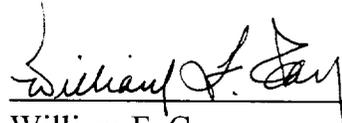
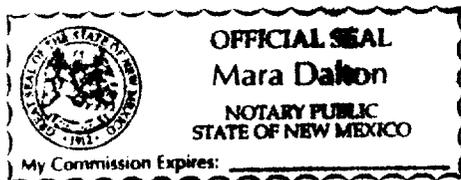


Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

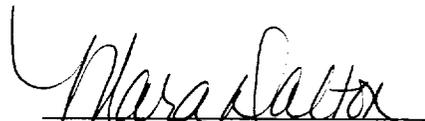


William F. Carr

SUBSCRIBED AND SWORN to before this 15th day of February, 2000 by William F. Carr.



My Commission Expires: 8/25/01



Mara Dalton, Notary Public

EXHIBIT A

Mr. Kenneth Smith
P.O. Box 764
Carlsbad, NM 88231

Mr. Daniel Berry, III
P.O. Box 160
Eunice, NM 88231

William Smith
P.O. Box 727
Lovington, NM 88260

Hanagan Oil Properties, Inc.
100 N. Penn
Roswell, NM 88201

A. W. Dugan
1212 Main Street, Suite 1400
Houston, TX 77002

Barber Oil, Inc,
P.O. Box 1658
Carlsbad, NM 88221

Ms. Betty F. Hayes
N. Frost SRN Building
Washington, DC 20020

Burlington Resources Oil & Gas
21 Desta Drive
Midland, TX 79705

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

Fina Oil & Chemical Company
P.O. Box 2990
Midland, TX 79702

Ms. Mona D. Ables
Matador Petroleum Corporation
8340 Meadow Road, Suite 158
Dallas, TX 75231-3751

Merit Energy - Marinet Partners
Merit Energy Partners, LP, III, VII
12221 Merit Drive, Suite 500
Dallas, TX 75251

Mr. Kent Wooley
OXY USA, Inc.
6 Desta Drive, Suite 600
Midland, TX 79705

Phillips Petroleum Company
P.O. Box 939
Bartlesville, OK 74004

Samson Hydrocarbons Co.
Two West Second Street
Tulsa, OK 74103

So. California Petroleum Corp.
4250 Wilshire Blvd.
Los Angeles, CA 90069

Todd M. Upson
3121 Cross Timbers Lane
Garland, TX 75044

W.O. and Glenna Anderson
2329 Live Oak Drive
Los Angeles, CA 90069

Mr. John M. Hillman
Manix Energy, LLC
P.O. Box 2818
Midland, TX 79702

Bass Enterprises Production Co.
201 Main Street
Fort Worth, TX 76102

Mr. Larry C. Squires
Title Snyder Ranches, Inc.
P.O. Box 2158
Hobbs, NM 88240

J. W. Neal
P.O. Box 278
Hobbs, NM 88240

Mr. Jerry Weant
Trilogy Operating, Inc.
P.O. Box 11005
Midland, TX 79702

Mr. Bob Shackelford
Shackelford Oil Company
203 West Wall, Suite 401
Midland, TX 79701

Mr. Charlie Rule
Conoco, Inc.
10 Desta Drive, Suite 100W
Midland, TX 79705

Doug and Marcy Tull
4801 Island Drive
Midland, TX 79707

Mr. Larry Squires
Laguna Gatuna, Inc.
P.O. Box 2158
Hobbs, NM 88241

Mr. Matt S. Muratta
10918 Villa Lea Lane
Houston, TX 77071

Mr. Randy Hall
P.O. Box 10095
Midland, TX 79702

RIMCO Royalty Partners
22 Waterville Road
Avon, CT 06001

Mr. Michael D. Garringer
Southeast Royalties, Inc.
P.O. Box 1658
Carlsbad, NM 88220

Mr. Jerry Weant
Trilogy Operating, Inc.
P.O. Box 11005
Midland, TX 79702

Ms. Vicki Shackelford
3604 Canyon Oaks Drive
Carrollton, TX 75007

Mr. Brad Christmas
P.O. Box 173
Wagon Mound, NM 87752

Mr. Armando Lopez
BLM/ Roswell District
2909 W. Second Street
Roswell, NM 88202-1857

Mr. Charles R. Lee
600 Goliad Court, NW
Albuquerque, NM 87107

Mr. Pete Martinez
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504

Mr. Daniel C. Berry, III
P.O. Box 160
Eunice, NM 88231

Mr. Don W. Green
2814 Emerson Place
Midland, TX 79705

Giles M. Lee
West Star Route, Box 478
Lovington, NM 88260

John R. Anderson Pers. Rep. for
the Estate of Brookie Lee Anderson
P.O. Box 136
Gail, TX 79738

Ms. Mary Ann Ham
HC 64, Box 22
Big Lake, TX 76932

R. D. Lee, Jr.
P.O. Box 363
Lovington, NM 88260

Scharbauer Cattle Company
P.O. Box 1471
Midland, TX 79702

Mr. Paul Marchand
Camterra Resources Partners, Ltd.
2615 East End Blvd., South
Marshall, TX 75670

Mr. Charles O. McNeese
P.O. Box 1162
Midland, TX 79702

Mr. Kenneth C. English
8080 N. Central Expressway,
Suite 1000 LB-24
Dallas, TX 75206

Mr. Charles W. Brashares
Mitchell Energy Corporation
P.O. Box 4000
The Woodlands, TX 77387-4000

Mr. Greg Stoute
Mobil Producing TX & NM, Inc.
1200 Timberloch Place
The Woodlands, TX 77380

Ms. Patricia Stephens
Patco, Ltd.
7977 Caruth Court
Dallas, TX 75225

Mr. Rick Vanderslice
Santa Fe-Snyder Corporation
550 West Texas, Suite 1300
Midland, TX 79701

Sheehy & Richardson
1408 Washington
Waco, TX 76701

Sid Cowan
1010 South Main Street
Del Rio, TX 78841

Z 392 737 638

WFC
638

US Postal Service
Receipt for Certified Mail

Mr. Greg Stoute
Mobil Producing TX & NM, Inc.
1200 Timberloch Place
The Woodlands, TX 77380

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. Greg Stoute
 Mobil Producing TX & NM, Inc.
 1200 Timberloch Place
 The Woodlands, TX 77380

4a. Article Number
 Z 392 737 638

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
Greg Stoute

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 639

WFC
638

US Postal Service
Receipt for Certified Mail

Ms. Patricia Stephens
Patco, Ltd.
7977 Caruth Court
Dallas, TX 75225

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Ms. Patricia Stephens
 Patco, Ltd.
 7977 Caruth Court
 Dallas, TX 75225

4a. Article Number
 Z 392 737 639

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1-4-00

5. Received By: (Print Name)
 Patricia Stephens

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

6. Signature: (Addressee or Agent)
Patricia Stephens

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 640

WFC
638

US Postal Service
Receipt for Certified Mail

Mr. Rick Vanderslice
Santa Fe-Snyder Corporation
550 West Texas, Suite 1300
Midland, TX 79701

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. Rick Vanderslice
 Santa Fe-Snyder Corporation
 550 West Texas, Suite 1300
 Midland, TX 79701

4a. Article Number
 Z 392 737 640

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1-4-00

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
Rick Vanderslice

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 641

WFC
638

US Postal Service
Receipt for Certified Mail

Sheehy & Richardson
1408 Washington
Waco, TX 76701

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number: Z 392 737 641

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

01-04-00

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

Sheehy & Richardson
1408 Washington
Waco, TX 76701

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Jan Richardson*

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Z 392 737 642

WFC
638

US Postal Service
Receipt for Certified Mail

Sid Cowan
1010 South Main Street
Del Rio, TX 78841

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number: Z 392 737 642

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

1-3-00

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

Sid Cowan
1010 South Main Street
Del Rio, TX 78841

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Claudia J...*

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Z 392 737 643

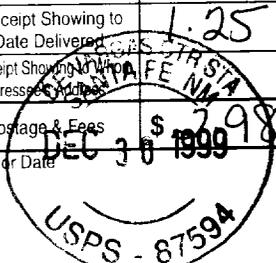
PRO
436

US Postal Service
Receipt for Certified Mail

Don S. Smith, Esq.
900 One OK Plaza
100 West 5th Street
Tulsa, Oklahoma 74103-4218

| | |
|---|-------------|
| Postage | \$.33 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 2.98 |
| Postmark or Date | DEC 30 1999 |

PS Form 3800, April 1995



Z 392 737 600

WFC
638

US Postal Service

Receipt for Certified Mail

Ms. Mona D. Ables
Matador Petroleum Corporation
8340 Meadow Road, Suite 158
Dallas, TX 75231-3751

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

| | |
|---|--|
| Article Addressed to: Ms. Mona D. Ables Matador Petroleum Corporation 8340 Meadow Road, Suite 158 Dallas, TX 75231-3751 | 4a. Article Number Z 392 737 600 |
| Received By: (Print Name) <i>M. Ables</i> | 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |
| Signature: (Addressee or Agent) <i>X</i> | 7. Date of Delivery 1/4/00 |
| | 8. Addressee's Address (Only if requested and fee is paid) |

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 601

WFC
638

US Postal Service

Receipt for Certified Mail

Merit Energy - Marinet Partners
Merit Energy Partners, LP, III, VII
12221 Merit Drive, Suite 500
Dallas, TX 75251

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

| | |
|---|--|
| Article Addressed to: Merit Energy - Marinet Partners Merit Energy Partners, LP, III, VII 12221 Merit Drive, Suite 500 Dallas, TX 75251 | 4a. Article Number Z 392 737 601 |
| Received By: (Print Name) <i>JONES</i> | 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |
| Signature: (Addressee or Agent) <i>X JONES</i> | 7. Date of Delivery 1-4-00 |
| | 8. Addressee's Address (Only if requested and fee is paid) |

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 602

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Kent Wooley
OXY USA, Inc.
6 Desta Drive, Suite 600
Midland, TX 79705

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

| | |
|--|--|
| Article Addressed to: Mr. Kent Wooley OXY USA, Inc. 6 Desta Drive, Suite 600 Midland, TX 79705 | 4a. Article Number Z 392 737 602 |
| Received By: (Print Name) <i>Kent Wooley</i> | 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |
| Signature: (Addressee or Agent) <i>X Kent Wooley</i> | 7. Date of Delivery 1/4/00 |
| | 8. Addressee's Address (Only if requested and fee is paid) |

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 635

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Charles O. McNeese
P.O. Box 1162
Midland, TX 79702

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

PS Form 3800, April 1995

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 30 1999 |

3. Article Addressed to:

Mr. Charles O. McNeese
P.O. Box 1162
Midland, TX 79702

4a. Article Number

Z 392 737 635

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

1-4-00

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 636

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Kenneth C. English
8080 N. Central Expressway,
Suite 1000 LB-24
Dallas, TX 75206

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

PS Form 3800, April 1995

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

Article Addressed to:

Mr. Kenneth C. English
8080 N. Central Expressway,
Suite 1000 LB-24
Dallas, TX 75206

4a. Article Number

Z 392 737 636

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

1-3-2000

Received By: (Print Name)

Signature: (Addressee or Agent)

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 637

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Charles W. Brashares
Mitchell Energy Corporation
P.O. Box 4000
The Woodlands, TX 77387-4000

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

PS Form 3800, April 1995

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

Article Addressed to:

Mr. Charles W. Brashares
Mitchell Energy Corporation
P.O. Box 4000
The Woodlands, TX 77387-4000

4a. Article Number

Z 392 737 637

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

4 JAN 99

Received By: (Print Name)

Signature: (Addressee or Agent)

S Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 604

WFC
638

US Postal Service
Receipt for Certified Mail

Samson Hydrocarbons Co.
Two West Second Street
Tulsa, OK 74103

PS Form 3800 April 1995

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 31 1994 |

ENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Samson Hydrocarbons Co.
Two West Second Street
Tulsa, OK 74103

4a. Article Number
Z 392 737 604

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
1-3-00

Received By: (Print Name)
Signature: (Addressee or Agent)
X *Yard News*

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

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 605

WFC
638

US Postal Service
Receipt for Certified Mail

So. California Petroleum Corp.
4250 Wilshire Blvd.
Los Angeles, CA 90069

PS Form 3800 April 1995

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 31 1994 |

ENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
So. California Petroleum Corp.
4250 Wilshire Blvd.
Los Angeles, CA 90069

4a. Article Number
Z 392 737 605

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

Received By: (Print Name)
Signature: (Addressee or Agent)
X

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

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 628

WFC
638

US Postal Service
Receipt for Certified Mail

Mr. Don W. Green
2814 Emerson Place
Midland, TX 79705

PS Form 3800 April 1995

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 18 1999 |

ENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Mr. Don W. Green
2814 Emerson Place
Midland, TX 79705

4a. Ar Z 392 737 628

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
1/4/00

Received By: (Print Name)
Signature: (Addressee or Agent)
D. W. Green

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

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 629

WFC
638

US Postal Service
Receipt for Certified Mail

Giles M. Lee
West Star Route, Box 478
Lovington, NM 88260

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | 30 1999 |

PS Form 3800, April 1995

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Giles M. Lee
 West Star Route, Box 478
 Lovington, NM 88260

4a. Article Number
 Z 392 737 629

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 11/17/99

5. Received By: (Print Name)
 Giles M. Lee

6. Signature: (Addressee or Agent)
 X Giles M. Lee

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

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 630

WFC
638

US Postal Service
Receipt for Certified Mail

John R. Anderson Pers. Rep. for
the Estate of Brookie Lee Anderson
P.O. Box 136
Gail, TX 79738

| | |
|---|------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | 11 20 1999 |

PS Form 3800, April 1995

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 John R. Anderson Pers. Rep. for
 the Estate of Brookie Lee Anderson
 P.O. Box 136
 Gail, TX 79738

4a. Art Z 392 737 630

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1-2-00

5. Received By: (Print Name)
 John R. Anderson

6. Signature: (Addressee or Agent)
 X John R. Anderson

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

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 631

WFC
638

US Postal Service
Receipt for Certified Mail

Ms. Mary Ann Ham
HC 64, Box 22
Big Lake, TX 76932

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 30 1999 |

PS Form 3800, April 1995

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Article Addressed to:
 Ms. Mary Ann Ham
 HC 64, Box 22 P.O. Box 281
 Big Lake, TX 76932

4a. Article Number
 Z 392 737 631

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 11/4/99

Received By: (Print Name)
 Mary Ann Ham

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

Signature: (Addressee or Agent)
 X M.A. Ham

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 632

WFC
638

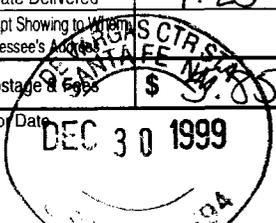
US Postal Service

Receipt for Certified Mail

R. D. Lee, Jr.
P.O. Box 363
Lovington, NM 88260

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 30 1999 |

PS Form 3800, April 1995



SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R. D. Lee, Jr.
P.O. Box 363
Lovington, NM 88260

4a. Z 392 737 632

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

i. Received By: (Print Name)

ii. Signature: (Addressee or Agent)

R. D. Lee

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

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 633

WFC
638

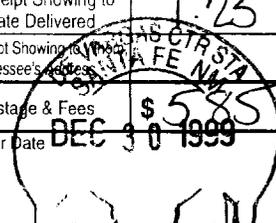
US Postal Service

Receipt for Certified Mail

Scharbauer Cattle Company
P.O. Box 1471
Midland, TX 79702

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 30 1999 |

PS Form 3800, April 1995



SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Scharbauer Cattle Company
P.O. Box 1471
Midland, TX 79702

4a. Article Number
Z 392 737 633

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery JAN 6 1999

i. Received By: (Print Name)

ii. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 634

WFC
638

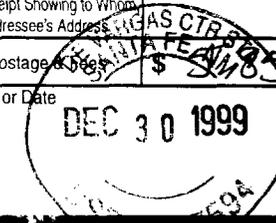
US Postal Service

Receipt for Certified Mail

Mr. Paul Marchand
Camterra Resources Partners, Ltd.
2615 East End Blvd., South
Marshall, TX 75670

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 30 1999 |

PS Form 3800, April 1995



SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Mr. Paul Marchand
Camterra Resources Partners, Ltd.
2615 East End Blvd., South
Marshall, TX 75670

4a. Z 392 737 634

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery JAN 10 1999

i. Received By: (Print Name)

ii. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 626 WFC 638

US Postal Service
Receipt for Certified Mail

Mr. Pete Martinez
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504

PS Form 3800, April 1995

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 30 1994 |

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. Pete Martinez
 Commissioner of Public Lands
 P.O. Box 1148
 Santa Fe, NM 87504

4a. Article Number
 Z 392 737 626

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X [Signature]

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return

Thank you for using Return Receipt Service.

Z 392 737 627 WFC 638

US Postal Service
Receipt for Certified Mail

Mr. Daniel C. Berry, III
P.O. Box 160
Eunice, NM 88231

PS Form 3800, April 1995

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 30 1994 |

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. Daniel C. Berry, III
 P.O. Box 160
 Eunice, NM 88231

4a. Article Number
 Z 392 737 627

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X Libby Berry

S Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 625 WFC 638

US Postal Service
Receipt for Certified Mail

Mr. Charles R. Lee
600 Goliad Court, NW
Albuquerque, NM 87107

PS Form 3800, April 1995

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 30 1994 |

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. Charles R. Lee
 600 Goliad Court, NW
 Albuquerque, NM 87107

4a. Article Number
 Z 392 737 625

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 12/31/94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X [Signature]

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 597 WFC 638

US Postal Service

Receipt for Certified Mail

Burlington Resources Oil & Gas
21 Desta Drive
Midland, TX 79705

ENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Article Addressed to:
 Burlington Resources Oil & Gas
 21 Desta Drive
 Midland, TX 79705

4a. Article Number
 Z 392 737 597

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1-4-00

Received By: (Print Name)
 M. H. Madany

Signature: (Addressee or Agent)
 M. H. Madany

Form 3811, December 1994 102595-99-8-0229 Domestic Return Receipt

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800 April 1995

Thank you for using Return Receipt Service.

Z 392 737 598 WFC 638

US Postal Service

Receipt for Certified Mail

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

ENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Article Addressed to:
 Devon Energy Corporation
 20 N. Broadway, Suite 1500
 Oklahoma City, OK 73102

4a. Ar Z 392 737 598

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1-4-00

Received By: (Print Name)

Signature: (Addressee or Agent)

Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800 April 1995

Thank you for using Return Receipt Service.

Z 392 737 599 WFC 638

US Postal Service

Receipt for Certified Mail

Fina Oil & Chemical Company
P.O. Box 2990
Midland, TX 79702

ENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Article Addressed to:
 Fina Oil & Chemical Company
 P.O. Box 2990 14950 Heathrow Forest #309
 Midland, TX 79702
 Midland TX 77032

4a. Article Number
 Z 392 737 599

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1-10-00

Received By: (Print Name)

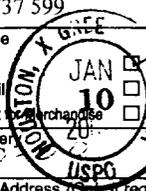
Signature: (Addressee or Agent)

Form 3811, December 1994 102595-99-8-0229 Domestic Return Receipt

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800 April 1995

Thank you for using Return Receipt Service.



Z 392 737 594 638

US Postal Service

Receipt for Certified Mail

A. W. Dugan
1212 Main Street, Suite 1400
Houston, TX 77002

PS Form 3800, April 1995

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

Z 392 737 595 WFC 638

US Postal Service

Receipt for Certified Mail

Barber Oil, Inc,
P.O. Box 1658
Carlsbad, NM 88221

PS Form 3800, April 1995

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

DER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Check "Return Receipt Requested" on the mailpiece below the article number.
Return Receipt will show to whom the article was delivered and the date received.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Article Addressed to:

Barber Oil, Inc,
P.O. Box 1658
Carlsbad, NM 88221

4a. Article Number
Z 392 737 595

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

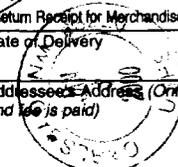
7. Date of Delivery

Received By: (Print Name)

Signature: (Addressee or Agent)

[Signature]

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



Form 3811, December 1984

102595-99-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 596 WFC 638

US Postal Service

Receipt for Certified Mail

Ms. Betty F. Hayes
N. Frost SRN Building
Washington, DC 20020

PS Form 3800, April 1995

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

Z 392 737 591

WFC 638

US Postal Service
Receipt for Certified Mail

Mr. Daniel Berry, III
P.O. Box 160
Eunice, NM 88231

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Mr. Daniel Berry, III
 P.O. Box 160
 Eunice, NM 88231

4a. Article Number
 Z 392 737 591

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)
 Daniel Berry

6. Addressee's Address (Only if requested and fee is paid)

8. Signature: (Addressee or Agent)
 x *Daniel Berry*

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 592

WFC 638

US Postal Service
Receipt for Certified Mail

William Smith
P.O. Box 727
Lovington, NM 88260

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

1. Article Addressed to:
 William Smith
 P.O. Box 727
 Lovington, NM 88260

4a. Z 392 737 592

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Addressee's Address (Only if requested and fee is paid)

8. Signature: (Addressee or Agent)
 x *William Smith*

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 593

WFC 638

US Postal Service
Receipt for Certified Mail

Hanagan Oil Properties, Inc.
100 N. Penn
Roswell, NM 88201

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

1. Article Addressed to:
 Hanagan Oil Properties, Inc.
 100 N. Penn
 Roswell, NM 88201

4a. Article Number
 Z 392 737 593

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 1-3-00

5. Received By: (Print Name)
 Rena Walter

6. Addressee's Address (Only if requested and fee is paid)

8. Signature: (Addressee or Agent)
 x *Rena Walter*

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 615

WFC 638

US Postal Service

Receipt for Certified Mail

Doug and Marcy Tull
4801 Island Drive
Midland, TX 79707

Table with 2 columns: Fee Name, Amount. Rows include Postage (\$3.20), Certified Fee (1.40), Return Receipt Showing to Whom & Date Delivered (1.25), and TOTAL Postage & Fees (\$5.85).

PS Form 3800, April 1995

REC: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.

I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.

Article Addressed to: Doug and Marcy Tull 801 Island Drive Midland, TX 79707

4a. Article Number: Z 392 737 615
4b. Service Type: Certified, Return Receipt for Merchandise
7. Date of Delivery: 1-3-00

Received By: (Print Name) Katherine Collier
Signature: (Addressee or Agent) Katherine Collier

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 616

WFC 638

US Postal Service

Receipt for Certified Mail

Mr. Larry Squires
Laguna Gatuna, Inc.
P.O. Box 2158
Hobbs, NM 88241

Table with 2 columns: Fee Name, Amount. Rows include Postage (\$3.20), Certified Fee (1.40), Return Receipt Showing to Whom & Date Delivered (1.25), and TOTAL Postage & Fees (\$5.85).

PS Form 3800, April 1995

REC: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.

I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.

Article Addressed to: Mr. Larry C. Squires Title Snyder Ranches, Inc. P.O. Box 2158 Hobbs, NM 88240

4a. Article Number: Z 392 737 610
4b. Service Type: Certified, Return Receipt for Merchandise
7. Date of Delivery: 01-04-00

Received By: (Print Name) X L A
Signature: (Addressee or Agent) X L A

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 617

WFC 638

US Postal Service

Receipt for Certified Mail

Mr. Matt S. Muratta
10918 Villa Lea Lane
Houston, TX 77071

Table with 2 columns: Fee Name, Amount. Rows include Postage (\$3.20), Certified Fee (1.40), Return Receipt Showing to Whom & Date Delivered (1.25), and TOTAL Postage & Fees (\$5.85).

PS Form 3800, April 1995

REC: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.

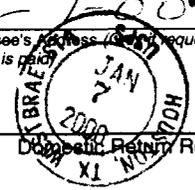
I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.

Article Addressed to: Mr. Matt S. Muratta 10918 Villa Lea Lane Houston, TX 77071

4a. Article Number: Z 392 737 617
4b. Service Type: Certified, Return Receipt for Merchandise
7. Date of Delivery: 1-2-00

Received By: (Print Name) X LISA MURATTA
Signature: (Addressee or Agent) X Lisa Muratta

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt



Thank you for using Return Receipt Service.

Z 392 737 612

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Jerry Weant
Trilogy Operating, Inc.
P.O. Box 11005
Midland, TX 79702

ENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

PS Form 3800, April 1995

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

Article Addressed to:

4a. Article Number
Z 392 737 612

Mr. Jerry Weant
Trilogy Operating, Inc.
P.O. Box 11005
Midland, TX 79702

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

Received By: (Print Name)

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

Signature: (Addressee or Agent)
X

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 613

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Bob Shackelford
Shackelford Oil Company
203 West Wall, Suite 401
Midland, TX 79701

ENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

PS Form 3800, April 1995

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

Article Addressed to:

4a. Article Number
Z 392 737 613

Mr. Bob Shackelford
Shackelford Oil Company
203 West Wall, Suite 401
Midland, TX 79701

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

Received By: (Print Name)

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

Signature: (Addressee or Agent)
X

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 614

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Charlie Rule
Conoco, Inc.
10 Desta Drive, Suite 100W
Midland, TX 79705

ENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

PS Form 3800, April 1995

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

Article Addressed to:

4a. Article Number
Z 392 737 614

Mr. Charlie Rule
Conoco, Inc.
10 Desta Drive, Suite 100W
Midland, TX 79705

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

Received By: (Print Name)

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

Signature: (Addressee or Agent)
X

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 621

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Jerry Weant
Trilogy Operating, Inc.
P.O. Box 11005
Midland, TX 79702

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Article Addressed to:

Mr. Jerry Weant
Trilogy Operating, Inc.
P.O. Box 11005
Midland, TX 79702

4a. Article Number
Z 392 737 621

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

Received By: (Print Name)

Signature: (Addressee or Agent)

X

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

102595-98-B-0229

Domestic Return Receipt

Form 3811, December 1994

Thank you for using Return Receipt Service.



Z 392 737 622

WFC
638

US Postal Service

Receipt for Certified Mail

Ms. Vicki Shackelford
3604 Canyon Oaks Drive
Carrollton, TX 75007

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Article Addressed to:

Ms. Vicki Shackelford
504 Canyon Oaks Drive
Carrollton, TX 75007

4a. Article Number
Z 392 737 622

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

Received By: (Print Name)

Signature: (Addressee or Agent)

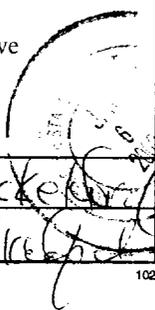
Form 3811, December 1994

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



Z 392 737 623

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Brad Christmas
P.O. Box 173
Wagon Mound, NM 87752

| | |
|---|---------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Article Addressed to:

Mr. Brad Christmas
P.O. Box 173
Wagon Mound, NM 87752

4a. Article Number
Z 392 737 623

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

Received By: (Print Name)

Signature: (Addressee or Agent)

Form 3811, December 1994

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

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

0/04/00



Z 392 737 618

WFC
638

US Postal Service
Receipt for Certified Mail

Mr. Randy Hall
P.O. Box 10095
Midland, TX 79702

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800 April 1995

NDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. This Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Mr. Randy Hall
P.O. Box 10095
Midland, TX 79702

4a. Article Number
Z 392 737 618

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery:

Received By: (Print Name)
Signature: (Addressee or Agent)
Randy Hall

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

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 619

WFC
638

US Postal Service
Receipt for Certified Mail

RIMCO Royalty Partners
22 Waterville Road
Avon, CT 06001

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800 April 1995

DER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. This Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
RIMCO Royalty Partners
Waterville Road
Avon, CT 06001

4a. Article Number
Z 392 737 619

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
1-3-00

Received By: (Print Name)
Signature: (Addressee or Agent)
Blenda M. ...

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

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 620

WFC
638

US Postal Service
Receipt for Certified Mail

Mr. Michael D. Garringer
Southeast Royalties, Inc.
P.O. Box 1658
Carlsbad, NM 88220

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800 April 1995

NDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. This Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Mr. Michael D. Garringer
Southeast Royalties, Inc.
P.O. Box 1658
Carlsbad, NM 88220

4a. Article Number
Z 392 737 620

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

Received By: (Print Name)
Signature: (Addressee or Agent)

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

Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 608 638

US Postal Service

Receipt for Certified Mail

Mr. John M. Hillman
Manix Energy, LLC
P.O. Box 2818
Midland, TX 79702

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
Mr. John M. Hillman
Manix Energy, LLC
P.O. Box 2818
Midland, TX 79702

4a. Article Number
Z 392 737 608

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
1-4-00

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 610 WFC 638

US Postal Service

Receipt for Certified Mail

Mr. Larry C. Squires
Title Snyder Ranches, Inc.
P.O. Box 2158
Hobbs, NM 88240

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
Mr. Larry Squires
Laguna Gatuna, Inc.
P.O. Box 2158
Hobbs, NM 88241

4a. Article Number
Z 392 737 616

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
01-04-00

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 611 WFC 638

US Postal Service

Receipt for Certified Mail

J. W. Neal
P.O. Box 278
Hobbs, NM 88240

| | |
|---|----------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | |

PS Form 3800, April 1995

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
J. W. Neal
P.O. Box 278
Hobbs, NM 88240

4a. Article Number
Z 392 737 611

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
01-04-00

5. Received By: (Print Name)
M. C. S. A. W. N. A. L.

6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 737 624

WFC
638

US Postal Service

Receipt for Certified Mail

Mr. Armando Lopez
BLM/ Roswell District
2909 W. Second Street
Roswell, NM 88202-1857

| | |
|---|----------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 1994 |

DER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Article Addressed to:

Mr. Armando Lopez
BLM/ Roswell District
2909 W. Second Street
Roswell, NM 88202-1857

4a. Article Number
Z 392 737 624

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery
1-3-02

Received By: (Print Name)

Signature: (Addressee or Agent)

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

Z 392 737 607

WFC
638

US Postal Service

Receipt for Certified Mail

W.O. and Glenna Anderson
2329 Live Oak Drive
Los Angeles, CA 90069

| | |
|---|----------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | DEC 1994 |

ENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Article Addressed to:

W.O. and Glenna Anderson
2329 Live Oak Drive
Los Angeles, CA 90069

4a. Article Number
Z 392 737 607

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

Received By: (Print Name)

Signature: (Addressee or Agent)

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

Z 392 737 609

WFC
638

US Postal Service

Receipt for Certified Mail

Bass Enterprises Production Co.
201 Main Street
Fort Worth, TX 76102

| | |
|---|-------------|
| Postage | \$ 3.20 |
| Certified Fee | 1.40 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | 1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ 5.85 |
| Postmark or Date | JAN 03 2000 |

DER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Article Addressed to:

Bass Enterprises Production Co.
201 Main Street
Fort Worth, TX 76102

4a. Article Number
Z 392 737 609

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery
JAN 03 2000

Received By: (Print Name)

Signature: (Addressee or Agent)

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995