

<b>EXXON CORPORATION</b>
AVALON (DELAWARE) FIELD EDDY COUNTY, NEW MEXICO TOWNSHIP 20-S RANGE 28-E
LOCATOR MAP
T.C. MAXWELL / G.G. BEUMER   APRIL 15, 1990

Exhibit No. /  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990

**WELL SYMBOL LEGEND**

- OIL WELL
- ☀ GAS WELL
- ☀ GAS & OIL
- INJECTOR
- WATER DISPOSAL
- PROPOSED LOCATION
- ABANDONED LOCATION
- SHUT-IN OIL WELL
- DRY HOLE
- WATER DISPOSAL

NOTE: ABOVE SYMBOLS ARE ACTUAL SIZE FOR DELAWARE WELLS. SMALL SYMBOLS REFLECT DEEPER COMPLECTIONS.

**EXXON CORPORATION**

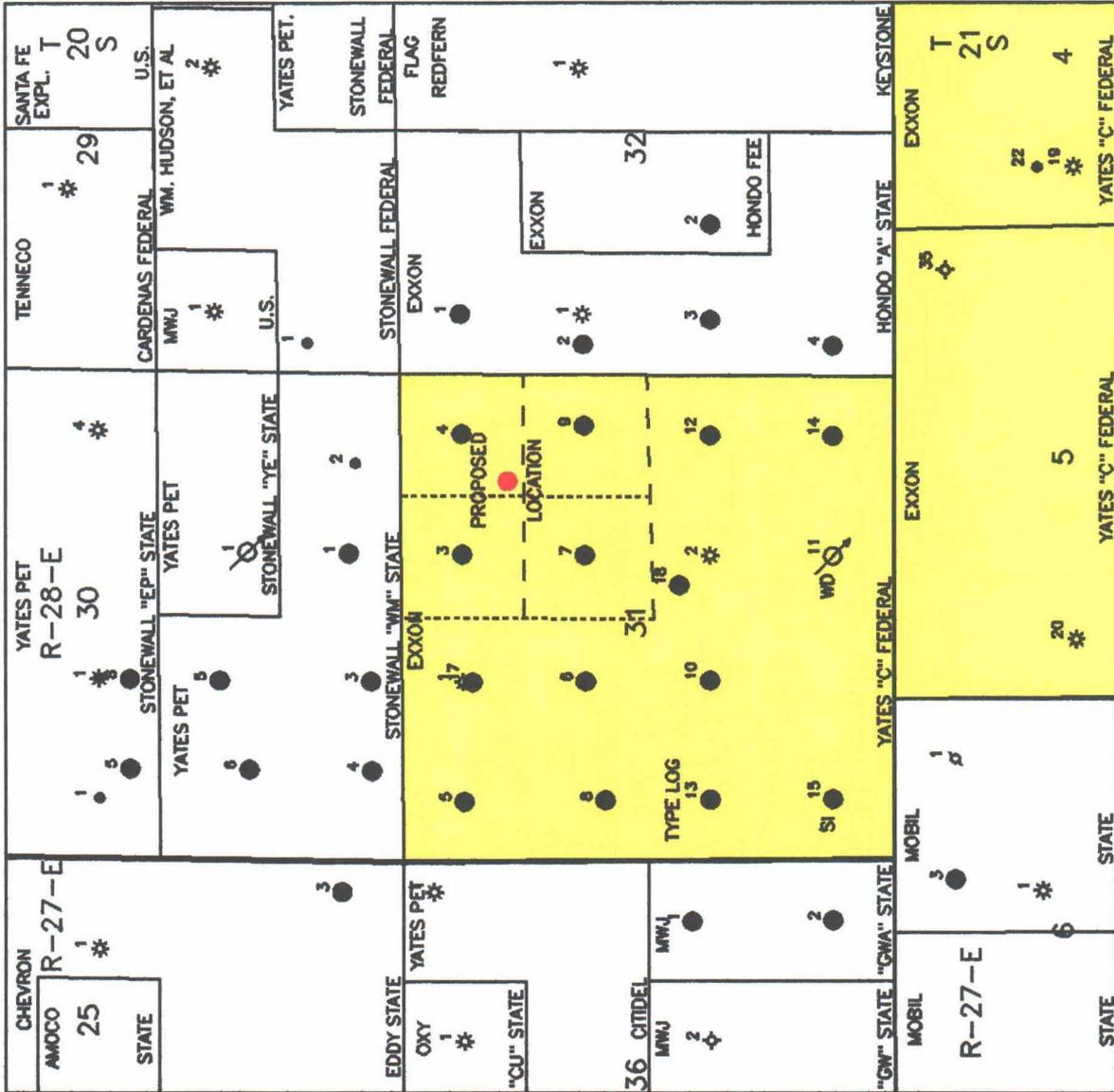
AVALON (DELAWARE) FIELD  
EDDY COUNTY, NEW MEXICO  
TOWNSHIP 20-S RANGE 28-E  
PROPOSED LOCATION MAP

2000 FEET

SCALE=2000 FEET/INCH

APRIL 15, 1990

T.C. MAXWELL / G.O. BEAUMER



Mr. David Catanach

2

Send Overnight Mail

Copies sent Certified Mail - Return Receipt

**Addresses:**

certified mail number:

#371082

NMOCD District II RECEIVED  
811 South First Street  
Artesia, New Mexico 88210

#371083

Mr. James Bruce RECEIVED  
Hinkle, Cox, Eaton, Coffield, & Hensley  
500 Marquette NW, Suite 740  
Albuquerque, New Mexico 87102-2121

#371084

Bureau of Land Management RECEIVED  
Carlsbad Resource Area  
P.O. Box 1778  
Carlsbad, New Mexico 88220

**Attachments:**

NMOCD Form C-101  
NMOCD Form C-102  
BOP Diagram  
Offset Operators List

Exhibit No. 3A  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990

Eddy County, New Mexico  
March 22, 1990

T-20-S, R-27-E

Section 36

certified mail number:

#371038	William B. Blakemore, II Tommy Phipps Edwin J. White C/O Alpha Twenty One Corp. 303 W. Wall - Suite 2100 Midland, Tx. 79701	RECEIVED
#370137	Yates Petroleum Corp. Yates Drilling Co. Abo Petroleum Corp. John A. Yates S. P. Yates Myco Industries, Inc. 105 S. 4th Artesia, NM 88210	RECEIVED
#371036	MWJ Producing Company Martin & Williams William H. Martin R. Kenneth William Edward H. Judson John L. Schlagel 400 W. Illinois Midland, Tx. 79701	RECEIVED
#371039	Sigmar Inc. & LAJ Corp. 400 W. Illinois - Suite 1100 Midland, Tx. 79701	RECEIVED
#370140	OXY U.S.A. Inc. P. O. Box 300 Tulsa, OK. 74102	RECEIVED

---

Eddy County, New Mexico  
March 22, 1990

T-20-S, R-27-E

Section 25

certified mail #371045	number: Amoco Production Company P. O. Box 3092 Houston, Tx. 77001	RECEIVED
#371046	Nortex Corp. 1212 Main - Suite 1400 Houston, Tx. 77002	RECEIVED
#371070	Pennzoil Exploration & Production Company P. O. Box 2967 Houston, Tx. 77252-2967	RECEIVED
#371071	Chevron U.S.A. Inc. P. O. Box 1635 Houston, Tx. 77251	RECEIVED

---

T-205 R-18-E  
Section 30

certified mail number:

#371072	Exxon Corporation P. O. Box 2305 Houston, Texas 77252-2305	RECEIVED
#371073	Sun Operating Ltd. Partnership P. O. Box 2880 Dallas, Texas 75231	RECEIVED
#371071	Chevron U.S.A. P. O. Box 1635 Houston, Texas 77251	RECEIVED
#371037	Yates Petroleum Myco Industries Inc. Yates Drilling Co. ABO Petroleum Co. 105 S. 4th Artesia, New Mexico 88210	RECEIVED
#371047	Mesa Petroleum P. O. Box 2009 Amarillo, Texas 79189	RECEIVED
#371088	Coquina Oil Corp. ----- P. O. Box 2960 Midland, Texas 79702	UNDELIVERABLE AS ADDRESSED - FORWARDING ORDER EXPIRED CHANGE OF ADDRESS RE-SENT -- RECEIVED
#371048	American National Petroleum Co. ----- P. O. Box 42175 Houston, Texas 77242-2175	UNDELIVERABLE AS ADDRESSED - FORWARDING ORDER EXPIRED CHANGE OF ADDRESS RE-SENT
#371050	North American Royalty Co. ----- 306 W. Wall, Suite 1400 Midland, Texas 79701	RECEIVED
#371051	Mobil Producing Texas & New Mexico Inc. P. O. Box 633 Midland, Texas 79702	RECEIVED

AK

Eddy County, New Mexico  
March 22, 1990

T-21-S, R-27-E

certified mail number;  
Section 6

#371062	Harvey E. Yates Company P. O. Box 1933 . Roswell, NM 88202	RECEIVED
#371051	Mobil Producing Texas & New Mexico Inc. P. O. Box 633 Midland, Tx. 79702	RECEIVED
#371019	Petrus Oil Company 12377 Merit Dr. - Suite 1600 Dallas, Tx. 75251	RECEIVED
#371017	Hondo Oil & Gas Company 410 East College Roswell, NM 88291	RECEIVED

---

Eddy County, New Mexico  
March 22, 1990

T-21-S, R-27-E

Section 7

certified mail number:

#371035	Monsanto Oil Company now BHP Petroleum (Americas) Inc. 6 Desta Dr. Midland, Tx. 79705	RECEIVED
#371051	Mobil Producing Texas & New Mexico Inc. P. O. Box 633 Midland, Tx. 79702	RECEIVED
#371017	Hondo Oil & Gas Company 410 East College Roswell, NM 88291	RECEIVED
#371044	Atlantic Richfield Company P. O. Box 1610 Midland, Tx. 79702	RECEIVED
#371021	William E. Jeffers P. O. Box 65 Artesia, NM 88210	RECEIVED

---

Eddy County, New Mexico  
March 22, 1990

T-21-S, R-27-E

Section 8

certified mail number: #371079	Santa Fe Energy Operating Partners LP 500 W. Illinois Midland, Tx. 79701	RECEIVED
#371037	Yates Petroleum Corp. 207 S. 4th Artesia, NM 88210	RECEIVED
#371085 #371025	Mark L. Shidler, Inc. 911 Walker St. - Suite 565 Houston, Tx. 77002	RECEIVED
#371023	Basin Petroleum Co. P. O. Box 4028 Albuquerque, NM 87119	HAVE NOT RECEIVED RETURN RECEIPT
#371063	Viking Oil & Gas Company P. O. Box 1267 Minneapolis, MN 55440	RECEIVED
#371057	H. L. Brown, Jr. P. O. Box 2237 Midland, Tx. 79702	RECEIVED
#371053	Vivian L. Smith 2000 W. Loop S. - Suite 1900 Houston, Tx. 77027	RECEIVED
#371061	Harvard & LeMay Exploration Co. Harvard Energy Partners LeMay Exploration LTD P. O. Box 936 Roswell, NM 88201	RECEIVED
#371060	Eastern Star Oil & Gas Exploration Co. 7475 W. 5th, Suite 204 Lakewood, CO 80226	ATTEMPTED - NOT KNOWN CALLED DIRECTORY - NO LISTING
#371056	W. Wilson Corp. 619 W. Texas, Suite 400 Midland, Tx. 79701	RECEIVED
#371040	OXY U.S.A. Inc. P. O. Box 300 Tulsa, OK 74102	RECEIVED

Eddy County, New Mexico  
March 22, 1990  
Page 2

T-21-S, R-27-E

Section 8

certified mail number:  
#371078

Prudential Bache Energy Income Production Partnership VP 18  
109 Northpark Blvd.  
Covington, LA 70433

---

RECEIVED

T-20-S R-28-E  
N2, SW, S2SE Section 29

certified mail number:

#371032	Bureau of Land Management 120 S. Federal Place Santa Fe, New Mexico 87501	RECEIVED
#371072	Exxon Corporation P. O. Box 2305 Houston, Texas 77252-2305	RECEIVED
#371031	Mary Ard William A. Hudson II Edward R. Hudson, Jr. 1000 First National Bank Building Fort Worth, Texas 77002	UNDELIVERABLE AS ADDRESSED - FORWARDIN ORDER EXPIRED see #371036
#371034	Mesa Operating Ltd. Partnership P. O. Box 2009 Amarillo, Texas 79189	RECEIVED
#371037	Yates Petroleum Myco Industries Inc. Yates Drilling Co. ABO Petroleum Co. 105 S. 4th Artesia, New Mexico 88210	RECEIVED
#371088	Coquina Oil Corp. ----- P. O. Box 2960 Midland, Texas 79702	UNDELIVERABLE AS ADDRESSED - FORWARDIN ORDER EXPIRED CHANGE OF ADDRESS RE-SENT -- RECEIVED
#371033	Kerr-McGee Corp. ----- 123 Robert S. Kerr Ave. Oklahoma City, Oklahoma 73102	RECEIVED
#371067	Rosalind Redfern P. O. Box 2127 Midland, Texas 79702	RECEIVED
#371064	Claremont Corp. 2640 E. 12th Avenue, No. 612 Denver, Colorado 80206	REFUSED
#371050	North American Royalty Co.  306 W. Wall, Suite 1400 Midland, Texas 79701	RECEIVED
#	William H. Martin, R. Ken Williams, and Edward H. Judson Partnership 413 First National Bank Bldg. Midland, Texas 79702	see #371031, 371036

Eddy County, New Mexico  
March 22, 1990  
Page 2

T-21-S, R-27-E

Section 9

certified mail number:

#371058

**Petroleum Acquisitions, Inc.**  
501 NW Expressway  
Oklahoma City, OK 73118

RETURN TO SENDER  
CHANGE OF ADDRESS  
RE-SENT

Eddy County, New Mexico

T-21-S, R-27-E

Section 4

certified mail number:

#371077      Hamon Operating      RECEIVED  
3900 Republic Bank Tower  
Dallas TX 75201

#371020      Petrus Oil Co      RECEIVED  
400 West Illinois Avenue  
Independence Plaza Suite 940  
Midland TX 79701

Eddy County, New Mexico  
March 22, 1990

T-20-S, R-28-E

certified mail number:

Section 32

#371068	George D. Riggs, Bruce P. Riggs, & Kay Hood P. O. Box 322 Carlsbad, NM 88220	RECEIVED
#371065	A. F. Chisholm P. O. Box 625 Laurel, MS 39440	NOT DELIVERABLE AS ADDRESSED CHANGE OF ADDRESS RE-SENT
#371052	Kearney A. Walters 815 Brandon Dr. Jackson, Av. 39208	HAVE NOT RECEIVED RETURN RECEIPT
#371066	E. P. Russell Homewood Laurel, MS 39440	ATTEMPTED/AUTHORIZED FORWARDING TIME HAS EXPIRED CALLED DIRECTORY - NO LISTING
#371069	Dudley J. Hughes Box 525 Beeville, Tx. 78102	NO SUCH ADDRESS CALLED DIRECTORY - NO LISTING
#371022	Dan A. Hughes Box 525 Beeville, Tx. 78102	RECEIVED
#371080	R. L. Bunnell Box 110 Carlsbad, NM 88220	MOVED, LEFT NO ADDRESS CALLED DIRECTORY - NO LISTING
#371024	J. A. Morgan 534 6th Laurel, MS 39440	RECEIVED
#371072	Exxon Corp. P. O. Box 1600 Midland, Tx. 79702	
#371017	Hondo Oil & Gas Company 410 East College Roswell, NM 88201	RECEIVED
#371034	Mesa Operating Limited Partnership Mesa Operating Company P. O. Box 2009 Amarillo, Tx. 79189	RECEIVED

Eddy County, New Mexico  
March 22, 1990  
Page 2

T-20-S, R-28-E

CERTIFIED MAIL NUMBER:

Section 32

#371033	Flag Redfern Oil Company (now Kerr McGee) 123 Robert S. Kerr Av. Oklahoma City, OK 73102	RECEIVED
#371037	Yates Petroleum Corp. Myco Industries Inc. Yates Drilling Co. John A. Yates Los Chicos 105 S. 4th Artesia, NM 88210	RECEIVED
#371087	Napeco, Inc. ----- P. O. Box 236 Midland, Tx. 79702	NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD CHANGE OF ADDRESS RE-SENT -- RECEIVED
#371111	Jake L. Hamon ----- P. O. Box 663 Dallas, Tx. 75221	DECEASED FORWARDING ORDER EXPIRED CHANGE OF ADDRESS RE-SENT -- see 371076 or 371077
#371074	Lisa Kennedy Hicks ----- 3025 Republic Bank Tower Dallas, Tx. 75201	RECEIVED
#371043	Joseph O. Kennedy, III P. O. Box 302 Dallas, Tx. 75221	FORWARDING ORDER EXPIRED CALLED DIRECTORY - NO LISTING
#3710 <sup>18</sup> <del>88</del>	Clayton Chapell Kennedy 9421 Thornberry Lane Dallas, Tx. 75220	RECEIVED
#371107	Carol Chapell Henry, Trustee of the 1974 Chapell Trust; Donald Clayton Chapell c/o Jake L. Hamon P. O. Box 663 Dallas, Tx. 75221	ATTEMPTED, UNKNOWN CHANGE OF ADDRESS RE-SENT - see 371076 or 371077

---

Exhibit No. \_\_\_\_\_  
Exxon Corporation  
NMOCD Case 9916  
April 18, 1990

Eddy County, New Mexico  
March 22, 1990

T-21-S, R-27-E

Section 9

certified mail number: #371037	Yates Petroleum Corp. Yates Drilling Co. Abo Petroleum Co. Myco Industries, Inc. 10 <del>5</del> S. 4th Artesia, NM 88210	RECEIVED
#371040	OXY U.S.A. Inc. P. O. Box 300 Tulsa, OK 74102	RECEIVED
#371055	Ray Westfall P. O. Box 4 Loco Hills, NM 88255	RECEIVED
#371076	Hamon Operating Co. 325 N. St. Paul - Suite 3900 Dallas, Tx. 75201-3902	RECEIVED
	Donald Clayton Chapell Carol Chapell Henry C/O Jake L. Hamon 325 N. St. Paul - Suite 3900 Dallas, Tx. 75201-3902	ATTEMPTED, UNKNOWN CHANGE OF ADDRESS RE-SENT see 371076, 371077
	Exxon Corporation P. O. Box 1600 Midland, Tx. 79702	
#371048	American National Petroleum Co. ----- P. O. Box 42175 Houston, Tx. 77242-2175	UNDELIVERABLE AS ADDRESSED - UNABLE TO FORWARD CHANGE OF ADDRESS RE-SENT
#371059	Estate of William D. Oliver ----- C/O Pat Fisher P. O. Box 241 Dallas, Tx. 75221	RECEIVED
#371054	Jack O. McCall 1210 First City Tower Midland, tx. 79701	RECEIVED
#371075	Chas. Cline Moore 138 Harvard Mill Valley, CA 94941	RECEIVED

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

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

3. Article Addressed to:  
**Sun Operating Ltd. Partnership**  
**P O Box 2880**  
**Dallas TX 75231**

4. Article Number **371073**

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 **APR 4 1990**

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  
**COQUINA OIL CORPORATION**  
**P O BOX 27725**  
**1717 ST JAMES PLACE SUITE 200**  
**HOSTON TX 77056**

4. Article Number **371088**

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 **4-5-90**

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  
**Bureau of Land Management**  
**120 South Federal Place**  
**Santa Fe NM 87501**

4. Article Number **371032**

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

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

**1990**  
**USPO**

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

Exhibit No. 3B  
 Exxon Corporation  
 NMOCD Case 9916  
 April 18, 1990

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

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

3. Article Addressed to:  George D. Riggs/Bruce P. Riggs & Kay Hood P O Box 322 Carlsbad NM 88220	4. Article Number <b>371068</b>  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 <b>DATE DELIVERED.</b>
5. Signature - Addressee X <i>Bruce Riggs</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <b>3/29/90</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  H L Brown Jr P O Box 2237 Midland TX 79702	4. Article Number <b>371057</b>  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 <b>DATE DELIVERED.</b>
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Wells</i>	
7. Date of Delivery <b>3-29-90</b>	

PS Form 3811, Apr. 1989      DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Clayton Chapell Kennedy 9421 Thornberry Lane Dallas TX 75220	4. Article Number <b>371018</b>  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 <b>DATE DELIVERED.</b>
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <b>APR - 9 1990</b>	

PS Form 3811, Apr. 1989      DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  <b>Harvey E Yates P O Box 1933 Roswell NM 88202</b>	4. Article Number <b>371062</b>
5. Signature - Addressee <b>X</b> <i>Mary Whitton</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 <b>X</b>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery <b>3-29-90</b>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  <b>William B. Blakemore II Tommy Phipps Edwin J. White C/O Alpha Twenty One Corp 303 West Wall Suite 2100 Midland TX 79701</b>	4. Article Number <b>371038</b>
5. Signature - Addressee <b>X</b>	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 <b>X</b> <i>Melody B. ...</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery <b>3-30-90</b>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  <b>North American Royalty Co. 306 West Wall Suite 1400 Midland TX 79701</b>	4. Article Number <b>371050</b>
5. Signature - Addressee <b>X</b> <i>Heidi Wilson</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 <b>X</b>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery <b>3-29</b>	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 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:  William E Jeffers P O Box 65 Artesia NM 88210	4. Article Number <b>371021</b>  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
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <b>3-29-90</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Hondo Oil & Gas Company 410 East College Roswell NM 88201	4. Article Number <b>371017</b>  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
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <b>3/29/90</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Harvard & LeMay Exploration Co Harvard Energy Partners LeMay Exploration P O Box 936 Roswell NM 88201	4. Article Number <b>371051</b>  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
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <b>3-29-90</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Jack O McCall 1210 First City Tower Midland TX 79701	4. Article Number <b>371054</b>
5. Signature - Addressee X	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 <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9-29	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Santa Fe Energy Operating 500 West Illinois Midland TX 79701	4. Article Number <b>371079</b>
5. Signature - Addressee X	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 <i>Wanda Wade</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 3-29-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Petrus Oil Co 400 West Illinois Avenue Independence Plaza Suite 940 Midland TX 79701	4. Article Number <b>371020</b>
5. Signature - Addressee X	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 <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 3-29-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Signor Incorporated &amp; LAJ Corporation</b>  <b>400 West Illinois Suite 1100</b>  <b>Midland TX 79701</b> </div>	4. Article Number <b>371039</b> 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
5. Signature - Addressee X <i>[Signature]</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b> 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <b>3-29-90</b>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>W Wilson Corporation</b>  <b>619 West Texas Suite 204</b>  <b>Midland TX 79701</b> </div>	4. Article Number <b>371056</b> 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
5. Signature - Addressee X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b> 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <b>MAR 20 1990</b>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>ARCO Oil and Gas Company</b>  <b>P O Box 1610</b>  <b>Midland TX 79702</b> </div>	4. Article Number <b>371044</b> 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
5. Signature - Addressee X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b> 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <b>MAR 29 1990</b>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

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

<b>MWJ Producing Company</b> <b>Martin &amp; Williams</b> <b>William H. Martin</b> <b>R. Kenneth William</b> <b>Edward H. Judson</b> <b>John L. Schlagel</b> <b>400 West Illinois</b>	4. Article Number <b>371036</b>
	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 <b>DATE DELIVERED.</b>
5. <input checked="" type="checkbox"/> Midland, Texas 79702	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>C. Cant</i>	
7. Date of Delivery <b>3-29-90</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

<b>Prudential Bache Energy Income</b> <b>109 Northpark Blvd</b> <b>Covington LA 70433</b>	4. Article Number <b>371078</b>
	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 <b>DATE DELIVERED.</b>
5. Signature - Addressee <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i> <i>J. Washington</i>	
7. Date of Delivery <b>4-2-90</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

<b>Viking Oil &amp; Gas Company</b> <b>P O Box 1267</b> <b>Minneapolis MN 55440</b>	4. Article Number <b>371063</b>
	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 <b>DATE DELIVERED.</b>
5. Signature - Addressee <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i> <i>elth Joly 8142</i> <i>xpress Messenger Sys</i>	
7. Date of Delivery <b>4-2</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Rosalind Redfern P O Box 2127 Midland TX 79702	4. Article Number <b>371067</b>  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
5. Signature - Address X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
6. Signature - Agent X <i>Shirley Chaste</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <b>MAR 28 1991</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Ray Westfall P O Box 4 Loco Hills NM 88255	4. Article Number <b>371055</b>  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
5. Signature - Addressee X <i>Ray Westfall</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
6. Signature - Agent X <i>Chris Jackson</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <b>MAR 29 1991</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Kerr-McGee Corporation 123 Robert South Kerr Avenue Oklahoma City Oklahoma 73102	4. Article Number <b>371033</b>  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
5. Signature - Address X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <b>MAR 29 1991</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Pennzoil Exploration & Product P O Box 2967 Houston TX 77252-2967	4. Article Number <b>371070</b>
5. Signature - Address X	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	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery <b>APR 2 - 1990</b>	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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  MR JAMES BRUCE 500 MARQUETTE NW, SUITE 740 HINKLE COX EATON COFFIELD & HENSLEY ALBUQUERQUE NM 87102-2121	4. Article Number <b>371083</b>
5. Signature - Address X	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	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery <b>4/3/90</b>	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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Mobil Producing P O Box 633 Midland TX 79702	4. Article Number <b>371051</b>
5. Signature - Address X	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	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery <b>MAR 29 1990</b>	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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Amoco Production Company  
P O Box 3092  
Houston TX 77001

4. Article Number **371045**

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 **APR - 2 1990**

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Mesa Operating Ltd.  
P O Box 2009  
Amarillo TX 79189

4. Article Number **371034**

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 **APR 2**

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:

Chevron U.S.A. Incorporated  
P O Box 1635  
Houston TX 77251

4. Article Number **371071**

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 **CURTIS NICKERSON**

7. Date of Delivery **APR 2 - 1990**

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Mesa Petroleum P O Box 2009 Amarillo TX	4. Article Number <b>371047</b>
	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
5. Signature - Address X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <b>APR 2</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Hamon Operating 325 St Paul Suite 3900 Dallas TX 75201-3902	4. Article Number <b>371076</b>
	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
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <b>4-2-90</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Charles Cline Moore 138 Harvard Mill Valley CA 94941 EJ	4. Article Number <b>371075</b>
	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
5. Signature - Addressee X <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <b>APR 2 1990</b>	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  NAPECO INCORPORATED P O BOX 283 HOUSTON TX 77001	4. Article Number <b>371087</b>  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 <b>DATE DELIVERED.</b>
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery WORD'S MAIL SERVICE <b>APR 3 - 1990</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Exxon Corporation P O Box 2305 Houston TX 77252-2305	4. Article Number <b>371072</b>  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 <b>DATE DELIVERED.</b>
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <b>CURTIS NICKERSON</b>	
7. Date of Delivery <b>APR 02 1990</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Nortex Corporation 1212 Main Suite 1400 Houston TX 77002	4. Article Number <b>371046</b>  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 <b>DATE DELIVERED.</b>
5. Signature - Address X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <b>APR - 2 1990</b>	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Lisa Kennedy Hicks 3025 Republic Bank Tower Dallas TX 75201	4. Article Number <b>371071</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Bob [unclear]</i>	
7. Date of Delivery 4-2-90	

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  Monsanto Oil Company BHP Petroleum Inc 6 Desta Drive Midland, Tx 79702	4. Article Number <b>371035</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Donnie Higginbotham</i>	
7. Date of Delivery 4-4-90	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Mark L Shidler Inc. 911 Walker Street Suite 565 Houston TX 77002	4. Article Number <b>371085</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery APR 02 1990	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

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

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

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

3. Article Addressed to:  <div style="text-align: center; padding: 10px;"> <b>Hamon Operating</b>  <b>3900 Republic Bank Tower</b>  <b>Dallas TX 75201</b> </div>	4. Article Number <div style="text-align: right; font-size: 1.2em; font-weight: bold;">371077</div>
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 <b>DATE DELIVERED</b> .	
5. Signature - Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>J. D. Dule</i>	
7. Date of Delivery <i>4-2-90</i>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

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

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

3. Article Addressed to:  <div style="text-align: center; padding: 10px;"> <b>J. A. Morgan</b>  <b>534 6th</b>  <b>Laurel MS 39440</b> </div>	4. Article Number <div style="text-align: right; font-size: 1.2em; font-weight: bold;">371024</div>
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 <b>DATE DELIVERED</b> .	
5. Signature - Addressee <input checked="" type="checkbox"/> <i>D. Winters</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery <i>4/2</i>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

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

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

3. Article Addressed to:  <div style="text-align: center; padding: 10px;"> <b>OXY U.S.A. Incorporated</b>  <b>P O Box 300</b>  <b>Tulsa Oklahoma 74102</b> </div>	4. Article Number <div style="text-align: right; font-size: 1.2em; font-weight: bold;">371040</div>
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 <b>DATE DELIVERED</b> .	
5. Signature - Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>[Signature]</i>	
7. Date of Delivery <i>4-2-90</i>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

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

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

3. Article Addressed to:
NMOC DISTRICT II
811 SOUTH FIRST STREET
ARTESIA NM 88210

4. Article Number
371082

- 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 - Addressee
X

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

6. Signature - Agent
X [Signature]

7. Date of Delivery
4-2-90

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:
Dan A. Hughes
Box 525
Beeville TX 78102

4. Article Number
371022

- 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 - Addressee
X

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

6. Signature - Agent
X [Signature]

7. Date of Delivery
3-30-90

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:
Estate of William D Oliver
C/O Pat Fisher
P O Box 241
Dallas TX 75221

4. Article Number
371059

- 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 - Addressee
X

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

6. Signature - Agent
X [Signature]

7. Date of Delivery
MAR 31 1990

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

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

3. Article Addressed to:  
 Petrus Oil Company  
 12377 Merit Drive Suite 1600  
 Dallas TX 75251

4. Article Number **371019**

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

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

5. Signature -- Addressee  
 X

6. Signature -- Agent  
 X *G. Bushnell*

7. Date of Delivery

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

**APR 30 1990**  
 WILEY STA  
 USPO

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  
 BUREAU OF LAND MANAGEMENT  
 CARLSBAD RESOURCE AREA  
 P O BOX 1778  
 CARLSBAD NM 88220

4. Article Number **371084**

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 *Betty Hill*

7. Date of Delivery

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

**APR 2 1990**  
 CARLSBAD NM

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 box(es) for additional service(s) requested.

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

3. Article Addressed to:  
 Vivian L Smith  
 2000 West Loop South Suite 190  
 Houston TX 77027

4. Article Number **371053**

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

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

5. Signature -- Addressee  
 X

6. Signature -- Agent  
 X *Vanessa B...*

7. Date of Delivery  
 3/30/90

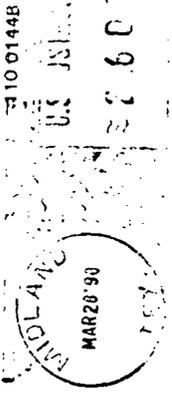
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT



**IN COMPANY, U.S.A.**  
 BOX 1600 • MIDLAND, TEXAS 79702-1600



RETURN RECEIPT REQUESTING

371080  
 NO.

**FIRST CLASS**



**MOVED, LEFT NO ADDRESS**

R. L. Bunnel  
 Box 110  
 Carlsbad NM 88220

Is your RETURN ADDRESS completed on the reverse side?

(575)  
 Name

<p><b>SENDER:</b> 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.</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>R. L. Bunnel          Box 110          Carlsbad NM 88220</p>	
<p>4. Article Number <b>371080</b></p>	
<p>Type of Service:</p> <p><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 - Addressee          X</p>	
<p>6. Signature - Agent          X</p>	
<p>7. Date of Delivery</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

Thank you for using Return Receipt Service.

Name \_\_\_\_\_  
 1st Notice \_\_\_\_\_  
 2nd Notice \_\_\_\_\_  
 Return \_\_\_\_\_

MAR 28 1990



**XON COMPANY, U.S.A.**  
OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

RETURN RECEIPT REQUESTED

CERTIFIED MAIL  
**371060**

NO.



110-014  
U.S. POST  
MAR 28 '90  
2.60

**Eastern Star Oil & Gas Co**  
**7475 West 5th Suite 204**  
**Lakewood CO 80226**

**FIRST CLASS**

(NO) *Marking*

- MOVED — LET NO ADDRESS
- FORWARDING ORDER EXPIRED
- NO SUCH NUMBER
- ATTEMPTED — NOT KNOWN
- VACANT  REFUSED
- RT# *2640* INITIALS *MA*

Is your RETURN ADDRESS completed on the reverse side?

<p>● <b>SENDER:</b> 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.</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><b>Eastern Star Oil &amp; Gas Co</b> <b>7475 West 5th Suite 204</b> <b>Lakewood CO 80226</b></p>	
<p>4. Article Number: <b>371060</b></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>5. Signature — Addressee <b>X</b></p>	
<p>6. Signature — Agent <b>X</b></p>	
<p>7. Date of Delivery</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

Thank you for using  
Return Receipt Service.

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**ON COMPANY, U.S.A.**

E BOX 1600 • MIDLAND, TEXAS 79702-1600

REGISTERED MAIL  
NO. 371043



**FIRST CLASS**

Joseph O. Kennedy III  
P O Box 302  
Dallas TX 75221

APR 02 1990



Is your RETURN ADDRESS completed on the reverse side?

no. J. O. (214)

Thank you for using Return Receipt Service.

● **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:  
Joseph O. Kennedy III  
P O Box 302  
Dallas TX 75221

4. Article Number **371043**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X

7. Date of Delivery

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

**N COMPANY, U.S.A.**  
 BOX 1600 • MIDLAND, TEXAS 79702-1600

1190148  
 U.S.P.O.  
 200

MAR 28 '90

**RETURN TO SENDER**  
**AUTHORIZED FORWARDING**  
**TIME HAS EXPIRED**

371066

**RETURN TO SENDER**  
**AUTHORIZED FORWARDING**  
**TIME HAS EXPIRED**

E. P. Russell  
 Homewood  
 Laurel MS 39440

# FIRST CLASS

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:  
 E. P. Russell  
 Homewood  
 Laurel MS 39440

4. Article Number **371066**

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

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

Thank you for using  
 Return Receipt Service.

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-965 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

(109)  
 done

**ON COMPANY, U.S.A.**  
 E BOX 1600 • MIDLAND, TEXAS 79702-1600

110-031448  
 MAR 28 '99  
 2.66



RETURN RECEIPT REQUESTED  
**CERTIFIED MAIL**  
**371069**  
 NO.

# FIRST CLASS

Dudley J. Hughes  
 Box 525  
 Beeville TX 78102

Exhibit No. \_\_\_\_\_  
 Exxon Corporation  
 NMOCD Case 9916  
 April 18, 1990

is your RETURN Address completed on the reverse side?

Thank you for using Return Receipt Service.

3. Article Addressed to: Dudley J. Hughes Box 525 Beeville TX 78102		4. Article Number <b>371069</b>
5. Signature -- Address X		Type of Service: <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 X		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery		8. Addressee's Address (ONLY if requested and for paid)

PG Form 3811, Mar. 1988 • U.S.G.P.O. 1986-212-806 DOMESTIC RETURN RECEIPT

(5/2)  
 David Hughes on

**EXXON COMPANY, U.S.A.**  
 POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

RETURN RECEIPT REQUIRED  
 CERTIFIED MAIL  
**371031**  
 NO.

Claim Check  
 No. **156036**

Held  
 Date

1ST Notice  
 2ND Notice  
 Return

Described from  
 PS Form 3811-9  
 Oct. 1988

is your return completed on

Claim Check  
 No. **081501**

Held  
 Date

1ST Notice

2ND Notice

Return

Described from  
 PS Form 3811-A  
 Oct. 1988

Mary Ard  
 William A. Hudson Jr.  
 Edward R. Hudson Jr.  
 1000 First National Bank Bldg  
 Fort Worth TX 76102

RETURNED TO SENDER  
 TO  
 BANK OF AMERICA  
 7616 CREDIT

**FIRST CLASS**

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:  
 Mary Ard  
 William A. Hudson Jr.  
 Edward R. Hudson Jr.  
 1000 First National Bank Bldg  
 Fort Worth TX 76102

4. Article Number **371031**

Type of Service:  
 Registered  Insured  
 Certified  COO  
 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 - Agent  X  
 6. Signature - Agent  X  
 7. Date of Delivery

Thank you for using  
 Return Receipt Service.

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

U.S. MAIL  
 MAR 28 '90  
 2

Number of Articles	Name of Addressee, Street, and Post-Office Address	Indicate type of mail			Check appropriate block for Registered Mail:			Affix stamp here if issued as certificate of mailing or for additional copies of this bill.									
		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> COD	<input type="checkbox"/> Certified	<input type="checkbox"/> Express Mail	Postage	Fee	Handling Charge	Act. Value (if Regis.)	Insured Value	Due Sender If C.O.D.	R. R. Fee	S. D. Fee	S. M. Fee	Rest. Del. Fee	Remarks
71023	Basin Petroleum P O Box 4028 Albuquerque NM 87119	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
71024	J. A. Morgan 534 6th Laurel MS 39440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
71025	Mark L Shidler Inc. 9:1 Walker Street Suite 565 Houston TX 77002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
71031	Mary Ard William A. Hudson II Edward R. Hudson Jr 1000 First National Bank Bldg Fort Worth TX 77002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
71032	Bureau of Land Management 120 South Federal Place Santa Fe NM 87501	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
71033	Kerr-McGee Corporation 123 Robert South Kerr Avenue Oklahoma City Oklahoma 73102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											



The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail \$500 for COD and \$500 for insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

Received at Post Office  
 T. \_\_\_\_\_  
 (Signature)

Number of Pieces	Name of Addressee, Street, and Post-Office Address	Indicate type of mail			Check appropriate block for Registered Mail:		Affix stamp here if issued as certificate of mailing or for additional copies of this bill.							
		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> COD	<input type="checkbox"/> Certified	<input type="checkbox"/> Express Mail	Handling Charge	Act. Value (If Regis.)	Insured Value	Due Sender If C.O.D.	R. W. Fee	S. D. Fee	S. H. Fee	Rest. Del. Fee
1047	Mesa Petroleum P O Box 2009 Amarillo TX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1048	American National Petroleum Co.* P O Box 42175 Houston TX 77242-2175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1049	Coquina Oil Corporation P O Box 2960 Midland TX 79702	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1050	North American Royalty Co. 306 West Wall Suite 1400 Midland TX 79701	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1051	Mobil Producing P O Box 633 Midland TX 79702	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1052	Kearney A. Walters 815 Brandon Drive Jackson Avenue 39208	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								



POSTMASTER, PER/Name of receiving employer

Total Number of Pieces Received at Post Office

POSTMARK AND DATE OF RECEIPT

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN



NAME AND ADDRESS OF SENDER

REGISTERED MAIL  
 Registered  
 Insured  
 COD  
 Certified

REGISTERED MAIL:  
 With Postal Insurance  
 Without Postal Insurance

ADDITIONAL COPIES OF THIS BILL  
 POSTMARK AND DATE OF RECEIPT

Line	Number of Article	Name of Addressee, Street, and Post-Office Address	Postage	Fee	Handling Charge	Act. Value (If Regis.)	Insured Value	Due Sender If C.O.D.	R. R. Fee	S. D. Fee	S. H. Fee	Ret. Del. Fee	Remarks
1	371065	A. F. Clitholm P O Box 625 Laurel MS 39440											
2													
3		E. P. Russell Homewood Laurel MS 39440											
4	371066												
5													
6	371067	Rosalind Redfern P O Box 2127 Midland TX 79702											
7													
8		George D. Riggs/Bruce P. Riggs & Kay Hood P O Box 322 Carlsbad NM 88220											
9	371068												
10	371069												
11		Dudley J. Hughes Box 525 Beeville TX 78102											
12													
13	371070	Pennzoil Exploration & Product P O Box 2967 Houston TX 77252-2967											
14													
15													



POSTMASTER, PER (Name of receiving employee)  
 Total Number of Pieces Received at Post Office  
 Total Number of Pieces Listed by Sender

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for Registered Mail, \$500 for COD and \$500 for Insured Mail. Special handling charges apply only to Third- and Fourth-Class parcels. Special delivery service also includes special handling service.

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

U.S. G.P.O. 1986-166-



