

Jim Bruce will be bringing something over.

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF VIRGINIA P. UHDEN,
HELEN ORBESEN, AND CAROLL O. HOLMBERG
TO VACATE ORDER NOS. R-7588 AND R-7588-A,
AND TO ESTABLISH EIGHT NON-STANDARD
SPACING AND PRORATION UNITS, SAN JUAN
COUNTY, NEW MEXICO.

No. 9129

AFFIDAVIT REGARDING NOTICE

The undersigned, the attorney for applicants herein, states as follows: The notice provisions of Rule 1207 have been complied with. Applicants have conducted a good faith, diligent effort to find the correct address of all interested persons entitled to receive notice in this case, by means of hiring a petroleum landman to search the records of the County Clerk of San Juan County, New Mexico. Pursuant to Division Rule 1207, notice has been given to each party identified on Exhibit No. 1 attached hereto by certified mail, return receipt requested. Copies of the return receipts are attached hereto as Exhibit No. 2.

James Bruce

James Bruce
Post Office Box 2068
Santa Fe, New Mexico 87504-2068
(505) 982-4554

SUBSCRIBED AND SWORN TO before me this 19th day of January, 1988 by James Bruce.

Jose Romero
Notary Public

My Commission Expires:

Aug. 15, 1991

#2

HINKLE, COX, EATON, COFFIELD & HENSLEY

ATTORNEYS AT LAW

218 MONTEZUMA

POST OFFICE BOX 2068

SANTA FE, NEW MEXICO 87504-2068

(505) 982-4554

2800 CLAYDESTA NATIONAL BANK BUILDING

POST OFFICE BOX 3580

MIDLAND, TEXAS 79702

(915) 683-4691

1700 TEXAS AMERICAN BANK BUILDING

POST OFFICE BOX 9238

AMARILLO, TEXAS 79105

(806) 372-5569

700 UNITED BANK PLAZA

POST OFFICE BOX 10

ROSWELL, NEW MEXICO 88201

(505) 622-6510

December 31, 1987

LEWIS C. COX
PAUL W. EATON
CONRAD E. COFFIELD
HAROLD L. HENSLEY JR.
STUART D. SHANDOR
C. D. MARTIN
PAUL J. KELLY JR.
OWEN M. LOPEZ
DOUGLAS L. LUNSFORD
T. CALDER EZZELL JR.
WILLIAM B. BURFORD*
RICHARD E. OLSON
RICHARD A. SIMMS
RICHARD R. WILFONG*
STEVEN D. ARNOLD
JAMES J. WECHSLER
NANCY S. CUSACK
JEFFREY L. FORNACIARI
JEFFREY D. HEWETT*
JAMES BRUCE
JERRY F. SHACKELFORD*
JEFFREY W. HELLBERG*

ALBERT L. PITTS
THOMAS M. MNASKO
JOHN C. CHAMBERS*
FRED W. SCHWENDIMANN
THOMAS D. HAINES, JR.
FRANKLIN H. McCALLUM*
ALLEN G. HARVEY
GREGORY J. NIBERT
DAVID T. MARKETTE*
JAMES R. McADAMS*
JAMES M. HUDSON
MACDONNELL GORDON
REBECCA NICHOLS JOHNSON
PAUL R. NEWTON
WILLIAM R. JOHNSON
AREN M. RICHARDSON*
ELLEN S. CASEY
JAMES C. BROCKMANN
SUSAN L. NIESER*
MARK A. WILSON*

OF COUNSEL
O. M. CALHOUN
MACK EASLEY
JCE W. WOOD
STEPHEN L. ELLIOTT

CLARENCE E. HINKLE (1904-1985)
W. E. BONDURANT, JR. (1913-1973)
ROY C. SNOODGRASS, JR. (1915-1987)

*NOT LICENSED IN NEW MEXICO

To: Persons Listed on Exhibit A

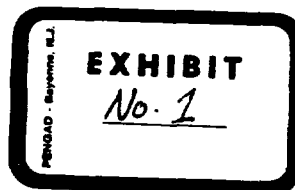
Enclosed to each of you is an Amended Application filed by Virginia P. Uhden et al. in New Mexico Oil Conservation Division Case No. 9129. This case seeks to vacate Division Order Nos. R-7588 and R-7588-A as to the applicants, and to establish certain 160 acre spacing and proration units as specified therein. This matter is set for hearing before the New Mexico Oil Conservation Division on Wednesday, January 20, 1988, in Santa Fe, New Mexico.

Very truly yours,

HINKLE, COX, EATON,
COFFIELD & HENSLEY


James Bruce

JGB:jr
Enclosure



DEC 29 1987

OIL CONSERVATION DIVISION

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF VIRGINIA P.
 UHDEN, HELEN ORBESEN, and
 CARROLL O. HOLMBERG
 TO VACATE ORDER NOS.
 R-7588 and R-7588-A, AND TO
 ESTABLISH EIGHT NON-STANDARD
 SPACING AND PRORATION UNITS,
 SAN JUAN COUNTY, NEW MEXICO

No. 9129

AMENDED APPLICATION

Virginia P. Uhdén, Helen Orbesen, and Carroll O. Holmberg hereby apply for an order vacating Division Order Nos. R-7588 and R-7588-A as to Applicants insofar as they establish 320 acre spacing, and to establish eight non-standard spacing and proration units in Sections 28 and 33, Township 32 North, Range 10 West, N.M.P.M., and in support thereof would show:

1. Division Order No. R-7588, effective February 1, 1984, established Temporary Special Rules and Regulations for the Cedar Hill-Fruitland Basal Coal Pool, including a provision for 320 acre spacing. The horizontal limits established for the pool are:

TOWNSHIP 31 NORTH, RANGE 10 WEST, NMPM
 Sections 3 through 6: All

TOWNSHIP 32 NORTH, RANGE 10 WEST, NMPM
 Sections 19 through 22: All
 Sections 27 through 34: All

comprising 10,240 acres, more or less,
 all in San Juan County, New Mexico.

2. Division Order No. R-7588-A, dated March 7, 1986, made permanent the Special Rules of Order No. R-7588.

3. Applicants are mineral interest owners within said pool, and are adversely affected by the issuance of Order Nos. R-7588 and R-7588-A.

4. Applicants were not given actual notice of either Case No. 8014 or Case No. 8014 (reopened), which resulted in Order Nos. R-7588 and R-7588-A, respectively, and did not learn of the orders until the summer of 1986 when Amoco Production Company (the applicant in said cases) belatedly notified Applicants of the spacing change.

5. Applicants' addresses were known to Amoco Production Company before Case No. 8014 was filed.

6. As a result, Applicants had no opportunity to appear and present evidence in opposition to the applications of Amoco Production Company, their due process rights were violated, and the orders are invalid as to them.

7. Had applicants been notified of Case Nos. 8014 and 8014 (reopened), they would have appeared to protest the applications of Amoco Production Company to increase well spacing, to protect their rights.

8. Prior to February 1, 1984, gas wells drilled to the Fruitland formation were drilled on 160 acre spacing and proration units.

9. The first wells drilled in said pool were drilled and spaced on 160 acre units, and were located in the area of Sections 28 and 33, Township 32 North, Range 10 West.

10. The first wells drilled in said pool were in communication. As a result, due to the nature of coal-bed gas

production, because of current well placement and the patterns of drainage in said pool, and to protect correlative rights due to drainage, Sections 28 and 33, Township 32 North, Range 10 West, N.M.P.M., should be developed on eight 160 acre spacing and proration units, with production limitations on wells located within said sections.

11. The matters urged by applicants herein are in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, Applicants request that the Division enter its Order vacating Order Nos. R-7588 and R-7588-A as to them and establishing 160 acre spacing and proration units in said Sections 28 and 33, with appropriate production limitations; alternatively, Applicants request the Division to make said spacing orders effective as to Applicants as of the date notice was provided to Applicants by Amoco Production Company.

HINKLE, COX, EATON,
COFFIELD & HENSLEY

BY

*Contributors
cant do*



James Bruce
Post Office Box 2068
Santa Fe, New Mexico 87504-2068
(505) 982-4554

Attorneys for Applicants

EXHIBIT A

1. Thelma Graham, 124 S. Vann, Pryor, Oklahoma 74361.
2. First Interstate Bank of Arizona and Ruthellen Stark, Co-Trustees for Zella Mae Case under the last will and testament of Ben J. Case, deceased, c/o of First Interstate Bank of Arizona, P. O. Box 1871, Tucson, Arizona 85702.
3. Jerry C. Tankersley, P. O. Box 40174, Albuquerque, New Mexico 87196.
4. The Central Bank and Trust Company, 1515 Arapahoe Street, Denver, Colorado 80202.
5. Howard E. Henderson, 5809 N. 24th Place, Phoenix, Arizona 85016.
6. Betty J. Henderson, a/k/a Betty J. McDonald, 1021 Wagontrain Drive, S. E., Albuquerque, New Mexico 87123.
7. Alvina Jaquez, 311 Karlin, Aztec, New Mexico 87410.
8. Amoco Production Company, P. O. Box 800, Denver, Colorado 80201.
9. The Denver and Rio Grande Western Railroad Company, 1515 Arapahoe, Denver, Colorado 80202.
10. Thomas and Evelyn Bailey, 725 Northeast 15th, Oklahoma City, Oklahoma.
11. Bureau of Land Management, P. O. Box 1449, Santa Fe, NM 87504.
12. Edith and Carroll Payne, 645 Monroe, N. E. Albuquerque, New Mexico.
13. Robert Warren Umbach, domiciliary foreign personal representative of the Estate of Paul H. Umbach, deceased, P. O. Box 1648, Boulder, Colorado 80306.
14. Paul and Laura Albright, 7611 Kaywood, Dallas, TX.
15. Southland Royalty Company, c/o The Corporation Trust Company (registered agent), 1209 Orange St., Wilmington, Delaware 19801.
16. Unicon Producing Company, P.O. Box 2120, Houston, TX 77001.
17. UTP-CON, Inc., P.O. Box J-7, Aggieland Station, College Station, TX 77844.

18. Albert B. Logan, 411 Lakewood Circle, Colorado Springs, Colorado 80910.

19. Martha H. Logan, 411 Lakewood Circle, Colorado Springs, Colorado 80910.

20. Patricia L. Pitney, c/o Albert B. Logan, 411 Lakewood Circle, Colorado Springs, Colorado 80910.

21. O. L. and Melba E. Chapman, Hydroplant Road, Farmington, NM 87401.

22. Helen Clare Mills and Arnold Mills, 14113 31st Place, Yuma, AZ 83565.

23. Dorothy H. Mullins, Trustee, 930 Crestview, Farmington, NM 87401.

24. Lawrence C. Hayden, c/o Dorothy H. Mullins, 930 Crestview, Farmington, NM 87401.

25. Bernice Benfield, No. 5 Road 2345, Aztec, NM 87410.

26. Gordon Keith Benfield and Elizabeth Jane Benfield, Road 2900 No. 1129, Aztec, NM 87410.

27. A. P. Carr
W. P. Carr
W. P. Carr, Trustee
Catherine Carr Nichols
William Plack Carr, Jr.
Marvin Weatherby Carr
Marvin Weatherby Carr, Trustee
Mrs. J. A. Cosby, Jr.
R. B. Weatherby and J. W. Crossland, Trustees
Carr Petroleum Corp.
Carr Exploration Corp.

c/o Carr Petroleum Corp.
4849 Greenville Avenue, Suite 1100
Dallas, TX

28. Myra Cummins, 15 West Lake Drive, N. E., Albuquerque, New Mexico 87112.

29. Petroleum Funding Corporation, 1200 Corrigan Tower, Dallas, TX.

30. Glen A. and Luella Benfield, 401 Heiland, Aztec, NM 87410.

31. Benson C. Leeper and Ruby Leeper, Trustees, No. 1083 Road 2900, Aztec, NM 87410.

32. Wilbur and Dorothy Brewer, Route 1, Box 65-C, Aztec, NM 87410.

33. Margurite J. Cantrell, P.O. Box 639, 511 County Road 220, Durango, CO 81301.

34. Inez and Daniel McLeod, 40252 Calle Maceta de Flores, Green Valley, CA 91350.

35. L. E. and Doris Brown, No. 27 Road No. 2345, Aztec, NM 87410.

36. James and Vergie Cook, No. 18 Road 2350, Aztec, NM 87410.

37. Leon and Golden Stafford, 120 N. Church Avenue, Aztec, NM 87410.

38. Union Texas Petroleum, 375 U.S. Highway 64, Farmington, NM 87401.

39. Meridian Oil Inc., P. O. Box 4289, Farmington, NM 87499.

40. Joseph C. McClafferty, 2205 Ambassodor N.E., Apt. 233, Albuquerque, NM.

41. Lear Petroleum Partners Operating Company, L.P., 951 Energy Square, 4925 Greenville Avenue, Dallas, TX 75206.

42. Estate of Paul Umbach.
Lowell White Family Trust.
Walter A. Steele.
Estate of G. W. Hannett.
T. G. Cornish.
Patricia Hueter.
Mary Emily Voller
A. T. Hannett, II

c/o White & Steele
Suite 1400, The Chancery
1120 Lincoln Street
Denver, CO 80203

43. Bruce Wilkes
Joseph and Nancy Gray
c/o Alan D. Pauer, Attorney
4075 Main Street
Riverside, California 92501

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: *Albert H. Geyer*
411 Lakewood Circle
Colorado Springs, CO 80910

4. Article Number: *999-05-507*

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee: *Albert H. Geyer*

6. Signature - Agent: *Martha K. Geyer*

7. Date of Delivery: *1/17/88*

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.

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411 Lakewood Circle
Colorado Springs, CO 80910

4. Article Number: *999-05-507*

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee: *Albert H. Geyer*

6. Signature - Agent: *Martha K. Geyer*

7. Date of Delivery: *1/17/88*

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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3. Article Addressed to: *Albert H. Geyer*
411 Lakewood Circle
Colorado Springs, CO 80910

4. Article Number: *999-05-507*

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee: *Martha K. Geyer*

6. Signature - Agent: *Martha K. Geyer*

7. Date of Delivery: *1/17/88*

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

EXHIBIT
 No. 2

ILLEGIBLE

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

1. Article Addressed to: <i>[Illegible]</i>	4. Article Number: <i>[Illegible]</i>
2. Signature - Addressee <i>[Illegible]</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
3. Signature - Agent <i>[Illegible]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery: <i>[Illegible]</i>	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 boxes for additional service(s) requested.

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

1. Article Addressed to: <i>[Illegible]</i>	4. Article Number: <i>P3D7 995</i>
2. Signature - Addressee <i>[Illegible]</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
3. Signature - Agent <i>[Illegible]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery: <i>[Illegible]</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: <i>Benson, L. Leeper, Hwy 16 no. 1000 - Road 2700 AZtec, N.M. 87410</i>	4. Article Number: <i>P-484-057-520</i>
5. Signature - Addressee <input checked="" type="checkbox"/> <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
6. Signature - Agent <input checked="" type="checkbox"/> <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery: <i>[Illegible]</i>	8. Addressee's Address (ONLY if requested and fee paid) <i>[Postmark: FEB 2 1986]</i>

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

ILLEGIBLE

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: <i>Smithland Company 1209 10th Ave Wilmington, Delaware 19801</i>	4. Article Number: <i>P 487 055 50</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: <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED
6. Signature - Agent: <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery: <i>[Blank]</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: <i>[Illegible]</i>	4. Article Number: <i>P 487 055 50</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: <i>[Illegible]</i>	Always obtain signature of addressee or agent and DATE DELIVERED
6. Signature - Agent: <i>[Illegible]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery: <i>[Blank]</i>	

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

3. Article Addressed to: <i>Helen Marie Mills and Arnold Mills 1113 31st Place Yuma, AZ 83565</i>	4. Article Number: <i>P 487 055 512</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
5. Signature - Addressee: <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED
6. Signature - Agent: <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery: <i>JAN 5 1988</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

ILLEGIBLE

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:
*United Production Company
 P.O. Box 2120
 Houston, TX 77001*

4. Article Number:
P 484 055 506

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:
JAN 07 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:
*Robert Wood Johnson
 1502 2nd St
 07102*

4. Article Number:
P 484 055 995

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee:
[Signature]

6. Signature - Agent:
[Signature]

7. Date of Delivery:
1/6/86

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:
*The Venice and Rio Grande Western
 Railroad Company
 1515 Arapahoe
 Denver, Colorado 80202*

4. Article Number:
P 484 055 990

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:
1-4-88

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

ILLEGIBLE

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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: The Central Bank and Trust Co. 1635 Academy Street Denver, Colorado 80262		4. Article Number: P 307 891 1957	
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: 1/27/86		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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: MORRIS CARROLL 10412 151		4. Article Number: P 307 995 193	
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: 1/27/86		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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Leon J. Sollos Staffed 120 N. Church Ave Aztec, N.M. 87410		4. Article Number: P 307 995 189	
5. Signature - Addressee: X <i>Leon J. Sollos</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	
6. Signature - Agent: X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery: 1/27/86		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

ILLEGIBLE

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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Buck P.O. Box Santa Fe, NM 87501		4. Article Number: P30-7995-993	
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: MARCH 1987		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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Madden, Eric P.O. Box Farmington, NM		4. Article Number: P30-7995-157	
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: APR		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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Union Texas Petroleum 375 U.S. Highway 64 Farmington, NM 87401		4. Article Number: P30-7995-188	
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: 7-04-87 JPB		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, F. 1986 DOMESTIC RETURN RECEIPT

ILLEGIBLE

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:
 Joseph Parker
 P.O. Box 4011
 Albuquerque, NM 87196

4. Article Number
 P 307 445 182

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 [Signature]

7. Date of Delivery

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:
 Wilson, Dorothy Brewer

4. Article Number
 P 307 995 192

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 [Signature]

7. Date of Delivery

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:
 Alvina Juarez
 311 Karlin
 Aztec, NM 87410

4. Article Number
 P 484 055 988

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 [Signature]

7. Date of Delivery

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

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

ILLEGIBLE

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: M... 4... Colorado Springs, CO 80910	4. Article Number P 484 055 509
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>Sandra Harrison</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 1/16/86	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: D... and Melba F. Chapman 87110	4. Article Number P 484 055 311
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>Sandra Harrison</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 1/16/86	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: Bernice Benfield No. 5 Road 2345 Aztec, NM 87410	4. Article Number P 484 055 734
5. Signature - Addressee X <i>Bernice Benfield</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
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

ILLEGIBLE

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

3. Article Addressed to: First State Bank of Arizona P.O. Box 1871 Tucson, Arizona 85702	4. Article Number P 372 995 181
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 <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery 1-4-88	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: Lawrence Hayden Co Post Office Building 930 Main Street Farmington, NM 87401	4. Article Number P 484 055 514
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 1-2-88	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: Dorothy H. Mullins 930 Crossview Farmington, NM 87401	4. Article Number 1 484 055 513
5. Signature - Addressee X <i>[Signature]</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
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery 1-2-88	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

ILLEGIBLE

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: Edmond and Loretta Payne 644 Monroe New Alouquerque, NM	4. Article Number P-464-055-944
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 <i>Edmond Payne</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 1/2/87	

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: and Dennis Brown H-S Road, N.M.	4. Article Number P-484-055-514
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 <i>Dennis Brown</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	
7. Date of Delivery	

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: Loren A. and Luella Benfield 401 Heiland Aztec, N.M. 87410	4. Article Number P-307-995-191
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 <i>Luella Benfield</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 1-2-88	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

ILLEGIBLE

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

3. Article Addressed to: American Telephone Company P.O. Box 300 Denver, Colorado 80200	4. Article Number P 984-055-989
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 1-4-88	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Thelma Garton 2211 W. 11th Denver, CO 80202	4. Article Number P 387-995-180
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 1-4-88	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: Gordon Keith Benfield and Elizabeth Jane Benfield Road 2400 No. 1124 Aztec, N.M. 87410	4. Article Number P 484-055-575
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 1-2-88	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

ILLEGIBLE

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:
*Levi Pennington Postmaster
 Operating
 951 1/2
 4925 Greenville Ave
 Dallas, TX 75206*

4. Article Number
P 381 995 184

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
1/1/86

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:
*Howard Anderson
 560
 Houston, TX 77006*

4. Article Number
P 489 05 986

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
1-88

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:
*James & Vergie Cook
 No. 18 Road 2350
 Aztec, NM 87410
 Dona Blum*

4. Article Number
P 307 995 190

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
1-2-88

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

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

ILLEGIBLE

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 Paul Umbo
270 White + Steele
Suite 1400, The Chancery
1120 Lincoln Street
Denver, CO 80203

4. Article Number:
P-484-055-522

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
JAN 1 1988

Always obtain signature of addressee or agent and DATE DELIVERED.

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

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:
Lower White + Steele Trust
270 White + Steele
Suite 1400, The Chancery
1120 Lincoln Street
Denver, CO 80203

4. Article Number:
P-484-055-523

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
JAN 2 1988

Always obtain signature of addressee or agent and DATE DELIVERED.

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

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:
Walter A. Steele
270 White + Steele
Suite 1400, The Chancery
1120 Lincoln Street
Denver, CO 80203

4. Article Number:
P-484-055-524

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
JAN - 2 1988

Always obtain signature of addressee or agent and DATE DELIVERED.

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

ILLEGIBLE

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:
 2515 1/2 G...
 Suite 1400, The Chancery
 1120 Lincoln Street
 Denver, CO 80203

4. Article Number
 P-484-055-526

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
 JAN 1 1988

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:
 1120 Lincoln Street
 Suite 1400
 Denver, CO 80203

4. Article Number
 P-484-055-526

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
 JAN 1 1988

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:
 Patricia Hueber
 210 White & Steele
 Suite 1400, The Chancery
 1120 Lincoln Street
 Denver CO, 80203

4. Article Number
 P-484-055-527

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
 JAN - 2 1988

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

PS Form 3811 **ILLEGIBLE** **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:
 Mary Emily Voller
 Clo White & Steele
 Suite 1400, The Chancery
 1120 Lincoln Street
 Denver, Co 80203

4. Article Number
 7-484 055 528

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 *Stephen Herd*

7. Date of Delivery
 JAN - 2 1988

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:
 Mrs. Harbette F. F.
 Clo White & Steele
 Suite 1400, The Chancery
 1120 Lincoln Street
 Denver, Co 80203

4. Article Number
 7-484 055 529

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
 JAN - 1 1988

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:
 A.P. Carr
 Carr Petroleum Corp.
 4844 Greenville Ave. Suite 1100
 Dallas, Texas

4. Article Number
 7-484 055 536

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 *Walter Keenan*

7. Date of Delivery
 1/5/88

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

ILLEGIBLE

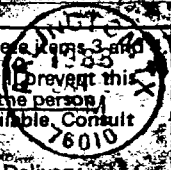
● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered 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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: W.P. Co. 46 Carr Petroleum Corp. 4849 Greenville Avenue, Suite 1100 Dallas, Texas		4. Article Number P 484 055 578	
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 <i>Walter Freeman</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 1-14-88		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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: W.P. Co. 46 Carr Petroleum Corp. 4849 Greenville Avenue, Suite 1100 Dallas, Texas		4. Article Number P 484 055 579	
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 <i>Walter Freeman</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 1-14-88		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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Catherine Carr Nichols 46 Carr Petroleum Corp. 4849 Greenville Ave, Suite 1100 Dallas, Texas		4. Article Number P 484 055 540	
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	
6. Signature - Agent X <i>Walter Freeman</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 1-14-88		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Feb.

DOMESTIC RETURN RECEIPT

ILLEGIBLE

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: Marvin Weatherby Corp 4849 Greenville Ave, Suite 1100 Dallas, Texas	4. Article Number: P 484 055 541
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>Alvin Keena</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 1-4-88	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: Marvin Weatherby Corp 4849 Greenville Ave, Suite 1100 Dallas, Texas	4. Article Number: P 484 055 542
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>Alvin Keena</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 1-88	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: Marvin Weatherby Corp, Trustee 4849 Greenville Ave, Suite 1100 Dallas, Texas	4. Article Number: P 484 055 547
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>Alvin Keena</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 1-4-88	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

ILLEGIBLE

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:
 Mrs. J. B. Weather
 Co. Carr Petroleum Corp.
 4849 Greenville Ave., Suite 1100
 Dallas, Texas

4. Article Number
 P 489 053 544

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 *Althea Freeman*

7. Date of Delivery
 1-4-88

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:
 R. B. Weather
 Co. Carr Petroleum Corp.
 4849 Greenville Ave., Suite 1100
 Dallas, Texas

4. Article Number
 P 489 053 545

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 *Althea Freeman*

7. Date of Delivery
 1-4-88

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

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:
 Carr Petroleum Corp.
 Co Carr Petroleum Corp.
 4849 Greenville Ave., Suite 1100
 Dallas, TX

4. Article Number
 P 304 495 194

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 *Althea Freeman*

7. Date of Delivery
 1-4-88

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

PS Form 3811, Feb. DOMESTIC RETURN RECEIPT

ILLEGIBLE

LAW OFFICES

HINKLE, COX, EATON, COFFIELD & HENSLEY

POST OFFICE BOX 2068

SANTA FE, NEW MEXICO 87504-2068

ADDRESSEE UNKNOWN

*Unknown
off top*

Petroleum Funding Corporation
1200 Corrigan Tower
Dallas, TX

Fold at line over top of envelope to the
back of the return address.

CERTIFIED

P-484 055 519

MAIL

LAW OFFICES

HINKLE, COX, EATON, COFFIELD & HENSLEY

POST OFFICE BOX 2068

SANTA FE, NEW MEXICO 87504-2068

RECEIVED
JAN 11 1988

JAN 11 1988

Hinkle, Cox, Eaton, Coffield & Hensley
Santa Fe, New Mexico 87501

*AT Home pick
Mort K. Hensley*

~~1-11-88~~
1-4-88
FIRST NOTICE

2ND NOTICE

Return

PS Form 3849
Oct 1985

Paul and Laura Albright
611 Kaywood
Dallas, TX

RETURNED TO SENDER
ATTEMPTED FROM 75200
NOT KNOWN

CLAIM CHECK NO.

088650

HOLD

DATE
JAN 11 1988

FIRST NOTICE

2ND NOTICE

RETURN

Fold at line over top of
back of the return

CERTIFIED

P-484 055 996

MAIL

Detached from
PS Form 3849-A
Oct. 1980

P 307 995 195

RECEIPT FOR CERTIFIED MAIL

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

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

PS Form 3800, June 1985

Sent to	
Carr Exploration Corp.	
Special Agent in Charge	
4849 Greenville Av. Suite 100	
P.O. State and ZIP Code	
Dallas, TX	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.70
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	

P-484 055 991

RECEIPT FOR CERTIFIED MAIL

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

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

PS Form 3800, June 1985

Sent to	
Thomas and Evelyn Bailey	
Street and No	
725 Northeast 15th	
P.O. State and ZIP Code	
Oklahoma City, Oklahoma	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.70
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	

P-484 055 518

RECEIPT FOR CERTIFIED MAIL

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

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

PS Form 3800, June 1985

Sent to	
Myra Cummins	
Street and No	
15 West Lake Drive, N.E.	
P.O. State and ZIP Code	
Albuquerque, N.M. 87112	
Postage	\$.39
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.84
Postmark or Date	

P 307 995 186

RECEIPT FOR CERTIFIED MAIL

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

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

PS Form 3800, June 1985

Sent to	
Joseph C. McClafferty	
Street and No	
2205 Ambassador Dr. N.E.	
P.O. State and ZIP Code	
Apt. 233 Albuq. NM	
Postage	39
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	70
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	184
Postmark or Date	