

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**IN THE MATTER OF THE APPLICATION OF SAGA PETROLEUM, L.L.C.
STATUTORY UNITIZATION, LEA COUNTY, NEW MEXICO.**

**IN THE MATTER OF THE APPLICATION OF SAGA PETROLEUM, L.L.C.
FOR APPROVAL OF A WATERFLOOD PROJECT FOR ITS
CROSSROADS SILURO-DEVONIAN UNIT AREA AND QUALIFICATION
OF SAID PROJECT FOR THE RECOVERED OIL TAX RATE
PURSUANT TO THE ENHANCED OIL RECOVERY ACT,
LEA COUNTY, NEW MEXICO.**

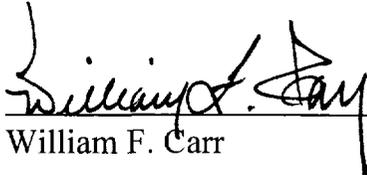
CASE NOS. 12417 & 12418

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Saga Petroleum, L.L.C., the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12417 & 12418 Exhibit No. 7
Submitted by:
Saga Petroleum, L.L.C.
Hearing Date: September 7, 2000


William F. Carr

SUBSCRIBED AND SWORN to before this 6th day of September, 2000 by William F. Carr.


Mara Dalton, Notary Public



EXHIBIT A

Susie L. Wadley - First Trust
Ellione M. Sinclair - Trustee
Northern Trust Bank #23072050
P.O. Box 226270
Dallas, TX 75222-6270

Forcenergy, Inc.
Forcenergy Center - Susan Cook
3838 N. Causeway Blvd., #2300
Metairie, LA 70002

Floos Inc.
P.O. Box 5970
Hobbs, NM 88241-5970

William Marsh Rice University
447 Allen Center, MS-91
6100 Main Street
Houston, TX 77005-1892

Candace G. Jacobson
Box 2981
Ruidoso, NM 883458-2981

Thomas J. Good, III
P.O. Box 130
Nogal, NM 88341

Price and CIA, Inc.
Dixie Term Building
49 E. 4th Street, Suite 216
Cincinnati, OH 45202-3854

Gerald D. Mills
14 E. Hawthorne Drive
Asheville, NC 28802

Yuma Exploration & Production
1177 West Loop South, Suite 1825
Houston, TX 77027

Myrl Sawyer Good
2707 North Coronado Road
Roswell, NM 88201-3464

Beja Embry Poky
2005 Valley View Drive
Woodland Park, CO 80863

Perry & Patricia Shaw Trust
23683 Elmwood Drive
Porter, TX 77365-5101

Marius Jensen Nygaard, Jr.
155 W. 68th Street
New York, NY 10023-5808

Sandra Good Ramey Trust
Myrl Good Trustee
2707 North Coronado Drive
Roswell, NM 88201-3464

Prince Minerals, Ltd.
#301 LB 25
7001 Preston Road
Dallas, TX 75205

Allan Capital Corporation
825 Lenton Avenue
Baltimore, MD 21212-3238

H. Wayne Hoover
2122 40th Avenue
Greeley, CO 80634

Mystique Resources Company
1975 E. Otero Lane
Littleton, CO 80122-3248

Edward J. Names
1738 W. Chokecherry Drive
Louisville, CO 80027

C.L. Nordstrom
1735 Clark Street
Aurora, CO 80011

Bruce M. Patterson d/b/a
Patterson Group
P.O. Box 620457
Littleton, CO 70162-0457

Yellow Queen Uranium Company
1647 Court Place, Suite 326
Denver, CO 80202

C. Thomas Houseman
39 Crystal Lane
Sandia Park, NM 87047

Prince Minerals, LTD
#301 LB 35
7001 Preston Road
Dallas, TX 75205

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
ANTHONY F. MEDEIROS

JACK M. CAMPBELL
1916-1999

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: law@westofpecos.com

June 8, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL AFFECTED INTEREST OWNERS IN THE CROSSROADS SILURO-DEVONIAN UNIT AREA.

Re: New Mexico Oil Conservation Division Case No. 12417: Application of Saga Petroleum, L.L.C. for statutory unitization, Lea County, New Mexico.

New Mexico Oil Conservation Division Case No. 12418: Application of Saga Petroleum, L.L.C. for approval of a waterflood project for its Crossroads Siluro-Devonian Unit Area and qualification of said project for the recovered oil tax rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Saga Petroleum, L.L.C. has filed an application with the New Mexico Oil Conservation Division seeking an order statutorily unitizing for the purpose of establishing a secondary recovery project all mineral interests in the Devonian formation, Crossroads Siluro-Devonian Pool underlying 800 acres, more or less, of fee lands located in the N/2, SE/4 of Section Sections 27 and the E/2 of Section 34, Township 9 South, Range 36 East, NMPM, Lea County, New Mexico. Said unit is to be designated the Crossroads Siluro-Devonian Unit. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the determination of the horizontal and vertical limits of the unit area; the determination of the fair, reasonable and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investments in wells and equipment; and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including, but not limited to, unit voting procedures, selection, removal or

June 8, 2000

Page 2

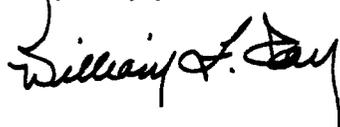
substitution of unit operator, and time of commencement and termination of unit operations. Applicant also requests that any such order issued in this case include a provision for carrying and nonconsenting working interest owners within the unit area upon such terms and conditions to be determined by the Division as just and reasonable.

Saga Petroleum, L.L.C. has also filed an application seeking authority to implement secondary recovery operations in this unit by means of waterflooding, a copy of this application with attached Form C-108 is enclosed for your information.

These applications have been set for hearing before a Division Examiner on June 29, 2000 at the Oil Conservation Division hearing room, located at 2040 South Pacheco Street, Santa Fe, NM 87501. You are not required to attend this hearing but, as the owner of an interest that may be affected by these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging these matters at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing Statements should be filed no later than 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



William F. Carr

Attorney for Saga Petroleum, L.L.C..

WFC/md

Enclosures

cc: Charles Farmer
Saga Petroleum, L.L.C.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: **WFR**

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

William Marsh Rice University
 447 Allen Center, MS-91
 6100 Main Street
 Houston, TX 77005-1892

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Marsh Rice University
 447 Allen Center, MS-91
 6100 Main Street
 Houston, TX 77005-1892

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **D. Greene** B. Date of Delivery **6-12-00**

C. Signature
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9261

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: **W**

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Yellow Queen Uranium Compa
 1647 Court Place, Suite 326
 Denver, CO 80202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yellow Queen Uranium Company
 1647 Court Place, Suite 326
 Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **6-14-00** B. Date of Delivery

C. Signature
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9209

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: **WFC**

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Yuma Exploration & Production
 1177 West Loop South, Suite 1825
 Houston, TX 77027

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yuma Exploration & Production
 1177 West Loop South, Suite 1825
 Houston, TX 77027

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **PAT ZOLAN** B. Date of Delivery **6/12/00**

C. Signature
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9094

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9155

Article Sent To:

SENDER: C

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

ON DELIVERY

Postage \$ 1.43
Certified Fee 1.40
Return Receipt Fee (Endorsement Required) 1.25
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$4.08

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery
Clara Acosta 6-7-00

C. Signature
Clara Acosta
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Sandra Good Ramey Trust
Myrl Good Trustee
2707 North Coronado Drive
Roswell, NM 88201-3464

Sandra Good Ramey Trust
Myrl Good Trustee
2707 North Coronado Drive
Roswell, NM 88201-3464

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9155

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9278

Article Sent To:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage \$ 1.43
Certified Fee 1.40
Return Receipt Fee (Endorsement Required) 1.25
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$4.08

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery
Ronald Bell 6-7-00

C. Signature
Ronald Bell
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Susie L. Wadley - First Trust
Ellione M. Sinclair - Trustee
Northern Trust Bank #23072050
P.O. Box 226270
Dallas, TX 75222-6270

Susie L. Wadley - First Trust
Ellione M. Sinclair - Trustee
Northern Trust Bank #23072050
P.O. Box 226270
Dallas, TX 75222-6270

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9278

PS Form 3811, July 1999

Domestic

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9100

Article Sent To:

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

ON DELIVERY

Postage \$ 1.43
Certified Fee 1.40
Return Receipt Fee (Endorsement Required) 1.25
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$4.08

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery
Thomas J Good III 6-20-00

C. Signature
Thomas J Good III
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Thomas J. Good, III
P.O. Box 130
Nogal, NM 88341

Thomas J. Good, III
P.O. Box 130
Nogal, NM 88341

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9100

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: **WFC**

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

SENDER: COMPL

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Price and CIA, Inc.
 Dixie Term Building
 49 E. 4th Street, Suite 216
 Cincinnati, OH 45202-3854

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

A. Received by (Please Print Clearly) _____ B. Date of Delivery 6/17/00

C. Signature Price and CIA, Inc.
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Copy from service label) 7099 3220 0005 9419 9254

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9419 9254

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: **U**

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

SENDER: CO

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Prince Minerals, Ltd.
 #301 LB 25
 7001 Preston Road
 Dallas, TX 75205

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

A. Received by (Please Print Clearly) _____ B. Date of Delivery 6-17

C. Signature S. Harper
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9070

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9419 9070

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: **WFC**

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

SENDER: COMPLETE TH

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Prince Minerals, LTD
 #301 LB 35
 7001 Preston Road
 Dallas, TX 75205

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

A. Received by (Please Print Clearly) _____ B. Date of Delivery 6-17

C. Signature S. Harper
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 8226

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9419 8226

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9247

Article Sent To:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Gloria Hosta B. Date of Delivery 6-13-00

C. Signature [Signature] Agent Addressee

X [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

Myrl Sawyer Good
2707 North Coronado Road
Roswell, NM 88201-3464

1. Article Addressed to:

Myrl Sawyer Good
2707 North Coronado Road
Roswell, NM 88201-3464

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9247

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9063

Article Sent To:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature [Signature] Agent Addressee

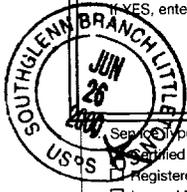
X [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

Mystique Resources Company
1975 E. Otero Lane
Littleton, CO 80122-3248

1. Article Addressed to:

Mystique Resources Company
1975 E. Otero Lane
Littleton, CO 80122-3248



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9063

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9087

Article Sent To:

SENDER: C

COMPLETE THIS SECTION ON DELIVERY

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Patricia Shaw B. Date of Delivery 6-12

C. Signature [Signature] Agent Addressee

X [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

Perry & Patricia Shaw Trust
23683 Elmwood Drive
Porter, TX 77365-5101

1. Article Addressed to:

Perry & Patricia Shaw Trust
23683 Elmwood Drive
Porter, TX 77365-5101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9087

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

WFC 334

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Gerald D. Mills
14 E. Hawthorne Drive
Asheville, NC 28802

SENDER: CC

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gerald D. Mills
14 E. Hawthorne Drive
Asheville, NC 28802

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
Gerald Mills Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9179

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

WFC 334

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

H. Wayne Hoover
2122 40th Avenue
Greeley, CO 80634

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

H. Wayne Hoover
2122 40th Avenue
Greeley, CO 80634

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
H. Wayne Hoover Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9148

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

WFC 2211

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Marius Jensen Nygaard, Jr.
155 W. 68th Street
New York, NY 10023-5808

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marius Jensen Nygaard, Jr.
155 W. 68th Street
New York, NY 10023-5808

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
Marius Nygaard Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9230

7099 3220 0005 9419 9179

7099 3220 0005 9419 9148

7099 3220 0005 9419 9230

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

SENDER

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

SECTION ON DELIVERY

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Edward J. Names
1738 W. Chokecherry Drive
Louisville, CO 80027

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Edward J. Names
1738 W. Chokecherry Drive
Louisville, CO 80027

A. Received by (Please Print Clearly) _____ B. Date of Delivery 6/13/12

C. Signature Melissa Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9216

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

SENDER: CC

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

SECTION ON DELIVERY

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Floos Inc.
P.O. Box 5970
Hobbs, NM 88241-5970

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Floos Inc.
P.O. Box 5970
Hobbs, NM 88241-5970

A. Received by (Please Print Clearly) _____ B. Date of Delivery 6-14-06

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9117

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

SENDER

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

SECTION ON DELIVERY

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Forcenergy, Inc.
Forcenergy Center - Susan Cook
3838 N. Causeway Blvd., #2300
Metairie, LA 70002

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Forcenergy, Inc.
Forcenergy Center - Susan Cook
3838 N. Causeway Blvd., #2300
Metairie, LA 70002

A. Received by (Please Print Clearly) D Verret B. Date of Delivery JUN 15 2008

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9193

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9131

Article Sent To:

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

C.L. Nordstrom
1735 Clark Street
Aurora, CO 80011

SENDER: CO. [Redacted]

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C.L. Nordstrom
1735 Clark Street
Aurora, CO 80011



A. Received by (Please Print Clearly) B. Date of Delivery

M. Nordstrom 6/12/00

C. Signature *M. Nordstrom* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9131

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9124

Article Sent To:

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

C. Thomas Houseman
39 Crystal Lane
Sandia Park, NM 87047

SENDER: CO. [Redacted]

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C. Thomas Houseman
39 Crystal Lane
Sandia Park, NM 87047



A. Received by (Please Print Clearly) B. Date of Delivery

C.T. Houseman 6/10/00

C. Signature *C.T. Houseman* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9124

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9419 9186

Article Sent To:

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

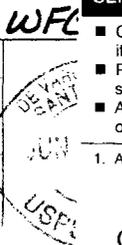
Candace G. Jacobson
Box 2981
Ruidoso, NM 883458-2981

SENDER: CO. [Redacted]

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Candace G. Jacobson
Box 2981
Ruidoso, NM 883458-2981



A. Received by (Please Print Clearly) B. Date of Delivery

M. TORRES 6/12/00

C. Signature *M. Torres* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 9186

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Allan Capital Corporation
825 Lenton Avenue
Baltimore, MD 21212-3238

SENDER: COMPLETE THIS SECTION TO THE RIGHT OF RETURN ADDRESS. PLACE STICKER AT TOP OF ENVELOPE.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Allan Capital Corporation
825 Lenton Avenue
Baltimore, MD 21212-3238

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *F. A. Alla*

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
- Certified Mail
 - Express Mail
 - Registered
 - Return Receipt for Merchandise
 - Insured Mail
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9223

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Beja Embry Poky
2005 Valley View Drive
Woodland Park, CO 80863

SENDER: COMPLETE THIS SECTION TO THE RIGHT OF RETURN ADDRESS. PLACE STICKER AT TOP OF ENVELOPE.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Beja Embry Poky
2005 Valley View Drive
Woodland Park, CO 80863

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Beja P. Poky*

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
- Certified Mail
 - Express Mail
 - Registered
 - Return Receipt for Merchandise
 - Insured Mail
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 9162

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$ 1.43
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.08

Bruce M. Patterson d/b/a
Patterson Group
P.O. Box 620457
Littleton, CO 70162-0457

SENDER: COMPLETE THIS SECTION TO THE RIGHT OF RETURN ADDRESS. PLACE STICKER AT TOP OF ENVELOPE.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bruce M. Patterson d/b/a
Patterson Group
P.O. Box 620457
Littleton, CO 70162-0457

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Julie Patterson*

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
- Certified Mail
 - Express Mail
 - Registered
 - Return Receipt for Merchandise
 - Insured Mail
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9419 8219