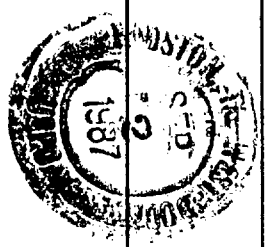
SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025494 9/8/87	AJM Company CEM Company EMM Company KAM Company KPM Company PGM Company TMM Company P. O. Box 758 Hobbs, Nm 88241				
025495 (9/3/87)	Amoco Production Company ATTN Mr. Dan Janik 502 West Lake Park Blvd. P. O. Box 3092 Houston, TX 77253				
025496 9/4/87	Arco Oil & Gas Company ATTN Mr. Dan C. Dodd P. O. Box 1610 Midland, TX 79702				
025497 9/8/87	Bravo Energy, Inc. ATTN Mr. Jay Janica P. O. Box 2160 Hobbs, NM 88241				
025498 delivered 9/8/87	Chevron U.S.A. Inc. ATTN Mr. John C. Prindle P. O. Box 670 Hobbs, NM 88240				
025499 9/4/87	Chevron U.S.A. Inc. ATTN Mr. Mickey Cohlmia P. O. Box 1150 Midland, TX 79702				
025500 9/4/87	Cities Service Oil & Gas Corp. ATTN Mr. Terry Lindquist P. O. Box 1919 Midland, TX 79702				
025501 9/4/87	Cities Service Oil and Gas Corp. ATTN Mr. Charles E. Creekmore P. O. Box 300 Tulsa, OK 74102				



Northeast Drinkard Unit
Exhibit Twelve
Cases 9230
9231
9232

Service List for Notice of Hearing:
Working Interest Owners Within
Proposed Unit Boundaries

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
8	EIGHT	DRE

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025502 9/4/87	Charles L. Cobb 1722 Broadway St. Lubbock, TX 79401-3014				
025503 9/4/87	Adeline Z. Cone P. O. Box 10321 Lubbock, TX 79408				
025504 9/4/87	S. E. Cone, Jr. P. O. Box 10321 Lubbock, TX 79408				
025505 9/4/87	Conoco, Inc. ATTN Mr. Donald Johnson P. O. Box 460 Hobbs, NM 88240				
025506 9/4/87	Conoco, Inc. ATTN Mr. Gene Shumate P. O. Box 1959 Midland, TX 79702				
025507 9/4/87	Devon Energy Corp. 20 N. Broadway Suite 1500 Oklahoma City, OK 73102				
025508 9/4/87	Exxon Company, U.S.A. ATTN Mr. R. R. Hickman P. O. Box 1700 Midland, TX 79702-1700				
025509 9/4/87	Felmont Oil Corporation P. O. Box 2266 Midland, TX 79702				
025510 9/4/87	Texaco, Inc. ATTN Mr. Joe E. King Broadmoor Building P. O. Box 728 Hobbs, NM 88240				
025511 9/4/87	Duer Wagner, Jr. ATTN Joe Hale 1420 Continental Plaza 777 Main Ft. Worth, TX 76012				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
10	10	DLS

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025512 9/8/87	Duer Wagner, III ATTN Joe Hale 1420 Continental Plaza 777 Main Ft. Worth, TX 76012				
025513 9/4/87	Ms. Jo-Ann Garrison 5221 Ira Fort Worth, TX 76117				
025514 9/4/87	John H. Hendrix Corp. 525 Midland Tower Midland, TX 79701				
025515 (no forwarding address)	Lavena Howard 1629 16th St., Apt . #8 Lubbock, TX 79401				
025516 9/4/87	Barbara Moran Jernigan P. O. Box 368 Hobbs, NM 88240				
025517 9/4/87	Marjorie Cone Kastman P. O. Box 5930 Lubbock, TX 79417				
025518	Katherine Adeline Cone Keck 1801 Avenue of the Stars Los Angeles, CA 90067				
025519 9/4/87	Marathon Oil Company ATTN Mr. Jim W. Nichols P. O. Box 552 Midland, TX 79702				
025520 9/4/87	Owen W. McWhorter, Jr. 3019 21st St. Lubbock, TX 79410				
025521 9/4/87	Meridian Oil Co. ATTN Mr. Tom Olle 21 Desta Drive Midland, TX 79705				
025522 9/4/87	Mobil Producing Texas and New Mexico, Inc. ATTN Joint Interest Manager P. O. Box 633 Midland, TX 79702				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
11	11	PRS

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025523 9/9/87	Ann W. Morris 2865 Macvicar Topeka, KS 66611				
025524 9/4/87	Phillips Petroleum Company ATTN Mr. Scott Maddox P. O. Box 1967 Houston, TX 77001				
025525 9/4/87	Republic Bank First National Midland Trustee of John E. Moran Trust No. 1 Account No. 323 303 West Wall P. O. Box 370 Midland, TX 79702				
025526 9/3/87	Linda B. Parrish and Linda Ann Parrish Richardson, Trustees U/W of M. C. Parrish, Jr. C/O Dana T. Richardson, Jr. P. O. Box 525 Willis, TX 77378				
025527 (refused 9/10)	Maryanne Riwinsky P. O. Box 9620 Fort Worth, TX 76107-0620				
025528 9/4/87	Polk Shelton 9110 Bluff Springs Road Austin, TX 78744				
025529 9/5/87	Irma Spear P. O. Box 206 Perkinston, MS 39573				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
7	Seven	DR

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

AJM Company
CEM Company
EIM Company
KAM Company
KPM Company
PGM Company
TNM Company
P. O. Box 758
Hobbs, NM 88241

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025494

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X C. E. Cooper
6. Signature – Agent: X D. Mingay
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

Amoco Production Company
ATTN Mr. Dan Janik
502 West Lake Park Blvd.
P. O. Box 3092
Houston, TX 77253

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025495

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: SEP 03 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

Arco Oil & Gas Company
ATTN Mr. Dan C. Dodd
P. O. Box 1610
Midland, TX 79702

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025496

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-487 DE
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

Bravo Energy, Inc.
ATTN Mr. Jay Janica
P. O. Box 2150
Hobbs, NM 88241

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025497

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X C. C. Cooper
6. Signature – Agent: X
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

Chevron U.S.A. Inc.
ATTN Mr. John C. Prindle
P. O. Box 670
Hobbs, NM 88240

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025498

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery:
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

Chevron U.S.A. Inc.
ATTN Mr. Hickey Cohlmia
P. O. Box 1150
Midland, TX 79702

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025499

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9487 DE
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

Cities Service Oil & Gas Corp.
ATTN Mr. Terry Lindquist
P. O. Box 1919
Midland, TX 79702

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025500

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: SEP -4 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

Cities Service Oil and Gas Corp.
ATTN Mr. Charles E. Creekmore
P. O. Box 300
Tulsa, OK 74102

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025501

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery:
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to

Charles L. Cobb
1222 Broadway St.
Lubbock, TX 79401-3014

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025502

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Adeline Z. Cone
P. O. Box 10321
Lubbock, TX 79408

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025503

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

LUBBOCK, TX DOWNTOWN STA SEP 1 1987 USPS

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

S. E. Cone, Jr.
P. O. Box 10321
Lubbock, TX 79408

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025504

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

LUBBOCK, TX DOWNTOWN STA SEP 1 1987 USPS

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Conoco, Inc.
ATTN Mr. Donald Johnson
P. O. Box 460
Hobbs, NM 88240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025505

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery 9.4.87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Conoco, Inc.
ATTN Mr. Gene Shumate
P. O. Box 1959
Midland, TX 79702

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025506

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Addie Johnson

6. Signature – Agent
X

7. Date of Delivery 9 4 87 DR

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Devon Energy Corp.
20 N. Broadway
Suite 1500
Oklahoma City, OK 73102

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025507

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Kim Walker

7. Date of Delivery SEP – 1 DR

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Exxon Company, U.S.A.
ATTN Mr. R. R. Hickman
P. O. Box 1600
Midland, TX 79702-1600

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025508

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Craig Lennard

7. Date of Delivery 9-4-87 DR

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

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Felmont Oil Corporation
P. O. Box 2266
Midland, TX 79702

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025509

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X L Nelson

7. Date of Delivery SEP 1 1987

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

DOMESTIC RETURN RECEIPT

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Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Texaco, Inc.
ATTN Mr. Joe E. King
Broadmoor Building
P. O. Box 728
Hobbs, NM 88240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025510

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Bill Nary

7. Date of Delivery 9.4.87 1510

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Duer Wagner, Jr.
ATTN Joe Pate
1420 Continental Plaza
777 Main
Ft. Worth, TX 76102

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025511

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Kathryn Gustavson

7. Date of Delivery SEP 04 1987

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Duer Wagner, III
ATTN Joe Hale
1420 Continental Plaza
777 Main
Ft. Worth, TX 76012

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025512

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
SEP 08 1987

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ms. Jo-Ann Garrison
5221 Ira
Fort Worth, TX 76117

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025513

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

John H. Hendrix Corp.
525 Midland Tower
Midland, TX 79701

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025514

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9/14/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Barbara Moran Jernigan
P. O. Box 368
Hobbs, NM 88240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025516

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Marjorie Cone Kastman
P. O. Box 5930
Lubbock, TX 79417

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025517

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
SEP 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Marathon Oil Company
ATTN Mr. Jim W. Nichols
P. O. Box 552
Midland, TX 79702

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025519

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
[signature]

7. Date of Delivery
9-4-87 AR

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Owen W. McWharter, Jr.
3019 21st St.
Lubbock, TX 79410

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025520

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

Meridian Oil Co.
ATTN Mr. Tom Olle
21 Desta Drive
Midland, TX 79705

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025521

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Darlene Hendershot
6. Signature - Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

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

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Mobil Producing Texas
and New Mexico, Inc.
ATTN Joint Interest Manager
P. O. Box 633
Midland, TX 79702

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025522

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X Richard Garcia
7. Date of Delivery: 9-4-87 DR
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

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

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

Ann W. Morris
2865 Macvicar
Topeka, KS 66611

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025523

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: SEP - 9 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

Phillips Petroleum Company
ATTN Mr. Scott Maddox
P. O. Box 1967
Houston, TX 77001

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025524

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid) SEP 4 1987

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

Republic Bank First National Midland
Trustee of John E. Moran Trust No. 1
Account No. 321
303 West Wall
P. O. Box 370
Midland, TX 79702

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025525

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X Frank Kraft
7. Date of Delivery: 9-4-87 DR
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

Linda B. Parrish and Linda Ann
Parrish Richardson, Trustees U/W
of M. C. Parrish, Jr.
C/O Dana T. Richardson, Jr.
P. O. Box 525
Willis, TX 77378

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025526

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9/5/87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery.

3. Article Addressed to:

Polk Shelton
9110 Bluff Springs Road
Austin, TX 78744

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025528

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9-4-87 (illegible)
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

Irma Spear
P. O. Box 206
Perkinston, MS 39573

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025529

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: SEP 21
8. Addressee's Address (ONLY if requested and fee paid)

PERKINSTON MS USPO

Shell Western E & P Inc.
2266

7001

CERTIFIED
No. 025515
RETURN RECEIPT REQUESTED

FIRST CLASS

SEP -2'87
TEX
P.M. METER
6701068
U.S. POSTAGE
1.84

IDER: Complete items 1, 2, 3 and 4.

ur address in the "RETURN TO" space on the side. Failure to do this will prevent this card from eturned to you. The return receipt fee will provide e name of the person delivered to and the date of y. For additional fees the following services are ble. Consult postmaster for fees and check box(es) vice(s) requested.

Show to whom, date and address of delivery.

Restricted Delivery.

rticle Addressed to:

Lavena Howard
1629 16th St., Apt . #8
Lubbock, TX 79401

Type of Service:
Registered ☐ Insured
Certified ☐ COD
Express Mail

Article Number
025515

ways obtain signature of addressee or agent and
ATE DELIVERED.

Signature – Addressee

Signature – Agent

Date of Delivery

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

Lavena Howard
1629 16th St., Apt . #8
Lubbock, TX 79401

HOM 29 070439N1 09/04/87

RETURN TO SENDER
NO FORWARDING ORDER ON FILE
UNABLE TO FORWARD

hell Western E & P Inc.
2266

CERTIFIED
No. 025527
RETURN RECEIPT REQUESTED

FIRST CLASS

HOUSTON TEX SEP -2'87

U.S.POSTAGE
1.84
PB.METER 67G1068

101

R: Complete items 1, 2, 3 and 4.

ldress in the "RETURN TO" space on the
. Failure to do this will prevent this card from
ned to you. The return receipt fee will provide
me of the person delivered to and the date of
or additional fees the following services are
onsult postmaster for fees and check box(es)
s) requested.

w to whom, date and address of delivery.

tricted Delivery

RETURNED TO SENDER
REFUSED

Addressed to:

nne Riwinsky
Box 9620
Worth, TX 76107-0620

t Service:

red ☐ Insured
ed ☐ COD
s Mail

Article Number
025527

tain signature of addressee or agent and
LIVERED.

ure – Addressee

ure – Agent

t Delivery

see's Address *(ONLY if requested and fee paid)*

RETURNED TO SENDER
REFUSED

Maryanne Riwinsky
R. O. Box 9620
Fort Worth, TX 76107-0620

REFUSED

RETURNED TO SENDER
REFUSED

9-1
9-9
9-11

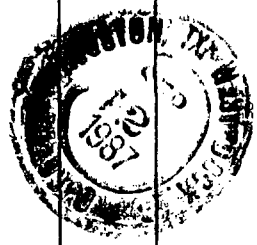
Ret'd 9/21

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025530 9/4/87	Adeline Z. Cone P. O. Box 10321 Lubbock, TX 79408				
025531 9/4/87	Minnie Turland Adams P. O. Box 121 Salado, TX 76571-0121				
025532 (9/3/87)	Amoco Production Company P. O. Box 201642 Houston, TX 77216-1641				
025533 9/4/87	Republic Bank Dallas N.A. Independent Executor U/W of Selma E. Andrews Trust #0518801 P. O. Box 241 Dallas, TX 75221-0241				
025534 9/3/87	Atlantic Richfield Company P. O. Box 201696 Houston, TX 77216-1696				
025535 (attempted without success)	Emma S. Turland Baker 607 Waco Road Belton, TX 76513				
025536 9/4/87	Helen Jane Christmas Selby P. O. Box 2767 Edmond, OK 73083-2767				
025537 9/4/87	New Mexico Bank & Trust Co. For Account of Opal Barton Hobbs, NM 88240				
025538 9/5/87	Roy G. Barton, Jr. P. O. Box 978 Hobbs, NM 88240-0978				
025539 9/5/87	Roy G. Barton, Jr., Trustee of Roy G. Barton, Sr. and Opal Barton Revocable Trust Box 978 Hobbs, NM 88240-0978				
025540 Refused (9/10/87)	Dixie Bennett 5600 Oakmont Lane Fort Worth, TX 76112				
025541 9/8/87	Richard C. Bennett 5017 Circle Ridge Drive Fort Worth, TX 76114				



ILLEGIBLE

Service List for Notice of Hearing:
Non-Working Interest Owners Within
Proposed Unit Boundaries

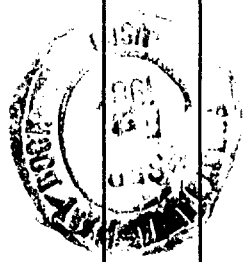
TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12	12	

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025542 9/3/87	Verda Bennett 4900 Ridge Oak Drive Austin, TX 78731				
025543 9/2/87	Dorothy P. Black 4615 Clybourn Avenue Toluca Lake, CA 91602				
025544 9/4/87	Republic National Bank Agency No. 631-00, Agent for Braille Institute of America Trust Oil and Gas Dept. P. O. Box 241 Dallas, TX 75221-0241				
025545 9/3/87	Joyce Ann Brown 909 North Alameda Las Cruces, NM 88001				
025546 9/3/87	Ronald J. Byers 1600 United Bank Tower 400 West Fifteenth Street Austin, TX 78701				
025547 9/4/87	S. E. Cone, Jr. P. O. Box 10321 Lubbock, TX 78=9408-0321				
025548 9/4/87	Harry Campbell, Jr. 708 Arrowhead Circle Garland, TX 75043				
025549 9/3/87	Sandra Chaskin 4951 Glenmeadow Houston, TX 77096				
025550 9/12/87	B. A. Christmas, Jr. Chico Route Raton, NM 87740				
025551 9/4/87	Bradford Ace Christmas P. O. Box 173 Wagon Mound, NM 87752-01				
025552 9/11/87	Candy Christmas P. O. Box 64278 Lubbock, TX 79464-4278				
025553 9/4/87	Charles H. Coll Box 1818 Roswell, NM 88201-1818				



TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12	12	DAE

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025554 9/4/87	James N. Coll Box 1818 Roswell, NM 88201-1818				
025555 9/4/87	Jon F. Coll Box 1818 Roswell, NM 88201-1818				
025556 9/4/87	Max W. Coll, II Box EE Santa Fe, NM 87502				
025557 9/4/87	Commissioner of Public Lands State of New Mexico P. O. Box 1148 Santa Fe, NM 87501-1148				
025558 9/8/87	J. R. Cone P. O. Box 10217 Lubbock, TX 79408-0217				
025559 9/11/87	Kathleen Wilmeth Cowart 1402 Sixteenth Street Plains, TX 79355				
025560 9/3/87	Ollie Gann Cowden Box 579 Carlsbad, NM 88220-0579				
025561 9/3/87	Charles Doyle Crain 3207 Park Hills Drive Austin, TX 78746				
025562 9/5/87	Cheryl Margaret Crain 7030 Meadow Creek Drive Dallas, TX 75240				
025563 9/3/87	Michael W. Crain 3625 Centenary Drive Dallas, TX 75225				
025564 9/8/87	Patricia Crain 901 South Coit, No. 1043 Richardson, TX 75080				
025565 9/5/87	Roxann K. Crain 7030 Meadow Creek Dallas, TX 75240				
025566 9/8/87	Walter Robert Crain Thanksgiving Tower, Suite 960 Box 50 Dallas, TX 75201-0050				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
13	13	

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025567 delivered (9/4/87?)	Billie June Crow P. O. Box 643 Roswell, NM 88201-0643				
025568 9/14/87	Earl D. Crow Route 3, Box 3177 Pearland, TX 77581				
025569 9/4/87	RepublicBank First National Midland, Trustee for Jessie Blevins Crump Trust #1069 P. O. Box 270 Midland, TX 79702-0270				
025570 9/2/87 (?)	David C. Bevins & Texas American Bank, Co-Trustees of Joe & Jessie Crump Fund #2312 Drawer No. 99033 Fort Worth, TX 76199				
025571 9/4/87	Margaret Hamm Curry P. O. Box 135 Montgomery, TX 77356-0135				
025572 9/4/87	Edwin L. Cox, Trustee of DEF Trusts 3800 First National Bank Building 1400 Elm Dallas, TX 75202				
025573 9/11/87	Juanelle G. Wilmeth Daldal 87 Pine Oaks Road Oroville, CA 95965				
025574 9/4/87	June P. Danglade Drawer 1687 Lovington, NM 88260				
025575 9/4/87	Miller Daniel P. O. Box 3728 Lubbock, TX 79452-3728				
025576 9/4/87	Elizabeth Dekker 6535 West 114th Avenue Westminster, CO 80020				
025577 9/5/87	Greg Dodd 154 East 29th Street, #6G New York, NY 10016				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
11	11	DRE

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025578	Monte Sue Dodd 17314-48th Terr. So. Ct. Independence, MO 64055				
025579 9/4/87	Bank of California NA, Trustee of Betty Kyte Dreessen Trust Nos. 2-2010 and 2-2013 Real Estate Operations P. O. Box 7629 San Francisco, CA 94119-7629				
025580	Betty M. Dreessen, Trustee of the Betty M. Breessen Revocable Living Tust P. O. Box 817 Los Altos, CA 94022-0817				
025581 9/9/87	Edward Dreessen, Jr. P. O. Box 416 Los Altos, CA 94022-0416				
025582 9/4/87	Juanelle Jones Dunn 1120 Linda Vista Avenue Napa, CA 94558				
025583 9/4/87	Charles L. Cobb 1722 Broadway Street Lubbock, TX 79401-3014				
025584 9/4/87	Elliott Oil Company P. O. Box 1355 Roswell, NM 88201-1355				
025585 9/4/87	Fairway Oil & Gas Co. P. O. Box 2280 Midland, TX 79702-2280				
025586 9/4/87	First National Bank of Midland Trustee for Trust No. 320 P. O. Box 270 Midland, TX 79702-0270				
025587 9/4/87	First National Bank of Midland Trustee for Trust No. 319 P. O. Box 270 Midland, TX 79702-0270				
025588 9/4/87	Catherine Ruth Hamm D Hemecourt Star Route 3, Box 751 New Braunfels, TX 78130				
025589 9/8/87	Theresa Morrow Hamm 1819 Cypress Rapids Drive New Braunfels, TX 78130				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12	12	DRE

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025590	William Edward Hamm 1226 Clearwater New Braunfels, TX 78130				
025591 9/4/87	Owen W. McWhorter 3019 21st Street Lubbock, TX 79410				
025592 9/4/87	Hamon Operating Company c/o Fina Oil & Chemical Co. P. O. Box 2159 Dallas, TX 75221-2159				
025593 9/4/87	Polk Shelton 9110 Bluff Springs Road Austin, TX 78744				
025594 9/4/87	Hanaho, Ltd. P.O. Box 2280 Midland, TX 79702-2280				
025595 9/4/87	First National Bank Lubbock, Successor Trustee of J. E. Simmons Test Trust B F/B/O Mary Jane Hand Trust Department Account #101-3084 P. O. Box 1242 Lubbock, TX 79408-1242				
025596 9/4/87	First National Bank Lubbock, Successor Trustee of Beulah H. Simmons Test Trust B F/B/O Mary Jane Hand Trust Department Account #101-3068 P. O. Box 1241 Lubbock, TX 79408-1241				
025597 9/4/87	Juanita L. Harris 2125 North 20th Abilene, TX 79603				
025598 9/4/87	Edith Minnie Harsin 15713 Osage Avenue Lawndale, CA 90260				
025599 9/4/87	Hendrick Medical Center 1242 North 19th Street Abilene, TX 79601				
025600 9/4/87	J. H. Herd Box 130 Midland, TX 79702-0130				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
11	11	

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025601 9/4/87	Homer Herring Route 21, Box 428A Tyler, TX 75709				
025602 9/4/87	La Verne Herring 2105 43rd Street Snyder, TX 79515				
025603 9/9/87	Ray Herring Box 17 Fluvanna, TX 79517-0017				
025604 forwarding order expired	Curtis Wayne Holden 309 Gorman Belen, NM 87002				
025605 9/5/87	Mary T. Christmas Holladay P. O. Box 11041 Spring, TX 77391-1041				
025606 9/4/87	Howard P. Holmes Box 667 Hobbs, NM 88240-0667				
025607 9/4/87	Pearlie Hopkins 1902 White Killeen, TX 76541				
025608 Returned (9/4/87)	Hunter Oil Corporation 2020 Civic Circle Amarillo, TX 79109				
025609 9/4/87	Felmont Oil Corporation P. O. Box 2266 Midland, TX 79702-2266				
025610 9/5/87	Evelyn Jeter HCR 7, Box 152 Lamesa, TX 79331				
025611	Nancy June Johnson 3257 Wabash Fort Worth, TX 76109				
025612 9/4/87	Alice Jones 1915 - 30th Street Lubbock, TX 79411				
025613 9/8/87	First National Bank, Successor Co-Trustee & Jerry D. Jones, Co-Trustee of Belinda Jones Trust P. O. Box 1626 Levelland, TX 79336-1626				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
13	13	

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025614 9/9/87	First National Bank, Successor Co-Trustee & Jerry D. Jones Co-Trustee of Deann Jones Trust P. O. Box 1626 Levalland, TX 79336-1626				
025615 9/4/87	Nelva Ruth Herring Jones Route 1, Box 26 Fluvanna, TX 79517				
025616 9/7/87	Jones Robinson Company P. O. Box 2076 Roswell, NM 88201-2076				
025617 9/4/87	Thurman Jones, Jr. 14829 SE Fairwood Boulevard Renton, WA 98055				
025618 (no forwarding address)	Lavena Howard 1629 Sixteenth Street, Apt. #8 Lubbock, TX 79408				
025619	Katherine Cone Kleck 1801 Avenue of the Stars, Suite 430 Los Angeles, CA 90067				
025620 9/4/87	Marjorie Cone Kastman P. O. Box 5930 Lubbock, TX 79408-5930				
025621 9/4/87	Aubrey E. Kenyon P. O. Box 911 Hobbs, NM 88240-0911				
025622 9/4/87	David Bond Kyte c/o Estado Home Loan Co. Ste B 1900 State Street Santa Barbara, CA 93101				
025623 9/10/87	Betty M. Dreessen and Ingrid Powell, Trustees of the Mariee I. Kyte Revocable Living Turst P. O. Box 749 Los Altos, CA 94022-0749				
025624 9/10/87	Edward David Ladner 2116 South Detroit Avenue Tulsa, OK 74114				

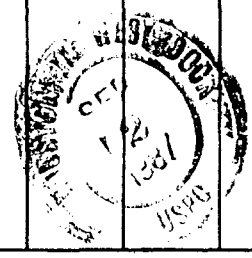
TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
11		

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025625 9/4/87	Helen Louise Ladner 1020 North Corona Colorado Springs, CO 80903				
025626 9/10/87	Mildred M. Ladner 2116 South Detroit Avenue Tulsa, OK 74114				
025627 9/4/87	Allie M. Lee Trust United New Mexico Trust Co., Trustee P. O. Box 1977 Roswell, NM 88201-1977				
025628 9/3/87	Kay Levy 410 Menking Court Houston, TX 77024				
025629 9/4/87	Sue Herring Lloyd Star Route Fluvanna, TX 79517				
025630 delivered 9/8/87	Jerry W. Love 1109 Lindsey Circle Belton, TX 76513				
025631 9/4/87	Johnnie A. Love Route 4, Box 261F Caldwell, TX 77836				
025632 9/4/87	Margaret L. Mahon, Individually and Independent Executrix of the Estate of D. D. Mahon 3307 38th Street Lubbock, TX 79413				
025633 9/5/87	Violet Malaby 4571 Colver Road Talent, OR 97540				
025634	Billie Joe Markham 6524 East Julep Street Mesa, AZ 85205				
025635 9/4/87	C. B. Markham, Jr. 5090 Coors Road SW, No. 35 Albuquerque, NM 87105				
025636 9/4/87	Jack Markham First National Pioneer Building 1500 Broadway, Suite 1212 Lubbock, TX 80401				



TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12	12	

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025637 9/8/87	John Markham Route 2, Box 143 Idalou, TX 79329				
025638	Susan Crain Matsuura 178 Kaiiko Drive Honolulu, HI 96786				
025639 9/5/87	Joyce Matzenbacker 4110 NE 103 Road St. Vancouver, WA 98665				
025640	Malcolm McDuffie 711 East Walnut Street, Room 206 Pasadena, CA 91101				
025641 9/5/87	Joyce McGough 4110 NE 103 Road Street Vancouver, WA 98665				
025642 9/4/87	Interfirst Bank Dallas, N.A., Agent for Methodist Home, A Texas Non-Profit Corporation Department No. 0738 P. O. Box 84738 Dallas, TX 75284-0738				
025643 9/4/87	Lou Francis Mahon 9715 Tiltree Houston, TX 77075				
025644 9/4/87	J. Hiram Moore, Betty Jane Moore & Michael Harrison Moore, Trustees of The Moore Trust P. O. Box 10908 Midland, TX 79702-0908				
025645 9/4/87	Jo Ann Howard Garrison 5221 Ira Fort Worth, TX 76117				
025646 9/4/87	The Moran Partnership P. O. Box 1919 Hobbs, NM 88241-1919				
025647 9/4/87	Reese Cleveland c/o First City National Bank of Midland Account #50-110-00 P. O. Box 10966 Midland, TX 79702-0966				

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11	11	

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SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025648 delivered (9/4/87?)	Albert Lee Newsom and Dora B. Newsom, Trustees of the Newsom Revocable Living Trust 3383-C Punta Alta Laguna Hills, CA 92653				
025649 9/4/87	Lula C. Peterson, Representative for Estate of Arthur J. Pierce c/o First National Bank Account #115-39-23 P. O. Box 697 Destin, FL 32541-0697				
025650 9/10/87	Ingrid K. Powerll P. O. Box 416 Los Altos, CA 94022-0416				
025651 9/5/87	Robert C. Prater Box 1135 Hobbs, NM 88240-1135				
025652 delivered (9/4/87?)	Pete Proctor, Personal Ancillary Representative of the Estate of Julia Ruth Markham Proctor 2506 Redbud Odessa, TX 79761				
025653 9/4/87	Fannye Gae Ratcliff 2248 Demaret Drive Mesa, AZ 85205				
025654 9/9/87	Ann W. Morris 2865 Mac Vicar Topeka, KS 66611				
025655 9/5/87	Martha Rips 122 Bartlett San Antonio, TX 78209				
025656 9/5/87	Mary Patricia Ladner Robertson 1209 Canal Road R.D. 1 Princeton, NJ 08540				
025657	Iris Rigers P. O. Box 8044 Roswell, NM 88202-8044				
025658 9/4/87	Robert L. Rorschach 320 South Boston Avenue, Suite 708 Tulsa, OK 74103				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
11	(11)	

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SHELL WESTERN E & P INC.
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HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025659 9/4/87	Interfirst Bank Dallas N.A. Escrow Agent for Sabine Royalty Trust Department No. 0887 Dallas, TX 75284-0887				
025660	Charles D. Sands P. O. Box 314 Elephant Butte, NM 87935-0314				
025661 9/4/87	Shriners Hospital for Crippled Children P. O. Box 0050 Tampa, FL 33655-0050				
025662 9/5/87	Blanche Shulie 160 East Fargo Street Stockton, CA 95204				
025663 9/4/87	June D. Speight Drawer 1687 Lovington, NM 88260				
025664 9/3/87	Eula Splittgerber Route 2, Box 2255 Belton, TX 76513				
025665 9/4/87	First National Bank Lubbock, Successor Trustee of J. E. Simmons Test Trust A, F/B/O Jean S. Sullican Trust Department, Account #101-3076 P. O. Box 1241 Lubbock, TX 79408-1241				
025666 9/4/87	First National Bank Lubbock, Successor Trustee of Beulah H. Simmons Test Trust A, F/B/O Jean S. Sullivan Trust Department, Account #101-3033 P. O. Box 1241 Lubbock, TX 79408-1241				
025667 9/5/87	Judith A. Becker 4231 Maple Lane Carmichael, CA 95608				
025668 9/4/87	Cassie M. Turland Tabor Route 1, Box 273 Salado, TX 76571				
025669 9/4/87	Joe F. Taylor 3002 Brentwood Amarillo, TX 79106				

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11	11	

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SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025670 9/3/87	Tenneco Oil Company Southwestern Division P. O. Box 100143 Houston, TX 77212-0143				
025671	Jo Dell Terrel Box 247 Magdalena, NM 87825-0247				
025672 9/4/87	Texaco, Inc. P. O. Box 3109 Midland, TX 79702-3109				
025673 (forwarding time expired 9/10/87)	Carolyn Wilmeth Truss 5101 Leonard Road Box 59 Bryan, TX 77801-0059				
025674 (refused)	A. A. Turland 1900 South Wall Belton, TX 76513				
025675 9/8/87	Ace Turland 610 Carmen Killeen, TX 76541				
025676	Ann Turland 1700 Hooten Killeen, TX 76541				
025677 9/4/87	Billie T. Turland Box 479 Ozona, TX 76943-0479				
025678 9/14/87	Charles G. Turland Box 26584 Austin, TX 78755-6584				
025679 9/5/87	Donald Turland 9331 Forest Lane, Apt. 1117 Dallas, TX 75243				
025680	Dorothy D. Turland 200 Mitchell Belton, TX 76513				
025681 9/4/87	Margaret Ethel R. Turland P. O. Box 658 Ozona, TX 76943-0658				
025682	Pat Turland 1700 Hooten Killeen, TX 76541				

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13	13	DKE

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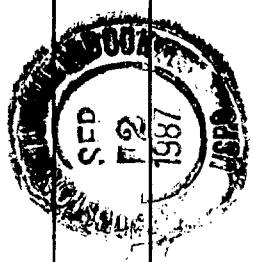
SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025683 9/4/87	William H. Turland 1308 South 51st Street Temple, TX 76501				
025684 9/4/87	J. M. Welborn First National Pioneer Building 1500 Broadway, Suite 1212 Lubbock, TX 79401				
025685 9/5/87	Sallie Mae White 3418 36th Street Lubbock, TX 79413				
025686 9/4/87	Bonnie J. Wilmeth 2809 Peoria Avenue Lubbock, TX 79410				
025687 9/5/87	Billie Jean Wilmeth, Attorney in Fact for Elton Wilmeth 5115 47th Street Lubbock, TX 79414				
025688 9/9/87	Mack Wilmeth 1202 East Ward Street Brownfield, TX 79316				
025689 9/5/87	Mitchell Wilmeth 1163 East 25th Street San Angelo, TX 79303				
025690 9/3/87	Ross Alton Wilmeth 2427 West Main Houston, TX 77098				
025691 9/5/87	Thorn T. Wilmeth P. O. Box 298 Ralls, TX 79357-0298				
025692 9/8/87	Tandy Sueann Wilmeth 1163 East 25th Street San Angelo, TX 76903				
025693 9/9/87	Valley Sue Wilmeth 3720 33rd Street Lubbock, TX 79410				
025694 9/1/87	W. C. Wilmeth P. O. Box 69 Plains, TX 79355-0069				
025695 9/4/87	The Wiser Oil Company Department L 454 P Pittsburgh, PA 15264				



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SHELL WESTERN E & P INC.
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HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
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NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025696 9/4/87	United States Department of the Interior Bureau of Land Management New Mexico State Office ATTN Mr. Joseph M. Montoya Federal Building, South Federal Place P. O. Box 1449 Santa Fe, NM 87504-1449				
025697	John William Nichols P. O. Box 2177 Midland, TX 79701-2177				
025698 9/4/87	First National Bank of Midland Trustee for Trust #2071-12 Christopher Perkins Nichols P. O. Box 270 Midland, TX 79702-0270				
025699 9/5/87	Judith A. and Donald T. Becker 4231 Maple Lane Carmichael, CA 95608				
025700 9/5/87	Judith A. Becker 4231 Maple Lane Carmichael, CA 95608				
025701 9/4/87	Pauline Cowden P. O. Box 5316 San Angelo, TX 76902-5316				
025702 9/4/87	Louise P. Slagle P. O. Box 26509 Benbrook, TX 76126-6509				
025703 9/4/87	First National Bank Midland Trustee Under Trust #1055 P. O. Box 270 Midland, TX 79702-0270				
025704 9/5/87	Joe Gant P. O. Box 909 Carlsbad, NM 88220-0909				
025705 9/4/87	Teresa W. Irvin P. O. Box 13328 El Paso, TX 79913-3328				
025706 9/8/87	Maude M. Hooker LeFlore 6449 Lontos Dallas, TX 75214				

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APPLICATION FOR: CERTIFIED MAIL
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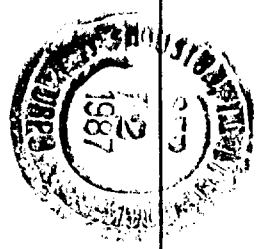
NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025707 9/8/87	Catherine J. Nerwick 9604 Morrow Road NE Albuquerque, NM 87112				
025708 9/5/87	John Perkins, III 29510 Terra Vista Boerne, TX 78006				
025709 9/4/87	George L. Reese, Jr. District Judge P. O. Box 1776 Roswell, NM 88201-1776				
025710 9/4/87	Ethel E. and Mark W. Rogers Maria Manor, Apt. M-3 4158 Tamiami Trail Charlotte Harbor, FL 33952				
025711 9/4/87	John Simpson 877 Redfern Avenue Akron, OH 44314				
025712 9/4/87	Patricia J. Simpson 877 Redfern Avenue Akron, OH 44314				
025713 9/4/87	Leona L. Stagner 1605 Live Oak Carlsbad, NM 88220				
025714 9/4/87	Ben F. Williams, Jr. P. O. Drawer W Douglas, AZ 85607				
025715 9/4/87	William A. Kolliker 3812 Hillcrest Drive El Paso, TX 79902				
025716 9/4/87	Betty Buttag, Trustee, Charles Gutman Trust Dated 04-30-56 Manufacturers Hanover Trust Co. P. T. Real Estate Department 600 Fifth Avenue, 2nd Floor New York, NY 10020				
025717 9/4/87	Jule L. Daniels 2409 Wooded Acres Waco, TX 76710				
025718 9/4/87	Fort Worth National Bank, Independent Executor U/W/O Roy S. Magruder, Deceased, Account #1059 P. O. Box 2402 Fort Worth, TX 76113-2402				



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HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
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NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025719 9/5/87	Alfred E. Gutman 206 Winthrop Street Taunton, WA 02780				
025720 9/4/87	G. L. Gutman, Trustee Estate of Max Gutman P. O. Box 2823 Dallas, TX 75221-2823				
025721 9/4/87	Daniel L. Gutman 239 East 79th Street, Apt. 11E New York, NY 10021				
025722 9/10/87	Betty Gutman 16 Sutton Place New York, NY 10022				
025723 9/8/87	Edith G. and A. Walter Socolow, Trustees 45 East 82nd Street New York, NY 10028				
025724 9/9/87	Jane Blain Baker 5200 Hilltop Drive N-4 Brookhaven, PA 19015				
025725 9/4/87	H. W. Benischek 1216 Morningside Drive NE Albuquerque, NM 87110				
025726 9/8/87	Janet E. Benson Main Street Carver, MA 02330				
025727 9/5/87	Ella F. Blain The Briarcliff, Apt. 104 801 South Chester Road Swarthmore, PA 19081				
025728 9/5/87	Esther L. Blain The Briaircliff, Apt. 104 801 South Chester Road Swarthmore, PA 19081				
025729 9/9/87	Citizens National Bank & Trust Co. Oklahoma City Trustee U/W Charles Pfile, Deceased P. O. Box 1216 Oklahoma City, OK 73101				
025730 9/4/87	Eugene Coffelt Box 104 Bentonvillle, AR 72712				

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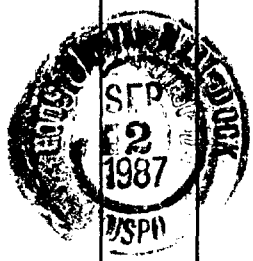
NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025731 9/4/87	E. L. Cooper 2620 Princeton Drive Durham, NC 27707				
025732 9/8/87	Helen I. Godfrey 610 West Maywood Street Peoria, IL 61604				
025733 9/4/87	Twila Goodding, Trustee U/Agent & Declaration Tr., Lucky Wright Royalty Syndicate Tr Re-Established, dated 12-01-78 P. O. Box 505 Farmington, NM 87401-0505				
025734 9/5/87	Laura Kaempf 1325 Valley View Drive, Apt. 302 Glendale, CA 91202				
025735 9/4/87	Liberty Trust Co., Trustee Trust No. 2007 P. O. Box 7159 Odessa, TX 79760-7159				
025736 9/4/87	Reuben I. Wolfson Properties 1999 Bryan Street, Suite 3140 Dallas, TX 75201				
025737 9/8/87	Raymond J. O'Connor, Jr. 400 Jefferson, Apt. 103 Springfield, IL 62701				
025738 9/5/87	Myrtle Pfile Box 18741 Oklahoma City, OK 73154-8741				
025739 delivered (9/4/87 E)	Philadelphia National Bank and Eileen Hart Hinkson and Charles H. Hinkson, Executors and Trustees U/W/O J. H. Ward Hinkson, Deceased Personal Trust Department Philadelphia, PA 19101				
025740 9/4/87	Betty Moran Rive 6223 Lupton Dallas, TX 75225				
025741	George F. Senner, Jr. 2849 West Myrtle Phoenix, AZ 85021				



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APPLICATION FOR: CERTIFIED MAIL
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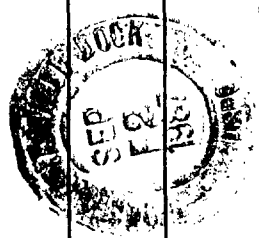
NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025742 9/3/87	A. E. Smith San Antonio Savings Association Account #06-105690-1 P. O. Box 1810 San Antonio, TX 78296 810				
025743 9/4/87	Southwestern Baptist Theological Seminary P. O. Box 22000 Fort Worth, TX 76122-2000				
025744 9/4/87	Ellie Spear 603 Seco Drive Hobbs, NM 88240				
025745 9/5/87	Howell Spear Box 206 Perkinston, MS 39573-0206				
025746 9/15/87	Frances B. Swarts 217 East Fifth Street Dixon, IL 61021				
025747 9/15/87	H. L. and Frances B. Swarts 217 East Fifth Street Dixon, IL 61021				
025748 9/3/87	Texas Commerce Bank NA Agent and AIR Trust Mineral Sec 63140 P. O. Box 200555 Houston, TX 77216-0555				
025749 9/4/87	Mary Ellen Todd 2032 Rose Lane Las Cruces, NM 88001				
025750 9/4/87	Sam Wolfson 1999 Bryan Street, Suite 3 40 Dallas, TX 75201				
025751 9/4/87	Mildred A. Wright P. O. Box 505 Farmington, NM 87401-0505				
025752 9/4/87	Ernest Frances Bradfield P. O. Box 587 Nowata, OK 74048-0587				
025753 9/4/87	Sam Campbell 1717 Norfolk, #3301 Lubbock, TX 79416				



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APPLICATION FOR: CERTIFIED MAIL
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NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
D25754 9/4/87	Hubert E. Cone 4810 College Avenue Lubbock, TX 79413				
D25755 9/15/87	L. M. Duncan 3404 37th Lubbock, TX 79413				
D25756	George Eager 810 North Coddington Lincoln, NE 65828				
D25757 9/4/87	Marion R. Eager 3530 South 38th Street Lincoln, NE 68506				
D25758 9/4/87	R. H. Fulton P. O. Box 1526 Lubbock, TX 79408-1526				
D25759 9/8/87	Julian W. Glass, Jr., Executor of Eva Payne Glass Estate P. O. Box 587 Nowata, OK 84048-0587				
D25760 9/4/87	Julia J. Harmon Box 286 Nowata, OK 74048-0286				
D25761 9/4/87	The Pennsylvania Bank & Trust Co. Trustee U/W of Albert W. Cone Warren, PA 16365				
D25762 9/4/87	Donald M. Phillips P. O. Box 6908 Albuquerque, NM 87940				
D25763 9/9/87	John W. Phillips P. O. Box 1379 La Jolla, CA 92038				
D25764 9/4/87	Paul M. Phillips 3843 Park Boulevard San Diego, CA 92103				
D25765 9/10/87	Pierre D. Phillips P. O. Box 700034 Tulsa, OK 74170				
D25766 9/4/87	Wilma M. Phillips and Curtis Darling, Co-Executors of Estate of Ross M. Phillips 3843 Park Boulevard, Suite C San Diego, CA 92103				

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HOUSTON, TX. 77001

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NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025767 9/3/87	Rom Rhone 7625 Blue Hills Road Houston, TX 77069 Correction: Rom Rhone 6234 Rolling Water Drive Houston, Tx 77069				
025768 9/4/87	A. L. Cone P. O. Box 3457 Lubbock, TX 79452				
025769 9/4/87	Julian W. Glass, Jr. Box 587 Nowata, OK 74048-0587				
025770 9/4/87	Julian W. Glass Special P. O. Box 587 Nowata, OK 74048-0587				
025771 9/4/87	The Pennsylvania Bank & Trust Co., Trustee of the Estate of Albert Walter Goal Warren, PA 16365				
025772 9/10/87	Pierre D. Phillips Trust No. 1 Under Declaration of Trust Dated 06-25-82 P. O. Box 700034 Tulsa, OK 74170				
025773 9/4/87	Tom W. Schnaubert Life Estate c/o Mary Irwinsky 3912 Eighth Avenue Fort Worth, TX 76110				
025774 9/4/87	Hazel E. Schwancke, Independent Executrix of the Estate of Duncan Schwancke 316 Linden Lane Lake Jackson, TX 77566				
025775 (not deliverable)	Florence Louise Woods 224 East Tucla Hobbs, NM 88240				
025776 9/4/87	George A. Moberly P. O. Box 228 Midland, TX 79701-0228				
025777 9/8/87	Daniel L. Hannifin P. O. Box 182 Roswell, NM 88201-0182				
025778 9/4/87	Gannye Gae Ratcliff, Independent Executrix of the Estate of C. B. Markham 3418 36th Lubbock, TX 79413				

SEP 1987

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12	12	DRE

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025779 9/4/87	First City National Bank and Reese Cleveland, Independent Co-Executors and Trustees U/W Roselle B. Cleveland Account #1-763-00-4 P. O. Box 2097 Midland, TX 79702-2097				
025780 9/4/87	Robert H. Hannifin P. O. Box 218 Midland, TX 79702-0218				
025781 9/5/87	Margaret Wygocki 721 Robins Road Lansing, MI 48917				
025782 9/4/87	Katheyn McCormick 2905 San Pable NE Albuquerque, NM 87110				
025783 9/4/87	Shriners Hospital for Crippled Children Agency #10027-00 Republic National Bank of Dallas, Agent P. O. Box 241 Dallas, TX 75221-0241				
025784 9/3/87	Davis A. Coppedge 466 Goodwin Drive Richardson, TX 75081				
025785 9/4/87	Jane Ellen Moore P. O. Box 356 Sherman, TX 75090-0356				
025786 9/4/87	Katie L. Storm 8620 B Memphis Lubbock, TX 79423				
025787 9/5/87	James T. Coppedge 79 West Morgan Spencer, IN 47460				
025788 9/4/87	Nora L. Markham 3418 36th Street Lubbock, TX 79413				
025789 9/4/87	Michael H. Moore Box 356 Sherman, TX 75090-0356				
025790 9/4/87	John Richard Williamson 3406 Humphrey S.E. Street Olympia, WA 98501				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12	12	DKE

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025791 9/4/87	Carlla Lynn Montgomery Antwine 1701 Pease Street Sweetwater, TX 79556				
025792 9/3/87	Melvin S. Cohn 5847 San Felipe, Suite 1700 Houston, TX 77057				
025793 9/5/87	Mary J. Dotson 206 Old Eagle Pass Road Carrizo Springs, TX 78834				
025794 9/8/87	John J. Christman First National Bank Building 1500 Broadway, Suite 800 Lubbock, TX 79401				
025795 9/10/87	Irene J. Schuler 1210 Highland Road Roswell, NM 88201				
025796 9/4/87	Mary J. McWhorter 2033 East Second Street Tucson, AZ 85719				
025797 9/9/87	Brent W. McWhorter 2701 East Aldine Phoenix, AZ 85332				
025798 9/4/87	Hayden M. Moberly 7106 McKamy Boulevard Dallas, TX 75248				
025799 9/12/87	Margaret Hannifin Voelker 1261 St. Tropez Circle Box 28 Orlando, FL 32806				
025800 9/3/87	Reuben I. Wolfson Properties Michael S. Wolfson, Partnership Manager 1999 Bryan Street, Suite 3140 Dallas, TX 75201				
025801 9/3/87	Fort Worth National Bank Trustee U/W of Roy S. Magruder P. O. Box 2605 Fort Worth, TX 76101				
025802 9/8/87	Edith C. Wheeler P. O. Box 64035 Lubbock, TX 79464-4035				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12	12	

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025803 9/8/87	Diane M. Landen P. O. Box 155 Allen, TX 75002-0155				
025804 9/8/87	Ann D. Allison P. O. Box 64035 Lubbock, TX 79464-4035				
025805 delivered (9/5/87?)	Julia Ruth Proctor 2506 Redbud Odessa, TX 79761				
025806 9/5/87	Betty Adkins 7107 South Hudson Circle Littleton, CO 80122				
025807 9/8/87	The Fort Worth National Bank, Trustee for the Katherine K. McIntyre Revocable Trust #4541 P. O. Box 2605 Fort Worth, TX 76101-2605				
025808 9/8/87	United New Mexico Trust Company, Trustee of the Allie M. Lee Trust P. O. Box 1977 Roswell, NM 88201-1977				
025809 9/9/87	The First City National Bank of Midland, Texas Trustee U/S/O Rozelle B. Cleveland, Account #20-0763-00 P. O. Box 10966 Midland, TX 79702-0966				
025810 9/8/87	Sallie Mae White 3418 36th Street Lubbock, TX 79413				
025811 9/8/87	Carrla Lynne Davis Antwine 1701 Pease Street Sweetwater, TX 79556				
025812 9/9/87	Bettina Blackmar P. O. Box 351 Luling, TX 78648-0351				
025813	Donald E. Blackmar P. O. Box 608 Roswell, NM 88201-0608				
025814 9/8/87	Richard A. Blackmar 1907 Adams Drive Roswell, NM 88201				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12	12	

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025815 9/8/87	Johnson Enterprises Limited Partnership P. O. Box 1713 Roswell, NM 88202-1713				
025816 9/8/87	S. P. Johnson, III and Patricia J. Cooper, Trustees of the Sylvester P. Johnson, Jr. Testamentary Trust P. O. Box 1713 Roswell, NM 88202-1713				
025817 9/5/87	Maxine B. Lombard 3980 Eighth Avenue #220 San Diego, CA 92103				
025818	Maude Fisher McBee R I Box 479 Monticello, IN 49760				
?- 025819 (attempted not known)	Donna Bryan P. O. Box 133 Berthoud, CO 80513-0133				
025820 9/4/87	Mary Lou Clark 317 North Kansas Cherokee, OK 73728				
025821 9/4/87	Annie M. Donaway Box 874 Putnam, TX 76469-0874				
025822 9/4/87	Gordon Donaway P. O. Box 4635 El Paso, TX 79914-4635				
025823 9/11/87	Harlan Donaway 1308 North Lauderdale Odessa, TX 79760				
025824 9/4/87	Milton Donaway P. O. Box 1058 Putnam, TX 76469-1058				
025825 (deceased)	Stella Donohue c/o Seabury Nursing Home 2443 West Sixteenth Odessa, TX 79763				
025826 9/4/87	Samuel P. Duffield and Mae Wach Duffield 1256 Camino Rio Verde Santa Barbara, CA 93111				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
12		

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025827 9/3/87	Lucille Evans 1117 North Sixteenth Street Abilene, TX 79601				
025828 9/8/87	Clara M. Graves 207 Quail Run Brownwood, TX 76801				
025829 9/8/87	Clara M. Graves, Trustee U/W of John Reese Graves, Deceased 207 Quail Run Brownwood, TX 76801				
025830 9/4/87	Oleta Hale 907 West Fourteenth Street Cisco, TX 76437				
025831 9/4/87	Ida Hazelwood Route 7, Box 856 Midland, TX 79701				
025832 9/4/87	Edith Ivie Box 1043 Putnam, TX 76469				
025833 9/4/87	Bonnie McCleskey 802 West Twelfth Street Cisco, TX 76437				
025834 9/5/87	Clara S. McKinley 2126 Princeton Street Wichita Falls, TX 76301				
025835 9/9/87	Laudis Irene Perrine Box 418 Clyde, TX 79510-0418				
025836 9/4/87	Gertrude Reese Route 4 Cisco, TX 76437				
025837 delivered (9/8/87?)	Dora Etta Stephens General Delivery Buckhorn, NM 88025				
025838 delivered (9/8/87?)	Ethel M. Stephens P. O. Box 115 Eunice, NM 88231-0115				
025839 9/4/87	F. M. Stephens, Jr. Route 1 Paden, OK 74860				

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
13	13	DAE

SWEP-458

SHELL WESTERN E & P INC.
P.O. BOX 576
HOUSTON, TX. 77001

APPLICATION FOR: CERTIFIED MAIL
BLOCK NUMBERS _____

NUMBER OF ARTICLE	ADDRESSEE	POSTAGE	FEE	R.R.	CLASS
025840 9/4/87	Grover C. Stephens 7304 Good Samaritan Court, No. 101 El Paso, TX 79912				
025841 9/4/87	Wayne C. Stephens 10928 Gary Player El Paso, TX 79935				
025842 delivered (9/5/87?)	William O. Stephens P. O. Box 115 Eunice, NM 88231-0115				
025843 9/4/87	Eva M. Toussaint Box 9047 806 Tonicte Incline Village, NV 89450				
025844 9/10/87	Irene H. Schuler 1210 Highland Road Roswell, NM 88201				
025845 9/4/87	Interfirst Bank Dallas, N.A. Escrow Agent Sabine Royalty Trust Department #0337 Dallas, TX 75284				

SEP 29 1987

TOTAL NUMBER OF PIECES LISTED BY SENDER	TOTAL NUMBER OF PIECES RECEIVED AT POST OFFICE	NAME OF RECEIVING POSTAL EMPLOYEE
6	SIX	DRE

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Adeline Z. Cone
P. O. Box 10321
Lubbock, TX 79408

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025530

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

LUBBOCK, TX COUNTY RECEIVED SEP 14 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Minnie Turland Adams
P. O. Box 121
Salado, TX 76571-0121

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025531

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Minnie Adams

6. Signature – Agent
X BB

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Amoco Production Company
P. O. Box 201642
Houston, TX 77216-1642

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025532

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
SEP 3 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Republic Bank Dallas N.A.
Independent Executor U/W of Selma E. Andrews
Trust #0518801
P. O. Box 241
Dallas, TX 75221-0241

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025533

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
SEP 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Atlantic Richfield Company
P. O. Box 201690
Houston, TX 77216-1690

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025534

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
SEP 3 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Helen Jane Christmas Barry
P. O. Box 2767
Edmond, OK 73083-2767

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025536

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

New Mexico Bank & Trust Co.
For Account of Opal Barton
Hobbs, NM 88240

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025537

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-1-87 LCD

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Roy G. Barton, Jr.
P. O. Box 978
Hobbs, NM 88240-0978

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025538

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-3-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Roy G. Barton, Jr., Trust : of
Roy G. Barton, Sr. and Op I Barton
Revocable Trust
Box 978
Hobbs, NM 88240-0978

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025539

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Dixie Bennett
5600 Oakmont Lane
Fort Worth, TX 76112

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025540

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Dixie Bennett

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Richard C. Bennett
5017 Circle Ridge Drive
Fort Worth, TX 76114

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025541

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Verda Bennett
4900 Ridge Oak Drive
Austin, TX 78731

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025542

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-3-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Dorothy P. Black
4615 Clybourn Avenue
Toluca Lake, CA 91602

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025543

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X D.P. Black

7. Date of Delivery
9-14-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Republic National Bank
Agency No. 631-00, Agent for
Braille Institute of America
Trust Oil and Gas Dept.
P. O. Box 241
Dallas, TX 75221-0241

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025544

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X V Jackson

7. Date of Delivery
SEP 0 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Joyce Ann Brown
909 North Alameda
Las Cruces, NM 88001

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025545

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Joyce A. Brown

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

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

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025546

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 1 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

S. E. Cone, Jr.
P. O. Box 10321
Lubbock, TX 79408-0321

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025547

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Harry Campbell, Jr.
708 Arrowhead Circle
Garland, TX 75043

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025548

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Harry Campbell
6. Signature – Agent
X
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Sandra Chaskin
4951 Glenmeadow
Houston, TX 77096

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025549

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X S Chaskin
6. Signature – Agent
X
7. Date of Delivery
9-5
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

B. A. Christmas, Jr.
Chico Route
Raton, NM 87740

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025550

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X
7. Date of Delivery
9-12-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Bradford Ace Christmas
P. O. Box 173
Wagon Mound, NM 87752-0173

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025551

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Bradford Ace Christmas
6. Signature – Agent
X Mrs. Brad Christmas
7. Date of Delivery
09-04-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Candy Christmas
P. O. Box 64278
Lubbock, TX 79464-4278

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025552

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

SEP 1 1987 U.S. POSTAGE STAMPS

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Charles H. Coll
Box 1818
Roswell, NM 88201-1818

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025553

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X Jeannie Ricoll
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to

James N. Coll
Box 1818
Roswell, NM 88201-1818

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025554

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X Jeannie Ricoll
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Jon F. Coll
Box 1818
Roswell, NM 88201-1818

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025555

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X Jeannie Ricoll
7. Date of Delivery
9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Max W. Coll, II
Box EE
Santa Fe, NM 87502

4. Type of Service	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025556

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X
6. Signature – Agent
X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Commissioner of Public Lands
State of New Mexico
P. O. Box 1148
Santa Fe, NM 87501-1148

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025557

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: SEP 4 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

J. R. Cone
P. O. Box 10217
Lubbock, TX 79408-0217

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025558

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X [signature]
7. Date of Delivery: SEP 4 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Kathleen Wilmeth Cowart
1402 Sixteenth Street
Plains, TX 79355

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025559

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Kathleen Cowart
6. Signature – Agent: X
7. Date of Delivery: 9-11-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ollie Gann Cowden
Box 579
Carlsbad, NM 88220-0579

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025560

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Charles Doyle Crain
3207 Park Hills Drive
Austin, TX 78746

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025561

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X [signature]
7. Date of Delivery: 9-3-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Cheryl Margaret Crain
7030 Meadow Creek Drive
Dallas, TX 75240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025562

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X [signature]
7. Date of Delivery: 9-3-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Michael W. Crain
3525 Centenary Drive
Dallas, TX 75225

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025563

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X [signature]
7. Date of Delivery: 9-3-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Patricia Crain
901 South Colt, No. 1043
Richardson, TX 75080

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025564

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Roxann K. Crain
7030 Meadow Creek
Dallas, TX 75240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025565

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X [signature]
7. Date of Delivery: 9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Walter Robert Crain
Thanksgiving Tower, Suite 960
Box 50
Dallas, TX 75201-0050

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025566

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X W. R. Crain

7. Date of Delivery
9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Billie June Crow
P. O. Box 643
Roswell, NM 88201-0643

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025567

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Howard C. Keller

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Earl D. Crow
Route 3, Box 3177
Pearland, TX 77581

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025568

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Earl D. Crow

7. Date of Delivery
9-14-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

RepublicBank First National Midland,
Trustee for Jessie Blevins Crump
Trust #1069
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025569

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Robert King

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

David C. Bevins & Texas American Bank,
Co-Trustees of Joe & Jessie Crump Fund #2312
Drawer No. 99033
Fort Worth, TX 76199

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025570

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
08 SEP 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Margaret Hamm Curry
P. O. Box 135
Montgomery, TX 77356-0135

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025571

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Shirley Jean Curry

6. Signature – Agent
X

7. Date of Delivery
SEP 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Edwin L. Cox,
Trustee of DEF Trusts
3800 First National Bank Building
1400 Elm
Dallas, TX 75202

4. Type of Service | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025572

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
SEP 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Juanelle G. Wilmeth Daldal
87 Pine Oaks Road
Oroville, CA 95965

4. Type of Service | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025573

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Juanelle G. Daldal

6. Signature – Agent
X Juanelle G. Daldal

7. Date of Delivery
SEP 11 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

June P. Danglade
Drawer 1667
Lovington, NM 88260

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
025574

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X June P. Danglade

6. Signature – Agent
X

7. Date of Delivery
SEP 1987

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Miller Daniel
P. O. Box 3728
Lubbock, TX 79452-3728

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025575

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Elizabeth Dekker
6535 West 114th Avenue
Westminster, CO 80020

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025576

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Greg Dodd
154 East 29th Street, #6G
New York, NY 10016

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025577

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9/5

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Bank of California NA,
Trustee of Betty Kyte Dreessen Trust
Nos. 2-2010 and 2-2013
Real Estate Operations
P. O. Box 7629
San Francisco, CA 94119-7629

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025579

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Edward Dreessen, Jr.
P. O. Box 416
Los Altos, CA 94022-0416

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025581

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Juanelle Jones Dunn
1120 Linda Vista Avenue
Napa, CA 94558

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025582

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9/14/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Charles L. Cobb
1722 Broadway Street
Lubbock, TX 79401-3014

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025583

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Elliott Oil Company
P. O. Box 1355
Roswell, NM 88201-1355

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025584

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Paul A Hamilton

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Fairway Oil & Gas Co.
P. O. Box 2280
Midland, TX 79702-2280

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025585

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Deanna Hardin

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

First National Bank of Midland
Trustee for Trust No. 320
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025586

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Janet Kemp

7. Date of Delivery
9-4-87 BR

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

First National Bank of Midland
Trustee for Trust No. 319
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025587

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Janet Kemp

7. Date of Delivery
9-4-87 BR

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Catherine Ruth Hamm
0 Hemecourt
Star Route 3, Box 751
New Braunfels, TX 78130

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025588

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Theresa Morrow Hamm
1819 Cypress Rapids Drive
New Braunfels, TX 78130

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025589

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Theresa M Hamm

6. Signature – Agent
X

7. Date of Delivery
SEP - 8 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Owen W. McWhorter
2019 21st Street
Lubbock, TX 79410

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025591

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

C4 G4

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Hamon Operating Company
c/o Fina Oil & Chemical Co.
P. O. Box 2159
Dallas, TX 75221-2159

4. Type of Service | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025592

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Kevin Mecky

7. Date of Delivery
SEP 11 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Polk Shelton
9110 Bluff Springs Road
Austin, TX 78744

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025593

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X [signature]

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hanaho, Ltd.
P.O. Box 2280
Midland, TX 79702-2280

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025594

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

First National Bank Lubbock,
Successor Trustee of J. E. Simmons
Test Trust B F/B/O Mary Jane Hand
Trust Department
Account #101-3084
P. O. Box 1242
Lubbock, TX 79408-1242

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025595

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

First National Bank Lubbock,
Successor Trustee of Beulah H. Simmons
Test Trust B F/B/O Mary Jane Hand
Trust Department
Account #101-3068
P. O. Box 1241
Lubbock, TX 79408-1241

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025596

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Juanita L. Harris
2125 North 20th
Abilene, TX 79603

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025597

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X [signature]

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Edith Minnie Harsin
15713 Osage Avenue
Lawndale, CA 90260

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025598

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X [signature]

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

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SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hendrick Medical Center
1242 North 19th Street
Abilene, TX 79601

4. Type of Service | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025599

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

J. H. Herd
Box 130
Midland, TX 79702-0130

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025600

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
SEP 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Roner Herring
Route 21, Box 428A
Tyler, Tx 75709

4. Type of Service: | Article Number

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

025601

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
SEP 4 1987

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

DOMESTIC RETURN RECEIPT

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SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

La Verne Herring
2105 43rd Street
Snyder, TX 79515

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025602

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X La Verne Herring

6. Signature – Agent: X

7. Date of Delivery: 9-4-87 pm

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ray Herring
Box 17
Fluvanna, TX 79517-0017

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025603

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Ray Herring

6. Signature – Agent: X

7. Date of Delivery: 9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Mary T. Christmas Holladay
P. O. Box 11011
Spring, TX 77391-1041

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025605

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Mary T Christmas

6. Signature – Agent: X

7. Date of Delivery: X Sept 5, 87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Howard P. Holmes
Box 667
Hobbs, NM 88240-0667

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025606

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Howard P. Holmes

6. Signature – Agent: X

7. Date of Delivery: 9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Pearlie Hopkins
1902 White
Killeen, TX 76541

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025607

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Pearlie Hopkins

6. Signature – Agent: X

7. Date of Delivery: 9/14/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hunter Oil Corporation
3000 Civic Circle
Amarillo, TX 79109

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025608

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X

6. Signature – Agent: X Karen Craig

7. Date of Delivery:

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Belmont Oil Corporation
P. O. Box 2266
Midland, TX 79702-2266

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025609

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X

6. Signature – Agent: X

7. Date of Delivery: SEP - 9 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Evelyn Jeter
HCR 7, Box 182
Lamesa, TX 79331

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025610

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Evelyn Jeter

6. Signature – Agent: X

7. Date of Delivery: 9.5.87

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Alice Jones
1915 - 30th Street
Lubbock, TX 79411

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025612

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X [signature]

7. Date of Delivery
9-2-83

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

First National Bank, Successor
Co-Trustee & Jerry D. Jones,
Co-Trustee of Belinda Jones Trust
P. O. Box 1626
Levelland, TX 79336-1626

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025613

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
SEP 8 '83

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

First National Bank, Successor
Co-Trustee & Jerry D. Jones
Co-Trustee of Deann Jones Trust
P. O. Box 1626
Levelland, TX 79336-1626

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025614

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Nelva Ruth Herring Jones
Route 1, Box 26
Fluvanna, TX 79517

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025615

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-1-83

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Jones Robinson Company
P. O. Box 2076
Roswell, NM 88201-2076

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025616

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Thurman Jones, Jr.
14829 SE Fairwood Boulevard
Renton, WA 98055

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025617

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-9-83

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Marjorie Cone Kastman
P. O. Box 5930
Lubbock, TX 79408-5930

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025620

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
SEP 4 1987

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Aubrey E. Kenyon
P. O. Box 911
Hobbs, NM 88240-0911

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025621

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

David Bond Kyte
c/o Estado Home Loan Co. Ste B
1900 State Street
Santa Barbara, CA 93101

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025622

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9/4

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Betty M. Dreessen and
Ingrid Powell, Trustees of the
Mariee I. Kyte Revocable Living Turst
P. O. Box 749
Los Altos, CA 94022-0749

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025623

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Edward David Ladner
2116 South Detroit Avenue
Tulsa, OK 74114

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025624

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

[illegible]: Complete items 1, 2, 3 and 4.

[illegible] in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

se Ladner
Corona
Springs, CO 80903

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025625

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
SEP - 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Mildred M. Ladner
2116 South Detroit Avenue
Tulsa, OK 74114

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025626

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Allie M. Lee Trust
United New Mexico Trust Co., Trustee
P. O. Box 1977
Roswell, NM 88201-1977

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025627

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Kay Levy
410 Menking Court
Houston, TX 77024

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025628

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Sue Herring Lloyd
Star Route
Fluvanna, TX 79517

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025629

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Sue Herring Lloyd

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Jerry W. Love
1109 Lindsey Circle
Belton, TX 76513

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025630

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Jerry W. Love

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Johnnie A. Love
Route 4, Box 261F
Caldwell, TX 77836

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025631

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Johnnie A. Love

6. Signature – Agent
X

7. Date of Delivery
9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Margaret L. Mahon, Individually and
Independent Executrix of the
Estate of D. D. Mahon
3307 38th Street
Lubbock, TX 79413

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025632

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Margaret L. Mahon

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Violet Malaby
4571 Colver Road
Talent, OR 97540

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025633

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Violet Malaby

6. Signature – Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Billie Joe Markham
6524 East Julep Street
Mesa, AZ 85205

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025634

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Billie Joe Markham

6. Signature – Agent
X

7. Date of Delivery
9-14-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

C. B. Markham, Jr.
5090 Coors Road SW, No. 35
Albuquerque, NM 87105

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025635

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Elsie Mae Norton

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Jack Markham
First National Pioneer Building
1500 Broadway, Suite 1212
Lubbock, TX 80101

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025636

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Jack Markham

6. Signature – Agent
X

7. Date of Delivery
9-9-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

John Markham
Route 2, Box 143
Idalou, TX 79329

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025637

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X John Markham

6. Signature – Agent
X

7. Date of Delivery
SEP 28-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Joyce Matzenbacker
4110 NE 103 Road St.
Vancouver, WA 98665

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025639

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Joyce McKeough

6. Signature – Agent
X

7. Date of Delivery
9/5/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Malcolm McDuffie
711 East Walnut Street, Room 206
Pasadena, CA 91101

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025640

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X B. Karlstad

7. Date of Delivery
9-9-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Joyce McKeough
4110 NE 103 Road Street
Vancouver, WA 98665

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025641

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Joyce McKeough

6. Signature – Agent
X

7. Date of Delivery
9/5/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Interfirst Bank Dallas, N.A.,
Agent for Methodist Home,
A Texas Non Profit Corporation
Department No. 0739
P. O. Box 84738
Dallas, TX 75284-0739

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025642

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Lou Francis Mahon
9715 Tallyn
Houston, TX 77075

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025643

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

J. Virgil Waters, Betty Jane Moore &
Richard Harrison Moore, Trustees of
The Moore Trust
P. O. Box 10028
Midland, TX 79702-0028

4. Type of Service	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025644

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Jo Ann Howard Garrison
221 Ina
Fort Worth, TX 76117

4. Type of Service	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025645

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

The Moran Partnership
P. O. Box 1919
Hobbs, NM 88241-1919

4. Type of Service	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	025646

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Reese Cleveland
c/o First City National Bank of Midland
Account #50-110-00
P. O. Box 10966
Midland, TX 79702-0966

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025647

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X

6. Signature – Agent: X Reese Cleveland

7. Date of Delivery: 9-9-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Albert Lee Newsom and
Dora B. Newsom, Trustees of the
Newsom Revocable Living Trust
3383-C Punta Alta
Laguna Hills, CA 92653

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025648

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X

6. Signature – Agent: X

7. Date of Delivery

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

Mrs. Lee Newsom

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Lula C. Peterson, Representative
for Estate of Arthur J. Pierce
c/o First National Bank
Account #115-39-23
P. O. Box 697
Destin, FL 32541-0697

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025649

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X

6. Signature – Agent: X

7. Date of Delivery

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

DESTIN FL 32541 SEP 8 87

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ingrid K. Powell
P. O. Box 416
Los Altos, CA 94022-0416

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025650

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Ingrid Powell

6. Signature – Agent: X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Robert C. Prater
Box 1135
Hobbs, NM 88240-1135

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025651

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X R C Prater

6. Signature – Agent: X

7. Date of Delivery: 9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Pete Proctor, Personal Ancillary
Representative of the Estate of
Julia Ruth Markham Proctor
2506 Redbud
Odessa, TX 79761

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025652

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Pete Proctor

6. Signature – Agent: X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Fannye Mae Patcliff
2218 Bennett Drive
Mesa, AZ 85209

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025653

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Fannye Mae Patcliff

6. Signature – Agent: X

7. Date of Delivery: 9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ann W. Morris
2865 Mac Vicar
Topeka, KS 66611

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025654

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Ann W. Morris

6. Signature – Agent: X

7. Date of Delivery: SEP - 9 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Martha Rips
122 Bartlett
San Antonio, TX 78209

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025655

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Martha Rips

6. Signature – Agent: X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Mary Patricia Ladner Robertson
1209 Canal Road R.D. 1
Princeton, NJ 08540

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025656

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Mary Robertson
6. Signature – Agent: X
7. Date of Delivery: SEP 19 1983
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Iris Rigers
P. O. Box 8044
Roswell, NM 88202-8044

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025657

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Iris Rogers
6. Signature – Agent: X
7. Date of Delivery: SEP 1983
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Robert L. Rorschach
320 South Boston Avenue, Suite 708
Tulsa, OK 74103

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025658

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Cathy Keen
6. Signature – Agent: X
7. Date of Delivery: 9-1-83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Interfirst Bank Dallas N.A.
Escrow Agent for Sabine Royalty Trust
Department No. 0887
Dallas, TX 75284-0887

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025659

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: SEP 1983
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Shriners Hospital for Crippled Children
P. O. Box 0050
Tampa, FL 33655-0050

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025661

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: SEP 1983
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Blanche Shulie
160 East Fargo Street
Stockton, CA 95204

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025662

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Patricia Dunne
6. Signature – Agent: X
7. Date of Delivery: 9-5
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

June D. Speight
Drawer 1687
Lovington, NM 88260

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025663

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: SEP 1 1983
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Eula Splittgerber
Route 2, Box 2255
Belton, TX 76513

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025664

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Eula Splittgerber
6. Signature – Agent: X
7. Date of Delivery: 9-10-83
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
First National Bank Lubbock,
Successor Trustee of J. E. Simmons
Test Trust A, F/B/O Jean S. Sullican
Trust Department, Account #101-3076
P. O. Box 1241
Lubbock, TX 79408-1241

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025665

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
First National Bank Lubbock,
Successor Trustee of Beulah H. Simmons
Test Trust A, F/B/O Jean S. Sullivan
Trust Department, Account #101-3033
P. O. Box 1241
Lubbock, TX 79408-1241

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025666

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Judith A. Becker
4231 Maple Lane
Carmichael, CA 95608

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025667

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Cassie M. Turland Tabor
Route 1, Box 273
Salado, TX 76571

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025668

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Joe F. Taylor
3002 Brentwood
Amarillo, TX 79106

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025669

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Tenneco Oil Company
Southwesterrr Division
P. O. Box 100143
Houston, TX 77212-0143

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025670

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
SEP 03 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Jo Dell Terrel
Box 247
Magdalena, NM 87825-0247

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025671

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Texaco, Inc.
P. O. Box 3109
Midland, TX 79702-3109

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025672

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9-4-87 DC

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Carolyn Wilmeth Truss
5131 Leonard Road
Box 59
Bryan, TX 77801-0059

4. Type of Service: | Article Number
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail
025673

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
SEP 10 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ace Turland
610 Carmen
Killeen, TX 76541

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025675

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Alpharetta Turland

7. Date of Delivery
9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Billie T. Turland
Box 479
Ozona, TX 76943-0479

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025677

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X ✓ Karla Turland

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Charles G. Turland
Box 26584
Austin, TX 78755-6584

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025678

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X C Turland

6. Signature – Agent
X

7. Date of Delivery
SEP 14 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Donald Turland
9331 Forest Lane, Apt. 1117
Dallas, TX 75243

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025679

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Don Turland

6. Signature – Agent
X

7. Date of Delivery
SEP 09

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Margaret Ethel R. Turland
P. O. Box 658
Ozona, TX 76943-0658

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025681

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X ✓ Karla Turland

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
William H. Turland
1308 South 51st Street
Temple, TX 76501

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025683

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X [illegible]
6. Signature – Agent: X
7. Date of Delivery: [illegible]
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
J. M. Welborn
First National Pioneer Building
1500 Broadway, Suite 1212
Lubbock, TX 79401

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025684

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X Nancy Co[illegible]
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Sallie Mae White
3418 36th Street
Lubbock, TX 79413

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025685

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X Sallie M. White
6. Signature – Agent: X [illegible]
7. Date of Delivery: 9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Bonnie J. Wilmeth
2809 Peoria Avenue
Lubbock, TX 79410

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025686

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X Bonnie Wilmeth
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Billie Jean Wilmeth,
Attorney in Fact for Elton Wilmeth
5115 47th Street
Lubbock, TX 79414

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025687

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X Billie Wilmeth
6. Signature – Agent: X
7. Date of Delivery:
8. Addressee's Address (ONLY if requested and fee paid)

(Postmark: LUBBOCK, TX SINGER STA. SEP 4 1987 USPS)

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Mack Wilmeth
1202 East Ward Street
Brownfield, TX 79316

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025688

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X
6. Signature – Agent: X [illegible]
7. Date of Delivery:
8. Addressee's Address (ONLY if requested and fee paid)

(Postmark: BROWNFIELD, TX USPS)

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Mitchell Wilmeth
1163 East 25th Street
San Angelo, TX 79303

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025689

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X Mitch Wilmeth
6. Signature – Agent: X
7. Date of Delivery: 9/5/87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Ross Alton Wilmeth
2427 West Main
Houston, TX 77098

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025690

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X [illegible] Wilmeth
6. Signature – Agent: X
7. Date of Delivery: 9-3-87
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845 — DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Thorn T. Wilmeth
~~P. O. Box 298~~ RRt Box 298
Ralls, TX 79357-~~9408~~

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025691

Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X [illegible]
6. Signature – Agent: X
7. Date of Delivery: [illegible]
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Tandy Sueann Wilmeth
1163 East 25th Street
San Angelo, TX 76903

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025692

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Tandy Wilmeth

6. Signature – Agent
X

7. Date of Delivery
9/8/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Valley Sue Wilmeth
3720 33rd Street
Lubbock, TX 79410

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025693

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Valley Sue Wilmeth

6. Signature – Agent
X

7. Date of Delivery
9987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

W. C. Wilmeth
P. O. Box 69
Plains, TX 79355-0069

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025694

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X W C Wilmeth

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

The Wiser Oil Company
Department L 451 P
Pittsburgh, PA 15264

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025695

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

United States Department of the Interior
Bureau of Land Management
New Mexico State Office
ATTN Mr. Joseph M. Montoya
Federal Building, South Federal Place
P. O. Box 1449
Santa Fe, NM 87504-1449

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025696

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X MONICA L. MARTINEZ

7. Date of Delivery
SEP 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

First National Bank of Midland
Trustee for Trust 42071-12
Christopher Perkins Nichols
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025698

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9.4.87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

Judith A. and Donald T. Becker
4231 Maple Lane
Carmichael, CA 95608

4. Type of Service	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025699

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Donald T. Becker

6. Signature – Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Judith A. Becker
4231 Maple Lane
Carmichael, CA 95608

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025700

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Judith A. Becker

6. Signature – Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Pauline Cowden
P. O. Box 5316
San Angelo, TX 76902-5316

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025701

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Pauline Cowden
6. Signature – Agent: X
7. Date of Delivery: 9-10-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Louise P. Slagle
P. O. Box 26509
Benbrook, TX 76126-6509

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025702

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Louise P. Slagle
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

First National Bank Midland
Trustee Under Trust #1055
P. O. Box 270
Midland, TX 79702-0270

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025703

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Joe Gant
P. O. Box 909
Carlsbad, NM 88220-0909

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025704

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: SEP 5 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Teresa W. Irvin
P. O. Box 13328
El Paso, TX 79913-3328

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025705

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Teresa W. Irvin
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Maude M. Hooker LeFlore
6449 Lontos
Dallas, TX 75214

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025706

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Catherine J. Nerwick
9504 Morrow Road NE
Albuquerque, NM 87112

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025707

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-8
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

John Perkins, III
29510 Terra Vista
Boerne, TX 78006

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025708

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-15-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

George L. Reese, Jr.
District Judge
P. O. Box 1776
Roswell, NM 88201-1776

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail
Article Number: 025709

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-9-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ethel E. and Mark W. Rogers
Maria Manor, Apt. M-3
4158 Tamiami Trail
Charlotte Harbor, FL 33952

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025710

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Ethel Rogers
6. Signature – Agent: X
7. Date of Delivery: 9/4/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

John Simpson
877 Redfern Avenue
Akron, OH 44314

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025711

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Patricia G. Simpson
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Patricia J. Simpson
877 Redfern Avenue
Akron, OH 44314

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025712

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Patricia J. Simpson
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Leona L. Stagner
1605 Live Oak
Carlsbad, NM 88220

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025713

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Leona L. Stagner
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ben F. Williams, Jr.
P. O. Drawer W
Douglas, AZ 85607

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025714

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Ben F. Williams Jr.
6. Signature – Agent: X
7. Date of Delivery:
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

William A. Kolliker
3812 Hillcrest Drive
El Paso, TX 79902

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025715

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X Wm. Kolliker
7. Date of Delivery: 9/4/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Betty Buttag, Trustee,
Charles Gutman Trust Dated 04-30-56
Manufacturers Hanover Trust Co.
P. T. Real Estate Department
600 Fifth Avenue, 2nd Floor
New York, NY 10020

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025716

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Betty Buttag
6. Signature – Agent: X
7. Date of Delivery: 9/4/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Jule L. Daniels
2409 Wooded Acres
Waco, TX 76710

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025717

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X Jule L. Daniels
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Fort Worth National Bank, Independent Executor
U/W/O Roy S. Magruder, Deceased, Account #1059
P. O. Box 2402
Fort Worth, TX 76113-2402

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025718

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: SEP 4 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Alfred E. Gutman
206 Winthrop Street
Taunton, MA 02780

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025719

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
11/5/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

G. L. Gutman, Trustee
Estate of Max Gutman
P. O. Box 2823
Dallas, TX 75221-2823

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025720

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
SEP 04 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Daniel L. Gutman
239 East 79th Street, Apt. 11E
New York, NY 10021

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025721

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Betty Gutman
16 Sutton Place
New York, NY 10022

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025722

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Edith G. and A. Walter Socolow, Trustees
45 East 82nd Street
New York, NY 10028

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025723

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9/8/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Jane Blain Baker
5200 Hilltop Drive N-4
Brookhaven, PA 19015

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025724

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X [signature]

7. Date of Delivery
9/8/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

R. W. Benischek
1216 Morningside Drive NE
Albuquerque, NM 87110

4. Type of Service	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025725

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Janet E. Benson
Main Street
Carver, MA 02330

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025726

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ella F. Blain
The Briarcliff, Apt. 104
801 South Chester Road
Swarthmore, PA 19081

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025727

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X [signature]

7. Date of Delivery
9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Esther L. Blain
The Briaircliff, Apt. 104
801 South Chester Road
Swarthmore, PA 19081

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025728

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Esther L. Blain

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Citizens National Bank & Trust Co.
Oklahoma City Trustee U/W
Charles Pfile, Deceased
P. O. Box 1216
Oklahoma City, OK 73101

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025729

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-9-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Eugene Coffelt
Box 104
Bentonvillle, AR 72712

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025730

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9/4

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

DOMESTIC RETURN

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

E. L. Cooper
2620 Princeton Drive
Durham, NC 27707

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025731

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X E. L. Cooper

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Helen I. Godfrey
610 West Maywood Street
Peoria, IL 61604

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025732

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Helen Godfrey

6. Signature – Agent
X

7. Date of Delivery
9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Twila Goodding, Trustee U/Agent &
Declaration Tr., Lucky Wright Royalty
Syndicate Tr Re-Established, dated 12-01-78
P. O. Box 505
Farmington, NM 87401-0505

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025733

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Twila Goodding

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Laura Kaempf
1325 Valley View Drive, Apt. 302
Glendale, CA 91202

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025734

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9/5/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Liberty Trust Co.,
Trustee Trust No. 2007
P. O. Box 7159
Odessa, TX 79760-7159

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025735

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Reuben I. Wolfson Properties
1993 Bryan Street, Suite 3140
Dallas, TX 75201

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025736

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent

DOMESTIC

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Raymond J. O'Connor, Jr.
400 Jefferson, Apt. 103
Springfield, IL 62701

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025737

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Myrtle Pfile
Box 18741
Oklahoma City, OK 73154-8741

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025738

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-5-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Philadelphia National Bank and Eileen Hart
Hinkson and Charles H. Hinkson, Executors
and Trustees U/W/O J. H. Ward Hinkson, Deceased
Personal Trust Department
Philadelphia, PA 19101

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025739

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Betty Moran Rive
6223 Lupton
Dallas, TX 75225

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025740

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
SEP 4 - 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

A. E. Smith
San Antonio Savings Association
Account #06-105690-1
P. O. Box 1810
San Antonio, TX 78296- 310

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025742

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
SEP - 3 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1 ☐ Show to whom, date and address of delivery

2 ☐ Restricted Delivery

3 Article Addressed to

Southwestern Baptist Theological Seminary
P. O. Box 22000
Fort Worth, TX 76122-2000

4 Type of Service	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025743

Always obtain signature of addressee or agent and DATE DELIVERED.

5 Signature – Addressee
X [signature]

6 Signature – Agent
X [signature]

7 Date of Delivery
9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery.

3. Article Addressed to

Ellie Spear
603 Seco Drive
Hobbs, NM 88240

4 Type of Service	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025744

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)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Howell Spear
Box 206
Perkinston, MS 39573-0206

4 Type of Service:	Article Number
☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail	025745

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PERKINSTON MS SEP 3 USPO

Form 3811, July 1983 447-845

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Frances B. Swarts
217 East Fifth Street
Dixon, IL 61021

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025746

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Mrs. H. L. Swarts

6. Signature – Agent
X

7. Date of Delivery: SEP 15 1987

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

H. L. and Frances B. Swarts
217 East Fifth Street
Dixon, IL 61021

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025747

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Mrs. H. L. Swarts

6. Signature – Agent
X

7. Date of Delivery: SEP 15 1987

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Texas Commerce Bank NA
Agent and AIR
Trust Mineral Sec 63140
P. O. Box 200555
Houston, TX 77216-0555

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025748

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery: SEP 3 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Mary Ellen Todd
2032 Rose Lane
Las Cruces, NM 88001

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025749

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Mary Ellen Todd

6. Signature – Agent
X

7. Date of Delivery: 9/9/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Sam Wolfson
1999 Bryan Street, Suit 3140
Dallas, TX 75201

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025750

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery: SEP 4 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Mildred A. Wright
P. O. Box 505
Farmington, NM 87401-0505

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025751

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Mildred A. Wright

6. Signature – Agent
X

7. Date of Delivery: 9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Ernest Frances Bradfiel
P. O. Box 587
Nowata, OK 74048-0587

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025752

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Ernest Miller

6. Signature – Agent
X

7. Date of Delivery: 9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Sam Campbell
1717 Norfolk, #3301
Lubbock, TX 79416

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025753

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Sam Campbell

7. Date of Delivery: 9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hubert L. Cone
4810 College Avenue
Lubbock, TX 79413

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail

Article Number: 025754

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery: 11-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

L. M. Duncan
[illegible]
Lubbock, Tx 79413

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025755

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee X [signature]
6. Signature – Agent X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Marion R. Eiger
3930 South 28th Street
Lincoln, NE 68506

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025757

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee X Marion Eiger
6. Signature – Agent X
7. Date of Delivery 1-4-[illegible]
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

R. B. Fulton
P. O. Box 1526
Lubbock, TX 79408-1526

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025758

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee X [signature]
6. Signature – Agent X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

Colton W. Glass, Jr.,
Executor of Eva Fay e Glass Estate
P. O. Box 507
Nowata, OK 74048-0507

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025759

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee X [signature]
6. Signature – Agent X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

Julia J. Parmon
Box 286
Nowata, OK 74048-0286

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025760

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee X [signature]
6. Signature – Agent X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

[illegible]

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025761

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee X
6. Signature – Agent X [signature]
7. Date of Delivery 9/4/[illegible]
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

[illegible] Phillips
[illegible]
[illegible]

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025762

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee X [signature]
6. Signature – Agent X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery

3. Article Addressed to:

[illegible] Phillips
P. O. Box 1373
La Jolla, CA 92038

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025763

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee X [signature]
6. Signature – Agent X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Paul M. Phillips
3843 Park Boulevard
San Diego, CA 92103

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025764

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Pierre D. Phillips
P. O. Box 700034
Tulsa, OK 74170

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025765

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Wilma M. Phillips and Curtis Darling,
Co-Executors of Estate of Ross M. Phillips
3843 Park Boulevard, Suite C
San Diego, CA 92103

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025766

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Rom Rhone
7625 Blue Hills Road
Houston, TX 77069

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025767

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

A. L. Cone
P. O. Box 3457
Lubbock, TX 79452

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025768

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Julian W. Glass, Jr.
Box 587
Nowata, OK 74048-0587

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025769

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Julian W. Glass
Special
P. O. Box 587
Nowata, OK 74048-0587

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025770

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

The Pennsylvania Bank & Trust Co.,
Trustee of the Estate of Albert Walter Goal
Warren, PA 16365

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025771

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Pierre D. Phillips Trust No. 1
Under Declaration of Trust Dated 06-25-82
P. O. Box 700034
Tulsa, OK 74170

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025772

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X Trustee

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Tom W. Schnaubert Life Estate
c/o Mary Irwinsky
3912 Eighth Avenue
Fort Worth, TX 76110

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025773

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Mary Irwinsky

6. Signature – Agent
X

7. Date of Delivery 9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hazel E. Schwancke, Independent
Executrix of the Estate of Duncan Schwancke
316 Linden Lane
Lake Jackson, TX 77566

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025774

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Hazel E. Schwancke

6. Signature – Agent
X

7. Date of Delivery 9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

George A. Moberly
P. O. Box 228
Midland, TX 79701-0228

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025776

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X George A. Moberly

6. Signature – Agent
X

7. Date of Delivery 9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Daniel L. Hanniffin
P. O. Box 182
Roswell, NM 88201-0182

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025777

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Maud E. Hanniffin

7. Date of Delivery 9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Gannye Gae Ratcliff, Independent
Executrix of the Estate of C. B. Markham
3418 36th
Lubbock, TX 79413

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025778

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Gannye Gae Ratcliff

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

First City National Bank and
Reese Cleveland, Independent Co-Executors
and Trustees U/W Roxelle B. Cleveland
Account #1-763-00-4
P. O. Box 2097
Midland, TX 79702-2097

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025779

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Reese Rodriguez JR

7. Date of Delivery 9-4-87 C/R

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Robert H. Hanniffin
P. O. Box 218
Midland, TX 79702-0218

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025780

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Robert H. Hanniffin

6. Signature – Agent
X

7. Date of Delivery 9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Margaret Wygocki
721 Robins Road
Lansing, MI 48917

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025781

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Margaret Wygocki

6. Signature – Agent
X

7. Date of Delivery 9/5/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Katheyn McCormick
2905 San Pable NE
Albuquerque, NM 87110

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025782

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Kathy McCormick

7. Date of Delivery
87-4-9

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to

Shriners Hospital for Crippled Children Agency
#10027-00 Republic National Bank of Dallas, Agent
P. O. Box 241
Dallas, TX 75221-0241

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025783

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [illegible] Jackson

7. Date of Delivery
SEP 0 1987

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Davis A. Coppedge
466 Goodwin Drive
Richardson, TX 75081

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025784

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [illegible]

6. Signature – Agent
X

7. Date of Delivery
9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Jane Ellen Moore
P. O. Box 356
Sherman, TX 75090-0356

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025785

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X John R Sheldon

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to

Katie L. Storm
8620 B Memphis
Lubbock, TX 79423

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025786

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

James T. Coppedge
79 West Morgan
Spencer, IN 47460

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025787

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [illegible]

6. Signature – Agent
X

7. Date of Delivery
9-9-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Nora L. Markham
3418 36th Street
Lubbock, TX 79413

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025788

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Sally M White

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to

Michael H. Moore
Box 356
Sherman, TX 75090-0356

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025789

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X John R Sheldon

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

John Richard Williamson
3406 Humphrey S.E. Street
Olympia, WA 98501

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025790

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [illegible]

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Carlla Lynn Montgomery Antwine
1701 Pease Street
Sweetwater, TX 79556

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025791

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Carlla Antwine
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Melvin S. Cohn
5647 San Felipe, Suite 1700
Houston, TX 77057

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025792

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: SEP 3 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Mary J. Dotson
206 Old Eagle Pass Road
Carrizo Springs, TX 78834

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025793

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Mary J Dotson
6. Signature – Agent: X
7. Date of Delivery: 9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

John J. Christman
First National Bank Building
1500 Broadway, Suite 800
Lubbock, TX 79101

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025794

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Irene J. Schuler
1210 Highland Road
Roswell, NM 88201

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025795

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Irene J. Schuler
6. Signature – Agent: X
7. Date of Delivery: 9/16/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Mary J. McWhorter
2033 East Second Street
Tucson, AZ 85719

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025796

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9/14/87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

Brent W. McWhorter
2701 East Aldine
Phoenix, AZ 85332

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025797

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-9-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hayden M. Moberly
7106 McKamy Boulevard
Dallas, TX 75248

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025798

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-14-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Margaret Hannifin Voelker
1261 St. Tropez Circle
Box 28
Orlando, FL 32806

4. Type of Service: ☐ Registered ☐ Insured ☑ Certified ☐ COD ☐ Express Mail — Article Number: 025799

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Margaret Voelker
6. Signature – Agent: X
7. Date of Delivery: SEP 12 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

FL ORANGE VILLAGE STA. USPS

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Reuben J. Wolfson Properties
Michael S. Wolfson, Partnership Manager
1999 Bryan Street, Suite 3140
Dallas, TX 75201

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025800

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: SEP 8 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Fort Worth National Bank
Trustee U/W of Roy S. Magruder
P. O. Box 2605
Fort Worth, TX 76101

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025801

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X [signature]
7. Date of Delivery: 13 SEP 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Edith C. Wheeler
P. O. Box 64035
Lubbock, TX 79464-4035

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025802

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Edith C Wheeler
6. Signature – Agent: X
7. Date of Delivery: SEP 8 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Diane M. Landen
P. O. Box 155
Allen, TX 75002-0155

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025803

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: SEP 8 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ann D. Allison
P. O. Box 64035
Lubbock, TX 79464-4035

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025804

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: SEP 8 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Julia Ruth Proctor
2506 Redbud
Odessa, TX 79761

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025805

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery:
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Betty Adkins
7107 South Hudson Circle
Littleton, CO 80122

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025806

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery:
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

The Fort Worth National Bank, Trustee
for the Katherine K. McIntyre Revocable Trust #4541
P. O. Box 2605
Fort Worth, TX 76101-2605

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025807

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X [signature]
7. Date of Delivery: SEP 1987
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to

United New Mexico Trust Company,
Trustee of the Allie M. Lee Trust
P. O. Box 1977
Roswell, NM 88201-1977

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: 025808

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X [signature]
7. Date of Delivery:
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

The First City National Bank of Midland, Texas
Trustee U/S/O Rozelle B. Cleveland, Account #20-0763-00
P. O. Box 10966
Midland, TX 79702-0966

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025809

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X [signature]
7. Date of Delivery: 9-9-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery
3. Article Addressed to:

Sallie Mae White
3418 36th Street
Lubbock, TX 79413

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025810

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X Sallie M. White
6. Signature – Agent: X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery
3. Article Addressed to:

Carrla Lynne Davis Antwine
1701 Pease Street
Sweetwater, TX 79556

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025811

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:

Bettina Blackmar
P. O. Box 351
Luling, TX 78648-0351

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025812

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: SEP 9 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery
3. Article Addressed to:

Donald E. Blackmar
P. O. Box 608
Roswell, NM 88201-0608

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025813

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery
3. Article Addressed to:

Richard A. Blackmar
1907 Adams Drive
Roswell, NM 88201

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025814

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: 9-11-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery
3. Article Addressed to:

Johnson Enterprises Limited Partnership
P. O. Box 1713
Roswell, NM 88202-1713

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025815

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery
3. Article Addressed to:

S. P. Johnson, III and Patricia J. Cooper,
Trustees of the Sylvester P. Johnson, Jr.
Testamentary Trust
P. O. Box 1713
Roswell, NM 88202-1713

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025816

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X [signature]
6. Signature – Agent: X
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery
2. ☐ Restricted Delivery
3. Article Addressed to:

Maxine B. Lombard
3580 Eighth Avenue #220
San Diego, CA 92103

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025817

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee: X
6. Signature – Agent: X
7. Date of Delivery: 9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. [ ] Show to whom, date and address of delivery.
2. [ ] Restricted Delivery

3. Article Addressed to:

Donna Bryan
P. O. Box 133
Berthoud, CO 80513-0133

4. Type of Service:	Article Number
[ ] Registered [ ] Insured [X] Certified [ ] COD [ ] Express Mail	025819

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. [ ] Show to whom, date and address of delivery.
2. [ ] Restricted Delivery

3. Article Addressed to:

Mary Lou Clark
317 North Kansas
Cherokee, OK 73728

4. Type of Service:	Article Number
[ ] Registered [ ] Insured [X] Certified [ ] COD [ ] Express Mail	025820

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Mary Lou Clark

6. Signature – Agent
X

7. Date of Delivery
9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. [ ] Show to whom, date and address of delivery.
2. [ ] Restricted Delivery

3. Article Addressed to:

Annie M. Donaway
Box 874
Putnam, TX 76469-0874

4. Type of Service:	Article Number
[ ] Registered [ ] Insured [X] Certified [ ] COD [ ] Express Mail	025821

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Annie M. Donaway

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. [ ] Show to whom, date and address of delivery.
2. [ ] Restricted Delivery

3. Article Addressed to:

Gordon Ortaxy
P. O. Box 4635
El Paso, TX 79914-4635

4. Type of Service:	Article Number
[ ] Registered [ ] Insured [X] Certified [ ] COD [ ] Express Mail	025822

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Gordon Ortaxy

6. Signature – Agent
X

7. Date of Delivery SEP 1 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. [ ] Show to whom, date and address of delivery.
2. [X] Restricted Delivery

3. Article Addressed to:

Harlan Donaway
1308 North Lauderdale
Odessa, TX 79760

4. Type of Service:	Article Number
[ ] Registered [ ] Insured [X] Certified [ ] COD [ ] Express Mail	025823

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Harlan Donaway

7. Date of Delivery
9-11-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. [ ] Show to whom, date and address of delivery.
2. [ ] Restricted Delivery

3. Article Addressed to:

Milton Donaway
P. O. Box 1058
Putnam, TX 76469-1058

4. Type of Service:	Article Number
[ ] Registered [ ] Insured [X] Certified [ ] COD [ ] Express Mail	025824

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Milton Donaway

6. Signature – Agent
X Annie M. Donaway

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. [ ] Show to whom, date and address of delivery.
2. [ ] Restricted Delivery

3. Article Addressed to:

Samuel P. Duffield and
Mae Wach Duffield
1256 Camino Rio Verde
Santa Barbara, CA 93111

4. Type of Service:	Article Number
[ ] Registered [ ] Insured [X] Certified [ ] COD [ ] Express Mail	025826

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Beverly Hudgens

7. Date of Delivery
9/9 SEP 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. [ ] Show to whom, date and address of delivery.
2. [ ] Restricted Delivery

3. Article Addressed to:

Lucille Evans
1117 North Sixteenth Street
Abilene, TX 79601

4. Type of Service:	Article Number
[ ] Registered [ ] Insured [X] Certified [ ] COD [ ] Express Mail	025827

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Lucille Evans

6. Signature – Agent
X

7. Date of Delivery
9-3-87

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Clara M. Graves
207 Quail Run
Brownwood, TX 76801

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025828

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Robert Welch
6. Signature - Agent: X
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Clara M. Graves, Trustee U/W of
John Reese Graves, Deceased
207 Quail Run
Brownwood, TX 76801

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025829

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Robert Welch
6. Signature - Agent: X
7. Date of Delivery: 9-8-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Oleta Hale
907 West Fourteenth Street
Cisco, TX 76437

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025830

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Oleta Hale
6. Signature - Agent: X
7. Date of Delivery: 9-9-87
8. Addressee's Address (ONLY if requested and fee paid)

CISCO, TX 76437 SEP 1987 USPS

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Ida Hazelwood
Route 7, Box 856
Midland, TX 79701

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025831

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Ida Hazelwood
6. Signature - Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Edith Ivie
Box 1043
Putnam, TX 76469

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025832

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Edith Ivie
6. Signature - Agent: X Edith Ivie
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Bonnie McCleskey
802 West Twelfth Street
Cisco, TX 76437

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025833

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Bonnie McCleskey
6. Signature - Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

CISCO, TX 76437 SEP 1987 USPS

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Clara S. McKinley
2126 Princeton Street
Wichita Falls, TX 76301

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025834

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Clara S. McKinley
6. Signature - Agent: X
7. Date of Delivery: 9-5-87
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Laudis Irene Perrine
Box 418
Clyde, TX 79510-0418

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025835

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Laudis Irene Perrine
6. Signature - Agent: X
7. Date of Delivery: SEP 06 1987
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Gertrude Reese
Route 4
Cisco, TX 76437

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail — Article Number: 025836

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X Gertrude Reese
6. Signature - Agent: X
7. Date of Delivery: 9-4-87
8. Addressee's Address (ONLY if requested and fee paid)

CISCO, TX 76437 SEP 1987 USPS

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Dora Etta Stephens
General Delivery
Buckhorn, NM 88025

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025837

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Elaine Stephens

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

Ethel M. Stephens
P. O. Box 115
Eunice, NM 88231-0115

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025838

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X By U.S. Postal Service

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

E. M. Stephens, Jr.
Route 1
Paden, OK 74860

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025839

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
4-4-83

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Grover C. Stephens
7304 Good Samaritan Court, No. 101
El Paso, TX 79912

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025840

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Wayne C. Stephens
10525 Gary Player [illegible]
El Paso, TX 79935

SEP 4 1987 EL PASO HILLS STA. TEXAS

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025841

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Mrs Wayne C Stephens

7. Date of Delivery
SEP 1987

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

William O. Stephens
P. O. Box 115
Eunice, NM 88231-0115

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025842

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Eva M. Toussaint
Box 9047
Old Ionicte
Incline Village, NV 89450

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025843

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Eva M. Toussaint

6. Signature – Agent
X

7. Date of Delivery
9-7-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

Irene H. Schuler
1210 Highland Road
Roswell, NM 88201

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025844

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Irene H. Schuler

6. Signature – Agent
X

7. Date of Delivery
9/10/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

Interfirst Bank Dallas, N.A.
Escrow Agent Sabine Royalty Trust
Department #0337
Dallas, TX 75284

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: 025845

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

hell Western E & P Inc.
2266

CERTIFIED
No. 025535
RETURN RECEIPT REQUESTED

FIRST CLASS

HOUSTON TEX. SEP-2'87 U.S.POSTAGE 1.84 P.B. METER 6701068

001

SENDER: Complete items 1, 2, 3 and 4.

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

☐ Show to whom, date and address of delivery.

☐ Restricted Delivery.

Article Addressed to:

Emma S. Turland Baker
607 Waco Road
Belton, TX 76513

Type of Service:	Article Number
☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail	025535

Always obtain signature of addressee or agent and DATE DELIVERED.

3. Signature – Addressee
X

5. Signature – Agent
X

7. Date of Delivery

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

RETURNED TO SENDER ATTEMPTED NOT KNOWN

RETURNED TO SENDER ATTEMPTED NOT KNOWN NO SUCH NUMBER INSUFFICIENT ADDRESS DECEASED REFUSED FI. NO. 201 INT. CH

RETURNED TO SENDER ATTEMPTED NOT KNOWN

Emma S. Turland Baker
607 Waco Road
Belton, TX 76513

RETURNED TO SENDER ATTEMPTED NOT KNOWN

Shell Western E & P Inc.

2166

77001

CERTIFIED
No. 025604
RETURN RECEIPT REQUESTED

FIRST CLASS

ILLEGIBLE

RETURNED TO SENDER
REASON CHECKED
Unclaimed
Refused
Unknown
Moved, Left No Address
Insufficient Address
No Such Number/Street
Not Known at Address
No Such Office in State
Do not Forward

( ) ATTEMPTED UNKNOWN ( ) UNCLAIMED
( ) NO RECEPTACLE ( ) TEMP AWAY
( ) INSUFF ADDRESS ( ) REFUSED
( ) NO SUCH NUMBER/ST ( ) VACANT
( ) FORWARDING ORDER EXPIRED

Curtis Wayne Holden
~~309 Gorman~~
Belen, NM 87002

3811, July 1983

DOMESTIC RETURN RECEIPT

you
delivery.
available. Consu
for service(s) requested.

1. ☐ Show to whom, date and au
2. ☐ Restricted Delivery.

3. Article Addressed to:

Curtis Wayne Holden
309 Gorman
Belen, NM 87002

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number

025604

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee

X

6. Signature – Agent

X

7. Date of Delivery

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

CERTIFIED
No. 025618

FIRST CLASS

HOUSTON SEP -2'87 TEX.

U.S.POSTAGE 1.84

P.B. METER 6701068

RETURN RECEIPT REQUESTED

Shell Western E & P Inc.

2266

7001

PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Lavena Howard
1629 Sixteenth Street, Apt. #8
Lubbock, TX 79408

4. Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number: 025618

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

HOW 29 070439N1 09/04/87

RETURN TO SENDER
NO FORWARDING ORDER ON FILE
UNABLE TO FORWARD

Lavena Howard
1629 Sixteenth Street, Apt. #8
Lubbock, TX 79408

Shell Western E & P Inc.

2266

7001

CERTIFIED
No. 025673
RETURN RECEIPT REQUESTED

FIRST CLASS

HOUSTON TEX SEP 2'87

U.S.POSTAGE 1.84

P.B. METER 6701068

Claim Check
No. 795010

☐ Hold

Date

1ST Notice

2ND Notice

Return

Detached from PS Form 3849-A, Oct. 1985

TRU 01 4R04SK61 FWD TIME EXFD
TRUSS
PO BOX 273
BRYAN TX 77806-0273
RETURN TO SENDER

Carolyn Wilmeth Truss
5101 Leonard Road
~~Box~~ 59
Bryan, TX 77801-0059

ILLEGIBLE

Shell Western E & P Inc.

2266

77001

CERTIFIED
No. 025674
RETURN RECEIPT REQUESTED

FIRST CLASS

HOUSTON TEX SEP-2'87 — U.S POSTAGE 1.84 — PB METER 6701068

PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

A. A. Turland
1900 South Wall
Belton, TX 76513

4. Type of Service:

☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail

Article Number: 025674

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

Claim Check No. 025503
☐ Hold
Date 9-4
1ST Notice
2ND Notice
Return

Detached from PS Form 3849-A, Oct. 1985

RETURNED TO SENDER
ATTEMPTED NOT KNOWN
NO SUCH NUMBER
INSUFFICIENT ADDRESS
DECEASED
UNCLAIMED
REFUSED

A. A. Turland
1900 South Wall
Belton, TX 76513

hell Western E & P Inc.

2266

001

CERTIFIED
No. 025775
RETURN RECEIPT REQUESTED

FIRST CLASS

HOUSTON SEP -2'87 TX P.E. MLTR 6701068

U.S.POSTAGE 1.84

HOBBS, NM 88240 SEP 5 PM

HOBBS NM SEP 5 PM

SENDER: Complete items 1, 2, 3 and 4.

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

☐ Show to whom, date and address of delivery.

☐ Restricted Delivery.

Article Addressed to:

Florence Louise Woods
224 East Tucla
Hobbs, NM 88240

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Article Number

025775

lways obtain signature of addressee or agent and
ATE DELIVERED.

Signature – Addressee

Signature – Agent

Date of Delivery

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

SEP - 4 1987

1st Notice
2nd Notice
Return

Florence Louise Woods
224 East Tucla
Hobbs, NM 88240

RETURN RECEIPT REQUESTED
ADDRESSEE ONLY
SHOW TO WHOM AND DATE DELIVERED

Shell Western E&P Inc.

2266

7001

RETURNED TO SENDER
REASON CHECKED
Unclaimed
Attempted-Not known
Insufficient Address
No such street
No such office in state
Do not remail in this envelope

CERTIFIED
No. 025819
RETURN RECEIPT REQUESTED

FIRST CLASS

HOUSTON TEX SEP-2'87

U.S.POSTAGE
1.84
P.B.METER
6701068

CLAIM CHECK NO.
351935

☐ HOLD

DATE
7/1

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

Donna Bryan
P. O. Box 133
Berthoud, CO 80513-0133

hell Western E & P Inc.

2266

001

CERTIFIED
No. 025825
RETURN RECEIPT REQUESTED

FIRST CLASS

HOUSTON SEP-2'87 TEX
P.B. METER 67C1068

U.S. POSTAGE
1.84

Claim Check No.
831232

☐ Hold

Date
9-4-87
1ST Notice

2ND Notice

Return
3886
d from
3340-A

ER: Complete items 1, 2, 3 and 4.

address in the "RETURN TO" space on the
e. Failure to do this will prevent this card from
rned to you. The return receipt fee will provide
ime of the person delivered to and the date of
For additional fees the following services are
Consult postmaster for fees and check box(es)
(s) requested.

ow to whom, date and address of delivery.

stricted Delivery.

Addressed to:

Stella Donohue
c/o Seabury Nursing Home
2443 West Sixteenth
Odessa, TX 79763

ot Service:

ered ☐ Insured
ed ☐ COD
ss Mail

Article Number
025825

btain signature of addressee or agent and
ELIVERED.

ure — Addressee

ure — Agent

of Delivery

ssee's Address *(ONLY if requested and fee paid)*

RETURNED TO SENDER

Stella Donohue
c/o Seabury Nursing Home
2443 West Sixteenth
Odessa, TX 79763

Deceased
6386 9-4-87 BW

Service List for Notice of Hearing:
Offset Operators Within One Mile
of Proposed Unit Boundaries

NORTH EUNICE BLINEBRY - TUBB - DRINKARD POOL
LEA COUNTY, NEW MEXICO
OFFSET OPERATORS WITHIN ONE MILE OF PROPOSED POOL
MAILING LIST

P495 091 379
9/3/87
Acoma Oil Corporation
Executive Plaza Bldg.
Suite 1200
210 W. 6th Street
Ft. Worth, TX 76102

P495 091 386
9/4/87
Amerada Hess Corporation
100 NW 7th Street
Seminole, TX 79360

P-495-090-568
~~9/8/87~~ 9/8/87
Amoco Production Company
205 E. Bender Blvd.
Hobbs, NM 88240

P495 091 390
9/8/87
Antweil, Morris R.
814 W. Marland (not deliverable as addressed; unable to forward.)
Hobbs, NM 88240

P495 091 391
9/3/87
Arco Oil & Gas Company
1515 Calle Sur
Hobbs, NM 88240

P495 091 392
9/3/87
Argee Oil Company
401 W. Texas, Suite 810
Midland, TX 79701-4454

P495 091 393
9/8/87
Bravo Energy, Inc.
Broadmoor Pedro Plaza East
Hobbs, NM ~~88241-2160~~ 88240 ~~Vol 5 Images~~ 201 E. Sanger

P495 091 394
9/8/87
Harper Oil Company
Briercroft Bldg. Suite 300
Midland, TX 79701
600 W. Illinois 4oc(?)

P495 091 397
9/3/87
Chevron U.S.A., Inc.
1923 N. Dal Paso
Hobbs, NNM 88240

Cone, J.R.
P495 091 398
9/3/87
1423 N. Ave. P
Lubbock, TX 79408

P495 091 399
9/3/87
Conoco, Inc.
726 E. Michigan
Hobbs, NM 88240

P495 091 400
9/4/87
Elliott Oil Company
500 N. Kentucky — P.O. Box 1355
Roswell, NM 88201

P495 091 401
9/3/87
Exxon Company U.S.A.
615 W. Missouri
Midland, TX 79702-1600

P495 091 402
9/4/87
Elk Oil Company
500 N. Main, Suite 814
Roswell, NM 88201

P495 091 396
9/3/87
Hendrix, J.
223 W. Wall
525 Midland Tower Bldg.
Midland, TX 79701

P495 091 395
9/3/87
Hondo Drilling Company
410 N. Loraine Street
Midland, TX 79701-2516

BNBC8724301

P495 091 381
9/3/87

Hunt, N. B.
2400 Thanksgiving Tower
1601 Elm Street
Dallas, TX 75201

P495 091 383
9/3/87

Kirby Exploration Company of Texas
1717 St. James Place
Houston, TX 77056

P495 091 385
9/3/87

Marathon Oil Company
125 W. Missouri Street
Midland, TX 79702

P495 091 389
9/2/87

Mobil Producing Texas & New Mexico, Inc.
Nine Greenway Plaza - Suite 2700
Houston, Tx 77046

P495 091 380
delivered (9/3/87?)

Natural Resources Group, Inc.
401 West Texas - Suite ~~410~~ 810
Midland, TX 79701

P495 091 388
delivered (9/3/87?)

Summit Energy, Inc.
1925 Mercantile Dallas Bldg.
Dallas, TX 75201

P495 091 382
9/3/83

Sun Exploration & Production Company
Sun Tower Clay - Desta Plaza
Midland, TX 79702-1861

P495 091 387
9/2/87

Tenneco Oil Company
7990 IH 10 West
San Antonio, TX 78230

P495 091 384
9/3/87

Texaco Producing Inc.
1401 N. Turner
Hobbs, NM 88240

BNBC8724301

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Amoco Production Company
205 E. Bender Blvd.
Hobbs, NM 88240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 040 568

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-8-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Amerada Hess Corporation
100 NW 7th Street
Seminole, TX 79360

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 041 386

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9/4/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Acoma Oil Corporation
Executive Plaza Bldg.
Suite 1200
210 W. 6th Street
Ft. Worth, TX 76102

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 041 379

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9/9/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Bravo Energy, Inc.
Broadmoor Petro Plaza East
Hobbs, NM 88241-2160

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 041 [illegible]

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9-8-87

8. Addressee's Address (ONLY if requested and fee paid)
201 E. Sanger
Hobbs, N.M. 88240

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

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1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Argee Oil Company
401 W. Texas, Suite 810
Midland, TX 79701-4454

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 041 372

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9-3-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Arco Oil & Gas Company
1515 Calle Sur
Hobbs, NM 88240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 041 311

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-3-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Cone, J.R.
1313 N. Ave. E
Lubbock, TX 79403

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 041 378

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
SEP 3 87

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

LUBBOCK, TX 8004 DOWNTOWN STA. USPS

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Chevron U.S.A., Inc.
1923 N. Del Paso
Hobbs, NM 88240

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 041 317

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9/3/87

8. Addressee's Address (ONLY if requested and fee paid)
1923 N. Del Paso

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Harper Oil Company
Briercroft Bldg. Suite 300
Midland, TX 79701

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
Article Number: P495 041 374

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-8-87

8. Addressee's Address (ONLY if requested and fee paid)
600 W. Illinois #100

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery

3. Article Addressed to:

Exxon Company U.S.A.
615 W. Missouri
Midland, TX 79702-1600

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 401

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Craig Conway

7. Date of Delivery
4-3-87 morning

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Elliott Oil Company
500 N. Kentucky
Roswell, NM 88201.

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 400

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Paul S. Stansberry

7. Date of Delivery
9-4-87

8. Addressee's Address (ONLY if requested and fee paid)
POB 1355

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Conoco, Inc.
726 E. Michigan
Hobbs, NM 88240

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 399

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Lisa Smith

7. Date of Delivery
9/5/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hondo Drilling Company
410 N. Loraine Street
Midland, TX 79701-2516

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 395

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Richard Longenecker

7. Date of Delivery
9-3-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hendrix, J.
223 W. Wall
525 Midland Tower Bldg.
Midland, TX 79701

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 376

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Mi Holloway

6. Signature – Agent
X

7. Date of Delivery
9/3/87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Elk Oil Company
500 N. Main, Suite 814
Roswell, NM 88201

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 452

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery
9-4-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Marathon Oil Company
125 N. Missouri Street
Midland, TX 79702

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 383

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X Jeanny Edwards

7. Date of Delivery
9-3-87 morning

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Kirby Exploration Company of Texas
1717 St. James Place
Houston, TX 77056

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail	P 495 091 393

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X M. Connell

6. Signature – Agent
X

7. Date of Delivery
9-3-87

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Hunt, N. B.
2400 Thanksgiving Tower
1601 Elm Street
Dallas, TX 75201

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 387

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Summit Energy, Inc.
1925 Mercantile Dallas Bldg.
Dallas, TX 75201

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 388

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery

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

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Natural Resources Group, Inc.
401 West Texas - Suite 410
Midland, TX 79701

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 380

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)
401 W. Texas #810

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Mobil Producing Texas & New Mexico, Inc.
Nine Greenway Plaza - Suite 2700
Houston, Tx 77046

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 389

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9/2/87

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

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Texaco Producing Inc.
1401 N. Turner
Hobbs, NM 88240

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 384

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [signature]

7. Date of Delivery
9-3-87

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

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Tenneco Oil Company
7990 IH 10 West
San Antonio, TX 78230

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 387

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-3-87

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

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Sun Exploration & Production Company
Sun Tower Clay - Desta Plaza
Midland, TX 79702-1861

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 382

Always obtain signature of addressee or agent and DATE DELIVERED.

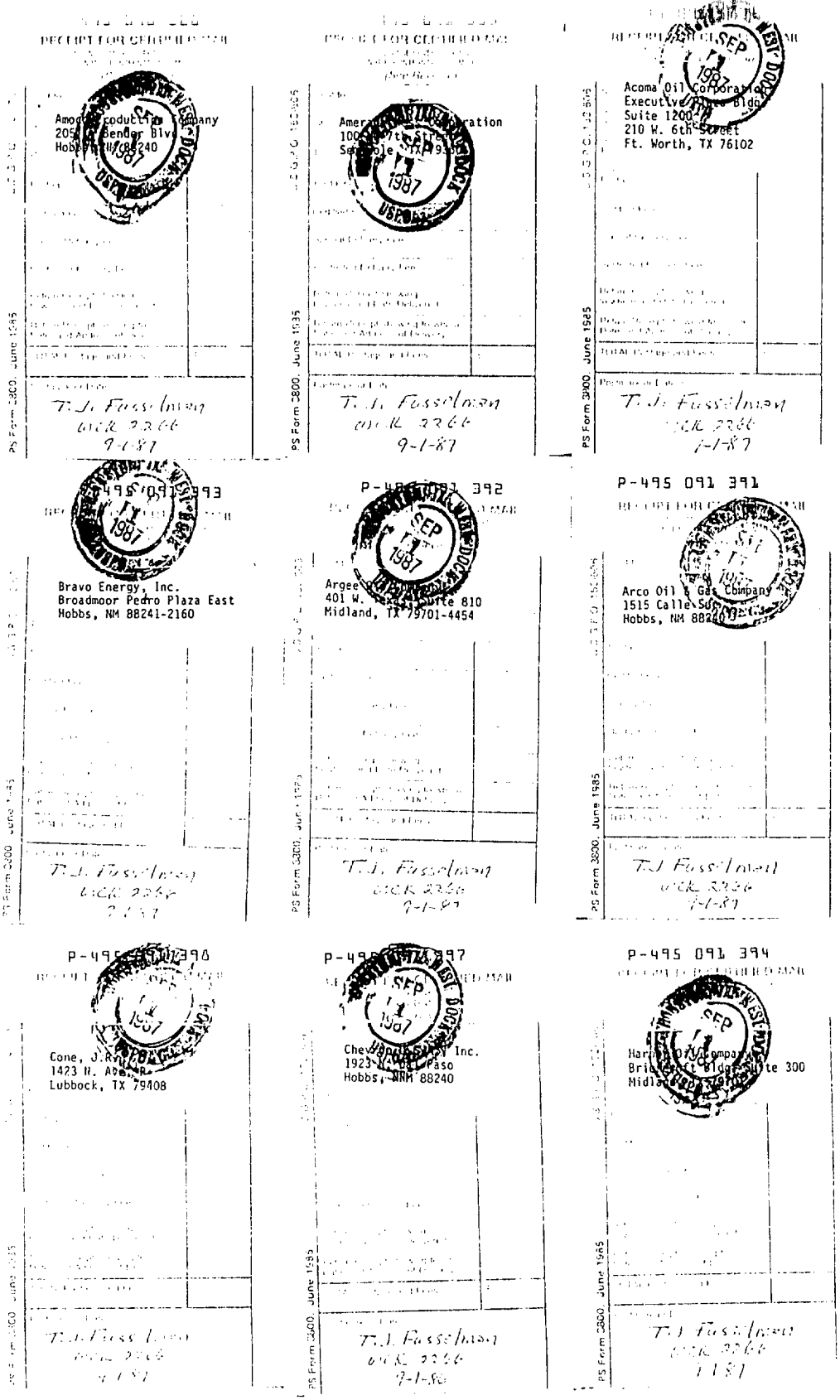
5. Signature – Addressee
X [signature]

6. Signature – Agent
X

7. Date of Delivery
9-3-87 [illegible]

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

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT


RECEIPT FOR CERTIFIED MAIL
Amoco Production Company
2054 N. Bender Blvd
Hobbs, NM 88240
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87
RECEIPT FOR CERTIFIED MAIL
Amerada Hess Corporation
1000 South Pine
Seminole, TX 79360
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87
RECEIPT FOR CERTIFIED MAIL
Acoma Oil Corporation
Executive Office Bldg
Suite 1200
210 W. 6th Street
Ft. Worth, TX 76102
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87
P-495 091 393
Bravo Energy, Inc.
Broadmoor Pedro Plaza East
Hobbs, NM 88241-2160
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87
P-495 091 392
Argee
401 W.
Midland, TX 79701-4454
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87
P-495 091 391
Arco Oil & Gas Company
1515 Calle Sur
Hobbs, NM 88240
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87
P-495 091 390
Cone, J. R.
1423 N. Ave. R
Lubbock, TX 79408
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87
P-495 091 397
Chevron U.S.A. Inc.
1923 N. Turnpike
Hobbs, NM 88240
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87
P-495 091 394
Harvey E. Yates Company
Bridwell Office Bldg. Suite 300
Midland, TX 79701
SEP 11 1987
USPS
PS Form 3800, June 1985
T. J. Fasselman
WCK 2266
9-1-87

ILLEGIBLE

P-495 091 395

Exxon Company U.S.A.
615 W. Missouri
Midland, TX 79702-1600

T. J. Fesselmeyer
WCK 2266
9-1-87

P-495 091 396

Hondo Drilling Company
410 N. Loraine Street
Midland, TX 79701-2516

T. J. Fesselmeyer
WCK 2266
9-1-87

P-495 091 402

Elk Oil Company
500 N. Main, Suite 814
Roswell, NM 88201

T. J. Fesselmeyer
WCK 2266
9-1-87

P-495 091 385

T. J. Fesselmeyer
WCK 2266
9-1-87

P-495 091 383

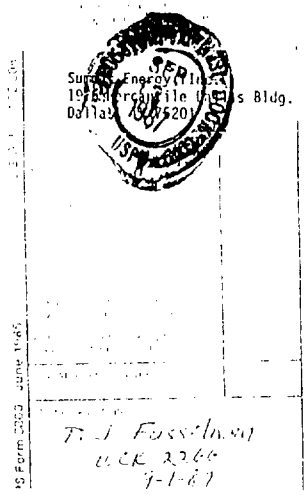
Kirby Exploration Company of Texas

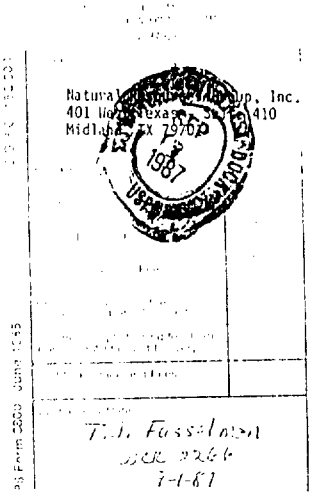
T. J. Fesselmeyer
WCK 2266
9-1-87

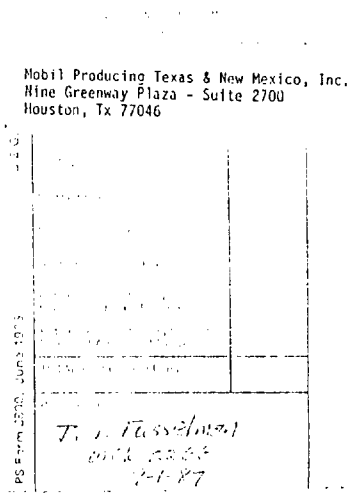
P-495 091 381

T. J. Fesselmeyer
WCK 2266
9-1-87

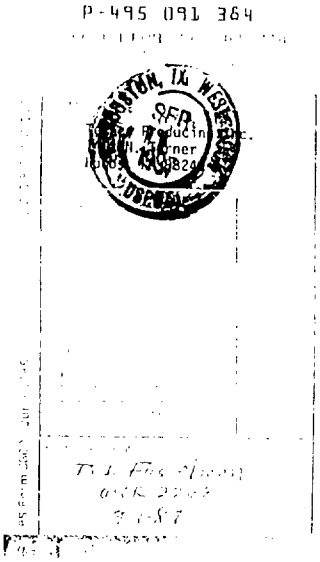
ILLEGIBLE



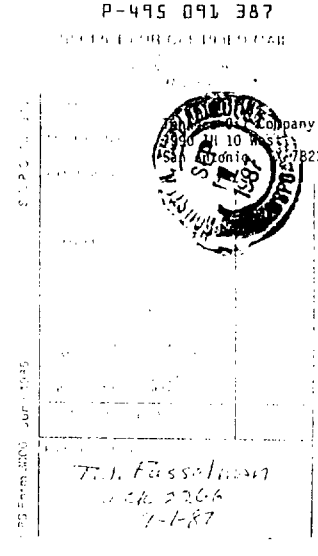




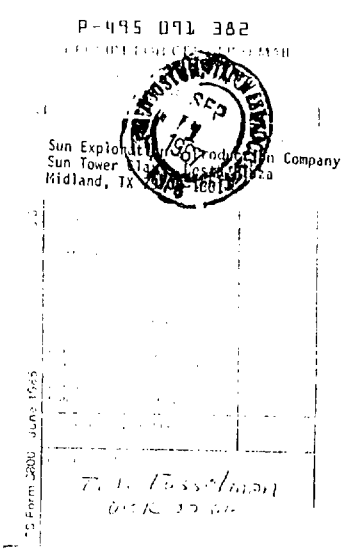
P-495 091 384



P-495 091 387



P-495 091 382



ILLEGIBLE

Shell Western E&P Inc.
A Subsidiary of Shell Oil Company
P. O. Box 576 2266
Houston, TX 77001

E-45965

P-495 091 390

P-495 091 390

SEP 1987

Antweil, Morris R.
814 W. Marland
Hobbs, NM 88240

FIRST CL

Antweil, Morris R.
814 W. Marland
Hobbs, NM 88240

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Antweil, Morris R.
814 W. Marland
Hobbs, NM 88240

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 495 091 390

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

#19
9-3-87
JCW