



Sage Energy Company

September 6, 1990

RE: North Vacuum
(Abo) North Unit
Lea County, New Mexico

Dear Interest Owner:

Sage Energy Company has filed an application to establish the referenced waterflood unit on the lands shown on the attached Exhibit "A". An application has also been filed for approval of the Unit Agreement for the referenced unit.

The hearing is to be held on October 3, 1990, at 8:15 a.m. in the Oil Conservation Division Conference Room, State Land Office Building, Santa Fe, New Mexico.

If there are any questions concerning this matter, please call me.

Sincerely,

SAGE ENERGY COMPANY

Lee Patrick
Lee Patrick
Division Landman

LP:bg

Sage *J*
10,102 + 10,103

Banknote

P 432 461 984

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1985-234-565

PS Form 3800, June 1985

Sent to <i>Wallace W. Irwin</i> <i>Testamentary Trust</i>	
Street and No <i>1911 W. Missouri</i>	
P.O. State and ZIP Code <i>Midland, TX 79701</i>	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

North vacuum Cabo North unit

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:
Wallace W. Irwin
Testamentary Trust
1911 W. Missouri
Midland, TX 79701

4. Article Number
P432 461 984

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
Wallace W. Irwin

6. Signature - Agent
X

7. Date of Delivery
9-12-90

8. Addressee's Address (ONLY if requested and fee paid)
4

DOMESTIC RETURN RECEIPT

U.S.G.P.O. 1985-238-815

PS Form 3811, Apr. 1989

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Burbank

P 432 461 981

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Kathleen Irwin</i>	
Street and No <i>1911 W. Missouri</i>	
P.O., State and ZIP Code <i>Midland, TX 79701</i>	
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5</i>
Postmark or Date	

north vacuum (abd) north unit

● **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 Irwin
1911 W. Missouri
Midland, Texas
79701*

4. Article Number
P432401981

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 Kathleen Irwin

6. Signature - Agent
X

7. Date of Delivery
9-12-90

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Barbula

P 432 461 980

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to J.A. Davidson	
Street and No. P.O. BOX 494	
P.O. State and ZIP Code Midland, TX 79702	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

NORTH VAN HORN (400) NORTH WHITE

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

3. Article Addressed to: J.A. Davidson P.O. BOX 494 Midland, TEXAS 79702	4. Article Number P432-461980
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	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 4/13-91	8. Addressee's Address (ONLY if requested and fee paid) 66

Barbara

P 432 461 979

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-565

PS Form 3800, June 1985

Sent to	Harold E. Jones
Street and No.	159 Mid-America Bldg.
P.O., State and ZIP Code	Midland, TX 79701
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

<p>3. Article Addressed to:</p> <p>Harold E. Jones 159 Mid-America Bldg. Midland, Texas 79701</p>		<p>4. Article Number</p> <p>0432-461 979</p>	
<p>5. Signature - Addressee</p> <p>X</p>		<p>Type of Service:</p> <p><input type="checkbox"/> Registered</p> <p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>6. Signature - Agent</p> <p>X <i>Miss. Lowell Jones</i></p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>7. Date of Delivery</p> <p><i>5/14/90</i></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. (Extra charge)

2. Restricted Delivery (Extra charge)

Barbara Vacuum (also) North Unit

Barbara

P 432 461 935

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

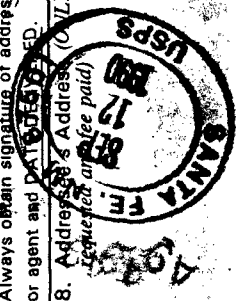
Sent to		John Eddy
Street and No.		P.O. BOX 2104
P.O. State and ZIP Code		Santa Fe, NM 87501
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees		\$ 2.00
Postmark or Date		

North vacuum (also) north unit

● **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:		4. Article Number	
John Eddy		P432461935	
P.O. BOX 2104		Type of Service:	
Santa Fe, New Mexico		<input type="checkbox"/> Registered	
87501		<input checked="" type="checkbox"/> Certified	
5. Signature - Addressee		<input type="checkbox"/> Insured	
X John Eddy		<input type="checkbox"/> COD	
6. Signature - Agent		<input type="checkbox"/> Return Receipt for Merchandise	
X		Always obtain signature of addressee or agent and DATE RECEIVED.	
7. Date of Delivery		8. Addressee's Address (ONLY if recipient at fee paid)	
		SANTA FE, NM 87501	



DOMESTIC RETURN RECEIPT

U.S.G.P.O. 1989-234-515

PS Form 3811, Apr. 1989

Burbank

P 432 461 986

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-565

PS Form 3800, June 1985

Sent to <i>Marion Culbertson, Trustee c/o Charles N. Wallace, Jr.</i>	
Street and No. <i>P.O. Box 2918</i>	
P.O., State and ZIP Code <i>Midland, TX 79702</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

North vacuum cap north unit

● **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: *Marion Culbertson, Trustee
c/o Charles N. Wallace, Jr.
P.O. Box 2918
Midland, Texas 79702*

Article Number: *PY32461986*

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 - Addressee

6. Signature - SENDER

7. Date of Delivery: *4-2-90*

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-615

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 985

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to <i>Marion Culbertson + Shirley C. Wallace Co-Tx</i>	
Street and No. <i>P.O. Box 2918</i>	
P.O., State and ZIP Code <i>Midland, TX 79702</i>	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

NORTH VACUUM CABINET UNIT

● **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:
MARION Culbertson + Shirley C. Wallace, Co-Tx P.O. BOX 2918 Midland, TX 79702

4. Article Number: *P432461985*

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 *Shirley C. Wallace*

6. Signature of Addressee
 X *Shirley C. Wallace*

7. Date of Delivery: *9-15-90*

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Barbara

P 432 461 983

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Scope Industries	
Street and No. 233 Wilshire Blvd. #790	
P.O., State and ZIP Code. Santa Monica, CA 90401	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

NOTE: Vacuum (also) not to unit

● **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:
**Scope Industries
233 Wilshire Blvd. #790
Santa Monica, CA 90401**

4. Article Number
PY32461983

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

Always sign signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *D. Cohen*

7. Date of Delivery
X *7-13-91*

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-615 DOMESTIC RETURN RECEIPT

Barbuck

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sept. to	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

North Vacuum (abo) North Unit

● **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:
 R. H. Hannifin
 P.O. BOX 218
 Midland, Texas 79701

4. Article Number
 PY32461982

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 *R. H. Hannifin*

6. Signature - Agent
 X

7. Date of Delivery
 SEP 12 1989

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Barbara

P 432 461 941

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Kathleen Marie Gallagher Cooper	
Street and No. P.O. BOX 814	
P.O., State and ZIP Code Vacaville, CA 95688	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North Vacuum (600) North Unit

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:
Kathleen Marie Gallagher
P.O. BOX 814
Vacaville, CA 95688

4. Article Number
P432461941

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

Always obtain signature of addressee for agent and DATE DELIVERED.

5. Signature of Addressee
X Kathleen M. Cooper

6. Signature - Agent
X

7. Date of Delivery
9-17-90

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-236-815

DOMESTIC RETURN RECEIPT

North Vietnam Cable North Unit

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: Gregory J. Gallagher 8550 Katy Fwy, Suite 208 Houston, Texas 77024	4. Article Number P432-461953
5. Signature - Addressee 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 Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X Kathleen M Jordan	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 9-10-90	

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

Barbara P 432 461 953

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Gregory J. Gallagher	
Street and No 8550 Katy Fwy, Suite 208	
P.O., State and ZIP Code Houston, TX 77024	
Postage	\$ 2.00
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

NORTH VACUUM CABOZ NORTH UNIT

● **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: Gregory Charles Gallagher 8550 Katy Freeway, #208 Houston, Texas 77024		4. Article Number P432461952	
5. Signature - Addressee 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 Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent X <i>Barbara M Jordan</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 9-10-90			

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-234-815 DOMESTIC RETURN RECEIPT

432 461 952
 Barbara

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Gregory Charles Gallagher	
Street and No. 8550 Katy Fwy. Suite 208	
P.O. State and ZIP Code Houston, TX 77024	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555
 PS Form 3800, June 1985

Barbara

P 432 461 970

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	W. Glenn Burton
Street and No.	8000 IH-10 West, #820
P.O., State and ZIP Code	San Antonio, TX 78230
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

Burton Vacuum Cabinet Unit

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

Put return 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 for 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: W. Glenn Burton

4. Article Number: P 432 461 970

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

5. Signature - Addressee: San Antonio, TX 78230

6. Signature - Agent: *[Signature]*

7. Date of Delivery: 9-10-80

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

Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Barbham

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Frances Herndon
Street and No.	P.O. Box 1283
P.O., State and ZIP Code	Mobile, Alabama 36601
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

P 432 461 971

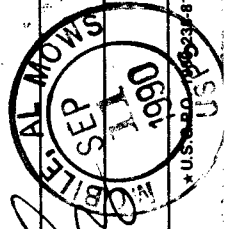
North Vacuum (Lab) North Unit

● **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
Frances Herndon P.O. Box 1283 Mobile, Alabama 36601	0432461971
5. Signature - Addressee	Type of Service:
<i>Frances Herndon</i>	<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.
6. Signature of Agent	8. Addressee's Address (ONLY if requested and fee paid)
<i>Frances Herndon</i>	Mobile, Alabama 36601
7. Date of Delivery	



PS Form 3811, Apr. 1989

*U.S. POSTAGE 3-815

DOMESTIC RETURN RECEIPT

North Vacuum Cabot North Unit

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.

3. Article Addressed to: **EXXON Company USA**
P.O. Box 1600
Midland, TX 79702

4. Article Number: **P 432461972**

5. Signature - Addressee: *** Attn: Brian Wheeler**

6. Signature - Agent: *[Signature]*

7. Date of Delivery: **SEP 10 1985**

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

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

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

PS Form 3811, Apr. 1985 * U.S.G.P.O. 1985-238-815 DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to: **EXXON Company USA**

Street and No.: **P.O. Box 1600**

P.O., State, and ZIP Code: **Midland, TX 79702**

Postage: \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees: \$ **2.00**

Postmark or Date

Bubba

P 132 461 972

U.S.G.P.O. 1985-234-558

PS Form 3800, June 1985

Arthur Vaccaro Case 207 North Unit

● **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: A.M. Pate, Jr. Estate 410 NCHB TEXAS P.O. BOX 2546 FT. WORTH, TX 76113		4. Article Number <i>0432 461 963</i>	
5. Signature - Addressee 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		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery SEP 10 1990			

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

P 432 461 963

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to <i>A.M. Pate, Jr. Estate</i>	
Street and No. <i>410 NCHB TEXAS</i>	
P.O. BOX <i>2546</i>	
P.O., State and ZIP Code <i>FT. WORTH, TX 76113</i>	
Postage	\$ <i>2.25</i>
Certified Fee	\$ <i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>.90</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555 *Barbara*

P 432 461 965

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Elizabeth Robbins c/o Triumph Resources	
Street and No. 1270 Ave. of Americas, #605	
P.O., State and ZIP Code n.y., n.y., 10020	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

north vacuum (abo) north unit

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:
Elizabeth Robbins
c/o Triumph Resources
1270 Ave. of Americas, #605
n.y., n.y., 10020 ^{2A}

4. Article Number
P432 461 965

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 of Addressee
X M. Reed

6. Signature of Agent
X

7. Date of Delivery
9/10/80

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

PS Form 3800, June 1985

U.S.G.P.O. 1985-234-555

Barbara

P 432 461 947

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Delphine Pope Keller	
Street and No 9330 N.E. Schuyler	
P.O., State and ZIP Code Portland, Oregon 97220	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

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:
Delphine Pope Keller
9330 N.E. Schuyler
Portland, Oregon

4. Article Number
P 432 461 947

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 *Delphine Pope Keller*

6. Signature - Agent
X

7. Date of Delivery
9-17-90

8. Addressee's Address (ONLY if requested and fee paid)
97220

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Christopher W. Knieriem		
Street and No	7280 Lynch Road		
P.O. State and ZIP Code	Sebastopol, CA 95472		
Postage		\$	2.00
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date Delivered			
Return Receipt showing to whom, Date, and Address of Delivery			
TOTAL Postage and Fees		\$	2.00
Postmark or Date			

PS Form 3811, Apr. 1989 *US G.P.O. 1989-238-815

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:
 Christopher W. Knieriem
 7280 Lynch Road
 Sebastopol, CA 95472

4. Article Number
 P432461957

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 *Christopher W. Knieriem*

7. Date of Delivery
 9-13-90

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

PS Form 3811, Apr. 1989 *US G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

NORM VACUUM CABO 2 NORM UNIT

Burbula

P 432 461 954

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to: Christine Gallagher Seger	
Street and No. 4407 20th Street	
P.O. State and ZIP Code Lubbock, TX 79407	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1988-236-815

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:
(Extra charge)
Christine Gallagher Seger
4407 20th Street
Lubbock, Texas 79407

4. Article Number
P 432 461 954

5. Signature - Addressee
Christine Gallagher 79407

6. Signature - Agent
[Signature]

7. Date of Delivery
7/10/90

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

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

Death Certificate (copy) North Unit

1674 22000 (650) 1674 UNIT

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 Robbins
Llewellyn Park
West Orange, N.J. 07052

4. Article Number
P432461975

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 required and fee paid)

5. Signature - Addressee
Charles Robbins

6. Signature - Agent
[Signature]

7. Date of Delivery
9/10

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-228-815 DOMESTIC RETURN RECEIPT

Bubba

P 432 461 975
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Charles Robbins
Street and No.	Llewellyn Park
P.O., State and ZIP Code	West Orange, NJ 07052
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.00
Postmark or Date	

545-234-27-861 U.S.G.P.O.

PS Form 3800, June 1985

Barbara

P 432 451 939

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to <i>Charles Raymond Gallagher, II</i>	
Street and No <i>8550 Katy Fwy, Suite 208</i>	
P.O. State and ZIP Code <i>Houston, Texas 77024</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

North Vacuum (Abe) North West

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 Raymond Gallagher, II
8550 Katy Freeway, Suite 208
Houston, Texas 77024

4. Article Number
9432461939

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

6. Signature - Agent
 X *Kathleen M Jordan*

7. Date of Delivery
9-10-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1988-238-915

DOMESTIC RETURN RECEIPT

Barbara P 432 461 942
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1989-234-565

PS Form 3800, June 1985

Sent to	Charles Bernard Gallagher
Street and No	975 California Ave.
PO, State and ZIP Code	Palo Alto, CA 94304-1104
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North Vacuum (also) North Unit

● **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.

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

3. Article Addressed to: Charles Bernard Gallagher 975 California Avenue Palo Alto, CA 94304-1104	4. Article Number P432 461 942
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .	
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	



Barbara

P 432-461 946

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Charleen G. Knieriem	
Street and No. 1100 Glendon Ave. Suite 91 Westwood Center	
P.O., State and ZIP Code Los Angeles, CA 90024	
Postage	\$ 2.50
Certified Fee	\$.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North Vanuatu (and north unit)

● **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
1100 Glendon Ave., Suite 91
Westwood Center
Los Angeles, CA 90024

4. Article Number
P 432-461 946

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 *[Signature]*

7. Date of Delivery
9/11/90

8. Addressee's Address (ONLY if requested and fee paid)
3

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)

North Vancouver (Abn) North Van

3. Article Addressed to:

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

4. Article Number

0432461944

Type of Service:

Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

Always print signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

X

6. Signature - Agent

X *C.R. Gallagher, Jr.*

7. Date of Delivery

9/19/85

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 944

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	<i>C.R. Gallagher, Jr.</i>	
Street and No.	<i>1005 Texas Commerce Bank Bldg.</i>	
	<i>1208 14th Street</i>	
P.O., State and ZIP Code	<i>Lubbock, TX 79401</i>	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	<i>2.00</i>
Postmark or Date		

U.S.G.P.O. 1989-234-565

PS Form 3800, June 1985

Brian Burns

P 432 461 973

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

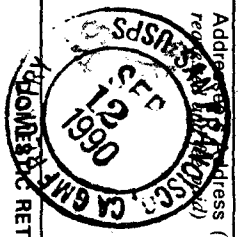
DELIVERED TO VACUUM (200) NORTH UNIT

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: <i>Brian P. Burns 100 Bush, Suite 1700 San Francisco, CA 54</i>	4. Article Number <i>P 432 461 973</i>
5. Signature — Addressee <i>X</i>	Type of Service: <input checked="" 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 <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery	8. Address of Addressee (ONLY if registered) <i>San Francisco, CA 94104</i>

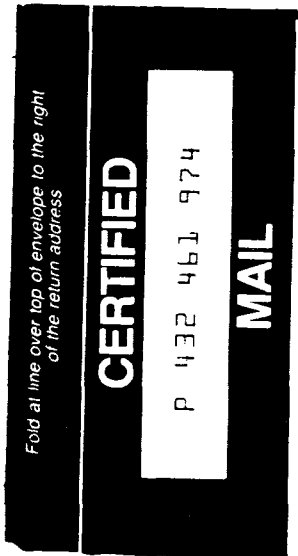
PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815



DOMESTIC RETURN RECEIPT

Sage Energy Company
10101 Reunion Place • Suite 800
San Antonio, TX 78216-4158



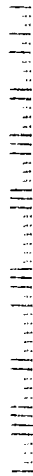
Change N.H. Breining
c/o Triumph Resources
Attn: Martin Suchoff
1270 Ave. of the Americas, #605
New York, New York 10020

Change address

RECEIVED
REQUESTED

NELSON H. BREINING
448 CARPENTER PL
UNION, NJ 07083

605



Burband P 432 461 948

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

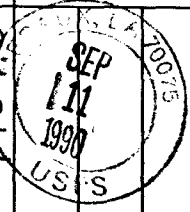
Sent to <i>William G. Pope, Jr.</i>	
Street and No <i>4417 Tracy</i>	
P.O., State and ZIP Code <i>Meroux, LA 70975</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

North Vacuum Cabot North Unit

● **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: <i>William G. Pope, Jr. 4417 Tracy Meroux, LA 70975</i>	4. Article Number <i>P432 461 948</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 Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>SEP 12 1990</i>	



PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 978

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <i>Western Leasing Company</i>	
Street and No. <i>P.O. BOX 494</i>	
P.O. State and ZIP Code <i>Midland, TX 79702</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

DRY VACUUM (A00) NOT TO WAIT

● **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: <i>Western Leasing Company P.O. BOX 494 Midland, TX 79702</i>	4. Article Number <i>P432461978</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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <i>X</i>	Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X J.A. Swanson by David Crocker</i>	
7. Date of Delivery <i>9/11-90</i>	

Barbara

P 432 461 969

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Wainoco Oil & Gas Co.	
Street and No. 1200 Smith, Suite 1500	
P.O., State and ZIP Code Houston, TX 77002	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

7-10-1989 Vacuum (600) North Unit

● **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:
Wainoco Oil & Gas Co.
1200 Smith, Suite 1500
Houston, Texas
Attn: Ed Cole 77002

4. Article Number
P432461969

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

Always obtain signature of addressee or agent on DATE DELIVERED.

5. Signature - Addressee
X

6. Signature of Agent
X

7. Date of Delivery
9/17/90

8. Addressee's Address (Only if requested on back of card)
Houston, TX 77002

U.S. POSTAL SERVICE
HOUSTON, TX
OCT 1 1990

DOMESTIC RETURN RECEIPT

* U.S.G.P.O. 1989-238-815

PS Form 3817, Apr. 1989

ADKWA Vacuum Cabod North Unit

● **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:
 Veronica Herndon
 P.O. BOX 1283
 Mobile, Alabama

4. Article Number
 P4322 401937

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

5. Signature - Addressee
 X

6. Signature Agent
 X

7. Date of Delivery
 3/6/85

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-234-815 DOMESTIC RETURN RECEIPT

Barbara P 432 461 937
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Veronica Herndon
Street and No	P.O. BOX 1283
P.O. State and ZIP Code	Mobile Alabama 36601
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

North Lawn (400) North Unit

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: <i>University oil company 410 N. W. TEXAS NATL BANK Ft. Worth Banking Center P.O. DRAWER 970703 Ft. Worth, TX 76197-0703</i>	4. Article Number <i>P432 401962</i>
5. Signature - Addressee <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/> <i>Blair Smith</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>10 SEP 1980</i>	Always obtain signature of addressee or agent and DATE DELIVERED.

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

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to <i>University Oil Co.</i>	
Street and No <i>C/O INCAS TEXAS Ft. Worth Banking Center</i>	
P.O., State and ZIP Code <i>P.O. Drawer 970703 Ft. Worth, TX 76197-0703</i>	
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>\$ 2.00</i>
Postmark or Date	

Burbank
 P 432 461 962
 PS Form 3800, June 1985

North Vacuum (abs) North Unit

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 Dr., Baton Rouge, Louisiana 70816

4. Article Number: P432461943

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X

6. Signature Agent: X Charles Grey

7. Date of Delivery: 9-17-92

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

P 432 461 943

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

Form with fields: Sent to (Susan Gallagher Grey), Street and No (1322 Marc Anthony Dr.), P.O., State and ZIP Code (Baton Rouge, LA 70816), Postage (\$), Certified Fee, Special Delivery Fee, Restricted Delivery Fee, Return Receipt showing to whom and Date Delivered, Return Receipt showing to whom, Date, and Address of Delivery, TOTAL Postage and Fees (\$2.00), Postmark or Date.

Barbara

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

NOT IN VACUUM CABINET NORTH UNIT

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

3. Article Addressed to: Stephen Lawrence Krieriem 855D Katy Freeway, Suite 208 Houston, Texas 77024	4. Article Number 0432 401 956
5. Signature - Addressee 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 Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>Krieriem in Jordan</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 9-10-80	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1988-228-815

DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Barbun

P 432 461 956

Sent to Stephen Lawrence Krieriem	
Street and No. 855D Katy Freeway, Suite 208	
P.O., State and ZIP Code Houston, TX 77024	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Barbara

P 432 461 934

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to State of new mexico Commissioner of Public Lands	
Street and No. P.O. Box 1148	
P.O. State and ZIP Code	87504
Santa Fe, new Mexico 1148	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North Platte (also) North unit

● **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(s) requested.

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

3. Article Addressed to: State of New Mexico Commissioner of Public Lands P.O. Box 1148 Santa Fe, new Mexico	4. Article Number P 432 461 934
5. Signature - Addressee X <i>[Signature]</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 <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid) 5

Barbara

P 432 461 564

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	<i>Seca, Ltd.</i>
Street and No.	<i>10 Sledge Trivette & Hat</i>
P.O., State and ZIP Code	<i>P.O. BOX 6218 High Point, NC 27262</i>
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5 00</i>
Postmark or Date	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-236-515

DOMESTIC RETURN RECEIPT

Open Vacuum Cabot Insult

3. Article Addressed to:
*Seca, Ltd.
10 Sledge Trivette & Hat, POB
P.O. BOX 6218
High Point, NC 27262*

4. Article Number
0432461564

5. Signature - Addressee
X

6. Signature - Agent
X [Signature]

7. Date of Delivery
9-14-90 PM

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

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

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)

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)

North Vietnam (ABOS) War Unit

3. Article Addressed to:
*S.L. Pate
 P.O. BOX 711
 Ft. Worth, TX
 76101*

4. Article Number
9432401976

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
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
Sept 10, 1996

8. Addressee's Address (ONLY if requested and fee paid)
No

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

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to *S.L. Pate*

Street and No. *P.O. BOX 711*

P.O. State and ZIP Code *Ft. Worth, TX 76101*

Postage *5*

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees *\$ 2.00*

Postmark or Date

Bulbana

P 432 462 976

U.S.G.P.O. 1989-234-556

PS Form 3800, June 1985

Barbara P 432 461 938

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Robin C. Herndon, III	
Street and No. P.O. BOX 1283	
P.O., State and ZIP Code Mobile, Alabama 36601	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1988-238-915

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 check boxes for additional services requested. Show to whom delivered, date, and addressee's address. (Extra charge)

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

2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Robin C. Herndon, III
P.O. BOX 1283
Mobile, Alabama
36601

4. Article Number
P432461938

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 of Addressee
[Signature]

6. Signature of Agent
[Signature]

7. Day of Delivery
[Signature]

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

PS Form 3800, June 1985

U.S.G.P.O. 1985-234-555

Barbake

P 432 461 949

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Raymond Stanley Herndon	
Street and No. P.O. BOX 1283	
P.O., State and ZIP Code Mobile, Alabama 36601	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5 2 00
Postmark or Date	

NO IN VACUUM CAPED NOT TO WART

3. Article Addressed to:
Raymond Stanley Herndon
P.O. BOX 1283
MOBILE, ALABAMA
36601

4. Article Number
P432461949

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 *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery

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

MOBILE, ALABAMA 36601

U.S.G.P.O. 1985-234-555

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

U.S.G.P.O. 1985-234-555

Barbara

P 432 461 961

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Peter Gregory Herndon</i>	
Street and No <i>P.O. BOX 1283</i>	
P.O. State and ZIP Code <i>Mobile, Alabama 36601</i>	
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5 27 100</i>
Postmark or Date	

NO IN VACUUM (ADD) NOT IN WHITE

● **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:

*Peter Gregory Herndon
P.O. BOX 1283
MOBILE, ALABAMA
36601*

4. Article Number

P432461961

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

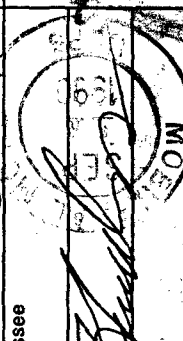
5. Signature - Addressee

X

6. Signature Agent

X

7. Date of Delivery



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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-236-815

DOMESTIC RETURN RECEIPT

Bubba

P 432 461 967

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to		marathon oil Co.	
Street and No.		P.O. BOX 552	
P.O., State and ZIP Code		Midland, TX 79702	
Postage		\$	
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date Delivered			
Return Receipt showing to whom, Date, and Address of Delivery			
TOTAL Postage and Fees		\$	2.00
Postmark or Date			

U.S.G.P.O. 1988-234-556

PS Form 3800, June 1985

Norm Vacuum Cabby Norm Unit

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:	marathon oil company P.O. BOX 552 Midland, Texas Attn: Tom Wesling 79702
5. Signature - Addressee	X
6. Signature - Agent	<i>Tommy Edwards</i>
7. Date of Delivery	SEP 10 1989
4. Article Number	P432461967
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
8. Addressee's Address (ONLY if requested and fee paid)	Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1988-234-915

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 951

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to <i>Marguerite Gallagher Price</i>	
Street and No. <i>8550 Katy Freeway, Suite 208</i>	
P.O., State, and ZIP Code <i>Houston, Texas 77024</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

PS Form 3800, June 1985

Not Vacuum Caboo north unit

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

4. Article Number
P432461951

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
[Signature]

6. Signature — Agent
X Kathleen Jordan

7. Date of Delivery
9/10/90

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

* U.S.G.P.O. 1989-234-514

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

Barbara

P 432 463 977

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Marshall S. Leaf
Street and No.	1515 N. Dearborn
P.O., State and ZIP Code	Chicago, Illinois 60610
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-236-615

DOMESTIC RETURN RECEIPT

3. Article Addressed to:
Marshall S. Leaf
1515 N. Dearborn
Chicago, Illinois
60610

4. Article Number:
0432461977

5. Signature - Addressee
M. S. Leaf

6. Signature - Agent
[Signature]

7. Date of Delivery

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

Always require signature of addressee and return receipt to be DELIVERED.

Address of addressee (press ONLY if required and address paid)

2. Restricted Delivery (Extra charge)

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

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.

SENDER'S COMPLETE ITEMS 1 AND 2 WHEN ADDITIONAL SERVICES ARE DESIRED, AND COMPLETE ITEMS 3 AND 4.

NO POSTAGE TO BE PAID BY ADDRESSEE

CHICAGO, ILL. FEB 26 1985

Barbara

P 432 461 968

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Martha Leonard
Street and No.	1411 Shadyoakland
P.O., State and ZIP Code	Ft. Worth, TX 76107
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1969-234-555

PS Form 3800, June 1985

Martha Leonard (abb) northwnt

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:	Martha Leonard 1411 Shadyoakland Ft. Worth, Texas	4. Article Number	P 432 461 968
5. Signature — Addressee	<i>Martha Leonard</i>	Type of Service:	<input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail
6. Signature — Agent	<i>Martha Leonard</i>	Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery	<i>10/19/90</i>	8. Addressee's Address (ONLY if registered and fee paid)	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-615

DOMESTIC RETURN RECEIPT

North Vacuum caps not in unit

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. **POSTAGE:** Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will be charged to the person delivered to and the date of delivery. For additional fees and the following services are available. Consult postmaster for fees and check boxes for additional services requested.

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

3. Article Addressed to:
 Mary B. Gallagher
 1005 Texas Commerce Bank
 1208 14th Street Bldg.
 Lubbock, TX 79401

4. Article Number
 P432461955

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

5. Signature - Addressee
 Mary B. Gallagher by D. [Signature]

6. Signature - Agent
 X

7. Date of Delivery
 9/10/80

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

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

Barbara P 432 461 955
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Mary B. Gallagher
Street and No.	1005 Texas Commerce Bank Bldg. 1208 14th St.
P.O., State and ZIP Code	Lubbock, TX 79401
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Barbara

P 432 461 950

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to <i>Mary G. Herndon</i>	
Street and No. <i>P.O. BOX 1283</i>	
P.O., State and ZIP Code <i>Mobile, Alabama 36601</i>	
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>1</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>\$2.00</i>
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

North Vietnam (also) North Viet

● **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: <i>Mary G. Herndon P.O. BOX 1283 Mobile, Alabama 36601</i>	4. Article Number <i>0432461950</i>
5. Signature - Addressee <i>X</i>	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 - Sender <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1988-238-615

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 936

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	Mary Herndon Ray
Street and No.	P.O. BOX 1283
P.O. State and ZIP Code	Mobile, Alabama 36601
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1987

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Return Vacuum (also) North Mail

● **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. (Extra charge)

2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Mary Herndon Ray
P.O. BOX 1283
Mobile, Alabama
36601

4. Article Number
P432461936

5. Signature - Addressee
X

6. Signature Agent
X

7. Date of Delivery

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

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

MOBILE, ALABAMA
SEP 19 1994

Barbara

P 432 461 945

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	
Mary Catherine Knieriem Taylor	
Street and No.	
4535 Miller Oak Drive	
P.O., State and ZIP Code	
Auburn, CA 95603	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

Do not vacuum (also) nor in unit

<p>● SENDER: 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>4. Article Number</p> <p>P432 461 945</p>	
<p>3. Article Addressed to:</p> <p>Mary Catherine Knieriem Taylor 4535 Miller Oak Drive Auburn, CA 95603</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 Agent and DATE DELIVERED.</p>	
<p>5. Signature - Addressee</p> <p>X Mary Taylor</p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>6. Signature - Agent</p> <p>X</p>		<p>7. Date of Delivery</p> <p>9-11-90</p>	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-239-815

DOMESTIC RETURN RECEIPT

Barbara P 432 461 959

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to <i>Mary Margaret Pope</i>	
Street and No. <i>8550 Katy Fwy, Suite 208</i>	
P.O., State and ZIP Code <i>Houston, TX 77024</i>	
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5 2.00</i>
Postmark or Date	

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

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

Barbara 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, Suite 208
Houston, Texas
77024

4. Article Number
P432461959

Type of Service:
 Registered
 Insured
 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 *Barbara*

7. Date of Delivery
9-10-90

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

Not in Maximum (add) North Unit

● **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 Joseph Gallagher
 8550 Katy Freeway, Suite 208
 Houston, Texas 77024

4. Article Number
 P432 461 940

Type of Service:
 Insured
 Registered
 Certified
 COD
 Return Receipt for Merchandise
 Express Mail
 Agent's obtain signature of addressee of agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Katherine Jordan*

7. Date of Delivery
 9-10-90

PS Form 3811, Apr. 1989 + U.S.G.P.O. 1988-238-815 DOMESTIC RETURN RECEIPT

P 432 461 940

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Barbara

Sent to <i>Michael Joseph Gallagher</i>	
Street and No <i>8550 Katy Freeway, Suite 208</i>	
P.O., State and ZIP Code <i>Houston, TX 77024</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <u>2.00</u>
Postmark or Date	

U.S.G.P.O. 1989-234-565 PS Form 3800, June 1985

Barbours

Sent to Natalie G. Pope	
Street and No. 1100 Glendon Ave, #91 Westwood Center	
P.O., State and ZIP Code Los Angeles, CA 90024	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

P 432 461 960
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

North Vacuum (also) North unit

● **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:
Natalie G. Pope
1100 Glendon Ave., Suite 91
Westwood Center
Los Angeles, CA 90024

4. Article Number
PUB2461960

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

Always sign signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery
9/11/90

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

Do not vacuum clean return unit

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

3. Article Addressed to: Natalie Pope 8550 Katy Freeway, Suite Houston, Texas 77024		4. Article Number P432 461 958	
5. Signature - Addressee 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	
6. Signature - Agent X <i>Katherine M. DeLoe</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 9-10-90		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-239-815 DOMESTIC RETURN RECEIPT

Barbara P 432 461 958
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to <i>Natalie Pope</i>	
Street and No. <i>8550 Katy Freeway, Suite 208</i>	
P.O., State and ZIP Code <i>Houston, TX 77024</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, Jun 1985

Barbara

P 432 461 974

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	<i>N.H. Breining c/o Triumph Resources</i>
Street and No.	<i>1270 ave. of the Americas #405</i>
P.O., State and ZIP Code	<i>N.Y. N.Y. 10020</i>
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>\$ 2.00</i>
Postmark or Date	

Costa vacuum cabinet return unit

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:
*N.H. Breining
c/o Triumph Resources
1270 ave. of the Americas
N.Y. N.Y. 10020*

4. Article Number
P432461974

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
[Signature] X

6. Signature - Agent
[Signature] X

7. Date of Delivery
9/10/85

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

North Vacuum (466) North Unit

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: Pennzoil Exploration + Prod. P.O. Box 1828 Midland, TX 79702 Attn: Randy Hodgens	4. Article Number P432461904 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
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 SEP 10 1985	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-915 DOMESTIC RETURN RECEIPT

Barbara

P 432 461 904
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Pennzoil Exploration + Prod.	
Street and No. P.O. Box 1828	
P.O., State and ZIP Code Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

Sage Energy Company
10101 Reunion Place, Suite 800
San Antonio, Texas 78216

October 3, 1990

TO: INTEREST OWNERS LISTED ON EXHIBIT A

RE: North Vacuum (Abo) North Unit, Lea County, New Mexico

91.4947 WL
The above unit covers the land listed on Exhibit B. By this letter, Sage Energy Company requests that you voluntarily join in the unit. By separate letter, we are sending your copies of the Unit Agreement, Unit Operating Agreement, and a Ratification form. To date, 88.12% of the working interest owners and 83.9% of the royalty and overriding royalty interest owners have voluntarily committed their interests to the unit.

A secondary recovery waterflood project is proposed in conjunction with the unit. According to the engineering study prepared by the working interest owners' technical committee, the unitization and waterflood will result in the recovery of an additional two million barrels of oil over and above primary production, and the life of the wells in the unit will be extended ten more years.

The royalty and overriding royalty interests, of course, do not bear any costs associated with the waterflood. Therefore, we believe that it is in your best interests to join in the unit.

Please be advised that Sage Energy Company, as unit operator, has requested that those interest owners who do not voluntarily join in the unit be forced into the unit under New Mexico's Statutory Unitization Act. A hearing on that request is currently scheduled before the New Mexico Oil Conservation Division, 310 Old Santa Fe Trail, Santa Fe, New Mexico, on Wednesday, October 31, 1990, at 8:15 a.m.

Please call me if you have any questions, at (512) 340-2288.

Very truly yours,

By



Lee Patrick
Division Landman

LP/mh

Sage K
10,102 + 10,103

INTEREST OWNERS
North Vacuum (Abo) North Unit
Lea County, New Mexico

John Eddy
P. O. Box 2104
Santa Fe, New Mexico 87501

Harold E. Jones
159 Mid-America Building
Midland, Texas 79701

Marion Culbertson &
Shirley C. Wallace, Co-Trustees
of the Culbertson Management
Trust
P. O. Box 2918
Midland, Texas 79702

Marion Culbertson, Trustee
u/w/o Edward Alexander
Culbertson, Deceased
c/o Charles N. Wallace, Jr.
P. O. Box 2918
Midland, Texas 79702

J. A. Davidson
P. O. Box 494
Midland, Texas 79702

Kathleen Irwin
1911 W. Missouri
Midland, Texas 79701

R. H. Hannifin
P. O. Box 218
Midland, Texas 79701

Scope Industries
233 Wilshire Blvd., Suite 790
Santa Monica, C.A. 90401

Wallace W. Irwin
1911 W. Missouri
Midland, Texas 79701

EXHIBIT B

Township 16 South, Range 34 East, N.M.P.M.

Section 35: $S\frac{1}{2}S\frac{1}{2}$

Section 36: $S\frac{1}{2}$

Township 17 South, Range 34 East, N.M.P.M.

Section 1: Lots 1-4, $S\frac{1}{2}N\frac{1}{2}$, $S\frac{1}{2}$ (All)

Section 2: Lots 1, 2, $S\frac{1}{2}N\frac{1}{2}$, $S\frac{1}{2}SW\frac{1}{4}$, $SE\frac{1}{4}$

Section 12: $NW\frac{1}{4}$

Containing 1762.79 acres, more or less.



Sage Energy Company

October 10, 1990


TO: Interest Owners Listed on Exhibit "A"

RE: North Vacuum (Abo) North Unit,
Comprising the land listed on Exhibit "B"

You have previously been notified that Sage Energy Company is seeking to unitize the above-described land, and to institute a waterflood project. To date, approximately 88% of the working interest owners and 84% of the royalty and overriding royalty interest owners have voluntarily committed their interests to the Unit. As a result, Sage Energy Company has filed an Application to compel joinder of all interests in the unit pursuant to New Mexico's Statutory Unitization Act. This application is set for hearing on Wednesday, October 31, 1990, at 8:15 a.m., at the offices of the New Mexico Oil Conservation Division, 310 Old Santa Fe Trail, Santa Fe, New Mexico 87501. Failure to appear at that time will preclude you from objecting at a later date.

Sincerely,

SAGE ENERGY COMPANY


Lee Patrick
Division Landman

LP:bg

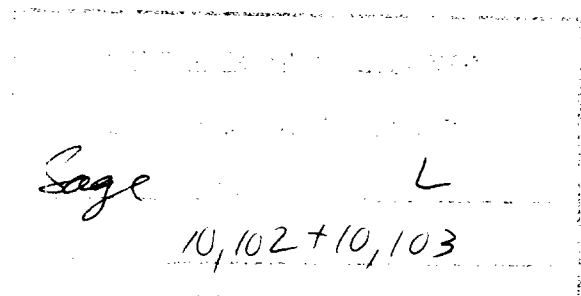


EXHIBIT "A"
INTEREST OWNERS
NORTH VACUUM (ABO) NORTH UNIT
Lea County, New Mexico

John Eddy
P.O. Box 2104
Santa Fe, New Mexico 87501

Delphine Pope Keller
9330 N.E. Schuyler
Portland, Oregon 97220

Marion Culbertson &
Shirley C. Wallace, Co-Trustees
of the Culbertson Management Trust
P.O. Box 2918
Midland, Texas 79702

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702
Attn: Tom Wesling

J.A. Davidson
P.O. Box 494
Midland, Texas 79702

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

R.H. Hannifin
P.O. Box 218
Midland, Texas 79701

Exxon Company, U.S.A.
P.O. Box 1600
Midland, Texas 79702
Attn: Brian Wheeler

Wallace W. Irwin
1911 W. Missouri
Midland, Texas 79701

Kathleen Marie Gallagher Cooper
P.O. Box 814
Vacaville, California 95688

Harold E. Jones
159 Mid-America Building
Midland, Texas 79701

Pennzoil Exploration & Production
P.O. Box 2967
Houston, Texas 77252-2967
Attn: Robert Blucher

Marion Culbertson, Trustee
u/w/o Edward Alexander
Culbertson, Deceased
c/o Charles N. Wallace, Jr.
P.O. Box 2918
Midland, Texas 79702

Sebert L. Pate
P.O. Box 711
Ft. Worth, Texas 76101

Kathleen Irwin
1911 W. Missouri
Midland, Texas 79701

University Oil Company
Univ. Oil Co. Acct. #4553
c/o NCNB Texas National Bank
Ft. Worth Banking Center
P.O. Drawer 970703
Ft. Worth, Texas 76197-0703

Scope Industries
233 Wilshire Blvd., Suite 790
Santa Monica, CA 90401

EXHIBIT "B"

Township 16 South, Range 34 East, N.M.P.M.

Section 35: S/2S/2

Section 36: S/2

Township 17 South, Range 34 East, N.M.P.M.

Section 1: Lots 1-4, S/2N/2, S/2 (All)

Section 2: Lots 1, 2, S/2N/2, S/2SW/4, SE/4

Section 12: NW/4

Containing 1762.79 acres, more or less.

PS Form 3800, June 1985

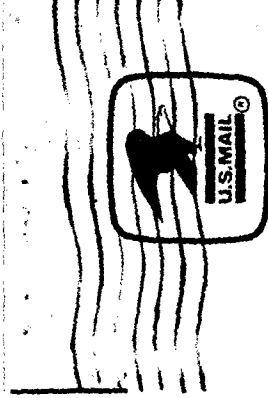
Barbara

P 432 462 066

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
<i>Mary B. Gallagher</i>	
Street and No. <i>1005 Texas Commerce Bank</i>	
<i>1208 14th Street</i>	
P.O., State and ZIP Code	
<i>Wubbock, TX 79401</i>	
*Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>5.00</i>
Postmark or Date	

U.S.G.P.O. 1988-234-557



PENALTY FOR PRIVATE USE, \$300

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Fill in your name, address and ZIP Code in the space below; 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of article. Endorse article "Return Receipt requested" adjacent to number.

WUBBOCK, TX
P.M.
OCT 13
1980
794

JRN
0

Print Sender's name, address, and ZIP Code in the space below.

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Htni
Barbara

Barbara

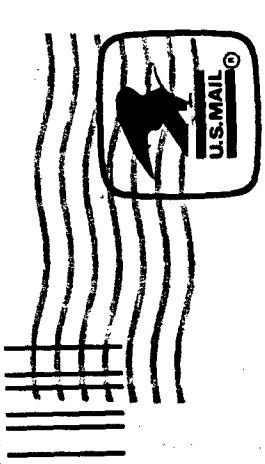
P 792 495 961



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

PS Form 3800 June 1990

Sent to	
. Scope Industries	
Street & No.	
233 Wilshire Blvd. #790	
P.O., State & ZIP Code	
Santa Monica, CA 90401	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	



PENALTY FOR PRIVATE USE: \$300



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: *Barbara*

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Bubba

P 432 462 061

RECEIPT FOR CERTIFIED MAIL

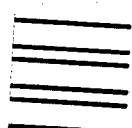
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>university oil company</i>	
Street and No. <i>1101 Reunion Place, Suite 800</i>	
P.O. <i>Drawer 970703</i>	
P.O. State and ZIP Code <i>Ft. Worth, TX 76197-0703</i>	
Postage	\$ <i>2.00</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	



PENALTY FOR PRIVATE USE, \$300



**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

- Print your name, address and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
 - Attach to front of article if space permits, otherwise affix to back of article.
 - Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

**SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216**

Attn: Bubba

Barbara

P 792 495 965



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

Sent to	
R.H. Hannifin	
Street & No	
P.O. BOX 218	
P.O., State & ZIP Code	
Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800 June 1990

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

3. Article Addressed to: R.H. Hannifin P.O. BOX 218 Midland, TX 79701		4. Article Number P 792 495 965	
5. Signature - Addressee 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 <i>Paul Sutherland</i>		Always obtain signature of addressee or Agent and DATE DELIVERED.	
7. Date of Delivery <i>12-90</i>		8. Addressee's Address (ONLY if requested and fee paid)	

● **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)

● **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: <i>Schubert West</i> <i>BR 711 76101</i>	4. Article Number <i>D133462060</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 Always obtain signature of addressee or agent and DATE DELIVERED.
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>Gene Holman</i>	
7. Date of Delivery OCT 15 1990	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

U.S. Q.P.O. 1989-234-555

Barbara

P 432 462 060

RECEIPT FOR CERTIFIED MAIL

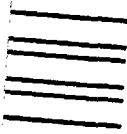
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>Seibert L. Pate</i>
Street and No.	<i>P.O. BOX 711</i>
P.O. State and ZIP Code	<i>FT. WORTH, TX 76101</i>
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>\$2.00</i>
Postmark or Date	



PENALTY FOR PRIVATE USE, \$300



**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: Barbara

Barbara

P 792 495 966



Certified Mail Receipt

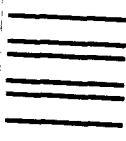
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Wallace W. Irwin	
Street & No.	
1911 W. Missouri	
P.O., State & ZIP Code	
Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1990



PENALTY FOR PRIVATE USE, \$300



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: *Barbara*

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-545

Barbara

P 432 462 063

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	<i>Kathleen Marie Gallagher Cooper</i>
Street and No.	<i>P.O. BOX 814</i>
P.O., State and ZIP Code	<i>Vallejo, CA 95688</i>
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5.00</i>
Postmark or Date	

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

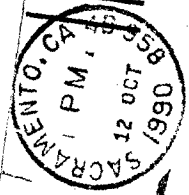
SENDER INSTRUCTIONS

- Print your name, address and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
 - Attach to front of article if space permits, otherwise affix to back of article.
 - Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

PENALTY FOR PRIVATE USE, \$300

Print Sender's name, address, and ZIP Code in the space below.



Attn: *Barbara*

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Barbara

U.S.G.P.O. 1988-234-565

PS Form 3800, June 1985

P 432 462 062

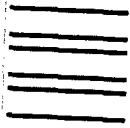
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	EXXON Company, USA
Street and No.	P.O. BOX 1000
P.O. City and ZIP Code	Midland, TX 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	



PENALTY FOR PRIVATE USE, \$300



**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

**SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216**

Attn: *Barbara*

Barbara

P 432 462 065

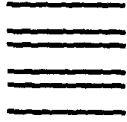
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	<i>Marathon Oil Company</i>
Street and No.	<i>P.O. BOX 552</i>
P.O., State and ZIP Code	<i>Midland, TX 79702</i>
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

PS Form 3800, June 1985



PENALTY FOR PRIVATE USE, \$300

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

**SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216**

Attn: *Barbara*

Barbara

P 792 495 969



Certified Mail Receipt

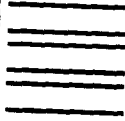
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

P.S. Form 3800 June 1990

Sent to	
Kathleen Irwin	
Street & No.	
1911 W. Missouri	
PO, State & ZIP Code	
Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.22
Postmark or Date	



PENALTY FOR PRIVATE USE, \$300



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested", adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

Attn: *Barbara*
 SAGE ENERGY COMPANY
 10101 REUNION PLACE, SUITE 800
 SAN ANTONIO, TEXAS 78216

P 432 462 064

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to Pennzoil Exploration + Production	
Street and No. P.O. BOX 2907	
P.O., State and ZIP Code Houston, TX 77252-2907	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.00
Postmark or Date	

PS Form 3800, June 1985

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-915

DOMESTIC RETURN RECEIPT

3. Article Addressed to: Pennzoil Exploration + Production P.O. BOX 2907 Houston, Texas 77252-2907 Attn: Robert Blucker		4. Article Number P432462064	
5. Signature - Addressee 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		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery X		8. Addressee's Address (ONLY if requested and fee paid)	
OCT 15 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 boxes for additional services requested.
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

Barbara

P 792 495 964



Certified Mail Receipt

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

Sent to	
J.A. Davidson	
Street & No.	
P.O. BOX 494	
P.O., State & ZIP Code	
Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 00
Postmark or Date	

PS Form 3800, June 1990

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

<p>3. Article Addressed to:</p> <p>J.A. Davidson P.O. BOX 494 Midland, Texas 79702</p>		<p>4. Article Number</p> <p>792 495 964</p>	
<p>5. Signature - Addressee</p> <p>X</p>		<p>Type of Service:</p> <p><input type="checkbox"/> Registered</p> <p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>6. Signature - Agent</p> <p>X <i>David S. Crocker</i></p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>7. Date of Delivery</p> <p>10-12-90</p>		<p>Any signature of addressee or agent and DATE DELIVERED.</p>	

SENDERS: 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. (Extra charge)

2. Restricted Delivery (Extra charge)

Bubba

P 792 495 567
Certified Mail Receipt
No insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	Harold E. Jones
Street & No	159 Mid-America Bldg.
P.O., State & ZIP Code	Midland, TX 79701
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1989

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1985-238-815

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:
Harold E. Jones
159 Mid-America Bldg.
Midland, TX 79701

4. Article Number:
P 792 495 967

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

5. Signature - Addressee
X

6. Signature - Agent
X *Harold E. Jones*

7. Date of Delivery
10-16-89

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

PS Form 3811, Apr. 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: Marion Culbertson Trustee c/o Edward Alexander Culbertson c/o Charles N. Wallace, Jr. P.O. BOX 2918 Midland, TX 79702		4. Article Number P 792 495 968	
5. Signature - Addressee X		Type of Service: <input checked="" 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 DATE DELIVERED.	
7. Date of Delivery 10-17-90		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara



P 792 495 968
Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Marion Culbertson, Trustee c/o Charles N. Wallace, Jr.	
Street & No. P.O. BOX 2918	
P.O., State & ZIP Code Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1990

Samba

P. 792-495 963
Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Sent to Marion Culbertson & Shirley C. Wallace	
Street & No. P.O. BOX 2918	
P.O., State & ZIP Code Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800 June 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 boxes for additional service(s) requested.

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

3. Article Addressed to: Marion Culbertson & Shirley C. Wallace, Co-Trustee of the Culbertson Mgmt. Trust, P.O. BOX 2918 Midland, Texas 79702

4. Article Number: P 792 495 963

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

5. Signature - Addressee: [Signature]

6. Signature - Agent: [Signature]

7. Date of Delivery: 10-1-79

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Delima

P 792 495 970

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



Sent to	
John Eddy	
Street & No.	
P.O. Box 2104	
P.O., State & Zip Code	
Santa Fe, nm 87501	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1990

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

<p>3. Article Addressed to:</p> <p>John Eddy P.O. Box 2104 Santa Fe, New Mexico 87501</p>		<p>4. Article Number</p> <p>P 792 495 970</p>	
<p>5. Signature Addressee</p> <p>X <i>[Signature]</i></p>		<p>Type of Service:</p> <p><input type="checkbox"/> Registered</p> <p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>6. Signature - Agent</p> <p>X <i>[Signature]</i></p>		<p>8. Signature of addressee or Registered Agent DELIVERED.</p> <p><i>[Signature]</i></p>	
<p>7. Date of Delivery</p> <p>X</p>		<p>USPS 17 1990</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)

Barbara

P 792 495 962



Certified Mail Receipt

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

Sent to	
Delphine Pope Keller	
Street & No.	
9350 N.E. Schuyler	
P.O., State & ZIP Code	
Portland, Oregon 97220	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800 June 1990

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

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:
Delphine Pope Keller
9350 N.E. Schuyler
Portland, Oregon 97220

4. Article Number: P 792 495 962

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 *Delphine Keller*

6. Signature - Agent
X

7. Date of Delivery
10-18-90

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

B F ENTERPRISES, INC.

100 BUSH STREET
SUITE 1700
SAN FRANCISCO, CA 94104
TELEPHONE (415) 989-6580
TELECOPIER (415) 788-5756

BRIAN P. BURNS
CHAIRMAN

3 august 1990

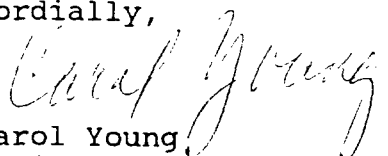
Mr. Jay H. Hardy
V. P. Engineer
Sage Energy Company
10101 Reunion Place
Suite 800
San Antonio, Texas 78216

RE: Formation of Revised Unit

Dear Mr. Hardy:

Enclosed please find Sage Energy Company's ballot regarding the above matter approved and executed by Mr. Brian P. Burns.

Cordially,


Carol Young
Assistant to Mr. Burns

/c
cc: Mr. George D. Daly, Jr.
Enclosure

Sage

M

10,102 + 10,103

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

X For
_____ Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *Bruce P. Burns*
Title: *OWMSR*
Company: _____
Date: *2 Aug 90*

WI = 10019562

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

X For
_____ Against

Very Truly Yours,

Jay H. Hardy
V.P. Engineering

C.R. Gallagher, JR.

By: C.R. Gallagher, Jr.
Title: _____
Company: _____
Date: 9-4-90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

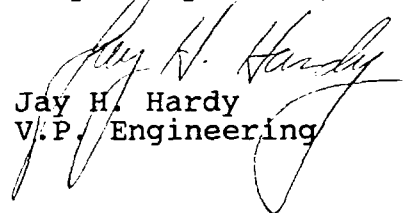
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: Charleen G. Knieriem
 Charleen G. Knieriem
Title: _____
Company: _____
Date: September 5, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068
MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

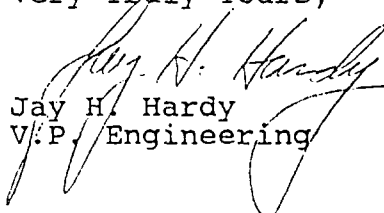
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

_____/ For
_____/ Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: 

Title: _____

Company: _____

Date: _____

9/12/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

X

For

Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: _____

Chiphw K

Title: _____

S.S.# 565-84-6225

Company: _____

Date: _____

8-1-90

✓

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

—
915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

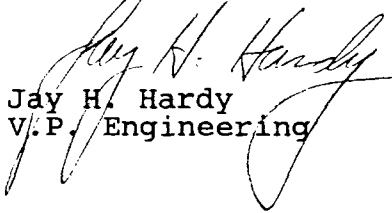
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 ✓ For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: Charles F. Rowms
Title: Elizabeth Rowms
Company: _____
Date: 7/24/90

Charles WI = ,0044216
Elizabeth WI = ,0058540

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

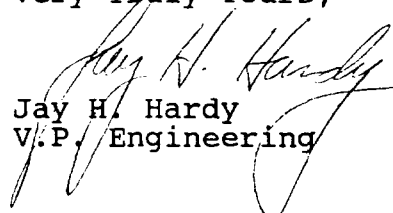
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By:

Christine D. Segur

Title:

Company:

Date:

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

X For
_____ Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

817 390 6161
Sebert Pate

By: *Ed Rabe*
Title: Vice President
Company: NCNB Texas National Bank, Independent
Executor of the A. M. Pate, Jr. Estate #5674
Date: August 9, 1990

WJ = , 0096 865

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

____ For
 X Against

DISAPPROVED
EXXON COMPANY, U.S.A.
(A DIVISION OF EXXON CORPORATION)

BY J. R. Suckman
DATE 8/13/90

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: _____
Title: _____
Company: _____
Date: _____

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 ✓ For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: Ean Aminu
Title: President
Company: Farco Energy
Date: 9/27/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

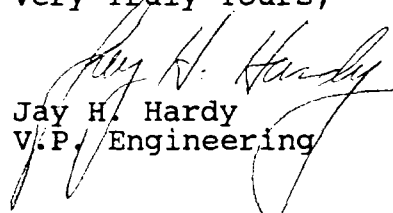
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By:

Title:

Company:

Date:

 Francis Henderson

 9/7/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

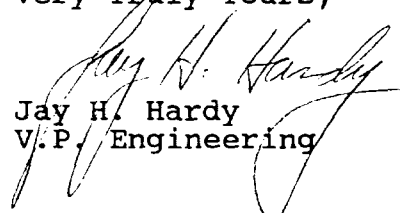
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: 

Title:

Company:

Date:

W. GLENN BURTON

9/24/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *Gregory J. Gallagher*
Title: _____
Company: _____
Date: 12-11-90

Gregory J. Gallagher
Attorney-in-fact for
Delphine Pope Keller
and Kathleen Marie
Gallagher Cooper.

SAGE ENERGY COMPANY

P. O. DRAWER 3068
MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

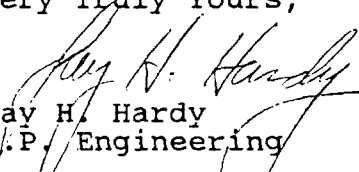
Subj: Formation of
Revised Unit

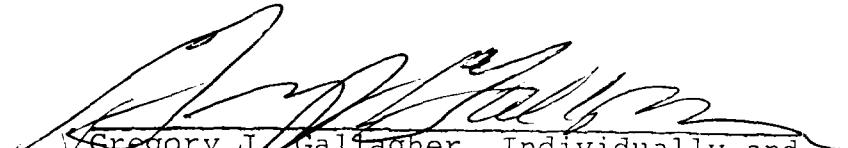
Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering


Gregory J. Gallagher, Individually and
as Agent and Attorney-in-fact for
Charles Raymond Gallagher II, Gregory
Charles Gallagher, Michael Joseph
Gallagher, Steven Lawrence Knieriem,
Mary Margaret Pope, Natalie Pope, and
Marguerite Gallagher Price.

Date

✓

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

—
915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By:

Marshall S Leaf

Title:

owner

~~Company:~~

Marshall S Leaf - owner

Date:

1 Aug 1990

UI = .0101276

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

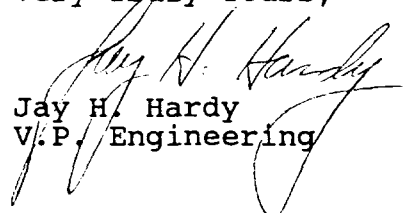
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: MARTHA V. LEONARD
Title: _____
Company: _____
Date: July 20, 1990

WI = .0173879

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By:

Mary G. Herndon

Title:

Company:

Date:

8/30/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

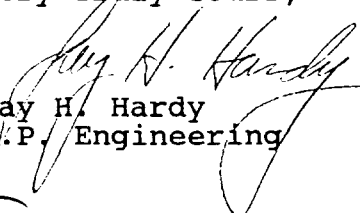
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

M.

By: 

Title: _____

Company: _____

Date: 8-30-90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 / For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *Mary C Taylor*
Title:
Company:
Date: *July 23, 1990*

WI = .0000637

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

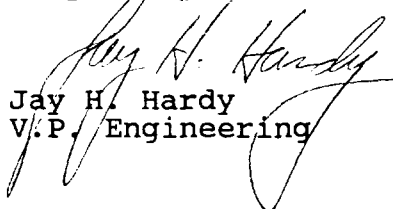
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: Natalie G. Pope
Title: Natalie G. Pope
Company: _____
Date: September 5, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: Kelson Messing
Title: _____
Company: _____
Date: 7/30/90

WI = .0015899

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

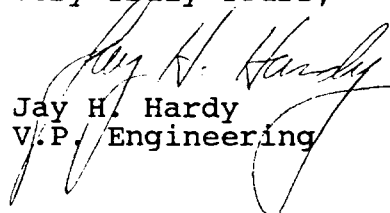
Subj: Formation of
Revised Unit

Gentlemen:

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For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: Robert D. Hunt.
Title: MANAGER ENGINEERING
WESTERN REGION
Company: OXY USA INC.
Date: 9/12/90

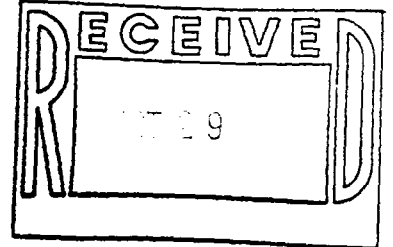
PENNZOIL EXPLORATION AND PRODUCTION COMPANY

PENNZOIL PLACE • P.O. BOX 2967 • HOUSTON, TEXAS 77252-2967 • (713) 546-4000

October 24, 1990

Sage Energy Company
10101 Reunion Place, Suite 800
San Antonio, Texas 78216-4158

Attention: Mr. Lee Patrick
Division Landman



RE: North Vacuum (Abo) North Unit
Pennzoil S.C. #721
T16S, R34E
Section 35:S/2S/2
Section 36:S/2
T17S, R34E
Section 1:All
Section 2:E/2, S/2SW/4, S/2NW/4
Section 12:NW/4
1,762.79 acres, more or less
Lea County, New Mexico
North Vacuum Area

Dear Lee:

Pursuant to our recent conversation, please find attached one (1) copy of your ballot affecting the referenced Unit executed on behalf of Pennzoil.

Pennzoil has agreed to join said Unit subject to our review and approval of those certain Unit and Unit Operating Agreements both dated October 10, 1990.

You can expect the return of the subject agreements in the near future.

If I can provide further assistance, please feel free to contact me at 713-546-6193.

Very truly yours,

PENNZOIL EXPLORATION AND
PRODUCTION COMPANY

Robert F. Blucher
Advanced Landman

RFB:ls

L16590RB

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

015/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

APPROVED
LAND <i>[initials]</i>
LAND <i>[initials]</i>
LAND <i>[initials]</i>
EXPL <i>[initials]</i>
PROD <i>[initials]</i>

Very Truly Yours,

[Signature]
Jay H. Hardy
V.P. Engineering

* By: *[Signature]*
 Michael L. McCullough
Title: Agent and Attorney-in-Fact
Company: Pennzoil Exploration and Production Company
Date: October 24, 1990

*Subject to Pennzoil's review and approval of that certain Unit Agreement dated October 10, 1990 and that certain Unit Operating Agreement dated October 10, 1990 both affecting the proposed North Vacuum (Abo) North Unit.

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

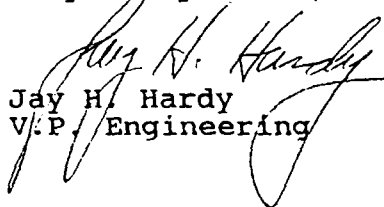
Subj: Formation of
Revised Unit


Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

pg. By: 
Title: _____
Company: _____
Date: 9/7/90

2015 11/20/2000

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

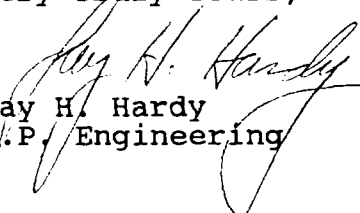
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: 

Title: _____

Company: _____

Date: 8/20/40

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

89. By: *Robin Henderson*

Title: _____

Company: _____

Date: 9/7/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

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 X For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *David L. ...*
Title: _____
Company: _____
Date: October 10, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

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 X For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By:

Susan E. Wilson (Gentry)

Title:

GEN. PARTNER

Company:

SECA LTD.

Date:

7/24/90

WI = 0175009

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

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For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By:

Title:

Company:

Date:

Susan Gallagher Gray
September 11, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

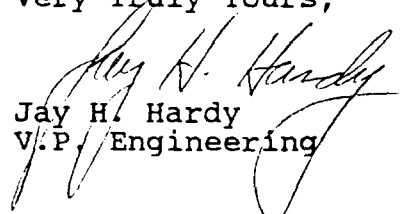
Subj: Formation of
Revised Unit

Gentlemen:

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 X For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: Ed Dike
Title: Vice President
Company: NCNB Texas National Bank, Agent
University Oil Company #4553
Date: October 9, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

✓ By: Veronica Hernandez
Title: _____
Company: _____
Date: 8/30/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068
MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

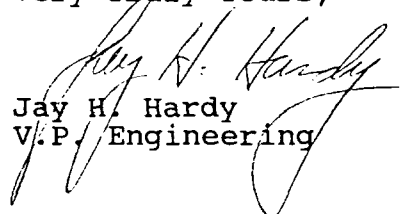
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By:

Title:

Company:

Date:


V.P. Production

Waineco Oil + Gas Company

August 13, 1990

WI = .0404498

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 ~~Against~~

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *James Davidson*
Title: *(JAMES A. DAVIDSON)*
Company: *(for J.A. DAVIDSON - WESTERN*
Date: *7-19-90*

LEASING - JAMES A. DAVIDSON)

WI = .0015294

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By:

William G. Pope

Title:

Company:

Date:

9/9/80

Proof of Notice
Return Receipt Requested
North Vacuum (Abo) North Unit
Lea County, New Mexico

Pennzoil Exploration and Production Co.
P. O. Box 1828
Midland, Tx 79702
ATTN: Randy Hodgins

Phillips Petroleum Co.
4001 Penbrook
Odessa, Tx 79762

ARCO Oil and Gas Co.
Central District
P. O. Box 1610
Midland, Tx 79702

Exxon Company USA
Southwestern Production Division Office
P. O. Box 1600
Midland, Tx 79702

Elk Oil Co.
P. O. Box 310
Roswell, New Mexico 88202

Amoco Production Co.
P. O. Box 3092
Houston, Tx 77253

Sage *N*
10,1027 10,103

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.

3. Article Addressed to: Amoco Production Co. P.O. Box 3092 Houston, TX 77253	4. Article Number P248625 602
	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
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery OCT - 2 1990	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985 * U.S.G.P.O. 1985-480-794

4-24-90 P.O. Box 3092 Houston, TX 77253	TOTAL Postage and Fees 2.60	96	85	85	85	Amoco Production Co. P.O. Box 3092 Houston, TX 77253	RECEIPT FOR CERTIFIED MAIL P 248 625 602
	RECEIVED BY: _____ DATE: _____ SIGNATURE: _____						

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.

3. Article Addressed to: PENNZOIL EXPLORATION PO Box 1828 Midland, Texas 79702	4. Article Number P-248-625-603
	Type of Service: <input checked="" type="checkbox"/> Registered Certified Express Mail <input type="checkbox"/> Insured COD
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>Reagan Reagan</i>	
7. Date of Delivery 10-2-90	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985 * U.S.G.P.O. 1985-480-794

Sent to Pennzoil Expl PO Box 1828 Midland	ZIP Code 79702
Postage \$ 85	Registered \$ 85
Insured \$ 90	Restricted Delivery \$ 2.60
Return to sender if no return address is given on delivery card.	Return to sender if no return address is given on delivery card.

9-28-90

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

P 248 625 603

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.

3. Article Addressed to:
 Phillips Petroleum
 4001 Penbrook
 Odessa, Texas 79762

4. Article Number
 P-248-625-604

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 10-2-90

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

P 248 625 604
 RECEIPT FOR CERTIFIED MAIL
 U.S. POSTAL SERVICE FORM 3800
 NOT FOR DISTRIBUTION MAIL
 (See Reverse)

Postage	85
Certified Fee	85
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fee	260
Postage at Large	9-28-90

Phillips Petroleum
 4001 N. Penbrook
 Odessa 79762

● **SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**
 Put your address in the 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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Arco Oil & Gas Central District PO Box 1610 Midland, Texas 79702		4. Article Number P-248-625-605	
5. Signature - Addressee 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	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED .	
7. Date of Delivery OCT 1 1990		B. Addressee's Address (ONLY if requested and fee paid)	

Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sender's Name Arco Oil & Gas	Postage 02	Contract Fee 85	Special Delivery Fee 85	Restricted Delivery Fee 90	Total Postage and Fees 260
Sender's Address PO Box 1610 Midland					
Recipient's Name (to whom this shipment is being sent)					
Recipient's Address (to whom this shipment is being sent)					
9-28-90					

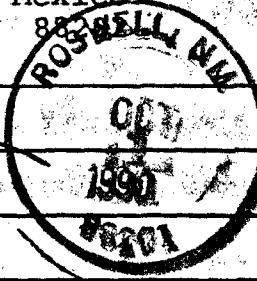
RECEIPT FOR CERTIFIED MAIL

P 248 625 605

No Receipt Cost Paid Provided
 Add for International Mail
 (See Reverse)

● **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.

3. Article Addressed to: Elk Oil Company PO Box 310 Roswell, New Mexico		4. Article Number P-248-625-607
		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
Always obtain signature of addressee or agent and DATE DELIVERED.		
5. Signature - Addressee X		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X		
7. Date of Delivery		

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

U.S.G.P.O. 1985-480-794

ELK OIL Company PO Box 310 Roswell, NM 88202	
Total Postage and Fees	85
Total Postage and Fees	85
Total Postage and Fees	90
Total Postage and Fees	2.60
Date of Delivery	9-28-90

RECEIPT FOR CERTIFIED MAIL

P 248 625 607

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.

3. Article Addressed to: Exxon Company P. O. Box 1700 Midland, Tx 79702 ATTN: Brian Wheeler JI Operators	4. Article Number P 248 625 609
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
6. Signature - Agent X <i>Blackson</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery OCT 10 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 **DOMESTIC RETURN REC'**

PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

Postage and Fees 9-28-90	TOTAL Package and Fees 2.60	Return fee (if by air) to show Date and Address of Delivery 90	Restricted Delivery Fee 85	Registered Postage 85	Postage 02	Sent to Exxon Company P.O. Box 1600 Midland (See Reverse)
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RECEIPT FOR CERTIFIED MAIL
NO RECEIPT FOR REGISTERED MAIL OR INTERNATIONAL MAIL

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

NEW MEXICO OIL & GAS CONSERVATION
COMMISSION

OCT 11 '90

RECEIVED

October 8, 1990

New Mexico Oil & Gas Conservation Commission
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504

ATTN: Mr. Jim Morrow
Examiner

RE: North Vacuum (Abo)
North Unit
Case No. 10103
Lea County, New Mexico

Dear Mr. Morrow:

Sage Energy Company respectfully requests that it be allowed to use unlined injection tubing in the nineteen injection wells of the subject unit. The tubing will be run on Baker Lokset packers and monitored in accordance with Rule 704-A and B. Fresh water from the Ogalalla formation will be used and since the system will be closed, there will be very little corrosion.

The estimated cost to internally plastic coat the injection tubing is \$325,000.00. This is an addition to the 6 plus million dollars to install the waterflood. The initial investment is excessive because we are flooding a deep tight pay at 8400'. Consequently, the economics are marginal; a 25% ROR BFIT and a 4.8 year payout. Thus, Sage and it's working interest owners are seeking relief

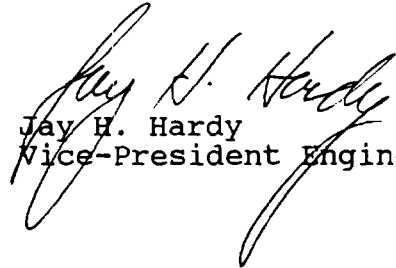
Sage

0

10,102 + 10,103

from the additional investment of \$325,000.00. Your granting of this request would be greatly appreciated.

Very truly yours,



Jay H. Hardy
Vice-President Engineering

CC: Lee Patrick
San Antonio

Jim Bruce
Hinkle, Cox, Eaton Coffield and Hensley



Sage Energy Company

September 6, 1990

RE: North Vacuum
(Abo) North Unit
Lea County, New Mexico

Dear Interest Owner:

Sage Energy Company has filed an application to establish the referenced waterflood unit on the lands shown on the attached Exhibit "A". An application has also been filed for approval of the Unit Agreement for the referenced unit.

The hearing is to be held on October 3, 1990, at 8:15 a.m. in the Oil Conservation Division Conference Room, State Land Office Building, Santa Fe, New Mexico.

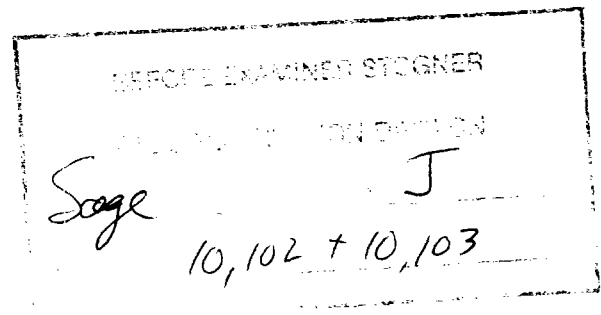
If there are any questions concerning this matter, please call me.

Sincerely,

SAGE ENERGY COMPANY

Lee Patrick
Division Landman

LP:bg



Barbara

P 432 461 984

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <i>Wallace W. Irwin Testamentary Trust</i>	
Street and No <i>1911 W. Missouri</i>	
P.O., State and ZIP Code <i>Midland, TX 79701</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

NORTH VACUUM CABO NORTH UNIT

● **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: <i>Wallace W. Irwin Testamentary Trust 1911 W. Missouri Midland, TX 79701</i>		4. Article Number <i>9432 401 984</i>	
5. Signature - Addressee <i>Wallace W. Irwin</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 <i>Barbara</i>		Always obtain signature of addressee Agent and DATE DELIVERED.	
7. Date of Delivery <i>9-12-90</i>		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-915 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Prattville

P 432 461 981

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Kathleen Irwin	
Street and No 1911 W. Missouri	
P.O. State and ZIP Code Midland, TX 79701	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

North vacuum (abo) north unit

● **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 Irwin
1911 W. Missouri
Midland, Texas
79701**

4. Article Number
9432461981

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 Kathleen Irwin

6. Signature - Agent
X

7. Date of Delivery
9-12-90

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

Bullhaya

P 432 461 980

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-556

Sent to J.A. Davidson	
Street and No. P.O. BOX 494	
P.O. State and ZIP Code Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

North Van Hook (Apo) North Unit

● **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: J.A. Davidson P.O. BOX 494 Midland, Texas 79702	4. Article Number P432-401980
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) OB
6. Signature - Agent X	
7. Date of Delivery 4-13-91	

Barbara

P 432 461 979

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Harold E. Jones	
Street and No. 159 Mid-America Bldg.	
P.O. State and ZIP Code Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

DEPT. OF VETERANS AFFAIRS NORTH WASTE

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 for 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: Harold E. Jones 159 Mid-America Bldg. Midland, Texas 79701	4. Article Number P432 461 979 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 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 Mrs. Harold Jones	
7. Date of Delivery 5/14/90	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-236-815

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 935

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	John Eddy
Street and No.	P.O. BOX 2104
P.O. State and ZIP Code	Santa Fe, NM 87501
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North vacuum (also) north unit

● **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:
John Eddy
P.O. BOX 2104
Santa Fe, New Mexico
87501

4. Article Number
P432461935

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

Always obtain signature of addressee or agent and **DATED**.

5. Signature - Addressee
X [Signature]

6. Signature - Agent
X [Signature]

7. Date of Delivery

8. Addressee's Address (ONLY if attached and fee paid)
4095
SANTA FE
NM
87501
USPS

DOMESTIC RETURN RECEIPT

* U.S.G.P.O. 1989-238-015

PS Form 3811, Apr. 1989

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-565

Burbank

P 432 461 986

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to <i>Marion Culbertson, Trustee c/o Charles N. Wallace, Jr.</i>	
Street and No. <i>P.O. BOX 2918</i>	
P.O., State, and ZIP Code <i>Midland, TX 79702</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

North Vacuum Corp Northridge

● **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:
*Marion Culbertson, Trustee
c/o Charles N. Wallace, Jr.
P.O. BOX 2918
Midland, TX 79702*

Article Number
0432461986

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
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
12-10

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

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-239-815

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-565

Barbara

P 432 461 985

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to <i>Marion Culbertson + Shirley C. Wallace Co-Tr.</i>	
Street and No. <i>P.O. Box 2918</i>	
P.O., State and ZIP Code <i>Midland, TX 79702</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

North Vacuum Cabod North Unit

● **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:
Marion Culbertson + Shirley C. Wallace, Co-Tr. P.O. Box 2918 Midland, TX 79702

4. Article Number *P432461985*

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* *Shirley C. Wallace*

7. Date of Delivery *9-15-90*

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-234-615

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Barbara

P 432 461 983

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Scope Industries
Street and No.	233 Wilshire Blvd. #790
P.O., State and ZIP Code	Santa Monica, CA 90401
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

NOIR VACUUM (also) NOT TO WRITE

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

3. Article Addressed to: Scope Industries 233 Wilshire Blvd. #790 Santa Monica, CA 90401	4. Article Number P432461983
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) A9
6. Signature - Agent X	
7. Date of Delivery 4/13-91	A9

Bauburk

P 432 461 982

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to R. H. Hannifin	
Street and No. P.O. BOX 218	
P.O. State and ZIP Code Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

North Vacuum Cabot North Unit

● **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. H. Hannifin P.O. BOX 218 Midland, Texas 79701	4. Article Number P432 461 982
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>R. H. Hannifin</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery SEP 12 1985	

Barbara

P 432 461 941

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Kathleen Marie Gallagher Cooper	
Street and No. P.O. Box 814	
P.O., State and ZIP Code Vacaville, CA 95688	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North Vacuum (also) North Unit

● **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: Kathleen Marie Gallagher P.O. Box 814 Vacaville, CA 95688	4. Article Number P432461941
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 Kathleen M. Cooper	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 9-17-90	

DOMESTIC RETURN RECEIPT

U.S.G.P.O. 1989-234-515

PS Form 3811, Apr. 1989

With return card north unit

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 Katy Fwy, Suite 208
Houston, Texas 77024

4. Article Number
P432-461953

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

6. Signature - Agent
X *Robert M Jordan*

7. Date of Delivery
9-10-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 953

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	<i>Gregory J. Gallagher</i>	
Street and No	<i>8550 Katy Fwy, Suite 208</i>	
P.O. State and ZIP Code	<i>Houston, TX 77024</i>	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	<i>2.00</i>
Postmark or Date		

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

NORTH VACUUM CABINETS NORTH UNIT

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

4. Article Number: P432461952

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X

6. Signature - Agent: X *Barbara*

7. Date of Delivery: 9-10-90

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

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

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Barbara

432 461 952

Sent to Gregory Charles Gallagher	
Street and No. 8550 Katy Freeway, Suite 208	
P.O. State and ZIP Code Houston, TX 77024	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

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: (Extra charge)

W. Glenn Burton
 CFO Blanco Oil Company
 8000 IH-10 West, #820
 San Antonio, TX 78230

4. Article Number
 P 432 461 970

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

Always obtain signature of addressee or agent. DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 9-10-80

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

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

Burton

P 432 461 970

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	W. Glenn Burton
Street and No.	8000 IH-10 West, #820
P.O., State and ZIP Code	San Antonio, TX 78230
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Birmingham

P 432 461 971

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Frances Herndon
Street and No.	P.O. BOX 1283
P.O., State and ZIP Code	Mobile, Alabama 36601
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North Vacuum (400) North Unit

● **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
Frances Herndon P.O. BOX 1283 Mobile, Alabama 36601	0432461971
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)	
5. Signature - Addressee	
X <i>Frances Herndon</i>	
6. Signature of Agent	
X <i>Al Mows</i>	
7. Date of Delivery	
MOBILE AL MOWS SEP 11 1990 U.S. POST OFFICE 36601	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

North Vacuum Cabot North Unit

SENDERS 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:
 Exxon Company USA
 P.O. Box 1400
 Midland, TX 79702
 Attn: Brian Wheeler

4. Article Number
 P432461972

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *Brian Wheeler*

7. Date of Delivery
 SEP 10 1980

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

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

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Exxon Company USA
Street and No	P.O. Box 1400
P.O. State and ZIP Code	Midland, TX 79702
Postage	\$ 2.00
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

Brian Wheeler
 P 432 461 972

PS Form 3800, June 1980

Art. in vacuum (add) worth unit

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:
 A.M. Pate, Jr. Estate
 410 N. N. B. Texas
 P.O. BOX 2546
 FT. WORTH, TX 76113

4. Article Number
 P432461963

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

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 SEP 10 1990

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

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

P 432 461 963
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	A.M. Pate, Jr. Estate
Street and No	410 N. N. B. Texas
P.O. BOX	P.O. BOX 2546
P.O. State and ZIP Code	FT. WORTH, TX 76113
Postage	\$ 2.50
Certified Fee	\$ 1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-955

P 432 461 955

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Elizabeth Robbins c/o Triumph Resources	
Street and No. 1270 Ave. of Americas, #605	
P.O., State and ZIP Code n.y. n.y. 10020	
Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

Dorothy Vaccarella (605) North White

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:
Elizabeth Robbins
c/o Triumph Resources
1270 ave. of Americas, #605
n.y. n.y. 10020 *A

4. Article Number
P 432 461 965

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 *M. J. Jodel*

6. Signature - Agent
X

7. Date of Delivery
9/10/90

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

Barbara

P 432 466 947

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	Delphine Pope Keller
Street and No.	9330 N.E. Schuyler
P.O., State and ZIP Code	Portland, Oregon 97220
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

3. Article Addressed to: Delphine Pope Keller
9330 N.E. Schuyler
Portland, Oregon 97220

4. Article Number: P432461947

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

5. Signature - Addressee: *x Delphine Pope Keller*

6. Signature - Agent: *x*

7. Date of Delivery: 9-17-90

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

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

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, 6. Signature - Agent

7. Date of Delivery, 8. Addressee's Address (ONLY if requested and fee paid)

NORM WALKER (CABO) NORM UNIT

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:
 Christopher W. Krieriem
 7280 Lynch Road
 Sebastopol, CA 95472

4. Article Number
 P432461957

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *Christopher W. Krieriem*

7. Date of Delivery
 9-13-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-236-615 DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Barbara

P 432 461 957

Sent to	Christopher W. Krieriem
Street and No	7280 Lynch Road
P.O., State and ZIP Code	Sebastopol, CA 95472
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.06
Postmark or Date	

PS Form 3800, June 1985

Bambusa

P 432 461 954

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to:	Christine Gallagher Seger
Street and No.	4207 20th Street
P.O., State and ZIP Code	Lubbock, TX 79407
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

North Platte (Cabo) North Unit

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

Pur 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: Christine Gallagher Seger P 432-461-954

4207 20th Street

Lubbock, Texas 79407

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.

5. Signature - Addressee X [Signature]

6. Signature - Agent X [Signature]

7. Date of Delivery 7/10/90

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

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

10174 24653 RETURN DATE

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

3. Article Addressed to:
 Charles Robbins
 Lewellyn Park
 Westorange, N.J.
 07652

4. Article Number
 P432461975

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 of Addressee
 X Charles Robbins

6. Signature - Agent
 X

7. Date of Delivery
 9/10

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

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

Barbara

P 432 461 975
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Charles Robbins
Street and No.	Lewellyn Park
P.O., State and ZIP Code	Westorange, NJ 07052
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-565 PS Form 3800, June 1985

Barbara
 Charles Raymond Gallagher, II
 8550 Katy Freeway, Suite 208
 Houston, Texas 77024

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:
 Charles Raymond Gallagher, II
 8550 Katy Freeway, Suite 208
 Houston, Texas 77024

4. Article Number
 PY32461939

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 - Addressee
 X

6. Signature - Agent
 X *Kathleen M. Jordan*

7. Date of Delivery
 9-10-90

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-234-615 DOMESTIC RETURN RECEIPT

P 432 461 939

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to <i>Charles Raymond Gallagher, II</i>	
Street and No <i>8550 Katy Freeway, Suite 208</i>	
P.O., State and ZIP Code <i>Houston, Texas 77024</i>	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-585

Barbara

P 432 461 942

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Charles Bernard Gallagher
Street and No	975 California Ave.
P.O., State and ZIP Code	Palo Alto, CA 94304-1104
Postage	\$ 2.00
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North Vacuum (Abe) North unit

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
 975 California Avenue
 Palo Alto, CA 94304-1104

4. Article Number: P432 461 942

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: SEP 11 1985

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

PALO ALTO REGISTERED MAIL SEP 11 1985

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

P 432-461 946

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Charleen G. Knieriem	
Street and No. 1100 Glendon ave. Suite 91 Westwood Center	
P.O., State and ZIP Code Los Angeles, CA 90024	
Postage	\$ ⁰⁰ 25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ ⁰⁰ 25
Postmark or Date	

North Vacuum (Lab) North Unit

● **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
1100 Glendon ave., Suite 91
Westwood Center
Los Angeles, CA 90024

4. Article Number
P 432 461 946

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

6. Signature - Agent
X

7. Date of Delivery
9/11/90

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

DOMESTIC RETURN RECEIPT

*U.S.G.P.O. 1989-238-815

PS Form 3811, Apr. 1989

North American (Deb) North West

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

4. Article Number: **0432461944**
 Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

5. Signature - Addressee
 X

6. Signature - Agent
 X *C.R. Gallagher, Jr.*

7. Date of Delivery
6/19/85

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

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

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to *C.R. Gallagher, Jr.*
 Street and No. *1005 Texas Commerce Bldg.*
1208 14th Street Bank Bldg.
 P.O., State and ZIP Code
Lubbock, TX 79401

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

Barbara

PS Form 3800, June 1985 U.S.G.P.O. 1985-234-555

Burns

P 432 461 973

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Brian P. Burns
Street and No.	100 Bush, Suite 1700
P.O., State and ZIP Code	San Francisco CA 94104
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-565-565

PS Form 3800, June 1985

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-234-615

SENDERS 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:
Brian P. Burns
100 Bush, Suite 1700
San Francisco, CA
94104

4. Article Number
P432-461973

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

6. Signature Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if returned to addressee)
San Francisco, CA 94104

0690
JUN 19 1989
SAN FRANCISCO, CA
RECEIVED

RETURN RECEIPT

NO RETURN UNIT

Sage Energy Company

10101 Reunion Place • Suite 800

San Antonio, TX 78216-4158

Fold at line over top of envelope to the right
of the return address

CERTIFIED

P 432 461 974

MAIL

Clear change address
N.H. Breining
c/o Triumph Resources
Attn: Martin Suchoff
1270 Ave. of the Americas, #605
New York, New York 10020

RETURN TO SENDER
REQUESTED

**NELSON H. BREINING
446 CARPENTER PL
UNION, NJ 07083**

605

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Burband P 432 461 948

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to William G. Pope, Jr.	
Street and No. 4417 Tracy	
P.O., State and ZIP Code Meroux, LA 70975	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

North Vacuum Cabot north unit

● 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 Meroux, LA	4. Article Number R432 461 948
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery SEP 11 1990	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-915

DOMESTIC RETURN RECEIPT

Burbank

P 432 461 978

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <i>Western Leasing Company</i>	
Street and No <i>P.O. BOX 494</i>	
P.O., State and ZIP Code <i>Midland, TX 79702</i>	
Postage	<i>S</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>S 18</i>
Postmark or Date	

DRY VACUUM (AOP) NOT TO WRITE

● **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:

Western Leasing Company
P.O. BOX 494
Midland, TX 79702

4. Article Number

P432461978

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

X
W.A. Samuelson by hand of Crocker

6. Signature - Agent

X

7. Date of Delivery

9/11-90

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 969

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <i>Wainoco Oil & Gas Co.</i>	
Street and No. <i>1200 Smith, Suite 1500</i>	
P.O., State and ZIP Code <i>Houston, TX 77002</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

Return Vacuum (also) North Unit

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:
*Wainoco Oil & Gas Co.
1200 Smith, Suite 1500
Houston, Texas
Attn: Ed Cole 77002*

4. Article Number
P432461969

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

6. Signature - Agent
X

7. Date of Delivery
9/17/90

8. Address Fee (Address ONLY requested and fee paid)

Postmark: *Houston TX 9/17/90*

U.S.G.P.O. 1989-234-555

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

NON-RETURNABLE MAIL UNIT

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: Veronica Herndon P.O. BOX 1283 Mobile, Alabama		4. Article Number P4322401937	
5. Signature - Addressee 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		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery		Always obtain signature of addressee or agent and DATE DELIVERED.	

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

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Veronica Herndon
Street and No	P.O. BOX 1283
P.O., State and ZIP Code	Mobile, Alabama 36601
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

Barbara

North Vacuum (also) North unit

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:
 University oil company
 410 N. W. TEXAS MAIL BANK
 Ft. Worth Banking Center
 P.O. DRAWER 970703
 Ft. Worth TX 76197-0703

4. Article Number: *P432 461 962*

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

5. Signature - Addressee
X

6. Signature - Agent
X *Blair Smith*

7. Date of Delivery
10 SEP 1980

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

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

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to <i>University oil Co.</i>	
Street and No <i>410 N. W. TEXAS</i>	
City, State and ZIP Code <i>Ft. Worth Banking Center</i>	
P.O. State and ZIP Code <i>P.O. Drawer 970703</i>	
City, State and ZIP Code <i>Ft. Worth, TX 76197-0703</i>	
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5 2.00</i>
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

Barbara

P 432 461 962

North Vietnam (also) North wife

● **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: Susan Gallagher Grey 1322 Marc Anthony Dr. Baton Rouge, Louisiana 70816		4. Article Number P432461943
5. Signature - Addressee X		Type of Service: <input checked="" 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 Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature Agent X Charles Grey		8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 9-11-92		

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-236-815 DOMESTIC RETURN RECEIPT

P 432 461 943

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Barbara

Sent to Susan Gallagher Grey	
Street and No. 1322 Marc Anthony Dr.	
P.O., State and ZIP Code Baton Rouge, LA 70816	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

North Vacuum Caber North Unit

● **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:
 Stephen Lawrence Krieriem
 855D Katy Freeway, Suite 208
 Houston, Texas 77024

4. Article Number
 0432461956

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
 X

6. Signature - Agent
 X *Krieriem in Jordan*

7. Date of Delivery
 9-10-90

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1988-238-815 DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Barbun

P 432 461 556

Sent to <i>Stephen Lawrence Krieriem</i>	
Street and No <i>855D Katy Freeway, Suite 208</i>	
P.O. State and ZIP Code <i>Houston, TX 77024</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>81</i>
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

Barbara

P 432 461 934

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	State of New Mexico Commissioner of Public Lands
Street and No.	P.O. Box 1148
P.O., State and ZIP Code	Santa Fe, New Mexico 87504
Postage	\$ 2.00
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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:
State of New Mexico
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, New Mexico 87504-1148

4. Article Number
P 432 461 934

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

5. Signature - Addressee
X [Signature]

6. Signature - Agent
X [Signature]

7. Date of Delivery
5

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-915 DOMESTIC RETURN RECEIPT

North Vacuum Caber Return Unit

● **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: Seca, Ltd. c/o Sledge Trivette & Hatt, CPA P.O. BOX 6218 High Point, NC 27262	4. Article Number 0432461964 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
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid) Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>Barbara</i>	
7. Date of Delivery 9-14-90 <i>PR</i>	

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

Barbara

P 432 461 964

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to		<i>Seca, Ltd.</i>	
Street and No.		<i>c/o Sledge Trivette & Hatt</i>	
P.O. State and ZIP Code		<i>P.O. BOX 6218 High Point, NC 27262</i>	
Postage		\$	<i>5</i>
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date Delivered			
Return Receipt showing to whom, Date, and Address of Delivery			
TOTAL Postage and Fees		\$	<i>2 00</i>
Postmark or Date			

PS Form 3800, June 1985

North Vacuum Cabinet Return Unit

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: <i>S.L. Pate P.O. BOX 711 Ft. Worth, TX 76101</i>		4. Article Number <i>P432401976</i>	
5. Signature - Addressee <i>X</i>		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 <i>X</i> <i>Barville Darius</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <i>Sept 10, 1995</i>		8. Addressee's Address (ONLY if requested and fee paid)	

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

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 432 46 976

Sent to <i>S.L. Pate</i>	
Street and No. <i>P.O. BOX 711</i>	
P.O., State and ZIP Code <i>Ft. Worth, TX 76101</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

Billboard

PS Form 3800, June 1985

Barbara P 432 461 938

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Robin C. Hendon, III	
Street and No P.O. BOX 1283	
P.O., State and ZIP Code MOBILE, ALABAMA 36601	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	20.25
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

North Vacuum Cab Co North Unit

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-915

DOMESTIC RETURN RECEIPT

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.

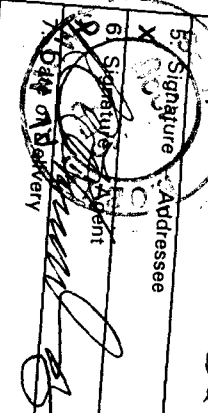
Show to whom delivered, date, and addressee's address. (Extra charge)

Restricted Delivery (Extra charge)

3. Article Addressed to:
Robin C. Hendon, III
P.O. BOX 1283
MOBILE, ALABAMA
36601

4. Article Number
P432461938

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

5. Signature of Addressee

 6. Signature of Agent
 7. Date of Delivery

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

Barbaki P 432 461 949

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to <u>Raymond Stanley Herndon</u>	
Street and No. <u>P.O. BOX 1283</u>	
P.O. State and ZIP Code <u>Mobile, Alabama 36601</u>	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5 <u>2 00</u>
Postmark or Date	

NORTH VACUUM CABINET NORTH UNIT

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: <u>Raymond Stanley Herndon</u> <u>P.O. BOX 1283</u> <u>MOBILE, ALABAMA</u> <u>36601</u>	4. Article Number <u>P 432 461 949</u>
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 <u>DATE DELIVERED</u> .	
8. Addressee's Address (ONLY if requested and fee paid)	
5. Signature - Addressee <u>X</u>	
6. Signature - Agent <u>X</u>	
7. Date of Delivery	



DOMESTIC RETURN RECEIPT

U.S.G.P.O. 1989-234-555

PS Form 3811, Apr. 1989

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-565

Barbara

P 432 461 961

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to <i>Peter Gregory Herndon</i>	
Street and No. <i>P.O. BOX 1283</i>	
P.O., State and ZIP Code <i>Mobile, Alabama 36601</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

North Vacuum Corp North Unit

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.

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

3. Article Addressed to: <i>Peter Gregory Herndon P.O. BOX 1283 MOBILE, ALABAMA 36601</i>		4. Article Number <i>P432461961</i>	
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	
Always obtain signature of addressee or agent and DATE DELIVERED.			
5. Signature -- Addressee <i>X</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature Agent <i>X</i>			
7. Date of Delivery <i>MIN</i>			

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

NOV 10 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: Marathon Oil Company

P.O. BOX 552

Midland, Texas

Attn: Tom Vesting 79702

5. Signature - Addressee

X

6. Signature - Agent

7. Date of Delivery

SEP 10 1989

4. Article Number

PU32461967

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)

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Marathon Oil Co.
Street and No	P.O. BOX 552
P.O. State and ZIP Code	Midland, TX 79702
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	

Barbara

1989-234-55 U.S.G.P.O.

PS Form 3800, June 1985

Barbara

P 432 461 951

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <i>Marguerite Gallagher Price</i>	
Street and No. <i>8550 Katy Freeway, Suite 208</i>	
P.O., State, and ZIP Code <i>Houston, Texas 77024</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.00</i>
Postmark or Date	

North Vacuum Caber north unit

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

4. Article Number
P432461951

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 Kathleen Jordan

7. Date of Delivery
9/10/90

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

Barbara

P 432 461 977

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555	
Sent to	Marshall S. Leaf
Street and No	1515 N. Dearborn
P.O., State and ZIP Code	Chicago, Illinois 60610
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.00
Postmark or Date	

PS Form 3800, June 1985

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara *Marshall S. Leaf* *1515 N. Dearborn* *Chicago, Illinois* *60610*

3. Article Addressed to:
Marshall S. Leaf
1515 N. Dearborn
Chicago, Illinois
60610

4. Article Number:
0432461977

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

5. Signature - Addressee
M. S. Leaf

6. Signature - Agent
[Signature]

7. Date of Delivery

Chicago, Ill. 60610
FBI-DEARBORN
MAY 10 1989
RECEIVED
STANDARD DELIVERED
Always attach signature of addressee
to return receipt (address ONLY if required and address is not on label)

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)

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

North Vietnam (abb) north viet

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:
 Martha Leonard
 1411 Shady Oak Land
 Ft. Worth, Texas

4. Article Number
 P432461968

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

5. Signature - Addressee
 7/6/67

6. Signature - Agent
 X *Martha Leonard*

7. Date of Delivery
 7/6/67

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

PS Form 3811, Apr. 1965 * U.S.G.P.O. 1969-238-815 DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to *Martha Leonard*

Street and No. *1411 Shady Oak Land*

P.O., State and ZIP Code *Ft. Worth, TX 76107*

Postage ⁵

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees ⁵ *2.00*

Postmark or Date

Bubba P 432 461 968

PS Form 3800, June 1985

North Vacuum Caps North Unit

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 be charged to 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. Restricted Delivery (Extra charge)

3. Article Addressed to: Mary B. Gallagher
1005 Texas Commerce Bank
1208 14th Street Bldg.
Lubbock, TX 79401
4. Article Number: P 432-461-955
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: Mary B. Gallagher by D. [Signature]
6. Signature - Agent: X
7. Date of Delivery: 9/10/90
8. Addressee's Address (ONLY if requested and fee paid):

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

Barbara

P 432 461 955

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Mary B. Gallagher
Street and No.	1005 Texas Commerce Bank Bldg. 1208 14th St.
P.O., State and ZIP Code	Lubbock, TX 79401
Postage	\$ 2.00
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

North Vacuum (also) North West

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)

<p>3. Article Addressed to: Mary G. Herndon P.O. BOX 1283 Mobile, Alabama 36601</p>	<p>4. Article Number 0432-461-950</p> <p>Type of Service: <input checked="" 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</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature Agent X</p>	
<p>7. Date of Delivery</p>	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

P 432 461 950
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Mary G. Herndon
Street and No.	P.O. BOX 1283
P.O., State and ZIP Code	Mobile, Alabama 36601
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

Barbara

P 432 461 936

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	Mary Herndon Ray
Street and No.	P.O. BOX 1283
P.O. State and ZIP Code	Mobile, Alabama 36601
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

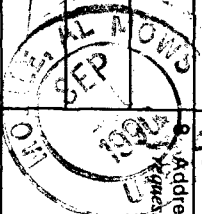
PS Form 3811, Apr. 1989

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

3. Article Addressed to: Mary Herndon Ray P.O. BOX 1283 Mobile, Alabama 36601		4. Article Number P 432 461 936
5. Signature - Addressee 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 X		Always obtain signature of addressee of agent and DATE DELIVERED.
7. Date of Delivery		Address's Address (ONLY if requested and fee paid)



North Vacuum Cabot North Unit

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)

Barbara

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 432 461 945

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Mary Catherine Knieriem Taylor
Street and No.	4535 MILLER OAK DRIVE
P.O., State and ZIP Code	Auburn, CA 95603
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

Not to Vacuum (also) not to write

● **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:
Mary Catherine Knieriem Taylor
4535 Miller Oak Drive
Auburn, CA 95603

4. Article Number
P432 461 945

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

Always obtain signature of addressee for agent and DATE DELIVERED.

5. Signature - Addressee
X Mary Taylor

6. Signature - Agent
X

7. Date of Delivery
9-11-90

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

PARTE VACUUM (A100) RETURN DATE

3 and 4. 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:
 Mary Margaret Pope
 8550 Katy Freeway, Suite 208
 Houston, Texas 77024

4. Article Number
 P432461959

5. Signature - Addressee
 X

6. Signature - Agent
 X *Katherine M. Duda*

7. Date of Delivery
 9-10-90

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

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

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

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Barbara P 432 461 959

Sent to	Mary Margaret Pope
Street and No.	8550 Katy Freeway, Suite 208
P.O., State and ZIP Code	Houston, TX 77024
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

Barbara

P 432 461 940

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to Michael Joseph Gallagher	
Street and No. 8550 Katy Freeway, Suite 208	
P.O., State and ZIP Code Houston, TX 77024	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1988-238-915 DOMESTIC RETURN RECEIPT

NORTH MACUMBER CANYON NORTH UNIT

3. Article Addressed to:
Michael Joseph Gallagher
8550 Katy Freeway, Suite 208
Houston, Texas 77024

4. Article Number
P432461940

5. Signature - Addressee
X

6. Signature - Agent
X Kathleen M. Jordan

7. Date of Delivery
9/20/90

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

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

3. Insured
 Registered
 Certified
 Express Mail
 Return Receipt for Merchandise

Always obtain signature of addressee of Agent and DATE DELIVERED.

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.

Burbank

P 432 461 960
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	<i>Natalie G. Pope</i>	
Street and No	<i>1100 Glendon ave, #91 Westwood Center</i>	
P.O., State and ZIP Code	<i>Los Angeles, CA 90024</i>	
Postage	<i>5</i>	<i>s</i>
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	<i>2.00</i>	<i>s</i>
Postmark or Date		

north jacuum (abo) north unit

● **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:
*Natalie G. Pope
 1100 Glendon Ave., Suite 91
 Westwood Center
 Los Angeles, CA 90024*

4. Article Number
P432461960

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

Always sign signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery
9/1/90

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

North Vacuum Cabot Return Unit

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:

Natalie Pope
8550 Katy Freeway, Suite
Houston, Texas 77024

4. Article Number

0432 401958

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 - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9-10-90

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

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Natalie Pope	
Street and No.	8550 Katy Freeway, Suite 208	
P.O., State and ZIP Code	Houston, TX 77024	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.00
Postmark or Date		

PS Form 3800, Jun 1985

U.S.G.P.O. 1989-234-555

Barbara P 432 461 958

Suburb

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	<i>n.h. Breining</i>
Street and No.	<i>c/o Triumph Resources</i>
P.O., State and ZIP Code	<i>1270 ave. of the Americas #405 n.y. n.y. 10020</i>
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <u>2.00</u>

Postmark or Date

NORTH YACHTMAN (A00) VIBRUM WHITE

● **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: <i>n.h. Breining</i> <i>c/o Triumph Resources</i> <i>1270 ave. of the Americas #4</i> <i>n.y. n.y. 10020</i> 5. Signature — Addressee <i>[Signature]</i> 6. Signature — Agent <i>[Signature]</i> 7. Date of Delivery <i>9/10/90</i>	4. Article Number <i>P432401974</i> Type of Service: <input checked="" 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)
--	--

Not for vacuuming (tabb) Not for unit

● **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:
 Pennzoil Exploration + Prod.
 P.O. BOX 1828
 Midland, TX 79702
 Attn: Randy Hodgens

4. Article Number
 P432461904

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

5. Signature - Addressee
 X

6. Signature Agent
 X *[Signature]*

7. Date of Delivery
 SEP 10 1989

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-615 DOMESTIC RETURN RECEIPT

Barbara

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

9432 461 966 P

Sent to	Pennzoil Exploration + Prod.	
Street and No.	P.O. BOX 1828	
P.O., State and ZIP Code	Midland, TX 79702	
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees		\$ 2.00
Postmark or Date		

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Handwritten scribble

**Sage Energy Company
10101 Reunion Place, Suite 800
San Antonio, Texas 78216**

October 3, 1990

TO: INTEREST OWNERS LISTED ON EXHIBIT A

RE: **North Vacuum (Abo) North Unit, Lea County, New Mexico**

The above unit covers the land listed on Exhibit B. By this letter, Sage Energy Company requests that you voluntarily join in the unit. By separate letter, we are sending your copies of the Unit Agreement, Unit Operating Agreement, and a Ratification form. To date, 88.12% of the working interest owners and 83.9% of the royalty and overriding royalty interest owners have voluntarily committed their interests to the unit.

A secondary recovery waterflood project is proposed in conjunction with the unit. According to the engineering study prepared by the working interest owners' technical committee, the unitization and waterflood will result in the recovery of an additional two million barrels of oil over and above primary production, and the life of the wells in the unit will be extended ten more years.

The royalty and overriding royalty interests, of course, do not bear any costs associated with the waterflood. Therefore, we believe that it is in your best interests to join in the unit.

Please be advised that Sage Energy Company, as unit operator, has requested that those interest owners who do not voluntarily join in the unit be forced into the unit under New Mexico's Statutory Unitization Act. A hearing on that request is currently scheduled before the New Mexico Oil Conservation Division, 310 Old Santa Fe Trail, Santa Fe, New Mexico, on Wednesday, October 31, 1990, at 8:15 a.m.

Please call me if you have any questions, at (512) 340-2288.

Very truly yours,

By



Lee Patrick
Division Landman

LP/mh

Sage

K

10, 102 + 10, 103

INTEREST OWNERS
North Vacuum (Abo) North Unit
Lea County, New Mexico

John Eddy
P. O. Box 2104
Santa Fe, New Mexico 87501

Harold E. Jones
159 Mid-America Building
Midland, Texas 79701

Marion Culbertson &
Shirley C. Wallace, Co-Trustees
of the Culbertson Management
Trust
P. O. Box 2918
Midland, Texas 79702

Marion Culbertson, Trustee
u/w/o Edward Alexander
Culbertson, Deceased
c/o Charles N. Wallace, Jr.
P. O. Box 2918
Midland, Texas 79702

J. A. Davidson
P. O. Box 494
Midland, Texas 79702

Kathleen Irwin
1911 W. Missouri
Midland, Texas 79701

R. H. Hannifin
P. O. Box 218
Midland, Texas 79701

Scope Industries
233 Wilshire Blvd., Suite 790
Santa Monica, C.A. 90401

Wallace W. Irwin
1911 W. Missouri
Midland, Texas 79701

EXHIBIT B

Township 16 South, Range 34 East, N.M.P.M.

Section 35: $S\frac{1}{2}S\frac{1}{2}$

Section 36: $S\frac{1}{2}$

Township 17 South, Range 34 East, N.M.P.M.

Section 1: Lots 1-4, $S\frac{1}{2}N\frac{1}{2}$, $S\frac{1}{2}$ (All)

Section 2: Lots 1, 2, $S\frac{1}{2}N\frac{1}{2}$, $S\frac{1}{2}SW\frac{1}{4}$, $SE\frac{1}{4}$

Section 12: $NW\frac{1}{4}$

Containing 1762.79 acres, more or less.



Sage Energy Company

October 10, 1990

TO: Interest Owners Listed on Exhibit "A"

RE: North Vacuum (Abo) North Unit,
Comprising the land listed on Exhibit "B"

You have previously been notified that Sage Energy Company is seeking to unitize the above-described land, and to institute a waterflood project. To date, approximately 88% of the working interest owners and 84% of the royalty and overriding royalty interest owners have voluntarily committed their interests to the Unit. As a result, Sage Energy Company has filed an Application to compel joinder of all interests in the unit pursuant to New Mexico's Statutory Unitization Act. This application is set for hearing on Wednesday, October 31, 1990, at 8:15 a.m., at the offices of the New Mexico Oil Conservation Division, 310 Old Santa Fe Trail, Santa Fe, New Mexico 87501. Failure to appear at that time will preclude you from objecting at a later date.

Sincerely,

SAGE ENERGY COMPANY

Lee Patrick
Division Landman

LP:bg

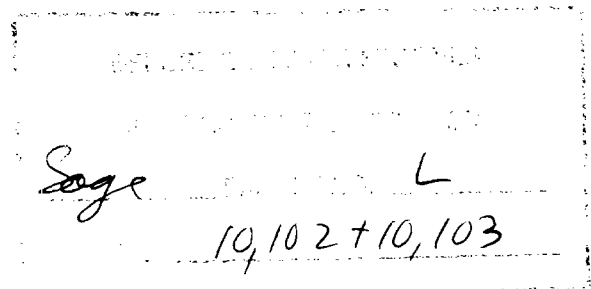


EXHIBIT "A"
INTEREST OWNERS
NORTH VACUUM (ABO) NORTH UNIT
Lea County, New Mexico

John Eddy
P.O. Box 2104
Santa Fe, New Mexico 87501

Marion Culbertson &
Shirley C. Wallace, Co-Trustees
of the Culbertson Management Trust
P.O. Box 2918
Midland, Texas 79702

J.A. Davidson
P.O. Box 494
Midland, Texas 79702

R.H. Hannifin
P.O. Box 218
Midland, Texas 79701

Wallace W. Irwin
1911 W. Missouri
Midland, Texas 79701

Harold E. Jones
159 Mid-America Building
Midland, Texas 79701

Marion Culbertson, Trustee
u/w/o Edward Alexander
Culbertson, Deceased
c/o Charles N. Wallace, Jr.
P.O. Box 2918
Midland, Texas 79702

Kathleen Irwin
1911 W. Missouri
Midland, Texas 79701

Scope Industries
233 Wilshire Blvd., Suite 790
Santa Monica, CA 90401

Delphine Pope Keller
9330 N.E. Schuyler
Portland, Oregon 97220

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702
Attn: Tom Wesling

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

Exxon Company, U.S.A.
P.O. Box 1600
Midland, Texas 79702
Attn: Brian Wheeler

Kathleen Marie Gallagher Cooper
P.O. Box 814
Vacaville, California 95688

Pennzoil Exploration & Production
P.O. Box 2967
Houston, Texas 77252-2967
Attn: Robert Blucher

Sebert L. Pate
P.O. Box 711
Ft. Worth, Texas 76101

University Oil Company
Univ. Oil Co. Acct. #4553
c/o NCNB Texas National Bank
Ft. Worth Banking Center
P.O. Drawer 970703
Ft. Worth, Texas 76197-0703

EXHIBIT "B"

Township 16 South, Range 34 East, N.M.P.M.

Section 35: S/2S/2

Section 36: S/2

Township 17 South, Range 34 East, N.M.P.M.

Section 1: Lots 1-4, S/2N/2, S/2 (All)

Section 2: Lots 1, 2, S/2N/2, S/2SW/4, SE/4

Section 12: NW/4

Containing 1762.79 acres, more or less.

Bubala

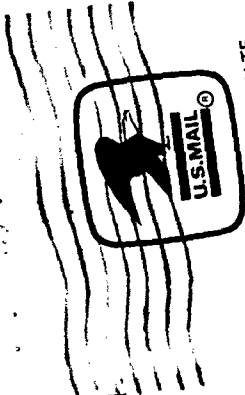
P 432 462 066

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to <i>Mary B. Gallagher</i>	
Street and No. <i>1005 Texas Commerce Bank Bldg.</i> <i>1208 14th Street</i>	
P.O., State and ZIP Code <i>Wubbock, TX 79401</i>	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5.00</i>
Postmark or Date	

PS Form 3800, June 1985



PENALTY FOR PRIVATE USE, \$300



UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS
four name, address and ZIP Code in space below, 2, 3, and 4 on the reverse.
Attach to front of article if space permits, otherwise affix to back of article.
Endorse article "Return Receipt requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

JRN
0

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

H.H. Bubala

Barbara

P 792 495 961



Certified Mail Receipt

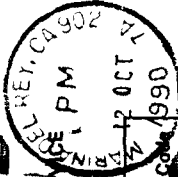
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Scope Industries	
Street & No.	
233 Wilshire Blvd, #790	
P.O., State & ZIP Code	
Santa Monica, CA 90401	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800 June 1990



PENALTY FOR PRIVATE USE, \$300



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
 - Attach to front of article if space permits, otherwise affix to back of article.
 - Endorse article "Return Receipt Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: *Barbara*

Barbara

P 432 462 061

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <i>University of Company</i> <i>ClononB Texas natl. Bank.</i>	
Street and No. <i>P.O. Drawer 970703</i>	
P.O., State and ZIP Code <i>Ft. Worth, TX 76197-0703</i>	
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5 00</i>
Postmark or Date	



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE, \$300

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: Barbara

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:
 R.H. Hannifin
 P.O. BOX 218
 Midland, TX 79701

4. Article Number
 P 792 495 965

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

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *Michelle Sutherland*

7. Date of Delivery
 7-12-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-239-915 DOMESTIC RETURN RECEIPT

P 792 495 965
Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)



Sent to	
R.H. Hannifin	
Street & No	
P.O. BOX 218	
P.O., State & ZIP Code	
Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

Barbara

PS Form 3800, June 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 boxes) for additional services requested.
 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>School Bus</i> <i>BR 711 96101</i>	4. Article Number <i>D13246200</i> 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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i> <i>Gene Klein</i>	
7. Date of Delivery <i>OCT 15 1990</i>	

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

Barbara

P 432 462 060

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.D. 1985-234-555

PS Form 3800, June 1985

Sent to <i>Sebert L. Pate</i>	
Street and No. <i>P.O. Box 711</i>	
P.O. State and ZIP Code <i>Ft. Worth, TX 76101</i>	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5 20</i>
Postmark or Date	



PENALTY FOR PRIVATE USE, \$300

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: Barbara

Barbara

P 792 495 966



Certified Mail Receipt

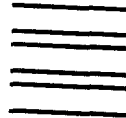
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, June 1990

Sent to	
Wallace W. Irwin	
Street & No.	
1911 W. Missouri	
P.O., State & ZIP Code	
Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	




PENALTY FOR PRIVATE USE, \$300



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO  Print Sender's name, address, and ZIP Code in the space below.

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: *Barbara*

P 432 462 063

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1989-234-515

PS Form 3800, June 1985

Sent to
Kathleen Marie Gallagher Cooper

Street and No.
P.O. BOX 814

P.O., State and ZIP Code
Vallejo, CA 95688

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>1.75</i>
Postmark or Date	

PHILATELY
 THE FAMILY HOBBY

U.S. MAIL

PENALTY FOR PRIVATE USE, \$300

SACRAMENTO, CA 95811
 12 OCT 1990
 5:23 PM

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
 Print your name, address and ZIP Code in the space below.
 • Complete items 1, 2, 3, and 4 on the reverse.
 • Attach to front of article if space permits, otherwise affix to back of article.
 • Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: Barbara

Barbara

P 432 462 062

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1988-234-555

PS Form 3800, June 1985

Sent to		EXXON COMPANY, USA
Street and No.		P.O. BOX 1000
P.O. State and ZIP Code		MIDLAND, TX 79702
Postage		5
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees		5.00
Postmark or Date		



PENALTY FOR PRIVATE USE, \$300



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: *Barbara*

Barbara

P 432 462 065

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-535

PS Form 3800, June 1985

Sent to <i>Marathon Oil Company</i>	
Street and No. <i>P.O. BOX 552</i>	
P.O., State and ZIP Code <i>Midland, TX 79702</i>	
Postage	<i>5</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>5 260</i>
Postmark or Date	



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.



SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

Attn: *Barbara*

Barbara

P 792 495 969

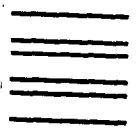


Certified Mail Receipt

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

PS Form 3800 June 1990

Sent to	
Kathleen Irwin	
Street & No.	
1911 W. Missouri	
P.O., State & ZIP Code	
Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	



PENALTY FOR PRIVATE USE, \$300

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

Attn: Barbara

SAGE ENERGY COMPANY
10101 REUNION PLACE, SUITE 800
SAN ANTONIO, TEXAS 78216

P 432 462 064
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Pennzoil Exploration + Production	
Street and No. P.O. BOX 2967	
P.O., State and ZIP Code Houston, TX 77252-2967	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

U.S.G.P.O. 1989-234-555
 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 services requested.
 1. Show to whom delivered, date, and addressee's address. (Extra charge)
 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Pennzoil Exploration + Production
 P.O. BOX 2967
 Houston, Texas 77252-2967
 Attn: Robert Blucker

4. Article Number
 P432 462 064

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

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 OCT 15 1990

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

PS Form 3811, Apr. 1989
 U.S.G.P.O. 1988-238-815
 DOMESTIC RETURN RECEIPT

Barbara

P 792 495 964



Certified Mail Receipt

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

Sent to	
J.A. Davidson	
Street & No.	
P.O. BOX 494	
P.O., State & ZIP Code	
Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 0.00
Postmark or Date	

PS Form 3800, June 1990

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

<p>3. Article Addressed to: J.A. Davidson P.O. BOX 494 Midland, Texas 79702</p>		<p>4. Article Number P 792 495 964</p>	
<p>5. Signature - Addressee X</p>		<p>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"/> Registered Mail</p>	
<p>6. Signature - Agent X Barbara J. Crocker</p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>7. Date of Delivery 10-12-90</p>		<p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</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.

BARBARA J. CROCKER

Baird

P 792 495 567



Certified Mail Receipt

No insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Harold E. Jones	
Street & No.	
159 Mid-America Bldg.	
P.O. State & ZIP Code	
Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1990

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-615

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 services requested, the following services are available. Consult postmaster for fees and check boxes for additional services, date, and addressee's address.
1. Show to whom delivered. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Harold E. Jones
159 Mid-America Bldg.
Midland, TX 79701

4. Article Number:
0792495907

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
10-16-90

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

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

Barbara

P 792 495 968



Certified Mail Receipt

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

Sent to <i>Marion Culbertson, trustee</i>	
Street & No. <i>c/o Charles N. Wallace, Jr.</i>	
<i>P.O. BOX 2918</i>	
P.O., State & ZIP Code <i>Midland, TX 79702</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ <i>2.00</i>
Postmark or Date	

PS Form 3800, June 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 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: *Marion Culbertson Trustee*
c/o Edward Alexander Culbertson
c/o Charles N. Wallace, Sr.
P.O. BOX 2918
Midland, TX 79702

4. Article Number: *P 792 495 968*

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*

6. Signature - Agent *X* *[Signature]*

7. Date of Delivery *10-17-90*

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

P. 792-495 963
Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to Marion Culbertson & Shirley C. Wallace	
Street & No. P.O. BOX 2918	
P.O., State & ZIP Code Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3811, Apr. 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:
Marion Culbertson & Shirley C. Wallace, Co-Trustees of the Culbertson Mgmt. Trust
P.O. BOX 2918
Midland, Texas 79702

4. Article Number: P 792 495 963
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
6. Signature - Agent: X
7. Date of Delivery: 10-12-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Barbara

P 792 495 970

Certified Mail Receipt

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

Sent to	
John Eddy	
Street & No	
P.O. Box 2104	
P.O., State & Zip Code	
Santa Fe, nm 87501	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 7.00
Postmark or Date	

PS Form 3811, June 1990

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-236-815

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:

John Eddy
P.O. Box 2104
Santa Fe, New Mexico
87501

5. Signature Addressee
X *[Signature]*

6. Signature Agent
X *[Signature]*

7. Date of Delivery

4. Article Number
P 792 495 970

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

8. Always with signature of addressee or postmaster DELIVERED. (Request Receipt and) (ONLY if)

USPS 1990

Barbara

P 792 495 962



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

PS Form 3800 June 1990

Sent to	
Delphine Pope Keller	
Street & No.	
9330 N.E. Schuyler	
P.O., State & ZIP Code	
Portland, Oregon 97220	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$ 2.00
Postmark or Date	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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

Pur 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:
Delphine Pope Keller
9330 N.E. Schuyler
Portland, Oregon 97220

4. Article Number: P 792 495 962

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

5. Signature - Addressee
Delphine Pope Keller

6. Signature - Agent
Barbara

7. Date of Delivery
10-18-90

8. Addressee's Address (ONLY if Requested and fee paid)
DATE DELIVERED
10-18-90

B F ENTERPRISES, INC.

100 BUSH STREET
SUITE 1700
SAN FRANCISCO, CA 94104
TELEPHONE (415) 989-6580
TELECOPIER (415) 788-5756

BRIAN P. BURNS
CHAIRMAN

3 august 1990

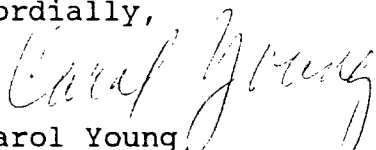
Mr. Jay H. Hardy
V. P. Engineer
Sage Energy Company
10101 Reunion Place
Suite 800
San Antonio, Texas 78216

RE: Formation of Revised Unit

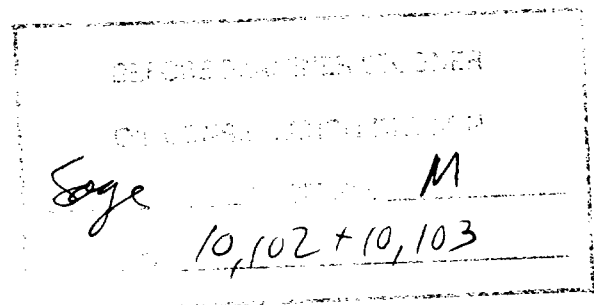
Dear Mr. Hardy:

Enclosed please find Sage Energy Company's ballot regarding the above matter approved and executed by Mr. Brian P. Burns.

Cordially,


Carol Young
Assistant to Mr. Burns

/c
cc: Mr. George D. Daly, Jr.
Enclosure



SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

X For
_____ Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *Bruce P. Gunn*
Title: OWMSR
Company: _____
Date: 2 Aug 90

WI = .0019562

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

C.R. Gallagher, JR.

By: *C.R. Gallagher, Jr.*
Title: _____
Company: _____
Date: 9-4-90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

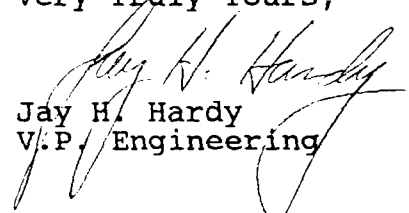
Subj: Formation of
Revised Unit

Gentlemen:

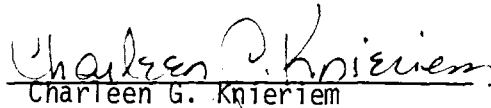
By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By:


Charleen G. Knieriem

Title:

Company:

Date:

September 5, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068
MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

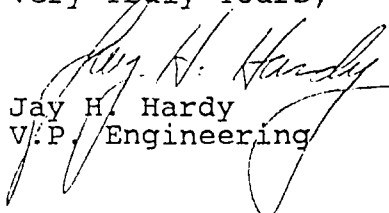
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 For
 Against

Very Truly Yours,

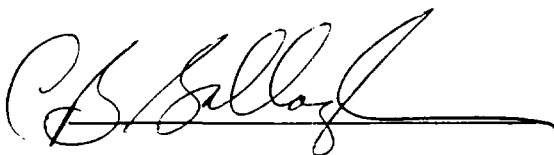

Jay H. Hardy
V.P. Engineering

By:

Title:

Company:

Date:



_____ 9/12/90 _____

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

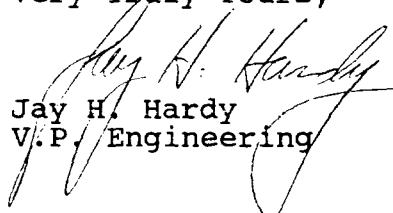
Subj: Formation of
Revised Unit


Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

X For
_____ Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: 
Title: S.S.# 565-84-6225
Company: _____
Date: 8-1-90

8-1-90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 ✓ For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: Charles F. Robbins
Title: † Elizabeth Robbins
Company: _____
Date: 7/24/90

Charles WI = 1,0044216
Elizabeth WI = 1,0058540

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

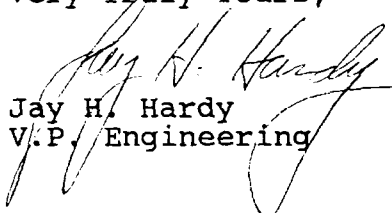
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: Christine D. Segur
Title: _____
Company: _____
Date: _____

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

817 390 6161
Sebert Pate

By: *Ed Albe*

Title: Vice President

Company: NCNB Texas National Bank, Independent

Date: August 9, 1990

Executor of the A. M. Pate, Jr. Estate #5674

WI = ,0096865

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

____ For
X Against

DISAPPROVED
EXXON COMPANY, U.S.A.
(A DIVISION OF EXXON CORPORATION)

BY J. R. Nickman
DATE 8/13/90

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: _____
Title: _____
Company: _____
Date: _____

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/883-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

✓ For
_____ Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *Ean Aminu*
Title: *President*
Company: *Fargo Energy*
Date: *9/27/90*

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

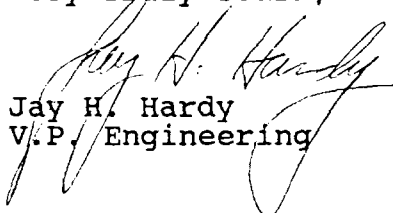
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By:



Title:

Company:

Date:

 9/7/98

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

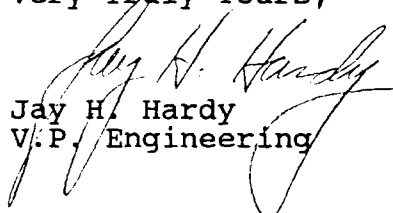
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: 

Title:

Company:

W. Glenn Burton

Date:

9/24/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

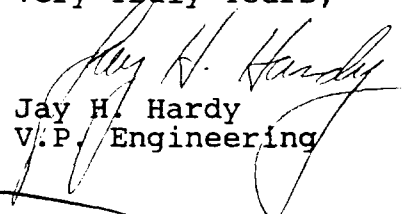
Subj: Formation of
Revised Unit

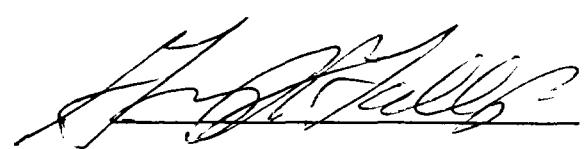
Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: 
Title: _____
Company: _____
Date: 10-16-90

Gregory J. Gallagher
Attorney-in-fact for
Delphine Pope Keller
and Kathleen Marie
Gallagher Cooper.

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-3271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

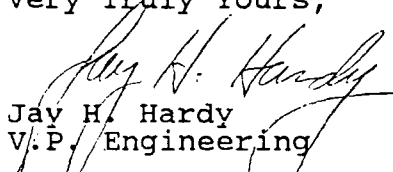
Subj: Formation of
Revised Unit


Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering


Gregory J. Gallagher, Individually and
as Agent and Attorney-in-fact for
Charles Raymond Gallagher II, Gregory
Charles Gallagher, Michael Joseph
Gallagher, Steven Lawrence Knieriem,
Mary Margaret Pope, Natalie Pope, and
Marguerite Gallagher Price.

Date

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: Marshall S Leaf
Title: owner
~~Company:~~ Marshall S Leaf - owner
Date: 1 Aug 1990

WI = .0101276

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

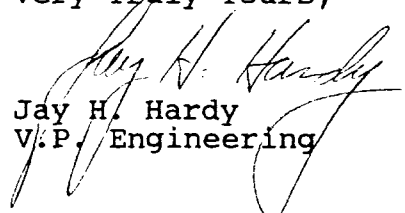
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: MARTHA V. LEONARD
Title: _____
Company: _____
Date: July 20, 1990

WI = .0173879

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By:

Mary G. Anderson

Title:

Company:

Date:

8/30/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

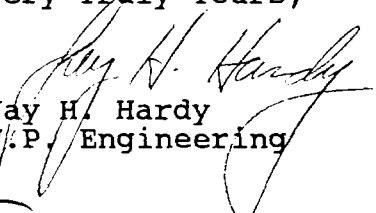
Subj: Formation of
Revised Unit

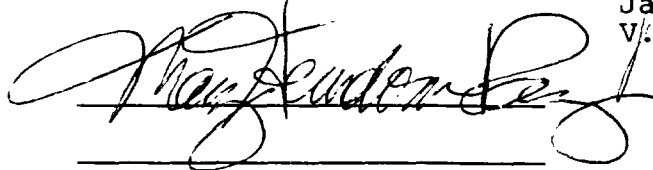
Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

M. By: 
Title: _____
Company: _____
Date: 8-30-90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *Mary C Taylor*
Title: _____
Company: _____
Date: *July 23, 1990*

WI = .0000637

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

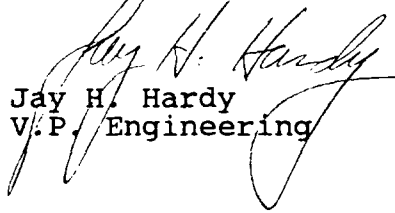
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: Natalie G. Pope
Title: Natalie G. Pope
Company: _____
Date: September 5, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

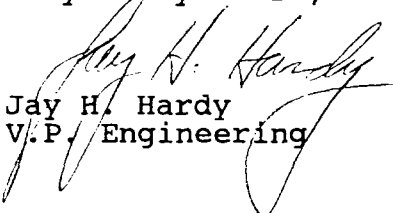
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By: Nelson Messing
Title: _____
Company: _____
Date: 7/30/90

WI = .0015899

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 ✓ For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *Robert D. Hunt*
Title: MANAGER ENGINEERING
WESTERN REGION
Company: OXY USA INC.
Date: 9/12/90

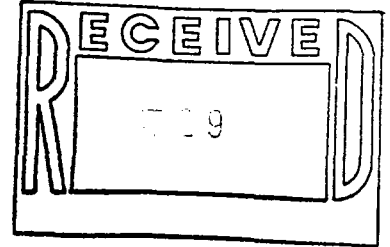
PENNZOIL EXPLORATION AND PRODUCTION COMPANY

PENNZOIL PLACE • P O BOX 2967 • HOUSTON, TEXAS 77252-2967 • (713) 546-4000

October 24, 1990

Sage Energy Company
10101 Reunion Place, Suite 800
San Antonio, Texas 78216-4158

Attention: Mr. Lee Patrick
Division Landman



RE: North Vacuum (Abo) North Unit
Pennzoil S.C. #721
T16S, R34E
Section 35:S/2S/2
Section 36:S/2
T17S, R34E
Section 1:All
Section 2:E/2, S/2SW/4, S/2NW/4
Section 12:NW/4
1,762.79 acres, more or less
Lea County, New Mexico
North Vacuum Area

Dear Lee:

Pursuant to our recent conversation, please find attached one (1) copy of your ballot affecting the referenced Unit executed on behalf of Pennzoil.

Pennzoil has agreed to join said Unit subject to our review and approval of those certain Unit and Unit Operating Agreements both dated October 10, 1990.

You can expect the return of the subject agreements in the near future.

If I can provide further assistance, please feel free to contact me at 713-546-6193.

Very truly yours,

PENNZOIL EXPLORATION AND
PRODUCTION COMPANY

Robert F. Blucher
Advanced Landman

RFB:ls

L16590RB

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

APPROVED	
LAND	<i>mm</i>
LAND	<i>mm</i>
LAND	<i>mm</i>
EXPL	<i>mm</i>
PROD	

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

* By: *Michael L. McCullough*
Title: Agent and Attorney-in-Fact
Company: Pennzoil Exploration and Production Company
Date: October 24, 1990

*Subject to Pennzoil's review and approval of that certain Unit Agreement dated October 10, 1990 and that certain Unit Operating Agreement dated October 10, 1990 both affecting the proposed North Vacuum (Abo) North Unit.

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

015/083-3271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 ✓ For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

PA.

By: *[Signature]*
Title: _____
Company: _____
Date: 9/7/90

Folder = file 7000

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *Raymond J. ...*

Title: _____

Company: _____

Date: 8/20/40

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

89.
By:

Robin Henderson

Title:

Company:

Date:

9/7/90

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

X

For

Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By:

David L. ...

Title:

Company:

Date:

October 10, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: Susan E. Wilson (Gentry)
Title: GEN. PARTNER
Company: SECA LTD.
Date: 7/24/90

WI = 10175009

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By:

Title:

Company:

Date:

Susan Gallagher Gray

September 11, 1996

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

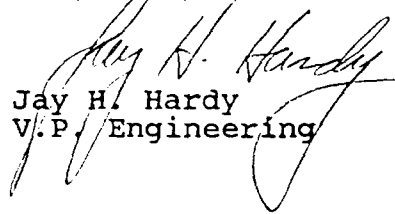
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

 X For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By:



Title:

Vice President

Company:

NCNB Texas National Bank, Agent
University Oil Company #4553

Date:

October 9, 1990

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

✓ By: *Veronica Hernandez*
Title: _____
Company: _____
Date: *8/30/90*

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

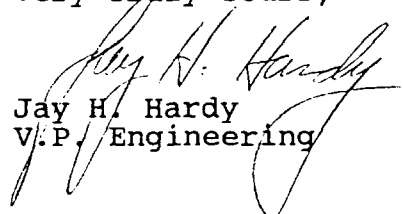
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,


Jay H. Hardy
V.P. Engineering

By:

Title:

Company:

Date:


V.P. Production

Wainaco Oil + Gas Company

August 13, 1990

WI = .0404498

✓

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

—
915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

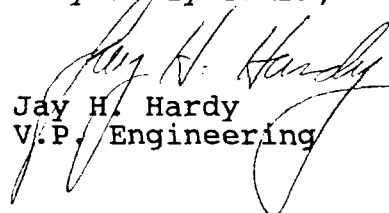
Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 ~~Against~~

Very Truly Yours,

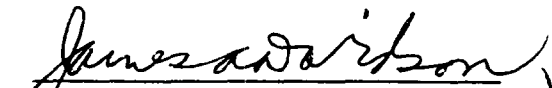

Jay H. Hardy
V.P. Engineering

By:

Title:

Company:

Date:


(JAMES A. DAVIDSON)

(for J.A. DAVIDSON - WESTERN

7-19-90

LEASING - JAMES
A. DAVIDSON)

WI = 1,0015294

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

Working Interest Owners
Proposed North Vacuum (Abo) North Unit
Lea County, New Mexico

Subj: Formation of
Revised Unit

Gentlemen:

By copy of this ballot, the Technical Committee respectfully requests that the Working Interest Owners approve the formation of the subject Unit based on a participation formula of 60% x Ultimate Primary plus 40% x Current Rate. An early response to the letterhead address would be appreciated.

For
 Against

Very Truly Yours,

Jay H. Hardy
Jay H. Hardy
V.P. Engineering

By: *William G. Pope*
Title: _____
Company: _____
Date: *9/9/90*

Proof of Notice
Return Receipt Requested
North Vacuum (Abo) North Unit
Lea County, New Mexico

Pennzoil Exploration and Production Co.
P. O. Box 1828
Midland, Tx 79702
ATTN: Randy Hodgins

Phillips Petroleum Co.
4001 Penbrook
Odessa, Tx 79762

ARCO Oil and Gas Co.
Central District
P. O. Box 1610
Midland, Tx 79702

Exxon Company USA
Southwestern Production Division Office
P. O. Box 1600
Midland, Tx 79702

Elk Oil Co.
P. O. Box 310
Roswell, New Mexico 88202

Amoco Production Co.
P. O. Box 3092
Houston, Tx 77253

SEARCHED INDEXED
SERIALIZED FILED
OCT 10 1982
FBI - MIDDLETOWN
Sage N
10,102 + 10,103

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.

3. Article Addressed to: Amoco Production Co. P.O. Box 3092 Houston, TX 77253	4. Article Number P248625 602 Type of Service: <input checked="" type="checkbox"/> Registered Certified Express Mail <input type="checkbox"/> Insured COD Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature -- Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature -- Agent X	
7. Date of Delivery OCT - 2 1990	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985 * U.S.G.P.O. 1985-480-794

TOTAL Postage and Fees 2.60 P.S. Stock certificate 4-24-90	98	85	85	85	85	85	85	85	85	85	85
	RECEIPT FOR CERTIFIED MAIL P 248 625 602										
	Amoco Production Co. P.O. Box 3092 Houston, TX 77253										
	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 box(es) for additional service(s) requested.

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

3. Article Addressed to:
 PENNZOIL EXPLORATION
 PO Box 1828
 Midland, Texas 79702

4. Article Number
 P-248-625-603

Type of Service:
 Registered Certified Express Mail Insured COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 10-2-90

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

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

Postage	85
Insured Fee	85
Registered Fee	90
Postage, Insured, Registered, and Return Receipt Fee	260
Postage	9-28-90

Street: Pennzoil Expl.
 City: PO Box 1828
 State: Midland ZIP Code: 02

RECEIPT FOR CERTIFIED MAIL

NO ALIENATION CERTIFICATES PROVIDED FOR INTERNATIONAL MAIL (See Reverse)

P 248 625 603

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.

3. Article Addressed to: Phillips Petroleum 4001 Penbrook Odessa, Texas 79762	4. Article Number P-248-625-604
	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
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>[Signature]</i>	
7. Date of Delivery 10-2-90	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

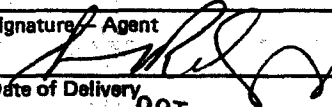
PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

p 248 625 604
 RECEIPT FOR CERTIFIED MAIL
 See Reverse

Phillips Petroleum 4001 Penbrook Odessa 79762	Postage	85
	Verified Fee	85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	90
	Return Receipt Showing to whom Date and Address of Delivery	
	TOTAL Postage and Fees	260
	Postmark or Date	9-28-90

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the 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.

3. Article Addressed to: Arco Oil & Gas Central District PO Box 1610 Midland, Texas 79702	4. Article Number P-248-625-605
	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
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X 	
7. Date of Delivery OCT 1 1990	

Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

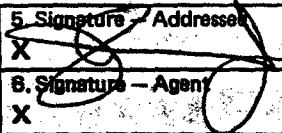

Stationer's Arco Oil & Gas PO Box 1610 Midland 79702 Postage	Certified Fee Special Delivery Fee Registered Delivery Fee Return Receipt, Domestic to Admin. and Deliv. Division Return Receipt, International (Date and Address of Delivery) TOTAL POSTAGE AND FEES	02 85 85 90 260
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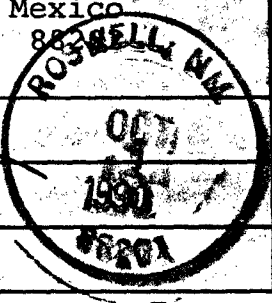
9-28-90

RECEIPT FOR CERTIFIED MAIL
 NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
 P 248 625 605

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.

3. Article Addressed to: Elk Oil Company PO Box 310 Roswell, New Mexico	4. Article Number P-248-625-607
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
6. Signature - Agent X 	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)



PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

9-28-90	TOTAL POSTAGE AND FEES 2.60	90	85	85	Elk Oil Company PO Box 310 Roswell, NM 88202
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P 248 625 607
 RECEIPT FOR CERTIFIED MAIL
 See Reverse

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.

3. Article Addressed to: Exxon Company P. O. Box 1700 Midland, Tx 79702 ATTN: Brian Wheeler JI Operators	4. Article Number P 248 625 609
	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail
	<input type="checkbox"/> Insured <input type="checkbox"/> COD
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery OCT 10 1990	

PS Form 3811, Feb. 1986 DOMESTIC RETURN REC

PS Form 3800, June 1985 * U.S.G.P.O. 1985-480-794

Set to	Exxon Company
Set to	PO Box 1600
Set to	Midland
P.O. Number	02
Postage	85
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	90
Return Receipt Fee to addressee	
Return Receipt Fee to agent	
Date and Address of Delivery	
TOTAL Postage and Fees	2 600
Postmark or Date	9-28-90

RECEIPT FOR CERTIFIED MAIL
 P 248 625 609
 201 FISHKILL INDUSTRIAL PARK
 FISHKILL, NEW YORK 12524
 (See Reverse)

SAGE ENERGY COMPANY

P. O. DRAWER 3068

MIDLAND, TEXAS 79702

915/683-5271

WILLIAM COLEMAN,
PRESIDENT

OCT 11 '90

RECEIVED

October 8, 1990

New Mexico Oil & Gas Conservation Commission
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504

ATTN: Mr. Jim Morrow
Examiner

RE: North Vacuum (Abo)
North Unit
Case No. 10103
Lea County, New Mexico

Dear Mr. Morrow:

Sage Energy Company respectfully requests that it be allowed to use unlined injection tubing in the nineteen injection wells of the subject unit. The tubing will be run on Baker Lokset packers and monitored in accordance with Rule 704-A and B. Fresh water from the Ogalalla formation will be used and since the system will be closed, there will be very little corrosion.

The estimated cost to internally plastic coat the injection tubing is \$325,000.00. This is an addition to the 6 plus million dollars to install the waterflood. The initial investment is excessive because we are flooding a deep tight pay at 8400'. Consequently, the economics are marginal; a 25% ROR BFIT and a 4.8 year payout. Thus, Sage and it's working interest owners are seeking relief

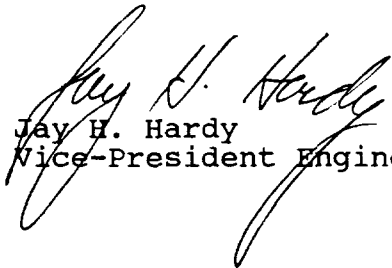
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from the additional investment of \$325,000.00. Your granting of this request would be greatly appreciated.

Very truly yours,



Jay H. Hardy
Vice-President Engineering

CC: Lee Patrick
San Antonio

Jim Bruce
Hinkle, Cox, Eaton Coffield and Hensley