

PS Form 3811, July 1983 447-945

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

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

3. Article Addressed to:  
 Anadarko Producing Company  
 Post Office Box 2497  
 900 Gibraltar Savings Center  
 Midland, Texas 79702

4. Type of Service: Article Number  
 Registered  Insured  
 Certified  COD P 131 072 011  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 [Stamp: MIDLAND TX APR 15 1986]

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

DOMESTIC RETURN RECEIPT

Eastland

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
 Amoco Production Company  
 Box 68  
 Hobbs, New Mexico 88240

4. Type of Service: Article Number  
 Registered  Insured  
 Certified  COD P 131 072 026  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 4-15-86

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
 APCO Production Company  
 80 Sierra Cr., C.R. 240  
 Durango, Colorado 81301

4. Type of Service: Article Number  
 Registered  Insured  
 Certified  COD P 131 072 014  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 [Stamp: DURANGO CO NM APR 15 1986]

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

DOMESTIC RETURN RECEIPT

Eastland

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
 BLM - Roswell District Office  
 Post Office Box 1397  
 Roswell, New Mexico 88201

4. Type of Service: Article Number  
 Registered  Insured  
 Certified  COD P 131 072 035  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 4-14-86

8. Addressee's Address (ONLY if requested and fee paid)  
 Fee not paid.

DOMESTIC RETURN RECEIPT

BEFORE EXAMINER CATAWACH  
 OIL CONSERVATION DIVISION  
 Eastland EXHIBIT NO. 4  
 CASE NO. 8895

RECEIVED APR 17 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

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



PENALTY FOR PRIVATE USE, \$300

RETURN TO

KELLAHIN and KELLAHIN (WTK) (Name of Sender)

117 N. Guadalupe

P.O. Box 2295 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)

Santa Fe, N. Mex. 87501

(City, State, and ZIP Code)

POWER GRAYBURG UNIT

RECEIVED APR 16 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.
- Complete Items 1, 2, 3, and 4 on the reverse.
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P.O. Box 2295 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)

Santa Fe, N. Mex. 87501

(City, State, and ZIP Code)

RECEIVED APR 16 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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117 N. Guadalupe

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Santa Fe, N. Mex. 87501

(City, State, and ZIP Code)

RECEIVED APR 16 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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RETURN TO

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117 N. Guadalupe

P.O. Box 2295 (No. and Street, Apt., Suite, P.O. Box or R.D. No.)

Santa Fe, N. Mex. 87501

(City, State, and ZIP Code)

POWER GRAYBURG UNIT

PS Form 3811, July 1983 447-845

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

3. Article Addressed to:  
 Belnorth Petroleum Corp.  
 One Petroleum Center, Bldg. 6  
 3300 N. "A" Street  
 Midland, Texas 79705

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 131 072 016
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 APR 1986

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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

3. Article Addressed to:  
 ARCO Oil & Gas Company  
 Box 1610  
 Midland, Texas 79702

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 131 072 028
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 APR 1986

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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

3. Article Addressed to:  
 El Paso Natural Gas Company  
 Box 1492  
 El Paso, Texas 79978

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 131 072 024
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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

3. Article Addressed to:  
 Cal-Mon Oil Company  
 Post Office Box 2066  
 Midland, Texas 79702

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 131 072 025
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 4-11-86

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

DOMESTIC RETURN RECEIPT

RECEIVED APR 17 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

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

PENALTY FOR PRIVATE USE, \$300



RETURN TO KELLAHIN and KELLAHIN (WTK)

117 N. Guardaluppe

P.O. Box 2265

Santa Fe, N. Mex. and Street, Apt., Suite, P.O. Box or R.D. No.)

POWER GRAYBURG UNIT (City, State, and ZIP Code)

RECEIVED APR 16 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

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  - Attach to front of article if space permits, otherwise affix to back of article.
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PENALTY FOR PRIVATE USE, \$300



RETURN TO KELLAHIN and KELLAHIN (WTK)

117 N. Guardaluppe

P.O. Box 2265

Santa Fe, N. Mex. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

POWER GRAYBURG UNIT

RECEIVED APR 16 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

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- Complete items 1, 2, 3, and 4 on the reverse.
  - Attach to front of article if space permits, otherwise affix to back of article.
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PENALTY FOR PRIVATE USE, \$300



RETURN TO KELLAHIN and KELLAHIN (WTK)

117 N. Guardaluppe

P.O. Box 2265

Santa Fe, N. Mex. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

POWER GRAYBURG UNIT

RECEIVED APR 16 1986

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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PENALTY FOR PRIVATE USE, \$300



RETURN TO KELLAHIN and KELLAHIN (WTK)

117 N. Guardaluppe

P.O. Box 2265

Santa Fe, N. Mex. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

POWER GRAYBURG UNIT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
 Pogo Producing Company  
 Box 10340  
 300 Midland Tower  
 Midland, Texas 79702

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 131 072 030
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 *[Signature]*

6. Signature - Agent  
 *[Signature]*

7. Date of Delivery  
 4-14-86

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
 Northern Natural Gas Company  
 One Petroleum Center, Bldg.6  
 3300 N. "A" Street  
 Midland, Texas 79705

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 131 072 023
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 *Clarens T. Buresh*

6. Signature - Agent

7. Date of Delivery  
 4-14-86

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
 Harvey E. Yates Company  
 Box 1933  
 Roswell, New Mexico 88201

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 131 072 032
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 *[Signature]*

6. Signature - Agent

7. Date of Delivery  
 4/14/86

8. Addressee's Address (ONLY if requested and fee paid)  
 Box 1933

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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

3. Article Addressed to:  
 Union Texas Petroleum Corp.  
 Div. of Allied Chemical Corp.  
 Post Office Box 200128  
 Houston, Texas 77216

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P 131 072 031
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

6. Signature - Agent  
 *Michael Paul*

7. Date of Delivery  
 APR 15 1986

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

DOMESTIC RETURN RECEIPT

RECEIVED APR 16 1986

POWER GRAYBURG UNIT

**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

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



PENALTY FOR PRIVATE USE, \$300

**RETURN TO**  **KELLAHIN and KELLAHIN** (WTK)  
(Name of Sender)  
117 N. Guadalupe

P.O. Box 2265  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

RECEIVED APR 16 1986

POWER GRAYBURG UNIT

**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**  
Print your name, address, and ZIP Code in the space below.  
• Complete items 1, 2, 3, and 4 on the reverse.  
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PENALTY FOR PRIVATE USE, \$300

**RETURN TO**  **KELLAHIN and KELLAHIN** (WTK)  
(Name of Sender)  
117 N. Guadalupe

P.O. Box 2265  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

RECEIVED APR 16 1986

POWER GRAYBURG UNIT

**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

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PENALTY FOR PRIVATE USE, \$300

**RETURN TO**  **KELLAHIN and KELLAHIN** (WTK)  
(Name of Sender)  
117 N. Guadalupe

P.O. Box 2265  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

RECEIVED APR 17 1986

POWER GRAYBURG UNIT

**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

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PENALTY FOR PRIVATE USE, \$300

**RETURN TO**  **KELLAHIN and KELLAHIN** (WTK)  
(Name of Sender)  
117 N. Guadalupe

P.O. Box 2265  
Santa Fe, N. Mex. 87501  
(City, State, and ZIP Code)

PS Form 3811, July 1983 447-846

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

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- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:  
 OCD - District II  
 Post Office Drawer DD  
 Artesia, New Mexico 88210

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 131 072 033

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

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *Allement*

7. Date of Delivery  
 APR 14 1986

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

DOMESTIC RETURN RECEIPT

POWER GRAYBURG UNIT

**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

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• Endorse article "Return Receipt Requested" adjacent to number.

**RETURN TO** 

KELLAHIN and KELLAHIN (Name of Sender)  
117 N. Guadalupe (No. and Street, Apt., Suite, P.O. Box or R.D. No.)  
P.O. Box 2365 (City, State, and ZIP Code)  
Santa Fe, N. Mex. 87501



PENALTY FOR PRIVATE USE, \$300