



**Amoco Production Company**

Houston Region  
501 WestLake Park Boulevard  
Post Office Box 3092  
Houston, Texas 77253

R. E. Ogden  
Regional Engineering  
Manager

August 28, 1986

File: JCA-986.51-2131

Re: NMOCD Case No. 8992  
Compulsory Pooling Hearing  
Heller Company Trust "A" Well No. 1  
Osudo West (Wolfcamp) Oil Pool  
Lea County, New Mexico

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

ADDRESS LIST ATTACHED

Gentlemen:

As a Mineral Interest Owner in the Heller Company Trust Well No. 1, you are being notified, in accordance with New Mexico Oil Conservation Rule 1207, of Amoco Production Company's application to reopen Case No. 7835 and compulsory pool all mineral interests in a 40 acre Wolfcamp Oil Unit for the referenced well in Unit E Section 24-20S-35E, Lea County, New Mexico. A copy of our application is attached for your reference. This case has been docketed for an Examiner Hearing on September 17, 1986.

Should you desire additional information about this matter, please contact Mr. R. P. Zinsmeister of this office at (713) 556-2617.

Yours very truly,

RPZ/da/014D

Attachment

Black-Chapell Limited  
Partnership  
2228 Republic Bank Tower  
Dallas, TX 75201

Ellis Price Cowden  
P. O. Box 1731  
Midland, TX 79702

Alton C. White, Jr.  
1506 Westover Road  
Austin, TX 78703

Ronald J. Byers  
1600 United Bank Tower  
400 West Fifteenth Street  
Austin, TX 78701

Roy G. Barton, Jr.  
P. O. Box 978  
Hobbs, NM 88240  
Attn: Kathy J. Colborn

Fred Luthy, Jr.  
c/o Keleher & McLeod, P.A.  
P. O. Drawer AA  
Albuquerque, NM 87103  
Attn: P. W. Hurley

Cyrene Mapel  
c/o Keleher & McLeod, P.A.  
P. O. Drawer AA  
Albuquerque, NM 87103  
Attn: P. W. Hurley

Cyrene L. Inman  
c/o Keleher & McLeod, P.A.  
P. O. Drawer AA  
Albuquerque, NM 87103

Norma J. Chanley  
P. O. Box 729  
Hobbs, NM 88240

Catherine L. Verschoyle  
921 Ivy Lane  
San Antonio, TX 78209

Featherstone Development Co.  
1717 West Second  
Roswell, NM 88201  
Attn: Charles Hicks

The Superior Oil Company  
P. O. Box 1900  
Midland, TX 79702  
Attn: Mandy Selber

Ruben H. Johnson  
P. O. Box 1237  
Austin, TX 78767

Adolph A. Kreme1  
5601 Palisade Court  
Austin, TX 78731

Benjamin Largent  
518 Shadywood  
Houston, TX 77957

Jimmy D. Sparks  
P. O. Box 10144  
Midland, TX 79704

Hanesco, Inc.  
P. O. Box 458  
Santa Fe, NM 87504  
Attn: Mr. Patrick J. Hannifin

Estate of Rosewood Metler, Deceased  
c/o A. V. Metler  
3701 Haynie  
Dallas, TX 75205

Estate of J. W. Barnes, Deceased  
c/o Earl Bracken  
5000 Ridgeview  
Waco, TX 76710

James M. Alsup, Trustee  
1600 First National Bank Bldg.  
Midland, TX 79701

Dennis Eimers  
P. O. Box 93  
Midland, TX 79702

Jerry Barnes  
P. O. Box 152  
Midland, TX 79702

Wayne Newkumet  
P. O. Box 11330  
Midland, TX 79702

August 11, 1986

File: JCA-986.51NM-2108

Re: Application for Compulsory Pooling  
Heller Company Trust "A" Well No. 1  
Osudo, West Wolfcamp Oil Pool  
Lea County, New Mexico

State of New Mexico  
Energy and Minerals Department  
Oil Conservation Division  
State Land Office Building  
Old Santa Fe Trail  
P. O. Box 2088  
Santa Fe, New Mexico 87501

Attention: Mr. R. L. Stamets, Director

Gentlemen:

Amoco Production Company respectfully requests to reopen Case No. 7835 and amend Order R-7267 to provide for compulsory pooling of all oil and gas mineral interests in a 40 acre Wolfcamp oil unit for the Heller Company Trust "A" Well No. 1, a Wolfcamp oil completion located 2180' FNL and 660' FWL in Unit E Section 24-20S-35E, Lea County, New Mexico. This action would be an expansion of the authority granted in Case No. 7835 which provided for compulsory pooling of all gas mineral interests in the Morrow and Wolfcamp horizons to establish a 320 acre gas unit described as the W/2 Section 24-20S-35E for the drilling of this well. Subsequent to the drilling, completion, production, and abandonment of a Morrow gas completion in this well, the Wolfcamp was tested and yielded a commercial oil recompletion. Amoco requests that this case be reopened to clarify the record and to define the status of participating and non-participating parties in the well per the provisions of Order R-7267. We would appreciate this matter being set for the earliest convenient Examiner hearing.

File: JCA-986.5NM-2108  
August 11, 1986  
Page 2

Inquiries regarding this application should be directed to Mr. R. P. Zinsmeister, Regulatory Affairs Engineer, at 713/556-2617.

Very truly yours,

*R.E. Ogden/REP*

P 248 585 895 8/29

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

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

Sent to: <i>Black-Chapell Limit</i>	
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	

P 248 585 894

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

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

Sent to: <i>Ellis Price Cowden</i>	
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	

P 248 585 893

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

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

Sent to: <i>Alton C. White Jr</i>	
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	

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:  Ellis Price Cowden P. O. Box 1731 Midland, TX 79702	4. Article Number <i>P248 585 894</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
5. Signature - Addressee <input checked="" type="checkbox"/>	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent <input checked="" type="checkbox"/> <i>Price Cowden</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>SEP 2 1986</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  Alton C. White, Jr. 1506 Westover Road Austin, TX 78703	4. Article Number <i>P248 585 893</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
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Alton C. White</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent <input checked="" type="checkbox"/> <i>R. Van</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>9-3-86</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 891  
**RECEIPT FOR CERTIFIED MAIL**

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

PS Form 3800, June 1985

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

Sent to <i>Roy G. Barton, Jr.</i>	
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	

**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:  
 Roy G. Barton, Jr.  
 P. O. Box 970  
 Hobbs, NM 88240  
 Attn: Kathy J. Colborn

4. Article Number  
**P248585891**

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  
*Dean Reynolds*

7. Date of Delivery  
**9-5-86**

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

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

P 248 585 892  
**RECEIPT FOR CERTIFIED MAIL**

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

PS Form 3800, June 1985

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

Sent to <i>Ronald Byers</i>	
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	

**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:  
 Ronald J. Byers  
 1600 United Bank Tower  
 400 West Fifteenth Street  
 Austin, TX 78701

4. Article Number  
**P248585892**

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

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

5. Signature - Addressee  
 X *Ronald J. Byers*

6. Signature - Agent  
 X

7. Date of Delivery  
**SEP 05 1986**

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

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

P 248 585 890  
**RECEIPT FOR CERTIFIED MAIL**

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

PS Form 3800, June 1985

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

Sent to <i>Fred Luthy, Jr.</i>	
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	

**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:  
 Fred Luthy, Jr.  
 c/o Keleher & McLeod, P.A.  
 P. O. Drawer AA  
 Albuquerque, NM 87103  
 Attn: P. W. Hurley

4. Article Number  
**P248585890**

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

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

5. Signature - Addressee  
 X *James Lujan*

6. Signature - Agent  
 X

7. Date of Delivery  
**SEP 5 1986**

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

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

P 248 585 881

RECEIPT FOR CERTIFIED MAIL

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

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

Sent to	Cyrene Maple	
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		

P 248 585 888

RECEIPT FOR CERTIFIED MAIL

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

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

Sent to	Cyrene L. Inman	
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		

P 248 585 887

RECEIPT FOR CERTIFIED MAIL

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

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

Sent to	Norma Chanley	
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		

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:  
Cyrene Maple  
c/o Keleher & McLeod, P.A.  
P. O. Drawer AA  
Albuquerque, N.M. 87103  
Attn: P. W. Hurley

4. Article Number: P248 585 889  
Type of Service:  
 Registered Certified  Insured COD  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X  
6. Signature - Agent: X James Lujan  
7. Date of Delivery: SEP 5 1986

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  
Cyrene L. Inman  
c/o Keleher & McLeod, P.A.  
P. O. Drawer AA  
Albuquerque, NM 87103

4. Article Number: P248 585 888  
Type of Service:  
 Registered Certified  Insured COD  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X  
6. Signature - Agent: X James Lujan  
7. Date of Delivery: SEP 5 1986

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:  
Norma J. Chanley  
P. O. Box 729  
Hobbs, NM 88240

4. Article Number: P248 585 887  
Type of Service:  
 Registered Certified  Insured COD  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X  
6. Signature - Agent: X James Lujan  
7. Date of Delivery: 9-2-86

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 248 585 886  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

\* U.S.G.P.O. 1985-480-784  
 PS Form 3800, June 1985

Sent to <i>Catherine Verschoyle</i> 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	

**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:  
 Catherine L. Verschoyle  
 921 Ivy Lane  
 San Antonio, TX 78209

4. Article Number  
*P248-585 886*  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

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

5. Signature - Addressee  
 *Catherine L. Verschoyle*

6. Signature - Agent

7. Date of Delivery  
 SEP 2 1986

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

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

P 243 585 885  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

\* U.S.G.P.O. 1985-480-784  
 PS Form 3800, June 1985

Sent to <i>Featherstone Dev. Co.</i> 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	

**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:  
 Featherstone Development Co.  
 1717 West Second  
 Roswell, MI 88201  
 Attn: Charles Hicks

4. Article Number  
*P248-585-885*  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

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

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery  
*9-2-86*

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

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

P 243 585 884  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

\* U.S.G.P.O. 1985-480-784  
 PS Form 3800, June 1985

Sent to <i>Superior Oil Co</i> 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	

**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:  
 The Superior Oil Company  
 P. O. Box 1900  
 Midland, TX 79702  
 Attn: Mandy Selber

4. Article Number  
*P248-585 884*  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

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

5. Signature - Addressee

6. Signature - Agent  
 *Mandy Selber*

7. Date of Delivery  
*9-5-86 m*

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

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

P 248 585 883

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

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

Sent to: <i>Ruben Johnson</i>	
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	

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:  
*Ruben H. Johnson  
P.O. Box 1237  
Austin, TX 78767*

4. Article Number: *PA48 585 883*  
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: *9-2*

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 248 585 882

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

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

Sent to: <i>Adolph Kremel</i>	
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	

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:  
*Adolph A. Kremel  
5601 Palisade Court  
Austin, TX 78731*

4. Article Number  
Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *X [Signature]*

6. Signature - Agent: *X*

7. Date of Delivery: *AUG - 9 1986*

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 248 585 881

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

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

Sent to: <i>Benjamin Largent</i>	
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	

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:  
*Benjamin Largent  
518 Shadywood  
Houston, TX 77957*

4. Article Number: *PA48 585 881*  
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: *9-2*

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 248 585 380

RECEIPT FOR CERTIFIED MAIL

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

Sent to Jimmy Sparks  
 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

U.S.G.P.O. 1985-480-794  
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:  
 Jimmy D. Sparks  
 P. O. Box 10144  
 Midland, TX 79704

4. Article Number P248 585 880  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

5. Signature - Addressee  
 [Signature]

6. Signature - Agent

7. Date of Delivery  
9-2-86

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 248 585 879

RECEIPT FOR CERTIFIED MAIL

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

Sent to Hanesco Inc.  
 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

U.S.G.P.O. 1985-480-794  
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:  
 Hanesco, Inc.  
 P. O. Box 458  
 Santa Fe, NM 87504  
 Attn: Mr. Patrick J. Hannifin

4. Article Number P248 585 879  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

5. Signature - Addressee  
 [Signature]

6. Signature - Agent

7. Date of Delivery  
9-2-86

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 248 585 877

RECEIPT FOR CERTIFIED MAIL

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

Sent to J. W. Barnes Dec.  
 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

U.S.G.P.O. 1985-480-794  
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:  
 Estate of J. W. Barnes, Deceased  
 c/o Earl Bracken  
 5000 Ridgeview  
 Waco, TX 76710

4. Article Number P248 585 877  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

5. Signature - Addressee  
 [Signature]

6. Signature - Agent

7. Date of Delivery  
9-2-86

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 248 585 876  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

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

Sent to <i>James Alsup</i>	
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	

**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:  
 James H. Alsup, Trustee  
 1600 First National Bank Bldg.  
 Midland, TX 79701

4. Article Number  
*P248 585 876*  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

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

5. Signature - Addressee  
 *James Alsup*

6. Signature - Agent  
 *Cheryl Young*

7. Date of Delivery  
*9-2-86*

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

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

P 248 585 896  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

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

Sent to <i>Dennis Eimers</i>	
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	

**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:  
 Dennis Eimers  
 P. O. Box 93  
 Midland, TX 79702

4. Article Number  
*P248 585 896*  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

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

5. Signature - Addressee  
 *Dennis Eimer*

6. Signature - Agent

7. Date of Delivery  
*9-3-86*

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

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

P 248 585 897  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

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

Sent to <i>Jerry Barnes</i>	
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	

**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:  
 Jerry Barnes  
 P. O. Box 152  
 Midland, TX 79702

4. Article Number  
*P248 585 897*  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

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

5. Signature - Addressee  
 *Jerry Barnes*

6. Signature - Agent

7. Date of Delivery  
*9-3-86*

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

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

P 248 585 878

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

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

Sent *Wayne Newkumet*

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

**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: Wayne Newkumet  
P. O. Box 11330  
Midland, TX 79702

4. Article Number *PA48585898*

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 Kara Martin*

7. Date of Delivery *9-2-86*

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 585 878

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

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

Sent *Est. Rosewood Metler*

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

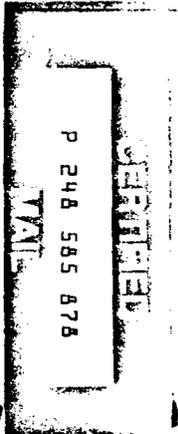
TOTAL Postage and Fees \$

Postmark or Date



Amoco Production Company  
Post Office Box 3092  
Houston, Texas 77253

Estate of Rosewood Metler, Deceased  
c/o A. V. Metler  
3701 Haynie  
Dallas, TX 75205



MET 01 090478N1 09/04/86  
NO FORWARDING ORDER ON FILE  
UNABLE TO FORWARD

