Post Office Box 1283  
Mobile, Alabama 36601

Postage	
Carrier Fee	
Special Delivery Fee	
Registered Mail Fee	
Return Receipt Fee	
Restricted Delivery Fee	
Signature Required Fee	
Postmark or Date	DEC 5 - 1989

5851-000 3800-0000

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:		4. Article Number	
Mary Herndon Ray Post Office Box 1283 Mobile, Alabama 36601		4106 679 161	
5. Signature - Address		Type of Service:	
X		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent		Always obtain signature of addressee or agent and DATE DELIVERED.	
X		8. Addressee's address (ONLY if requested and fee paid)	
7. Date of Delivery			

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 161

Mary Herndon Ray  
 Post Office Box 1283  
 Mobile, Alabama 36601

Postage	
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt to Whom and Date	
Return Receipt Date and Address	
TOTAL Postage & Fees	2.00
Postmark or Date	DEC 5 - 1989



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

3. Article Addressed to:		4. Article Number <i>P106 679 162</i>	
Mary Knieriem Taylor 4535 Miller Oak Drive Auburn, CA 95603		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address <i>X Mary C Taylor</i>		B. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <i>X</i>			
7. Date of Delivery <i>12-8-89</i>			

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 162

Mary Knieriem Taylor  
 4535 Miller Oak Drive  
 Auburn, CA 95603

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt shown to whom and Date Delivered	
Return Receipt shown Date and Address of Addressee	
TOTAL Postage and Fees	<i>2.00</i>
Postmark or Date <b>DEC 5 - 1989</b>	

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

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

3. Article Addressed to: Kathleen Gallagher Cooper  
Post Office Box 814  
Vacaville, CA 95688

4. Article Number: 4106-679163

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address: *Kathleen Gallagher Cooper*

6. Signature - Agent: *X*

7. Date of Delivery: 12-7-89

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 163

Kathleen Gallagher Cooper  
Post Office Box 814  
Vacaville, CA 95688

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (show to whom and Date)	
Return Receipt (show Date and Address)	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  Veda D. Williamson c/o United New Mexico Bank Post Office Box 1977 Roswell, NM 88201		4. Article Number <i>7106 679 164</i>	
5. Signature - Address <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery <i>12-7-89</i>			

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 164

Veda D. Williamson  
 c/o United New Mexico Bank  
 Post Office Box 1977  
 Roswell, NM 88201

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (show to whom and Date Del)	
Return Receipt (show Date and Addressee)	
TOTAL Postage and Fees	2.00
Postmark or Date  DEC 5 - 1989	

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

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to: Louis Doyal  
810 Meadow Place  
Roswell, NM 88201

4. Article Number: 106-679 165

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature Address: X *Louis Doyal*

6. Signature - Agent: X

7. Date of Delivery: 12/1/89

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

PS Form 3871, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 165

Louis Doyal  
810 Meadow Place  
Roswell, NM 88201

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery	
Return Receipt Fee	
Return Receipt Fee	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

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

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to:

Ruth J. Penka  
c/o James T. Hill, Esq.  
Post Office Box 421  
Durham, NC 27702

4. Article Number  
P106 679 166

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X *Ruth J. Penka*

7. Date of Delivery  
DEC - 8 1989

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 166

Ruth J. Penka  
c/o James T. Hill, Esq.  
Post Office Box 421  
Durham, NC 27702

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Addressee	
TOTAL Postage and Fees	2.00
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Charles Bernard Gallagher  
 1380 Asbury  
 Winnetka, Illinois 60093

4. Article Number

106 679 167

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
 X

6. Signature - Agent  
 X *Charles Bernard Gallagher*

7. Date of Delivery  
 12/11/89

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 167

Charles Bernard Gallagher  
 1380 Asbury  
 Winnetka, Illinois 60093

Postage	
Certified Fee	
Special Delivery	
Restricted Delivery	
Return Receipt fee to whom and for	
Return Receipt Date and Address	
TOTAL Postage	2.00
Postmark or Date	DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Phillips Petroleum Co.  
 4001 Penbrook  
 Odessa, Texas 79762  
 Attn: Frank Hulse

4. Article Number

*P106679168*

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

5. Signature - Address

X *[Signature]*

6. Signature - Agent

X

7. Date of Delivery

*12-8-89 - HBCA*

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 168

Phillips Petroleum Co.  
 4001 Penbrook  
 Odessa, Texas 79762  
 Attn: Frank Hulse

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (show to whom and Date Delivered)	
Return Receipt (show Date and Address of Addressee)	
TOTAL Postage and Fees	<i>2.00</i>
Postmark or Date	<b>DEC 5 - 1989</b>

E.S. Mayer, Jr.  
c/o Reading & Bates Pet. Co.  
2412 N. Grandview  
Suite 201  
Odessa, Texas 79761  
Attn: Don Kipgen

Postage \_\_\_\_\_

Certified Fee \_\_\_\_\_

Registered Delivery Fee \_\_\_\_\_

Air Mail Postage \_\_\_\_\_

Insurance \_\_\_\_\_

Signature Required \_\_\_\_\_

Special Services \_\_\_\_\_

Postmark or Date \_\_\_\_\_

DEC 5 - 1989

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to: E.S. Mayer, Jr. c/o Reading &amp; Bates Pet. 2412 N. Grandview Suite 201 Odessa, Texas 79761 Attn: Don Kippen</p>	
<p>4. Article Number 2106676843</p>	
<p>Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	
<p>5. Signature - Address X <i>Don Kippen</i></p>	
<p>6. Signature - Agent X</p>	
<p>7. Date of Delivery 6889 12-7-89</p>	
<p>PS Form 3841, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT</p>	



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

<b>3. Article Addressed to:</b> Dorothy Vargas 2055 Dalis Concord, CA 94520		<b>4. Article Number</b> P106 676 844	
<b>5. Signature - Address</b> X <i>Dorothy B. Vargas</i>		<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
<b>6. Signature - Agent</b> X <i>[Signature]</i>		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
<b>7. Date of Delivery</b> X		<b>8. Addressee's Address (ONLY if requested and fee paid)</b>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 676 844

Dorothy Vargas  
 2055 Dalis  
 Concord, CA 94520

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee (to whom and for what)	
Return Receipt Fee (date and address)	
10% NL Postage (if)	2.00
Postmark or Date	

DEC 5 - 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:		4. Article Number	
Leo Doyal Box 183 Elida, NM 88116		P 106 676 845	
5. Signature - Address X <i>Leo Doyal</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery <i>12-06-89</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 676 845

Leo Doyal  
Box 183  
Elida, NM 88116

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt fee to whom and Date of	
Return Receipt, name, date, and Address of	
TOTAL Postage and	
Postmark or Date	DEC 5 - 1989

Case 9809 +  
9810

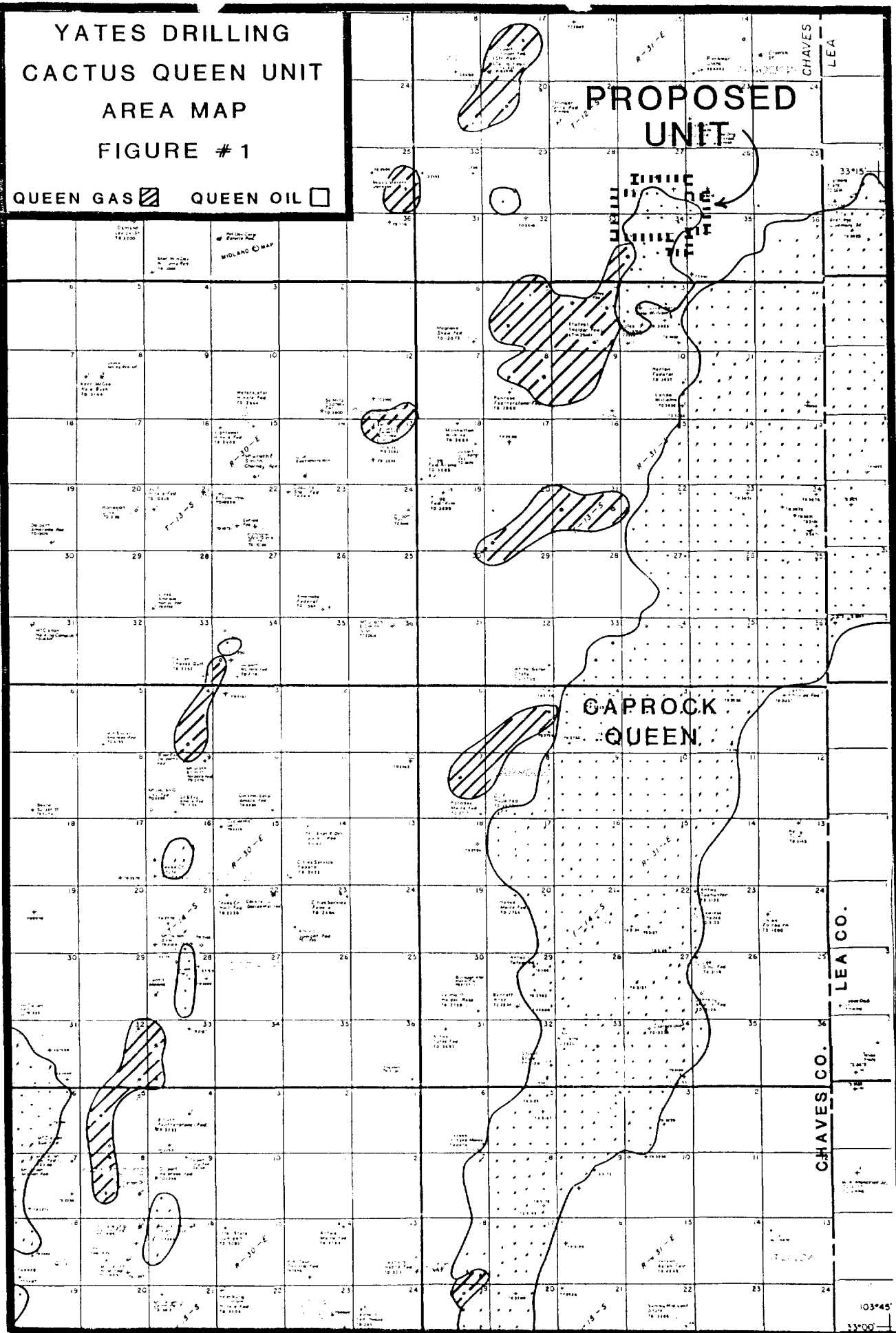
YATES DRILLING COMPANY  
PROPOSED CACTUS QUEEN UNIT  
CHAVES COUNTY, NEW MEXICO

MAPS & CROSS SECTIONS

## FIGURES

1. Area Map
2. Unit Tract Map
3. Area Queen Structure Map (pocket)
4. Queen Paleo Structure Map
5. Gross Sand Map
6. Net Pay Map
7. Oil Saturated Pore Volume Map
8. Permeability - Porosity Cross Plot
9. Net Capacity Map (Permeability - Feet)
10. Cross Section A-A' (pocket)
11. Cross Section B-B' (pocket)
12. Cumulative Primary Production Map
13. Pressure Map 11/84 - 3/85
14. Pressure Map 9/86 - 10/86
15. Pressure Map 1/89
16. Injection Pattern Map

QUEEN GAS ☒ QUEEN OIL ☐



28

*Voluntary Unit Area  
R-9075-A*

27

UNIT OUTLINE

*Doyle Lease  
WF Proj.*

ENRON

LH-1648

(5a)

Apache St.

YDC

NM-015807

(1a)

Garner Fed.

YDC

(8)

Doyal

CACTUS QUEEN UNIT

YDC

NM-015807

(1)

Apache St.

Garner Fed.

YDC

(7)

Doyal

YDC

(9)

Doyal

33

(5b)

(5)

1

Apache St.

(1)

2

Doyal

4

Doyal

(2a)

(2)

NM-0256521

Burkitt Fed.

YDC

NM-15896

DeLuna Fed.

YDC

(6)

Doyal

YDC

(4)

1

B-10418

Gallagher St.

34

*Statutory  
Unit Area  
R-9075-A*

NM-015807

(1b)

Garner Fed.

YATES DRILLING

SE CHAVES QUEEN FIELD

CACTUS QUEEN UNIT

T12S-R31E

CHAVES CO. NM

FIGURE #2

27

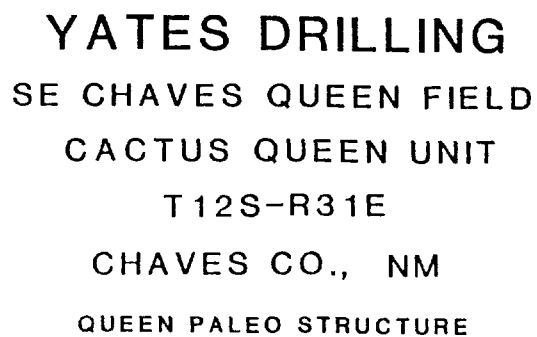
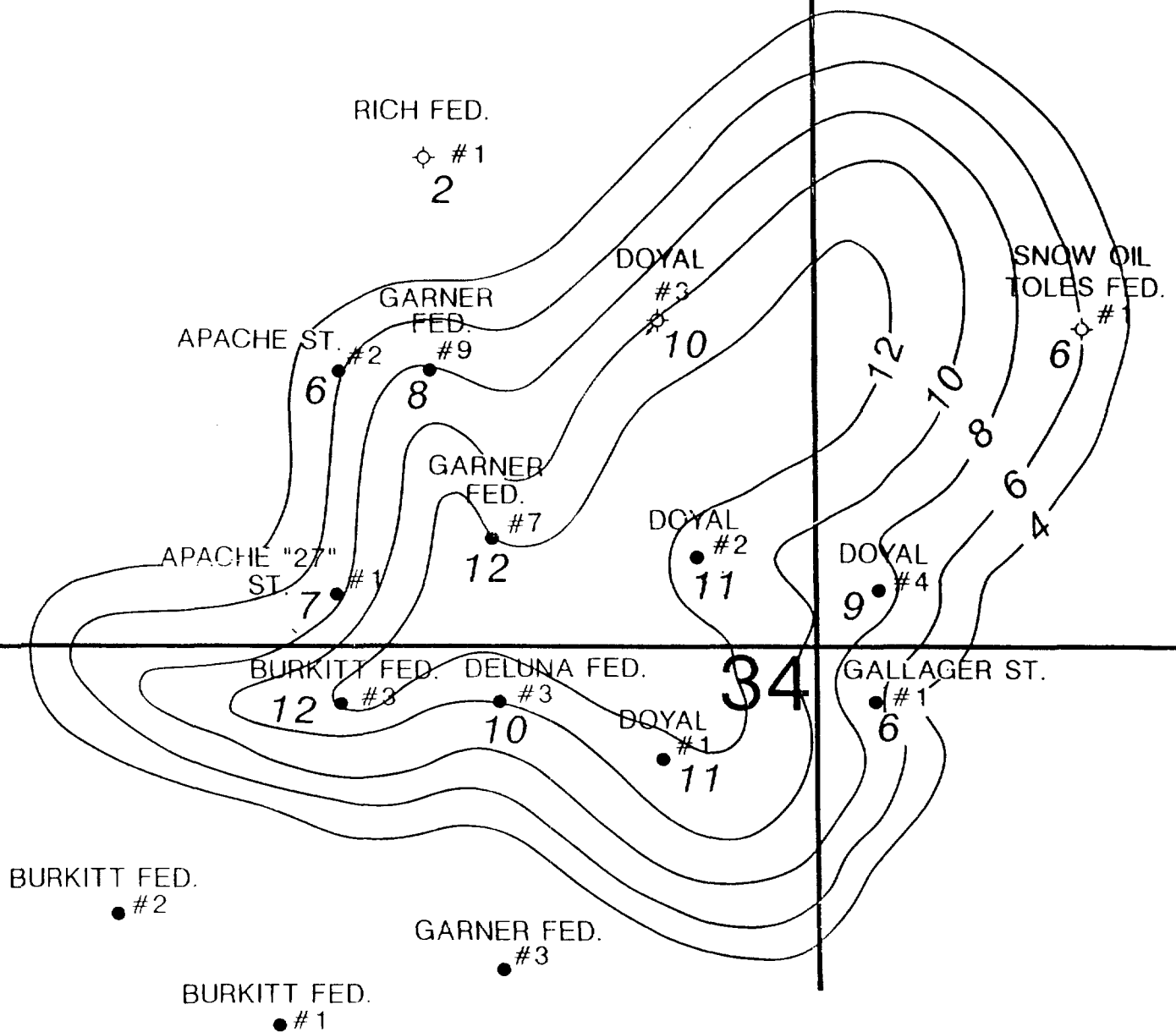


FIGURE #4

27



## YATES DRILLING

SE CHAVES QUEEN FIELD

CACTUS QUEEN UNIT

CHAVES CO., NM

T12S-R31E

GROSS SAND MAP

# FT Ø ≥ 10% Ø

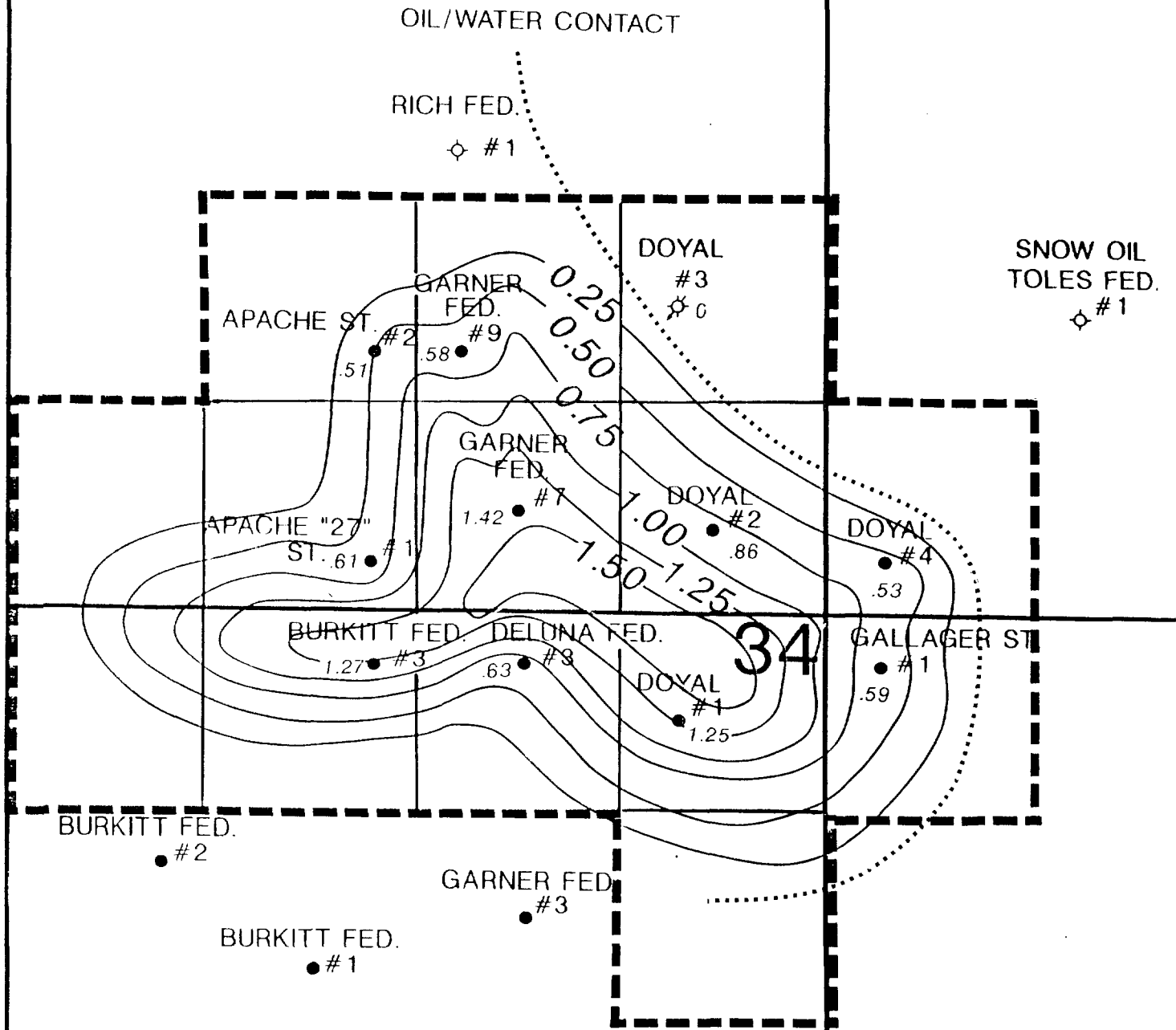
C.I. = 2'

FIGURE #5





27



## YATES DRILLING

SE CHAVES QUEEN FIELD

CACTUS QUEEN UNIT

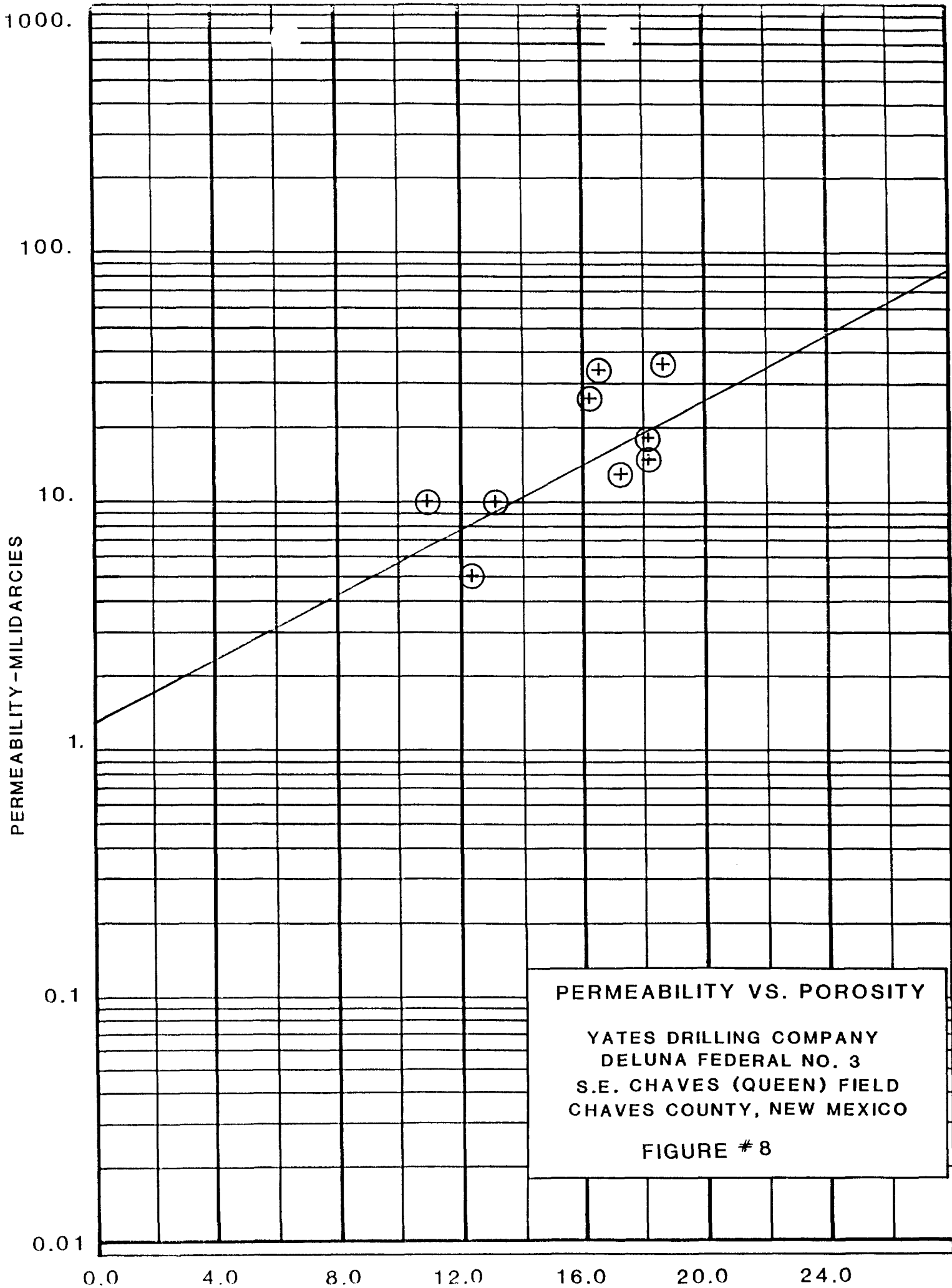
T12S-R31E

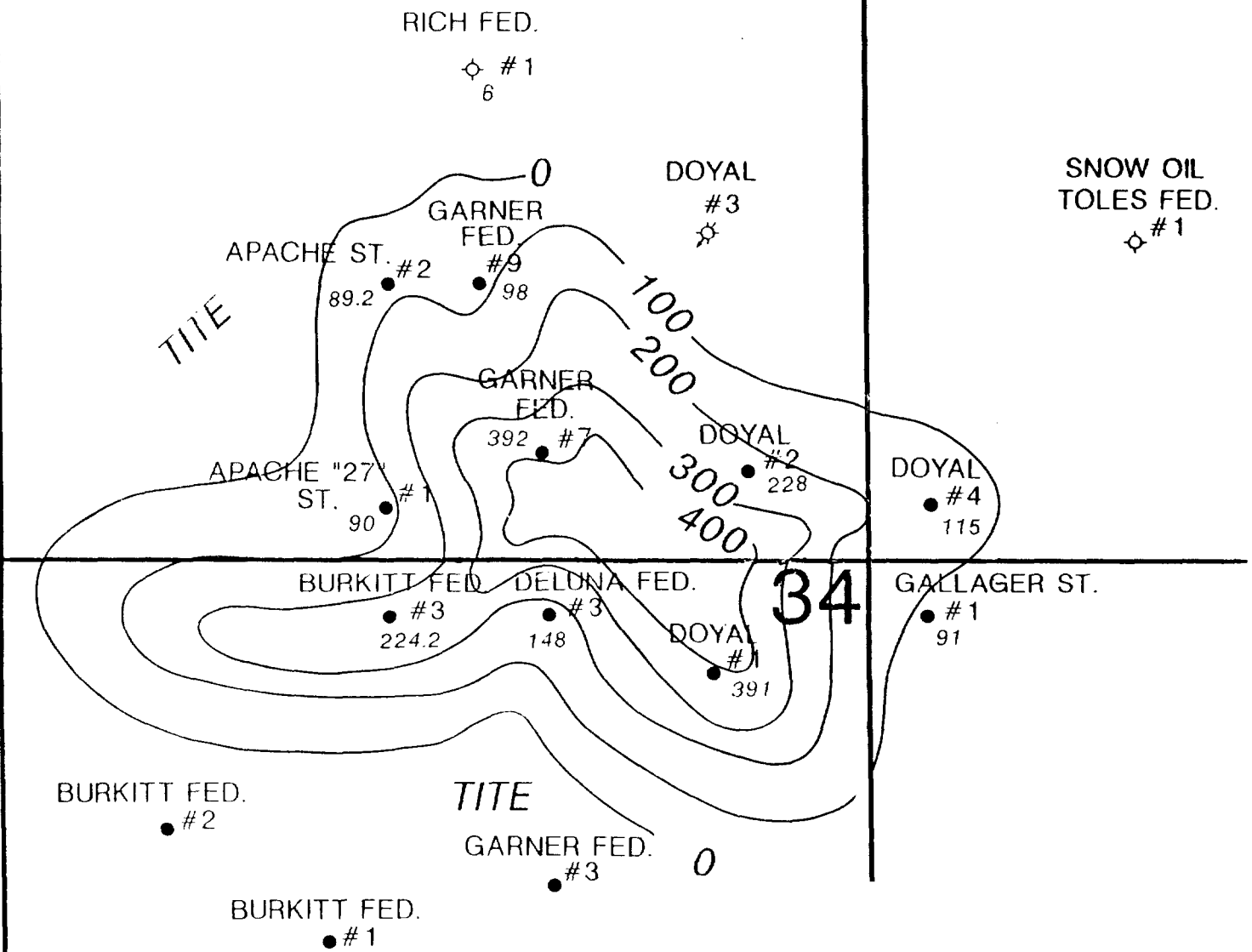
CHAVES CO., NM

(NET PAY)(AVG. Ø)(1-Sw) = HYDROCARBON FT.

C.I. = 0.25

FIGURE #7





## YATES DRILLING

SE CHAVES QUEEN FIELD

CACTUS QUEEN UNIT

CHAVES CO., NM

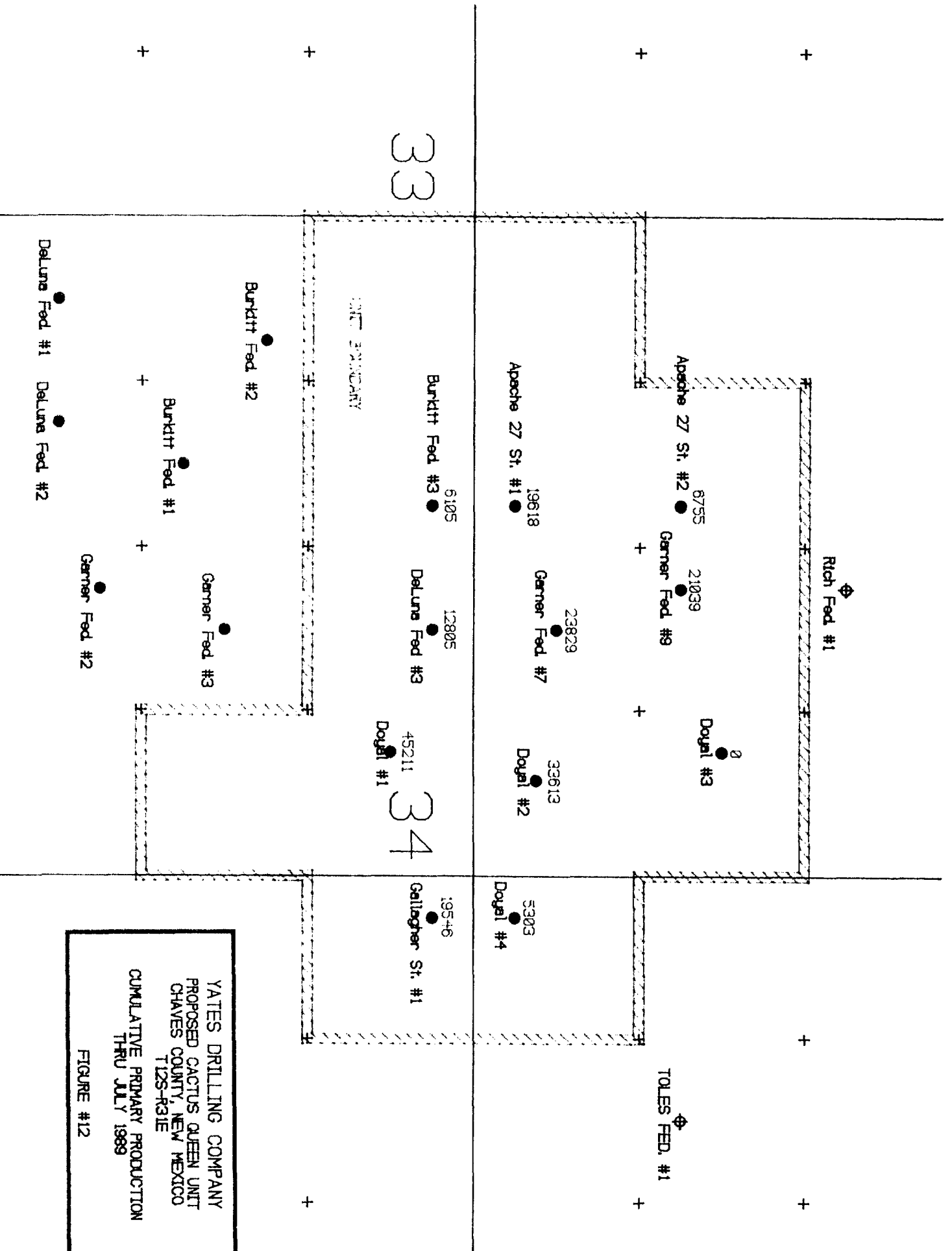
T12S-R31E

PERMEABILITY FEET

AVG K(md) x NET FT = K FT

C.I. = 100'

FIGURE #9



YATES DRILLING COMPANY  
 PROPOSED CACTUS QUEEN UNIT  
 CHAVES COUNTY, NEW MEXICO  
 T12S-R31E  
 CUMULATIVE PRIMARY PRODUCTION  
 THRU JULY 1989

FIGURE #12

RICH FED.

• #1

SNOW OIL  
TOLES FED.

• #1

DOYAL

• #3

APACHE ST.

• #2

GARNER FED.

• #9

930

11/84

41 hr SI

BELNORTH

APACHE "27" ST.

• #1

GARNER FED.

• #7

DOYAL

• #2

DOYAL 831

• #4 12/84

14 hr SI

BURKITT FED.

• #3

DELUNA FED.

• #3

782

3/85

19 hr SI

DOYAL

• #1

34

GALLAGER ST.

• #1 873

11/84

14 hr SI

BURKITT FED.

• #2

GARNER FED.

327

• #3

BURKITT FED.

1/85

254

• #1

71 hr SI

1/85

18 hr SI

GARNER FED.

200

• #2

1/85

144 hr SI

YATES DRILLING

SE CHAVES QUEEN FIELD

CACTUS QUEEN UNIT

T12S-R31E

CHAVES CO., NM

BOTTOM HOLE PRESSURE AT MID-PERF  
(PSIA)

NOV/84 - MARCH/85

FIGURE #13

RICH FED.



SNOW OIL  
TOLES FED.



DOYAL



APACHE ST.



GARNER FED.



BELNORTH  
APACHE "27" ST.



GARNER FED.



DOYAL



DOYAL



33

BURKITT FED.

101.2 • #3

9/86

170 hr SI

DELUNA FED.

148.2 • #3

9/86

171 hr SI

DOYAL



118.2

9/86

170 hr SI

GALLAGER ST.



BURKITT FED.

298.2 • #2

9/86

194 hr SI

GARNER FED.



172.2

9/86

192 hr SI

BURKITT FED.



360.2 DELUNA FED. 289.2

10/86 \* #1

96 hr SI

9/86 • #2 96 hr SI

## YATES DRILLING

SE CHAVES QUEEN FIELD

CACTUS QUEEN UNIT

T12S-R31E

CHAVES CO., NM

BOTTOM HOLE PRESSURE AT MID-PERF

(PSIA)

SEPT/OCT 1986

FIGURE #14

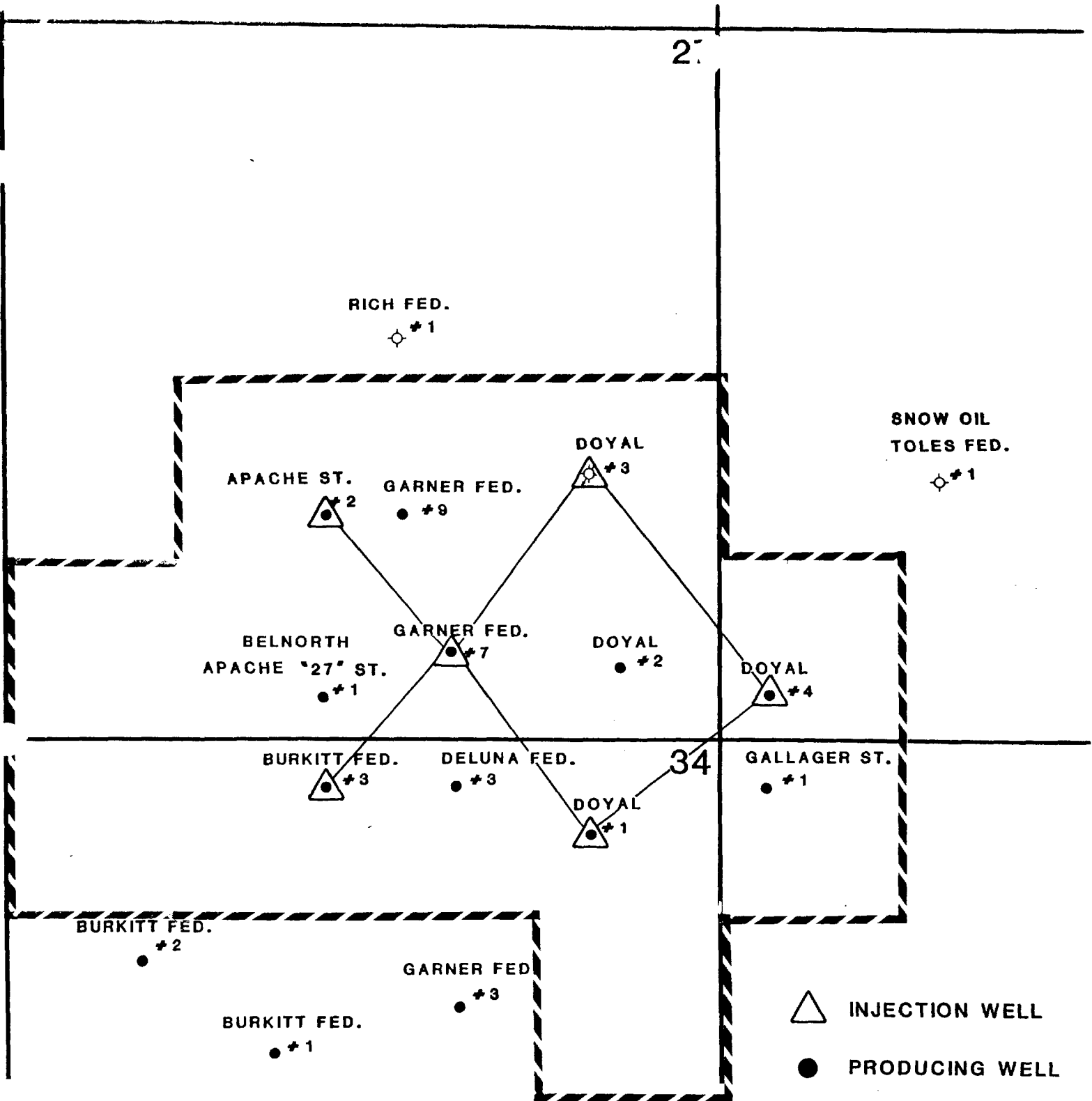




3

2

3



YATES DRILLING  
SE CHAVES QUEEN FIELD  
CACTUS QUEEN UNIT  
T12S-R31E  
CHAVES CO., NM  
FIGURE # 16