

NEW MEXICO OIL CONSERVATION DIVISION

BUREAU TRAINER CATALACH OIL CONSERVATION DIVISION	
NEARBURG	EXHIBIT NO. <u>3</u>
CASE NO.	<u>9294</u>

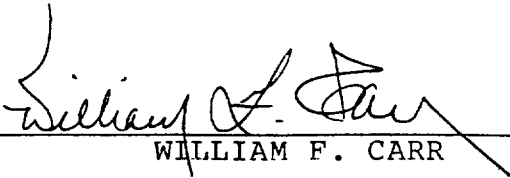
IN THE MATTER OF THE APPLICATION OF
NEARBURG PRODUCING COMPANY FOR
COMPULSORY POOLING, AN UNORTHODOX
GAS WELL LOCATION AND A
NON-STANDARD GAS PRORATION UNIT,
EDDY COUNTY, NEW MEXICO.

CASE NO. 9294

AFFIDAVIT

STATE OF NEW MEXICO)
)ss.
COUNTY OF SANTA FE)

WILLIAM F. CARR, attorney in fact and authorized representative of Nearburg Producing Company, the Applicant herein, being first duly sworn, upon oath, states that the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested persons entitled to receive notice as an offsetting interest owner or an owner who has an interest that may be subject to pooling as shown by Exhibit "A" attached hereto, and that pursuant to Rule 1207, notice has been given at the correct addresses provided by such rule.


WILLIAM F. CARR

SUBSCRIBED AND SWORN to before me this 16th day of
February, 1988.

Walter J. [Signature]
Notary Public

My Commission Expires:

August 19, 1991

EXHIBIT A

H. Cedric Alward, M.D.
4224 Francis Avenue
Los Angeles, CA 90005

Sally A. Ellis
771 Crescent Drive
Boulder, Colorado 80303

Stephen S. Badger
27920 Smith Town Rd.
Excelsior, MN 55331

Earl A. Dickerson
3145 Cahuenga Blvd.
Los Angeles, California 90068

Josephine Hilditch Trust
1811 Los Costa Dr.
Santa Anna, CA 92705

Bennett Office, Inc.
1210 Baker Blvd.
Minneapolis, MN 55402

Joyce A. Halliday Fahlman
Post Office Box 2399
Santa Barbara, CA 93102

F. B. Hubacheck
3100 Prudential Place
Chicago, Illinois 60601

Owen Marshall
608 Putnam Drive
Eau Claire, WI 54701

Murphy McKinnon
2929 Chevy Chase Dr.
Houston, Texas 77019

Donald W. Newton
1416 Meeting House Lane
Knoxville, TN 37921

Southeast Bank & Trust Co.
Post Office Box 267
Sarasota, Florida 33578

Kathryan Knops
3044 12th Ave., South
Minneapolis, MN 55407

Minneapolis Foundation
(Frances E. Andrews, Dec'd)
400 Fushay Tower
821 Marquette Avenue
Minneapolis, MN 55402

Barbara D. Hendrickson
1715 Douglas Ave. South
Minneapolis, MN 55403

Frederick P. Wheeler
627 Pebble Hill Dr.
Doylestown, Penn. 18901

First National Bank of
Minnesota
Post Office Box A700
Minneapolis, MN 55480

Charles S. Kelley
3100 Prudential Place
Chicago, Illinois 60601

John E. MacGibbon
321 Lowell Street
Elk River, MN 55330

Jan M. Fox
5805 Wennegull Road
Madison, Wisconsin 53716

N. Laird Marshall
2417 Joss Court
Madison, Wisconsin 53705

Richard H. Marshall, Jr.
28 Austin Crescent
Toronto M5R - 3 E 3
Ontario, Canada

Margaret M. Norton
7888 Loraine Rd.
San Marino, CA 91108

Mary A. Baida
2244 Q Via Puerta
La Gune Hills, CA 92653

L. Raymond Scherer
1930 Irving South
Minneapolis, MN 55403

Roger Westman
257 N. 117th Ave.
Omaha, NE 68154

Elizabeth Malone Winston
2706 West Lake of the Isle Blvd.
Minneapolis, MN 55416

Hayward Ares &
Margaret Ares
1204 Pine Street
South Pasadena, CA 91030

Helen H. Bristol
151 Library Place
Princeton, NJ 08540

Frank H. Carleton Trust
c/o First National Bank
of Minneapolis
Post Office Box 8700
Minneapolis, MN 55480

Paul Dickerson
3145 Cahuenga Blvd.
Los Angeles, CA 90068

Estate of James G. Bennett
2016 East Broadway
Tucson, AZ 85719

Margaret A. Phillips
9025 National Blvd.
Los Angeles, CA 90034

Lillian Hinkle
Post Office Box 10
Roswell, New Mexico 88202

I. J. Marchall Estate
1210 W. 4th
Roswell, New Mexico 88201

C.A. Land & Cattle Co.
Post Office Box 59
Roswell, New Mexico 88202

Marian Whitley Trust
San Diego Trust &
Savings Bank
Post Office Box X 1013
San Diego, CA 91112

James Lislle Hinkle
Post Office Box 2002
Roswell, New Mexico 88202

John T. Hinkle
Post Office Box 1793
Roswell, New Mexico 88202

Betti Anne Hinkle Bowen
1902 Ivanhoe Lane
Abilene, TX 79605

Charles E. Hinkle
Post Office Box 149
Monterey, CA 93940

Cynthia Hinkle, Trustee
Route 3, Box 519
Carmel, CA 93923

Robert Ray Newton Trust
Rt. 22, Meeting House Lane
Knoxville, TN 37921

Rufus R. Rand Estate
c/o Palmer First National
Bank & Trust Company
Post Office Box 2018
Sarasota, Florida 33578

R. E. Glass (et. ux., Mary)
2303 Douglas Drive
San Angelo, TX 76903

Hugh M. Kincaid, Trustee
906 Hermosa
Artesia, New Mexico 88210

R. R. Hinkle Trust
First National Bank of
Roswell, Trustee
Post Office Box 1977
Roswell, New Mexico 88201

R. R. Hinkle Company
1213 West 3rd
Roswell, New Mexico 88201

Elizabeth C. Baer
10142 Stoneway
El Paso, Texas

Gayle McDonald
2112 42nd Street
Snyder, Texas 79549

Douglas A. McKinnon
333 Ivy Street
Denver, Colorado 80220

Floyd Childress, II
712 N. Lea
Roswell, New Mexico 88201

Alvin M. Stocton, Executor
of the Estate of
Mary Bartolino, Deceased
Rt. 1, Box 12
Raton, New Mexico 87740

Orlando A. Paciotti (Ruth)
Beaver Dam, Wisconsin 53916

Jo Nell Jones Gilmore
201 W. Richardson
Artesia, New Mexico 88210

Elsie G. Nix
450 Scurry Street
Stanton, Texas

Ralph Nix
Post Office Box 617
Artesia, New Mexico 88210

Patricia Murl Nelms and
Charlie D. Nelms
c/o Jo Nell Jones Gilmore
201 W. Richardson Avenue
Artesia, New Mexico 88201

Madlyn Cahape Daboli
132 Shadow Lane
Las Vegas, Nevada 89013

Sterling Mark Carter
Kenna Carter Scott
Michael T. Carter
Post Office Box 191
Truth or Consequences, NM

James W. Childress
Post Office Box 209
Roswell, New Mexico 88202

Loneta S. Curtis
605 S. 19th Street
Artesia, New Mexico 88210

Kenneth L. Webb
7099 S. Fillmore Ct.
Littleton, Colorado 80120

Stanley L. Jones Estate
1901 S. Main Street
Roswell, New Mexico 88201

Barbara Ann Quail Malone
Carol Sue Stanford Garrett
c/o Ralph Nix
Post Office Box 617
Artesia, New Mexico 88210

Billy G. Nix
Post Office Box 617
Artesia, New Mexico 88210

Martin Yates, III, Estate
105 S. 4th Street
Artesia, New Mexico 88210

Damson Oil Corporation
Post Office Box 50460
Midland, Texas 79701

Anadarko Petroleum Corp.
Post Office Box 2497
Midland, Texas 79701

Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

Fred Bohannon
5242 S. Columbia
Tulsa, Oklahoma 74105

Joe Marion Bohannon
Tulsa, Oklahoma 74135

Marianne B. Jost
2248 NW 56th Street
Oklahoma City, OK 73112

Liberty National Bank
Trust Department
Trustee of Lynette W. Wall Trust
and Patsy L. Carmoney Trust
Post Office Box 25848
Oklahoma City, Oklahoma 73125

Mary Louise Hubbartt
Rt. 2, Box 2517-B
Hartwell, Georgia 30643

Billie Manning
6223 South Cook Drive
Littleton, Colorado 80121

Gail McCleave
1605 19th Street
West Sacramento, California 95651

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

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

CERTIFIED

P-573 873 841

MAIL

P-573 873 841

RECEIPT FOR CERTIFIED MAIL

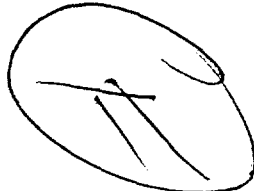
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
H. Cedric Alward, M.D.	
Street and No.	
4224 Francis Avenue	
P.O., State and ZIP Code	
Los Angeles, CA 90005	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	
1-27-88	

U.S.G.P.O. 153-506

PS Form 3800, June 1985

H. Cedric Alward, M.D.
4224 Francis Avenue
Los Angeles, CA 90005



ALM 24, 63046211 FWD TIME EXI
ALWARD
P O BOX 36213
LOS ANGELES CA 90036-0213
RETURN TO SENDER



CLAIM CHECK NO. 089574

HOLD

FEB 9 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

P 112 385 366

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

P.S Form 3800, Feb. 1982

Sent to Anadarko Petroleum Corp.	
Street and No. Post Office Box 2497	
P.O., State and ZIP Code Midland, Texas 79701	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	1-27-82

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

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

Article Addressed to: Anadarko Petroleum Corp
Post Office Box 2497
Midland, Texas 79701

4. Article Number
P 112 385 366

Type of Service:
 Registered
 Certified
 Express Mail Insured
COD

Always obtain signature of addressee or agent and DATE DELIVERED.

3. Addressee's Address (ONLY if requested and fee paid)
Midland, TX
249702

DATE OF DELIVERY
JAN 29 1982

POSTMARK
MIDLAND TEXAS
JAN 29 1982

DOMESTIC RETURN RECEIPT

P-573 873 812

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S. P.O. 153 576

Sent to Hayward Ares and Margaret Ares	
Street and No. 1204 Pine Street	
P.O., State and ZIP Code South Pasadena, CA 91030	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL
 P-573 873 837

P-573 873 837
 RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	
Stephen S. Badger	
Street and No.	
27920 Smith Town Rd.	
P.O., State and ZIP Code	
Excelsior, MN 55331	
Postage	.22
Certified Fee	.75
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, address or Delivery	
	.70
Postage and Fees	1.67

U.S.G.P.O. 153-506

PSN 55331-1000

1-27-88

Claim Check No. 968092

Hold

1st Notice

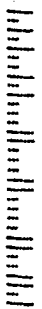
2nd Notice

Return

Detached from PS Form 3849-A, Oct. 1985

Stephen S. Badger
 27920 Smith Town Rd.
 Excelsior, MN 55331

Forward signed
 ASB



Claim Check No. 968092

Hold

1st Notice

2nd Notice

Return

Detached from PS Form 3849-A, Oct. 1985



CLAIM CHECK NO. 089406

FEB 4 1981

HOLD

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A, Oct. 1985

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

EL PASO, TEXAS 79901-2208

Claim Check No.

~~508106~~

CERTIFIED

P 112 385 385

MAIL

POST OFFICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A, Oct. 1985

P 112 385 385

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-448-014

Sent to Elizabeth C. Baer	
Street and No. 10142 Stoneway	
P.O., State and ZIP Code El Paso, Texas 79978	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.76
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

PS Form 3800, Feb. 1982

Handwritten: FORWARDING ORDER EXPIRES FEB 27 1988
 RETURNED TO EL PASO, TEXAS 79978
 Baer



089398

CLAIM CHECK NO.

FEB 4 1988

[] HOLD

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A, Oct. 1980

P-573 873 820
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

Sent to Mary A. Baida	
Street and No 2244 O Via Puerta	
P.O., State and ZIP Code La Gune Hills, CA 92653	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and method of delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or date 1-27-88	

PS Form 3811, June 1985

3811 Form 985

DOMESTIC RETURN RECEIPT

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

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

Article Addressed to: **Mary A. Baida**
1400 S. BROADWAY
LA GUNE HILLS, CA 92653

4. Article Number
P 573 873 820

Type of Service:
 Registered Certified Mail
 Insured COD
 Express Mail

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

P 112 385 378

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)
Alvin M. Stocton, Executor

Sent to of the Estate of Mary Bartolino, Deceased	
Street and No. Rt. 1, Box 12	
P.O., State and ZIP Code Raton, New Mexico 87740	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

U.S.G.P.O. 1984-446-014

Form 3811, Feb. 1982

PS Form 3811, Feb. 1982

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. If you address nothing, RETURN TO YOU space on the reverse side. Failure to do this will prevent this article from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult us for fees and request boxes for additional service(s) requested.

Show to whom delivered, date, and address a address.

Restricted Delivery.

Article Number
P 112 385 378

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

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

1. Recipient's Address
Alvin M. Stocton, Executor
Rt. 1, Box 12
Raton, New Mexico 87740

2. Signature or Agent
Alvin M. Stocton

3. Date of Delivery
JAN 28 1988

DOMESTIC RETURN RECEIPT

P-573 873 804
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153 506

PS Form 3811, June 1985

Sent to Estate of James G. Bennett	
Street and No 2016 East Broadway	
P.O., State and ZIP Code Tucson, AZ 85719	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	.70
TOTAL Postage and Fees	1.67
Postmark or Date	1-27-88

PS Form 3811, Feb. 1985

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

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

Restricted Delivery.

4. Article Number
P 573 873 804

Type of Service:
 Registered
 Certified
 Insured
 COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fees paid)
FEE NOT PAID FOR ADDRESSES

Signature of Agent
James G. Bennett

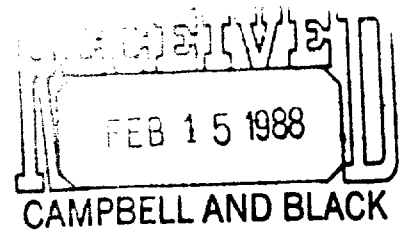
Date of Delivery
1-27-88

Address
**2016 East Broadway
Tucson, AZ 85719**

Domestic Return Receipt

THE BENNETT OFFICE, INC.

220 NORTHSTAR EAST
608 SECOND AVENUE SOUTH
MINNEAPOLIS, MINNESOTA 55402
(612) 332-8051



RUSSELL M. BENNETT, PRESIDENT
DAVID T. BENNETT, VICE PRESIDENT
JAMES G. BENNETT, JR., VICE PRESIDENT

JOSEPH C. BENNETT, VICE PRESIDENT
MERIDAN H. BENNETT, VICE PRESIDENT
CHERYL W. HELEY, SECRETARY & TREASURER

February 9, 1988

Mr. William F. Carr
Campbell and Black
Guadalupe Place
Suite 1 - 110 North Guadalupe
Post Office Box 2208
Santa Fe, New Mexico 87504-2208

Dear Mr. Carr,

This letter is in regard to the oil interests held by the James G. Bennett Estate and related trusts in Eddy County, New Mexico. We received your letter of January 14, 1988, in an indirect manner and would like to change our address on your records in the event of future correspondence. The current address is as follows:

c/o The Bennett Office, Inc.
220 Northstar East
608 Second Avenue South
Minneapolis, MN. 55402

Thank you for your help in this matter.

Very truly yours,


Cheryl W. Heley

CWH:mb

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

Hold at line over top of envelope to the right
 of the return address.

CERTIFIED

P-573 873 831

MAIL

P-573 873 831

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

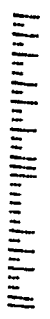
Sent to	
Bennett Office, Inc	
Street and No	
1210 Baker Blvd.,	
P.O. State and ZIP Code	
Minneapolis, MN 55402	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	
1-27-88	

U.S.G.P.O. 153-506
 P.S. Form 3800, June 1985



~~Bennett Office, Inc.
 1210 Baker Blvd.
 Minneapolis, MN 55402~~

MAILED 1-27-88



089407

CLAIM CHECK NO.

HOLD

FEB 4 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from
 PS Form 3849-A
 Oct. 1980

P 112 385 364

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-448-014

Feb. 1982

Sent to Fred Bohannon	
Street and No. 5242 S. Columbia	
P.O., State and ZIP Code Tulsa, Oklahoma 74105	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

SENDER Complete this and Certified Mail pieces are mailed, and complete items 3 and 4 on address label. RETURN TO SENDER TO avoid return to office. Failure to do this will prevent this item from being returned to you. The return receipt will provide you the name of the person to whom it was delivered and the date of delivery. For additional fees, the following services are available. Consult us for details. For a list of services, see the back of this envelope.

Show to whom delivered and date delivered. Restricted Delivery.

Article Number
112 385 364

Type of Service
 Registered Certified Mail
 Insured COD
 Express Mail

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

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

DOMESTIC RETURN RECEIPT

P 112 385 363

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982 * U.S.G.P.O. 1984-446-014

Sent to Joe Marion Bohannon	
Street and No.	
P.O., State and ZIP Code Tulsa, Oklahoma 74135	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67

Postmark or Date
1-27-88

PS Form 3811, Feb. 1986

5950 E. 55th St
Tulsa, OK 74135

Article Number: 112 385 363

REGISTERED MAIL
CERTIFIED
EXPRESS MAIL

INSURED
COD

Always obtain signature of addressee agent and DATE DELIVERED

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

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Your address is the return address. Failure to do this will prevent the return of the mail. The return receipt fee will provide you the name of the person to whom the mail was delivered. For additional fees the following services are available. Consult the appropriate office for details.

1. Restricted Delivery

2. Restricted Delivery

3. Registered Mail

4. Insured Mail

5. Certified Mail

6. Express Mail

7. Signature Required

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

9. Return Receipt

10. Return Receipt with Signature

11. Return Receipt with Signature and Address

12. Return Receipt with Signature and Address and Postmark

13. Return Receipt with Signature and Address and Postmark and Insurance

14. Return Receipt with Signature and Address and Postmark and Insurance and Restricted Delivery

15. Return Receipt with Signature and Address and Postmark and Insurance and Restricted Delivery and Certified Mail

16. Return Receipt with Signature and Address and Postmark and Insurance and Restricted Delivery and Certified Mail and Express Mail

17. Return Receipt with Signature and Address and Postmark and Insurance and Restricted Delivery and Certified Mail and Express Mail and Insured Mail

18. Return Receipt with Signature and Address and Postmark and Insurance and Restricted Delivery and Certified Mail and Express Mail and Insured Mail and COD

19. Return Receipt with Signature and Address and Postmark and Insurance and Restricted Delivery and Certified Mail and Express Mail and Insured Mail and COD and Registered Mail

20. Return Receipt with Signature and Address and Postmark and Insurance and Restricted Delivery and Certified Mail and Express Mail and Insured Mail and COD and Registered Mail and Signature Required

P-573 873 809

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Betti Ann Hinkle Bowen	
Street and No	
1902 Ivanhoe Lane	
P.O., State and ZIP Code	
Abeline, TX 79605	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	1-27-88

U.S.G.P.O. 153-596

Form 3865

3600

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

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

Article Addressed to: Betti Ann Hinkle Bowen
1902 Ivanhoe Lane
Abeline, TX 79605

4. Article Number
P 573 873 809

Type of Service:
 Registered Certified Express Mail
 Insured COD

Always obtain signature of addressee or agent and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

P-573 873 810

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Helen H. Bristol	
Street and No. 151 Library Place	
P.O., State and ZIP Code Princeton, NJ 08540	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

SENDER'S COMPLETE (Items 1 and 2 when additional services are desired, and complete items 3 and 4 when your address is the RETURNING ADDRESS. Space on the reverse side. Failure to do this will prevent the mail from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult insurance rates and check boxes for additional services requested.)

Show location delivered, date and addressee's address.

Restricted Delivery.

4. Article Number
P-573-873-810

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

P 112 385 384

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)
Sterling Mark Carter

Sent to Kenna Carter Scott Michael T. Carter	
Street and No. Post Office Box 191	
P.O., State and ZIP Code Truth or Consequences, NM	
Postage	87901 \$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

★ U.S.G.P.O. 1984-446-014

with each Feb. 1982

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

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

3. Article Addressed to:
Sterling Mark Carter
Kenna Carter Scott
Michael T. Carter
Post Office Box 191
Truth or Consequences, NM 87901

4. Article Number:
P 112 385 384

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

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

6. Signature of Person

7. Date Delivered

U.S. G.P.O. FORM 3811, FEB. 1985

DOMESTIC RETURN RECEIPT

P 112 385 389
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to C.A. Land & Cattle Co.	
Street and No. P. O. Box 59	
P.O., State and ZIP Code Roswell, NM 88202	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

PS Form 3811, Feb. 1986

SEND TO: *James S. Shields*

Post Office: *1-29-88*

Article Number: *112-385-389*

Type of Service:
 Registered
 Certified
 Insured
 COD
 Excess Mail

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

DOMESTIC RETURN RECEIPT

Additional services are desired, and complete items 3 and 4 on the reverse side. Failure to do this will prevent the return receipt. See instructions on the reverse side for details. See the following services are available. Consult the enclosed "Mails" requested.

3- Restricted Delivery:

P-573 873 808
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

Frank H. Carleton Trust
 Sent to **C/o First National Bank
 of Minneapolis**

Street and No. **Post Office Box 8700**
 P.O., State and ZIP Code **Minneapolis, MN 55480**

Postage	\$ 1.22
Certified Fee	1.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, date, and Address of Delivery	1.00
Postage and Fees	\$ 1.61

1-29-88

U.S.G.P.O. 153-506

Postage paid, Form 1565

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

1. Show to whom delivered, date. **FEES NOT PAID**

2. Restricted Delivery.

3. Article Addressed to: **Frank H. Carleton Trust
 c/o First National Bank
 Post Office Box 8700
 Minneapolis, MN 55480**

4. Article Number: **P 573 873 808**

Type of Service:
 Registered Certified
 Insured
 Express Mail
 COD

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

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

DOMESTIC RETURN RECEIPT

RECEIVED
 FEB 10 1988

P 112 385 379

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1984-446-014

U.S.G.P.O. Form 3800, Feb. 1982

Sent to Floyd Childress, II	
Street and No. 712 N. Lea	
P.O., State and ZIP Code Roswell, NM 88201	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	1-27-88

SENDER Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 only if your address is not RETURNED TO SENDER. Item 5 is used on the reverse side. Failure to do this will prevent the mail from being returned to you. The return receipt fee will provide you the name of the person who delivered to and the date of delivery. Additional fees for following services are available. Complete master fee schedule on special order form. Additional information is available upon request.

1. Certified Mail, Restricted Delivery

2. Restricted Delivery

3. Signature Required

4. Signature Required and Restricted Delivery

5. Registered Mail

Article Number
112 385 379

Type of Service:
 Registered
 Certified
 Insured
 COD
 Express Mail

Address, Signature of addressee
DATE DELIVERED

DOMESTIC RETURN RECEIPT

P 112 385 382

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

Sent to James W. Childress	
Street and No. Post Office Box 209	
P.O., State and ZIP Code Roswell, New Mexico 88202	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67

Postmark or Date

1-27-88

PS Form 3800, Feb. 1982

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Your address is the RETURN TO address on the reverse side. Failure to do this will prevent the item from being returned to you. The return receipt fee will provide you the name of the person insured to and the date of delivery. For additional fees for additional services available. Consult master fee list and check boxes for additional services requested.

Show to whom delivered, date and address of address.

Article Addressed to:
**James W. Childress
Post Office Box 209
Roswell, New Mexico 88202**

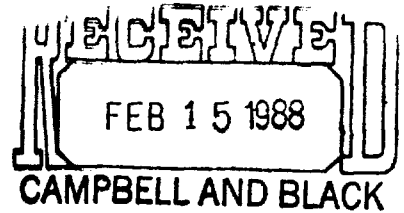
4. Article Number
P 112 385 382

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or sender and DATE DELIVERED.

Address of Addressee (ONLY if requested and fee paid)
**James W. Childress
Post Office Box 209
Roswell, NM**

DOMESTIC RETURN RECEIPT



William Brian Landsheft, DVM
P.O. Box 1
Bixby, OK 74008
918/298-8904

February 9, 1988

William F. Carr
Campbell and Black, P.A.
Box 2208
Santa Fe, New Mexico 87504

Dear Mr. Carr:

I received a copy of a letter from you regarding Case 9294 Application of Nearburg Producing Company for an Unorthodox Gas Well, etc. from my uncle, James W. Childress. Please be advised that there is an error in the attached list of interest owners.

The second name in the fifth column is that of Elizabeth C. Baer, my deceased mother. Her interest has passed to myself, a brother and sister.

Please note this and address any correspondence to the address below for the appropriate legal documentation and any other future notices of this matter.

Lynn Desper
Box 1371-M#146
Ruidoso, NM 88345

Sincerely,

A handwritten signature in cursive script that reads "Brian Landsheft".

Brian Landsheft

P 112 385 380

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to Loneta S. Curtis	
Street and No. 605 S. 19th Street	
P.O., State, and ZIP Code Artesia, NM 88210	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

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

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

Article Addressed to: **Loneta S. Curtis**
605 S. 19th Street
Artesia, NM 88210

4. Article Number
P 112 385 380

Type of Services:
 Registered Certified Express Mail Insured COD

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

3. Addressee's Address (**ONLY IF requested and fee paid!**)

DOMESTIC RETURN RECEIPT

Jan 28 11 27 AM 1988

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL
 P 112 385 386

RETURN TO WRITER



*not at home
 call 800*

P 112 385 386

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

Madalyn Cahape Daboli
 132 Shadow Lane
 Las Vegas, Nevada 89005



★ U.S.G.P.O. 1984-446-014

Sent to Madalyn Cahape Daboli	
Street and No. 132 Shadow Lane	
P.O., State and ZIP Code Las Vegas, NM 89013	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

- ATTEMPTED - NO NUMBER
 - NO SUCH NUMBER
 - VACANT
 - REFUSED
 - NO MAIL RECEIPT
 - TEMPORARILY AWAY
- local int'l*

Post Office 2507, Feb. 1982

PS Form 3800, Feb. 1982 * U.S.G.P.O. 1984-446-014

P 112 385 367

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Damson Oil Corporation	
Street and No. Post Office Box 50460	
P.O., State and ZIP Code Midland, Texas 79701	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67

Postmark or Date

1-27-88

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

P 112 385 367

MAIL



U.S. POSTAL SERVICE

CLAIM CHECK NO. 089244

RETURNS TO SENDER

FEB 7 1988

1ST NOTICE

2ND NOTICE

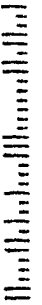
RETURN

Detached from PS Form 3849-A Oct. 1980



UNDELIVERABLE AS ADDRESSED
NO FORWARDING ORDER ON FILE

Damson Oil Corporation
Post Office Box 50460
Midland, Texas 79701



CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

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

CERTIFIED

P-573 873 835

MAIL

P-573 873 835

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Earl A. Dickerson	
Street and No. 3145 Cahuenga Blvd.,	
P.O., State and ZIP Code Los Angeles, Ca 90068	
Postage	\$ 1.22
Certified Fee	\$ 1.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	\$ 1.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

RETURNED TO SENDER
1/30/88
NO SUCH NUMBER
ATTEMPTED NOT KNOWN
INIT *line*

Earl A. Dickerson
3145 Cahuenga Blvd.
Los Angeles, California 90068



U.S. POSTAGE
1.67

CLAIM CHECK NO. **089483**

DATE **FEB 8 1988**

Detached from PS Form 3849-A Oct. 1980

RETURN

PROHIBITED

INSTRUCTION

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

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

CERTIFIED

P-573 873 806

MAIL

RECEIVED
TO
SENDER
NO RETURN
NO SUCH NUMBER

Paul Dickerson
3145 Cahuenga Blvd.
Los Angeles, CA 90068

1/30/88

PKT

1

CLAIM CHECK
NO. 089502

HOLD

DATE

FEB 8 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

P-573 873 806

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Paul Dickerson	
Street and No. 3145 Cahuenga Blvd.,	
P.O., State and ZIP Code Los Angeles, CA 90068	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

P-573 873 839

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

Sent to Sally A. Ellis	
Street and No. 771 Crescent Drive	
P.O. State and ZIP Code Boulder, Colorado 80303	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Mark or Date 1-27-88	

1986 JAN 29 6 21 AM

DOMESTIC RETURN RECEIPT

Article Number
P-573873 839

Type of Service:
 Registered Certified Express Mail
 Insured COD
 Restricted Delivery

Address (showing signature of addressee)
DATE DELIVERED
(Indicate date and time of delivery)

Address (ONLY if requested and fee paid)

Sender's name, address, and telephone number

Additional services are desired and complete items 3 and 4.

In return, you will provide YOU the name of the person to whom the item was delivered. Also, you will provide the following services are available. Complete items 3 and 4.

P-573 873 829

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153 506

FD-38 (Rev. 6-23-65)

Sent to Joyce A. Halliday Fahlman	
Street and No. Post Office Box 2399	
P.O., State and ZIP Code Santa Barbara, CA 93102	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt (to be returned to sender and to be paid for by sender)	
Return Receipt (to be returned to whom Date of Delivery is desired)	.70
TOTAL POSTAGE AND FEES	1.67
Postmark or City	1-27-68

U.S.G.P.O. 153 506

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

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

4. Article Number
P-573 873 829

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always get the signature of addressee and sign **DATE DELIVERED**.

3. Addressee's address (ON REVERSE SIDE)
Joyce A. Halliday Fahlman

POSTMAN

DOMESTIC RETURN RECEIPT

P-573 873 834

RECEIPT FOR CERTIFIED MAIL

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

Sent to First National Bank of Minnesota	
Street and No Post Office Box A700	
P.O., State and ZIP Code Minneapolis, MN 55480	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

U.S.G.P.O. 153-506

P5 Form 3800, June 1985

Domestic Return Receipt

Article Addressed to: **First National Bank of Minnesota, Post Office Box A700, Minneapolis, MN 55480**

Restrictive Agent: **U.C.M.**

Date of Delivery: **FEB - 1 1988**

Article Addressed to: **FEB NOT PAID**

Article Number: **P 573 873 834**

Type of Service: Registered Certified Express Mail Insured COD

Always obtain signature of addressee or agent and DATE DELIVERED.

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

2. Restricted Delivery.

Complete Item 8 when additional services are desired, and complete Items 3 and 4 when you request any of the services on the reverse side. Failure to do this will prevent the return receipt from being provided. The return receipt fee will provide you the name of the person to whom and the date of delivery. For additional fees the following services are available. Consult your carrier for fees and check boxes for additional services requested.

Show to whom delivered date **FEB NOT PAID**

DOMESTIC RETURN RECEIPT

P-573 873 828
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 163-506

PS Form 3800, June 1985

Sent to Jan M. Fox	
Street and No. 5805 Wenneguall Rd.,	
P.O., State and ZIP Code Madison, Wisconsin 53716	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	170
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.
 Show no return delivered, date and addressee's address.

Article Addressed to: **2. Restricted Delivery.**

4. Article Number
P 573 873 828

Type of Service:
 Registered Certified
 Insured
 COD
 Express Mail

Always obtain signature of addressee, agent, and DATE DELIVERED.
 ONLY if return receipt and fee paid.

DOMESTIC RETURN RECEIPT

USPS FEB 8 1988

MADISON, WI

805 W. WENNEGUALL RD.
 MADISON, WISCONSIN 53716

9074 8/15/86

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL
P 112 385 374

RETURNED TO SENDER
REASON CHECKED
Undelivered to addressee
Addressee in foreign
country
No return address
No return number
No return date
No return address
No return number
No return date

Jo Nell Jones Gilmore
201 W. Richardson
Artesia, New Mexico 88210

U.S. POSTAGE
SANTA FE, N.M.
JAN 27 1988

CLAIM CHECK NO.

089742

HOLD
FEB 15 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

P 112 385 374

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to Jo Nell Jones Gilmore	
Street and No. 201 W. Richardson	
P.O., State and ZIP Code Artesia, NM 88210	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

P-573 873 799
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	
R. E. Glass (et ux., Mary)	
Street and No 2303 Douglas Drive	
P.O., State and ZIP Code San Angelo, TX 76903	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	.70
TOTAL Postage and Fees	1.67
Postmark or Date 1-27-88	

38177-1086

SENDER Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Pay your address in the RETURN TO box on the reverse side. Failure to do this will prevent this mail from being returned to you. This receipt will provide you the name of the person intended to and the date of delivery. Additional fees for the following services are available. Consult the reverse side for details.

1. Article Number
P-573 873 799

2. Type of Service:
 Registered Certified
 Insured
 Registered Delivery
 Restricted Delivery
 COD
 Registered Mail

3. Always attach signature of addressee and **DATE DELIVERED**.

4. **POST OFFICE**
 SAN ANGELO, TX 76903
 JUN 29 1988
 WEST

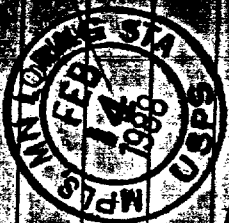
DOMESTIC RETURN RECEIPT

P-573 873 838
 RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

Sent to Barbara D. Hendrickson	
Street and No. 1715 Douglas Avenue South	
P.O., State and ZIP Code Minneapolis, MN 55403	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

PS Form 3800, June 1985



ST. PAUL MN 55403 FEB 1 1988

Barbara D. Hendrickson
1715 Douglas Avenue South
Minneapolis, MN 55403

Article addressed to: _____
 2. Show to whom delivered, date, and addressee's address.

4. Article Number
P 573 873 838

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

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

DOMESTIC RETURN RECEIPT

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

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

CERTIFIED

P-573 873 833

MAIL

P-573 873 833

RECEIPT FOR CERTIFIED MAIL

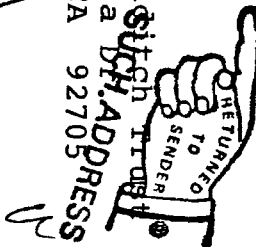
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	
Josephine Hilditch Trust	
Street and No.	
1811 Los Costa Drive	
P.O., State and ZIP Code	
Santa Anna, CA 92705	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	1.67
Postmark or Date	1-27-88

Josephine Hilditch Trust
1811 Los Costa Drive
Santa Anna, CA 92705



1.67

CLAIM CHECK NO. 089240

FEB 1 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

P-573 873 807

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

U.S.G.P.O. 153-506

Post Office, June 1985

Sent to Charles E. Hinkle	
Street and No Post Office Box 149	
P.O., State and ZIP Code Monterey, CA 93940	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (if any) to be delivered	
Signature of addressee to whom restricted delivery is required	.70
Post Office Fees	\$ 1.67
Date 1-27-88	

SENDER'S COPY

Post Office
 Registered Mail
 Certified Mail
 Insured Mail
 Return Receipt (if any) to be delivered

Post Office
 Restricted Delivery

Article Number
P-573 873 807

Type of Service
 Registered
 Certified
 Insured
 Express Mail

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

Post Office
 Restricted Delivery

Signature of addressee or agent and DATE DELIVERED.

DOMESTIC RETURN RECEIPT

P-573 873 805
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Cynthia Hinkle, Trustee	
Street and No. Rt. 3, Box 519	
P.O., State and ZIP Code Carmel, CA 93923	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Fees (if showing to whom and Date Delivered)	
Return Receipt (showing Date and Address of Recipient)	.70
TOTAL Postage and Fees	1.67
Postmark or Date 1-27-88	

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

FEB 1 1988

SENDER Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the RETURN TO space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult the postage and price book for additional services requested. Show the item delivered, date and addressee's address.

1. Registered Certified Express Mail

2. Restricted Delivery

3. Article Number
P-573-873-805

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

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

DOMESTIC RETURN RECEIPT

P-573 873 813

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	
James Lislle Hinkle	
Street and No.	
Post Office Box 2002	
P.O., State and ZIP Code	
Roswell, NM 88202	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	
1-27-85	

811 Feb 21 1985

Domestic Return Receipt

1-27-85

James Lislle Hinkle
Post Office Box 2002
Roswell, New Mexico 88202

4. Article Number
P 573 873 813

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Restricted Delivery

Always obtain signature of addressee or agent and DATE DELIVERED.

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

no fee paid

P-573 873 811

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to John T. Hinkle	
Street and No. Post Office Box 1793	
P.O. State and ZIP Code Roswell, New Mexico 88202	
Postage	\$ 1.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.61
Postmark or Date 1-27-88	

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

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

Article Number
P 573 873 811

Type of Service:
 Registered Certified Express Mail Insured COD

Always obtain signature of addressee agent and DATE DELIVERED.

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

POST BOX 1793

DOMESTIC RETURN RECEIPT

**JOHN T. HINKLE
POST OFFICE BOX 1793
NEW MEXICO 88202**

P-573 873 800
RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153 506

Sent to Lillian Hinkle	
Street and No. Post Office Box 10	
P.O., State and ZIP Code Roswell, NM 88202	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Registered Delivery Fee	
Postage not showing Amount of Date Delivered	
Postage not showing to whom Amount of Date of Delivery	.70
Postage and Fees	\$ 1.67
Date 1-27-88	

1986

SENDER'S SIGNATURE
Lillian Hinkle

ADDRESSEE'S SIGNATURE
Lillian Hinkle

POSTAGE
 P-573 873 800

TYPE OF SERVICE
 Registered
 Certified
 Insured
 COD
 Express Mail

DATE DELIVERED
1-27-88

ADDRESS & ADDRESS (ONLY IF COLLECTED AND FEE PAID)
**Post Office Box 10
 Roswell, NM 88202**

DOMESTIC RETURN RECEIPT

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

P 112 385 388

RECEIPT FOR CERTIFIED MAIL

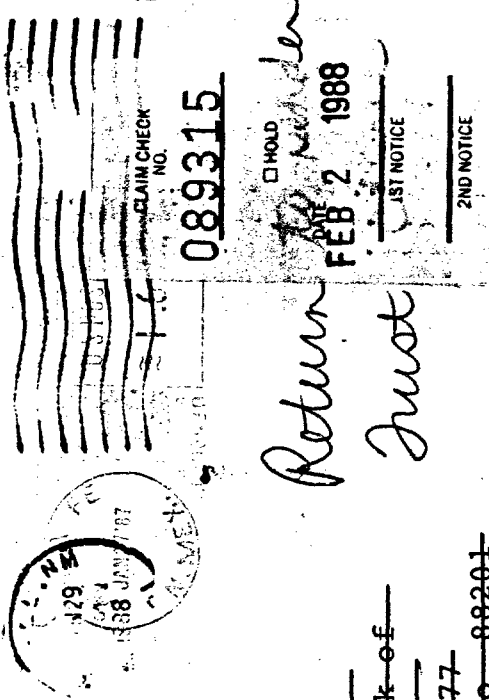
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

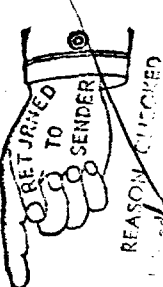
Sent to <u>First National Bank of Roswell, Trustee R.R. Hinkle Trust</u>	
Street and No. <u>Post Office Box 1977</u>	
P.O., State and ZIP Code <u>Roswell, New Mexico 88201</u>	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

CAMPBELL & BLACK, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED
P 112 385 388
MAIL



Return
Just



REASON RETURNED

~~R. Hinkle Trust~~
~~First National Bank of~~
~~Roswell, Trustee~~
~~Post Office Box 1977~~
~~Roswell, New Mexico 88201~~

089315

□ HOLD

FEB 2 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

P 112 385 387

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to R. R. Hinkle Company	
Street and No. 1213 West 3rd	
P.O., State and ZIP Code Roswell, NM 88201	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	1-27-88

1213 West 3rd
Roswell, NM 88201

R. R. Hinkle Company
1213 West 3rd
Roswell, NM 88201

4. Article Number
P 112 385 387

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

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

1213 West 3rd

DOMESTIC RETURN RECEIPT

1988

P-573 873 827

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

Sent to F. B. Hubachek	
Street and No. 3100 Prduential Place	
P.O., State and ZIP Code Chicago, Illinois 60601	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

PS Form 3800, June 1985

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

Your address (the **RETURN TO** space on the reverse side. Failure to do this will prevent this form being returned to you. The return receipt fee will provide you the name of the person to whom and the date of delivery. For additional fees the following services are available. Consult master (for fees and check box(es) for additional service(s) requested.

1. **REGISTERED MAIL** **RESTRICTED DELIVERY**

2. **REGISTERED CERTIFIED EXPRESS MAIL**

3. **INSURED COD**

4. Article Number
P 573 873 827

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee at time of **DATE DELIVERED**
Address of Addressee (ON THIS RECEIPT and fee paid)

DOMESTIC RETURN RECEIPT

P 112 385 172

RECEIPT FOR CERTIFIED MAIL

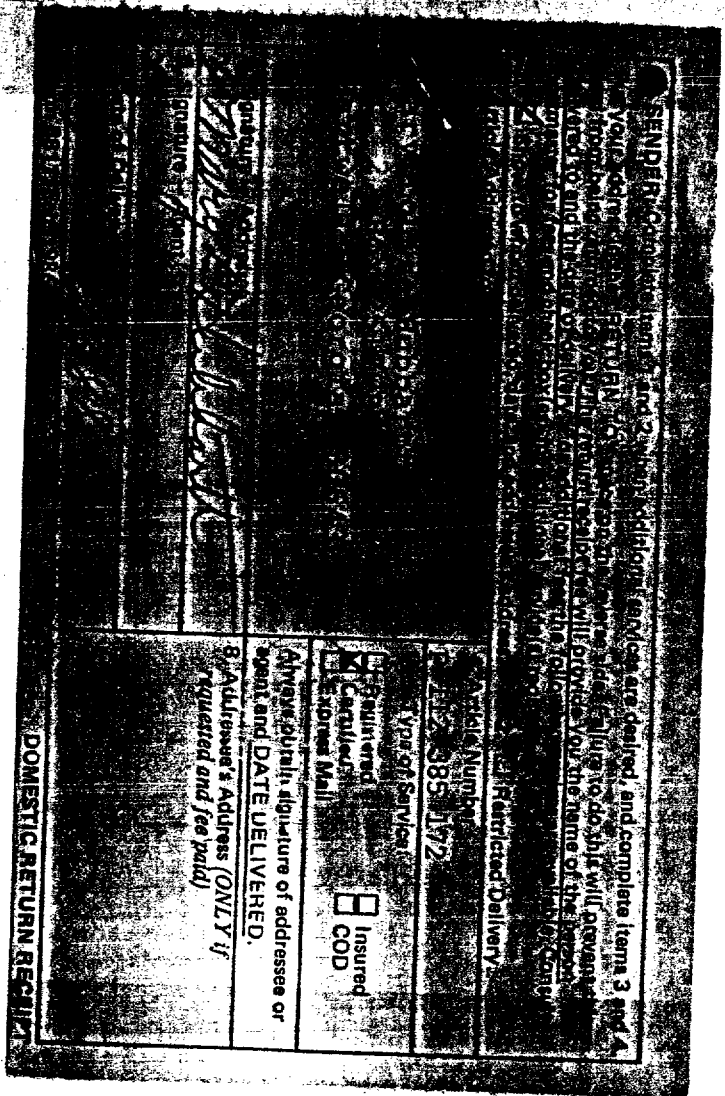
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

Form 3840, Feb. 1982

Sent to	
Mary Louise Hubbartt	
Street and No.	
Rt. 2, Box 2517-B	
P.O., State and ZIP Code	
Hartwell, Georgia 30643	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	
1-27-88	



P 112 385 375

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to Stanley L. Jones Estate	
Street and No. 1901 S. Main Street	
P.O., State and ZIP Code Roswell, NM 88201	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

P 112 385 362

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

Feb. 1982

Sent to Marianne B. Jost	
Street and No. 2248 NW 56th Street	
P.O., State and ZIP Code Oklahoma City, OK 73112	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

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

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

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

Article Addressed to:
**Marianne B. Jost
2248 NW 56th Street
Oklahoma City, OK 73112**

Signature: *Marianne B. Jost*

4. Article Number
P 112 385 362

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

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

DOMESTIC RETURN RECEIPT

P-573 873 832
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Charles S. Kelley	
Street and No. 3100 Prudential Place	
P.O., State and ZIP Code Chicago, Illinois 60601	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Your address is the **RETURN** address. If you wish, you may return the reverse side. Failure to do this will prevent this
 routing slip from being returned to you. The return receipt will provide you the name of the person
 to whom the date of delivery, and additional fees the following services are available. Consult
 postal regulations for details and applicable boxes for additional services requested.

Show to whom delivered. (See back of address label.)

Article Addressed to: **P-573 873 832**

Article Number: **P-573 873 832**

(Type of Service)

Registered
 Certified
 Insured
 COD
 Restricted Delivery

Additional requirements of address label: **DATE DELIVERED**

Address of Addressee: **ONLY IF required and fee paid**

DOMESTIC RETURN RECEIPT

Law Offices of

CHAPMAN AND CUTLER

a partnership including professional corporations

111 West Monroe Street, Chicago, Illinois 60603

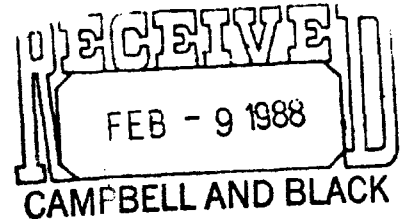
TWX 910-221-2103 Telex 206281
Telephone 312 845-3000

Salt Lake City Office
50 South Main Street
Salt Lake City, Utah 84144
Telephone 801 533-0066

Theodore S. Chapman
1877-1943
Henry E. Cutler
1879-1959

February 4, 1988

Charles A. Kelly, P.C.
312 845-3009



Campbell & Black, P.A.
Suite 1
110 North Guadalupe
P. O. Box 2208
Sante Fe, New Mexico 87504-2208

Gentlemen:

Enclosed is a picture of a letter from you dated January 27, 1988, and addressed to my father at 3100 Prudential Plaza, Chicago, Illinois. Various things are in error in this letter. They include the following:

1. My father's last name is spelled with only one E;
2. He has not been at that address for more than six years;
3. At least ten years ago, all mineral interests which he had in Eddy County, New Mexico were conveyed to me; and
4. My father died in June of 1987.

I assume, therefore, that the letter in question should have been sent to me at the above address. To the extent that any further communications concerning my interest in this property are required, please send them to me at the address shown on this letterhead.

Very truly yours,

A handwritten signature in cursive script that reads "Charles A. Kelly".

Charles A. Kelly

/mk
encl.

P 112 385 390

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to Hugh M. Kincaid, Trustee	
Street and No. 906 Hermosa	
P.O., State and ZIP Code Artesia, NM 88210	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom. Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

1. Addressee's Name: **Hugh M. Kincaid**

2. Addressee's Address: **Mexico 88210**

3. Signature and Address: *Hugh M. Kincaid*

4. Date of Delivery: **2-1-88**

5. Article Number: **P 112 385 390**

6. Restricted Delivery:

7. Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

8. Addressee's signature of addressee or agent and DATE DELIVERED.

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

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

11. ENDERB: Complete items 1 and 2 unless additional services are desired, and complete items 3 and 4. Your address is required for return. If you do not obtain the return receipt fee will prevent the return of the article and the date of delivery. For additional information see the following services are available. Consult the back of this form for details.

P-573 873 817
RECEIPT FOR CERTIFIED MAIL

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

Sent to Kathryan Knops	
Street and No. 3044 12th Avenue, South	
P. O., State and ZIP Code Minneapolis, MN 55407	
Postage	\$ 1.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark Date	1-27-88

U.S.G.P.O. 153-506

51 Form 3830, June 1985

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

Show to whom delivered, date, and address & address.

Article Addressed to: **KATHRYAN KNOPS**
3044 12th Avenue, South
MINNEAPOLIS, MN 55407

4. Article Number
P 573 873 817

Type of Service:
 Registered Certified / Express Mail
 Insured COD

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Address & Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Handwritten: *1-27-88*

P 112 385 173

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Trustee of Lynette W. Wall and Patsy L. Carnoney Trust

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <u>Liberty National Bank Trust Department</u>	
Street and No. <u>Post Office Box 25848</u>	
P.O., State and ZIP Code <u>Oklahoma City, OK 73125</u>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <u>1-21-88</u>	

SENDERS Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 only when the RETURNED TO SENDER option on the reverse side. Failure to do this will prevent the post office from opening the mail. Return receipts are not provided for insured mail. To insure the contents of the mail, the sender must purchase additional insurance. For information on the rate of delivery, for additional fees for the following services are available. Consult the post office and check boxes 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

1 Restricted Delivery
2 Restricted Delivery
3 Insured
4 Insured
5 Insured
6 Insured
7 Insured
8 Insured
9 Insured
10 Insured
11 Insured
12 Insured
13 Insured
14 Insured
15 Insured
16 Insured
17 Insured
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89 Insured
90 Insured
91 Insured
92 Insured
93 Insured
94 Insured
95 Insured
96 Insured
97 Insured
98 Insured
99 Insured
100 Insured

Always obtain signatures of addressee and DELIVERER. Address and address required and fee \$1.00.

731
1988
OKLAHOMA CITY

DOMESTIC RETURN RECEIPT

P-573 873 830
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

Sent to John E. MacGibbon	
Street and No 321 Lowell Street	
P.O., State and ZIP Code Elk River, MN 55330	
Postage	.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing When and Date Delivered	
Return Receipt showing to whom Delivered Address of Delivery	.70
Total Postage and Fees	1.67
Date 1-27-88	

U.S.G.P.O. 153-506

SENDER'S USE ONLY

Marked No. and indicate date of delivery. If you return receipt fee will provide you the name of the person to whom delivered and place of delivery for additional service (if requested).

Restricted Delivery Restricted Delivery

Article Number
P-573 873 830

Type of Service:
 Registered
 Certified Mail
 Insured
 COD
 Express Mail

Special signature of addressee required and fee paid.
DAVE DELIVERED

Address: **Address (ON/SM)**

DOMESTIC RETURN RECEIPT

P-573 873 676
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506
 PS Form 3800, June 1985

Sent to Gail McCleave	
Street and No 1605 19th Street	
P.O. State and ZIP Code West Sacramento, CA 95651	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67

Postmark or Date

1-27-88

P 112 385 383

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to Gayle McDonald	
Street and No. 2112 42nd Street	
P.O., State and ZIP Code Snyder, Texas 79549	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark and Date 1-27-88	

Article Addressed to:
**Gayle McDonald
2112 42nd Street
Snyder, Texas 79549**

Signature: *Gayle McDonald*

4. Article Number
P 112 385 383

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested by addressee)

Gayle McDonald

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the RETURN TO field on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. Additional services are available. Consult your master form for specific prices and additional services requested. Show how you paid for postage and address a return receipt to the addressee's address.

P 112 385 381

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

Sent to Douglas A. McKinnon	
Street and No. 333 Ivy Street	
P.O., State and ZIP Code Denver, Colorado 80220	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ (1.6)
Postmark or Date 1-27-88	

Postmark 8330 Feb 1982

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4 if you desire. Item 5 is for RETURN TO SENDER only. Failure to do this will prevent this mail from being returned to you. RETURN TO SENDER will provide you the name of the person to whom it is returned and the date of delivery. If you desire additional services, see the following services available. Consult the back of this receipt for details. Additional services requested.

1. Registered, Certified, or Insured Mail. Restricted Delivery.

2. Restricted Delivery.

Article Number: **P 112 385 381**

Type of Service: Registered, Certified, or Insured Mail. Insured. COD.

Always obtain signature of addressee of Registered, Certified, or Insured Mail and DATE DELIVERED.

Address of Addressee (ONLY if requested and fee paid):
**333 Ivy Street
Denver, CO 80220**

DOMESTIC RETURN RECEIPT

P-573 873 823

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

Sent to Murphy McKinnon	
Street and No 2929 Chevy Chase Drive	
P.O. State and ZIP Code Houston, Texas 77019	
Postage	\$ 1.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Postage and fee showing to whom delivered	
Postage and fee showing to whom delivered by	\$ 1.70
Total	\$ 1.67

1-27-88

PS Form 3800, June 1985

MURPHY MCKINNON

2929 CHEVY CHASE DRIVE

HOUSTON, TEXAS 77019

Article Number: **P 573 873 823**

Type of Service: Registered Insured
 Certified COD
 Express Mail

Any special handling or address of addressee of article **DATE DELIVERED**

Address of addressee (ON/XX/XX)
Murphy McKinnon
2929 Chevy Chase
Houston, TX 77019

DOMESTIC RETURN RECEIPT

P-573 873 826

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to N. Laird Marshall	
Street and No. 2417 Joss Court	
P.O., State and ZIP Code Madison, Wisconsin 53705	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

SENDER-Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4. Your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the item being returned to you. The return receipt fee will provide you the name of the person to whom it was sent and date of delivery. For additional fees the following services are available. Consult the person to whom delivered, date, and addressee's address.

4. Article Number
P 573 873 826

Type of Service
 Registered Certified Express Mail
 Restricted Delivery

Always obtain signature of agent and DATE DELIVERED.
 Addressee's Address (ONLY required and fee paid)

DOMESTIC RETURN RECEIPT

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

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

CERTIFIED

P-573 873 798

MAIL

RETURNED TO SENDER
Reason Checked
Unclaimed
Addressee unknown
Insufficient address
No street
No office in state
No zip number
No return address in this envelope

Refused

I. J. Marchall Estate
1210 W. 4th
Roswell, New Mexico 88201



CLAIM CHECK NO.

0892241

Claim Check No.

17054

HOLD

Date

Hold

FEB 1 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

1ST Notice

2ND Notice

Return

Detached from PS Form 3849-A Oct. 1985

P-573 873 798

RECEIPT FOR CERTIFIED MAIL

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

Sent to I. J. Marchall Estate	
Street and No. 1210 W. 4th	
P.O., State and ZIP Code Roswell, NM 88201	
Postage	\$.22
Delivery Fee	\$.75
Special Delivery Fee	
Postmarking	
Postmarking to whom, if different from addressee	\$.70
Postage and Fees	\$ 1.67
Date	1-27-88

PS Form 3849-A, Oct. 1980

PS Form 3849-A, Oct. 1985

P-573 873 825

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Owen Marshall	
Street and No. 608 Putnam Drive	
P.O., State and ZIP Code Eau Claire, WI 54701	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Addressee	.70
TOTAL Postage and Fees	1.67
Postmark or Date 1-27-88	

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

1. **RETURN TO:** Mark your address on the RETURN TO space on the reverse side. Failure to do this will prevent this card from being returned to you. The Return Receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult the reverse for rates and check boxes for additional services (a) requested.

2. Restricted Delivery.

Article Number: **573 873 825**

Type of Service:

Registered
 Certified
 Express Mail

Insured
 COD

3. A legible signature of addressee
DATE DELIVERED

4. Addressee's Address (ON RECEIPT REQUIRED UNLESS PAID)

DOMESTIC RETURN RECEIPT

P-573 873 840
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

Minneapolis Foundation

Sent to Frances E. Andrews Deceased	
Street and No 400 Fushay Tower 821 Marquette Avenue	
P.O., State and ZIP Code Minneapolis, MN 55402	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-89	

U.S.G.P.O. 153-506

PS Form 3800, June 1985

1986

MINNEAPOLIS FOUNDATION
Frances E. Andrews, Dec'd
400 Fushay Tower
821 Marquette Avenue
Minneapolis, MN 55402

Addressed to:
 Minneapolis Foundation
 Frances E. Andrews, Dec'd
 400 Fushay Tower
 821 Marquette Avenue
 Minneapolis, MN 55402

Article Number
 P 573 873 840

Type of Service:
 Registered Certified Express Mail
 Insured COD

Always obtain signature of addressee or agent and DATE DELIVERED.

Addresser's Address (ONLY if requested and fee paid)
 SAME AS Box #3
 EXCEPT suite #15500

POSTAGE PAID
 15500

DOMESTIC RETURN RECEIPT

1986

P 112 385 368

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

c/o Jo Nell Jones Gilmore
Sent to Patricia Murl Melms and
Charlie D. Nelms

Street and No.
201 W. Richardson Avenue
P.O., State and ZIP Code
Artesia, New Mexico 88201

Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67

Postmark or Date
1-27-88

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

GENERAL Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. **RETURN TO SENDER** If you do not wish to receive this mail, please return it to the sender of delivery. Additional fees for the following services are available. Consult the appropriate postage meter for additional service(s) requested.

1. Article Number: P 112 385 368

2. Restricted Delivery

Type of Service:
 Registered
 Certified
 Return Receipt
 Insured
 COD

3. Signature of addressee required (ONLY if requested and fee paid)

4. **DOMESTIC RETURN RECEIPT**

P-573 873 821
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

Sent to Donald W. Newton	
Street and No. 1416 Meeting House Lane	
P.O., State and ZIP Code Knoxville, TN 37921	
Postage	\$.22
Cashed Fee	.75
Registered Mail Fee	
Restricted Delivery Fee	
Insurance (if provided)	
Postage to whom: Return to addressee or Return to sender	\$.70
Postage and Fees	\$ 1.67
1-27-88	

59861 empf 0009 11/17

SENDER'S CERTIFICATE

Additional services are desired, and complete items 3 and 4.

Address on the reverse side. Failure to do this will prevent the package being returned. The return receipt fee will provide you the name of the person to whom the package is delivered. For additional fees the following services are available. Consult your post office for additional services required.

1. Return to addressee's address. 2. Restricted Delivery.

3. Registered
 Certified
 Insured
 Express Mail
 COD

4. Article Number:
P-573 873 821

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

DOMESTIC RETURN RECEIPT

P-573 873 803

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	
Robert Ray Newton Trust	
Street and No. Rt. 22, Meeting House Lane	
P.O., State and ZIP Code Knoxville, TN 37921	
Postage	.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	1.67

Postmark or Date

1-27-88

3811, Feb. 1986

573 873 803

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Article Number
573 873 803

Kind of Service
Certified Mail
Registered Delivery

Insured
COD

DATE DELIVERED

Address (ONLY if
additional fee paid)

SENDER'S COMPLETE RETURN ADDRESS AND PHONE NUMBER (Additional services are desired, and complete items 3 and 4 are required, return this side. If you do this will prevent the additional fee. Provide you the name of the person to whom the return is to be sent. Additional services are available. Consult address label for details.)

DOMESTIC RETURN RECEIPT

PS Form 3800, Feb. 1982 * U.S.G.P.O. 1984-446-014

P 112 385 371

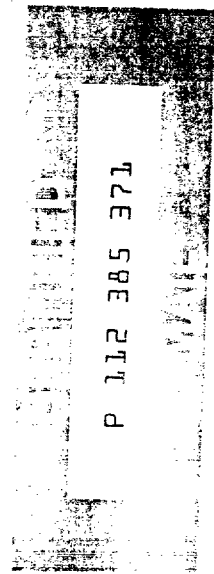
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Billy G. Nix	
Street and No. Post Office Box 617	
P.O., State and ZIP Code Artesia, NM 88210	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$1.67
Postmark or Date 1-27-88	

CAMPBELL & BLACK, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



RETURNED TO SENDER
REASON CHECKED
Unclaimed _____ Refused _____
Addresses unknown _____
Insufficient Address _____
No such street _____ number _____
No such office in state _____
No such carrier & his service _____

Billy G. Nix
Post Office Box 617
Artesia, New Mexico 88210

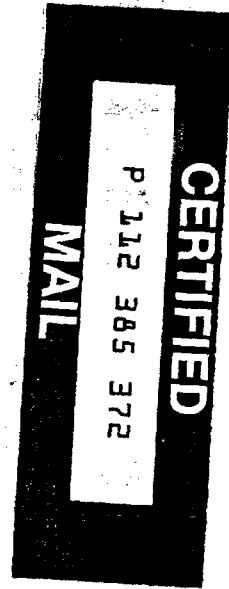
CLAIM CHECK NO. **089243**
 HOLD
FEB 1 1988
FIRST NOTICE
2ND NOTICE
RETURN
Detached from PS Form 3849-A Oct. 1986

CAMPBELL & BLACK, P.A.

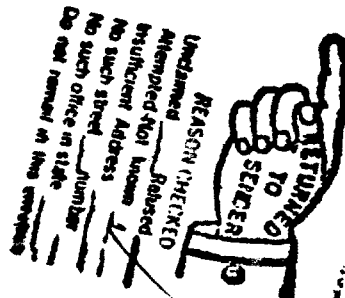
LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208



Elsie G. Nix
450 Scurry Street
Stanton, Texas



089360

CLAIM CHECK NO.

HOLD

EB 3 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

P 112 385 372

RECEIPT FOR CERTIFIED MAIL

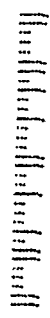
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to Elsie G. Nix	
Street and No. 450 Scurry Street	
P.O., State and ZIP Code Stanton, Texas	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	



CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL
P 112 385 373

P 112 385 373

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Barbara Ann Quail Malone Carol Sue Stanford Garrett	
Street and No. c/o Ralph Nix Post Office Box 617	
P.O., State and ZIP Code Artesia, New Mexico 88210	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	1-27-88

★ U.S.G.P.O. 1984-468-014

PS Form 3800, Feb. 1982

**Barbara Ann Quail Malone
Carol Sue Stanford Garrett
c/o Ralph Nix
Post Office Box 617
Artesia, New Mexico 88210**

RETURNED TO SENDER
PERSON CHECKED
Address Unknown
No such street
No such street in city
No such street & city number

089242

CLAIM CHECK NO.

1 HOUR

FEB 1 1988

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
Oct. 1980

P 112 385 370

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to Ralph Nix	
Street and No. Post Office Box 617	
P.O., State and ZIP Code Artesia, NM 88210	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67

Postmark or Date
1-27-88

Form 3811, Feb. 1985

Out of Delivery **1-29-88**

Sheet No. **88**

Domestic Return Receipt

Article Number **112 385 370**

Post of Service

Insured COD

Restricted Delivery

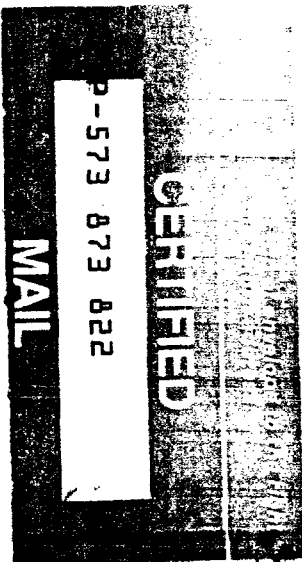
Signature of addressee **DATE DELIVERED**

Address & Address (ONL) if requested and/or paid

Additional copies are desired, and complete terms 3 and 4.

Additional postage will be provided by the person to whom this receipt is issued. Additional postage will be provided by the person to whom this receipt is issued. Additional postage will be provided by the person to whom this receipt is issued.

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

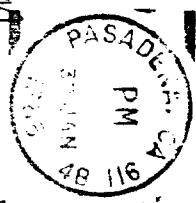


P-573 873 822
 RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

Sent to Margaret M. Norton	
Street and No. 7888 Loraine Rd.	
P.O., State and ZIP Code San Marino, CA 91108	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

RETURNED TO SENDER
 Margaret M. Norton
 7888 Loraine Rd
 San Marino, CA 91108
 UNKNOWN TO SENDER
 NO SUCH ADDRESS per [unclear]



089353

CLAIM CHECK NO.

[] HOLD

FEB 3 1988

1ST NOTICE

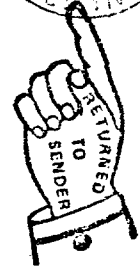
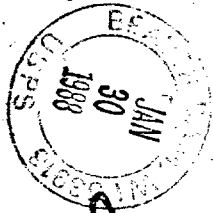
2ND NOTICE

RETURN

Detached from PS Form 3849-A Oct. 1980

CAMPBELL & BLACK, P.A.
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



CLAIM CHECK
NO. 089376

FEB 3 - 1988

CERTIFIED MAIL
P 112 385 376

REASON CHECKED
Unclaimed - Refused -
Attempted - Not Known -
Insufficient Address -
No such street in state -
No such office in state -
Do not re-mail in this envelope -

Orlando A. Paciotti (Ruth)
~~Beaver Dam, Wisconsin 53916~~

FEB 9 1988
1ST NOTICE

2-19
2ND NOTICE
RETURN

Detached from
PS Form 3849-A
Oct. 1980

Return to Sender

WRK INSUFF ADDRESS

XXXXXXXXXXXX

P 112 385 376

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Orlando A. Paciotti (Ruth)	
Street and No.	
P.O., State and ZIP Code Beaver Dam, Wisconsin 53916	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	1-27-88

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

P-573 873 802

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-508

Sent to Margaret A. Phillips	
Street and No. 9025 National Blvd.	
P.O., State and ZIP Code Los Angeles, CA 90034	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Certified Fee	
Return Receipt (if any) to whom and for what used	
Return Receipt (if any) Date and Amount	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or CIP 1-27-88	

U.S.G.P.O. 153-508

P-573 873 801

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

Sent to Rufus R. Rand Estate
c/o Palmer First National
Bank & Trust Company
Street and No. Post Office Box 2018

P.O., State and ZIP Code
Sarasota, Florida 33578

Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	1.67

Postmark or Date
1-27-88

PS Form 3800, June 1985

PS Form 3811, Feb. 1986

Signature Agent
Date of Delivery
JAN 29 1988

Address

Article Number
573 873 801

Type of Service
 Registered
 Insured
 COD
 Registered Delivery

Always obtain signature of addressee
DATE DELIVERED

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

DOMESTIC RETURN RECEIPT

P-573 873 818
RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-508

Sent to	
L. Raymond Scherer	
Street and No	
1930 Irving South	
P.O., State and ZIP Code	
Minneapolis, MN 55403	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and how delivered	
Return Receipt showing Date and Address of delivery	.70
TOTAL POSTAGE	\$ 1.67
Postmark or Date	
1-27-88	

June 1985

DOMESTIC RETURN RECEIPT

SENDER'S INFORMATION: Additional services, air, certified, and complete items 3 and 4. Sender's name and address will be printed on the return receipt. Sender's name will prevent the return of the item to the sender. Sender's name will be printed on the return receipt. Sender's name will be printed on the return receipt. Sender's name will be printed on the return receipt.

ADDRESSEE'S INFORMATION: Addressee's name and address will be printed on the return receipt. Addressee's name will be printed on the return receipt. Addressee's name will be printed on the return receipt. Addressee's name will be printed on the return receipt.

POSTAGE AND FEES: Postage and fees are indicated on the receipt. Postage and fees are indicated on the receipt. Postage and fees are indicated on the receipt. Postage and fees are indicated on the receipt.

POSTMARK: 1-27-88

POSTAL SERVICE: Always obtain a receipt of addressee or agent of addressee. **REGISTERED MAIL** **CERTIFIED MAIL** **EXPRESS MAIL** **INSURED** **COD** **RESTRICTED DELIVERY**

ARTICLE NUMBER: P 573 873 818

POSTAL SERVICE: REGISTERED MAIL, CERTIFIED MAIL, EXPRESS MAIL, INSURED, COD, RESTRICTED DELIVERY.

POSTAL SERVICE: REGISTERED MAIL, CERTIFIED MAIL, EXPRESS MAIL, INSURED, COD, RESTRICTED DELIVERY.

POSTAL SERVICE: REGISTERED MAIL, CERTIFIED MAIL, EXPRESS MAIL, INSURED, COD, RESTRICTED DELIVERY.

POSTAL SERVICE: REGISTERED MAIL, CERTIFIED MAIL, EXPRESS MAIL, INSURED, COD, RESTRICTED DELIVERY.

P-573 873 819

RECEIPT FOR CERTIFIED MAIL

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

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Southeast Bank & Trust Co.	
Street and No. Post Office Box 267	
P.O., State and ZIP Code Sarasota, Florida 33578	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

DOMESTIC RETURN RECEIPT

JAN 29 1988

Article Number
753 873 819

Types of Service
 Registered
 Certified
 Insured
 COD
 Express Mail

DATE DELIVERED

Address of addressee
 (If not the same as address on envelope, please print here)

Additional services are provided and complete items 3 are filled in on the reverse side. Failure to do this will prevent this receipt being eligible to you. The return receipt fee will provide you the name of the person to whom the date of delivery is additional fee the following services are available. Consult your local post office for additional information requested.

SENDERS COMMENTS

CAMPBELL & BLACK, P.A.
 LAWYERS
 POST OFFICE BOX 2208
 SANTA FE, NEW MEXICO 87504-2208

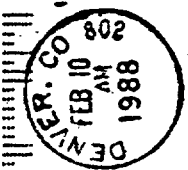
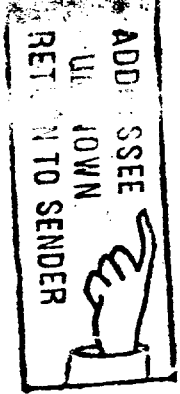


POSTAGE
 \$ 1.67

CERTIFIED MAIL
 P 112 385 377

Kenneth L. Webb
 7099 S. Fillmore Ct.
 Littleton, Colorado 80120

*Attempted -
 Unk. return
 2207*



P 112 385 377

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Kenneth L. Webb
Street and No.	7099 S. Fillmore Ct.
P.O., State and ZIP Code	Littleton, Colorado 80120
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	1-21-88

★ U.S.G.P.O. 1984-446-014

PS Form 3849-A, Feb 1982

CLAIM CHECK NO. 089753

FEB 16 1988

1ST NOTICE

2ND NOTICE

RETURN

Delivered from PS Form 3849-A Oct. 1980

U.S.G.P.O. 153-506

PS Form 3800, June 1985

P-573 873 816
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Roger Westman	
Street and No. 257 N. 117th Ave.	
P.O., State and ZIP Code Omaha, NE 68154	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

DOMESTIC RETURN RECEIPT

1. **Article Number:**
P-573 873 816

2. Restricted Delivery

3. Registered
Certified
Express Mail

4. Insured
COD

5. **Signature of Addressee or Agent:**
[Signature]

6. **Date of Delivery:**
1-27-88

7. **Postmark or Date:**
1-27-88

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

9. **Post Office:**
Omaha, NE 68154

10. **Post Office Name:**
Omaha, NE 68154

11. **Post Office Number:**
68154

12. **Post Office Name:**
Omaha, NE 68154

13. **Post Office Number:**
68154

14. **Post Office Name:**
Omaha, NE 68154

15. **Post Office Number:**
68154

16. **Post Office Name:**
Omaha, NE 68154

17. **Post Office Number:**
68154

18. **Post Office Name:**
Omaha, NE 68154

19. **Post Office Number:**
68154

20. **Post Office Name:**
Omaha, NE 68154

21. **Post Office Number:**
68154

22. **Post Office Name:**
Omaha, NE 68154

23. **Post Office Number:**
68154

24. **Post Office Name:**
Omaha, NE 68154

25. **Post Office Number:**
68154

26. **Post Office Name:**
Omaha, NE 68154

27. **Post Office Number:**
68154

28. **Post Office Name:**
Omaha, NE 68154

29. **Post Office Number:**
68154

30. **Post Office Name:**
Omaha, NE 68154

31. **Post Office Number:**
68154

32. **Post Office Name:**
Omaha, NE 68154

33. **Post Office Number:**
68154

34. **Post Office Name:**
Omaha, NE 68154

35. **Post Office Number:**
68154

36. **Post Office Name:**
Omaha, NE 68154

37. **Post Office Number:**
68154

38. **Post Office Name:**
Omaha, NE 68154

39. **Post Office Number:**
68154

40. **Post Office Name:**
Omaha, NE 68154

41. **Post Office Number:**
68154

42. **Post Office Name:**
Omaha, NE 68154

43. **Post Office Number:**
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44. **Post Office Name:**
Omaha, NE 68154

45. **Post Office Number:**
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46. **Post Office Name:**
Omaha, NE 68154

47. **Post Office Number:**
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48. **Post Office Name:**
Omaha, NE 68154

49. **Post Office Number:**
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50. **Post Office Name:**
Omaha, NE 68154

51. **Post Office Number:**
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52. **Post Office Name:**
Omaha, NE 68154

53. **Post Office Number:**
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54. **Post Office Name:**
Omaha, NE 68154

55. **Post Office Number:**
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56. **Post Office Name:**
Omaha, NE 68154

57. **Post Office Number:**
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58. **Post Office Name:**
Omaha, NE 68154

59. **Post Office Number:**
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60. **Post Office Name:**
Omaha, NE 68154

61. **Post Office Number:**
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62. **Post Office Name:**
Omaha, NE 68154

63. **Post Office Number:**
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64. **Post Office Name:**
Omaha, NE 68154

65. **Post Office Number:**
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66. **Post Office Name:**
Omaha, NE 68154

67. **Post Office Number:**
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68. **Post Office Name:**
Omaha, NE 68154

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70. **Post Office Name:**
Omaha, NE 68154

71. **Post Office Number:**
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72. **Post Office Name:**
Omaha, NE 68154

73. **Post Office Number:**
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74. **Post Office Name:**
Omaha, NE 68154

75. **Post Office Number:**
68154

76. **Post Office Name:**
Omaha, NE 68154

77. **Post Office Number:**
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78. **Post Office Name:**
Omaha, NE 68154

79. **Post Office Number:**
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80. **Post Office Name:**
Omaha, NE 68154

81. **Post Office Number:**
68154

82. **Post Office Name:**
Omaha, NE 68154

83. **Post Office Number:**
68154

84. **Post Office Name:**
Omaha, NE 68154

85. **Post Office Number:**
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86. **Post Office Name:**
Omaha, NE 68154

87. **Post Office Number:**
68154

88. **Post Office Name:**
Omaha, NE 68154

89. **Post Office Number:**
68154

90. **Post Office Name:**
Omaha, NE 68154

91. **Post Office Number:**
68154

92. **Post Office Name:**
Omaha, NE 68154

93. **Post Office Number:**
68154

94. **Post Office Name:**
Omaha, NE 68154

95. **Post Office Number:**
68154

96. **Post Office Name:**
Omaha, NE 68154

97. **Post Office Number:**
68154

98. **Post Office Name:**
Omaha, NE 68154

99. **Post Office Number:**
68154

100. **Post Office Name:**
Omaha, NE 68154

P-573 873 836
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

Sent to Frederick P. Wheeler	
Street and No. 627 Pebble Hill Dr.	
P.O., State and ZIP Code Doylestown, Penn 18901	
Postage	\$ 1.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

PS Form 3800, June 1985

1. Address shown on this receipt is the address of the addressee. If the addressee has moved since the date of delivery, the addressee's new address and address of delivery must be shown on the reverse side. Failure to do this will prevent this receipt from being used for return postage or for additional services. Consult the reverse side for complete instructions.

REGISTERED MAIL

7. Addressee's Address (ONLY if requested and fee paid) Always include signature of addressee or agent and DATE DELIVERED	2. Restricted Delivery <input type="checkbox"/>
3. Type of Service: <input checked="checked" type="checkbox"/> Registered Certified Express Mail <input type="checkbox"/> Insured COD	4. Article Number P-573 873 836

DOMESTIC RETURN RECEIPT

P-573 873 815

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

Sent to: Marian Whitley Trust	
Street and No: San Diego Trust & Savings	
Post Office Box X 1013	
P.O. State and ZIP Code: San Diego, CA 91112	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	.70
TOTAL Charges and Fees	1.67

June 1985

1-27-88

153 FEB 2 1988

DOMESTIC RETURN RECEIPT

**DOWNTOWN STATION
SAN DIEGO, CA 92102**

1. Article Addressed to: **Marian Whitley Trust**

2. Restricted Delivery.

4. Article Number: **P 573 873 815**

Type of Service: Registered Certified Express Mail Insured COD

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

Article Description: **NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES**

Return Receipt showing to whom and Date Delivered: **NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES**

Return Receipt showing to whom, Date and Address of Delivery: **NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES**

TOTAL Charges and Fees: **NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES**

P-573 873 814
RECEIPT FOR CERTIFIED MAIL

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

Sent to Elizabeth Malone Winston	
Street and No. 2706 W. Lake of the Isle Blvd.	
P.O., State and ZIP Code Minneapolis, MN 55416	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Dom 3811, Feb. 1986

Signature *Elizabeth Malone Winston*

Address
 Elizabeth Malone Winston
 West Lake of the Isle Blvd
 Minneapolis, MN 55416

Signature *[Signature]*

Address
 Elizabeth Malone Winston
 West Lake of the Isle Blvd
 Minneapolis, MN 55416

Postmark
 MINN 1988

Article Number
 P 573 873 814

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Additional Services:
 Restricted Delivery

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

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

DOMESTIC RETURN RECEIPT

P 112 385 369

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

Sent to Martin Yates, III, Estate	
Street and No. 105 S. 4th Street	
P.O., State and ZIP Code Artesia, New Mexico 88210	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

PS Form 3800, Feb. 1982

Article Addressed to:
Martin Yates, III, Estate
105 S. 4th Street
Artesia, New Mexico 88210

Article Number:
P 112 385 369

Type of Service:
 Registered Certified Express Mail
 Insured COD

Always obtain signature of addressee agent and DATE DELIVERED.

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

Artesia, NM 88210

DOMESTIC RETURN RECEIPT

1986

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Your address in the RETURN TO space on the reverse side. Failure to do this will prevent this mail from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult addressee for fees and check boxes for additional services requested.

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

P 112 385 365

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

Sent to Yates Petroleum Corp.	
Street and No. 105 South 4th Street	
P.O., State and ZIP Code Artesia, New Mexico 88210	
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	.70
TOTAL Postage and Fees	\$ 1.67
Postmark or Date 1-27-88	

PS-1 and PS-28, Feb. 1982

SENDER: Complete items 1 and 2, unless additional services are desired, and complete items 3 and 4. **POSTAGE PAID BY ADDRESSEE** (EPC-BNFC) is not on the reverse side. Failure to do this will prevent this mail from being returned to you. The return address will provide you the name of the person to whom the mail is delivered. An additional fee for additional services are available. Consult your local post office for details. (See additional fee/schedule requested.)

Article Number: **P 112 385 365**

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Restricted Delivery

Always obtain signature of addressee and DATE DELIVERED.

Address, Address (ONLY if requested and fee paid):
ARTESIA NM 88210

POSTAGE PAID BY ADDRESSEE
ARTESIA NM 88210

DOMESTIC RETURN RECEIPT