

State of New Mexico
ENERGY, MINERALS and NATU

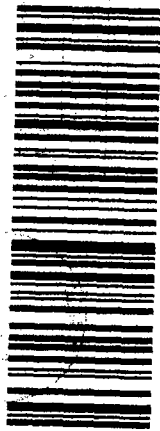
1220 South Saint Francis Drive
P.O. Box 6429

Santa Fe, New Mexico 87505-5472

First Notice MS

Second Notice _____

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD AT DOTTED LINE.
CERTIFIED MAIL



7001 1940 0004 7922 5847

CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL RECEIPT

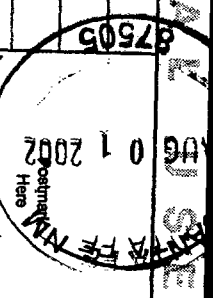
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To Mr. Gary Henrich

Street, Apt. No. or PO Box No. 210 W. Castle

City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse



State of New Mexico
ENERGY, MINERALS and NATURAL RE

1220 South Saint Francis Drive
P.O. Box 6429

Santa Fe, New Mexico 87505-5472

First Notice _____

Second Notice _____

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD AT DOTTED LINE.
CERTIFIED MAIL



7001 1940 0004 7922 5847

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

OFFICIAL RECEIPT

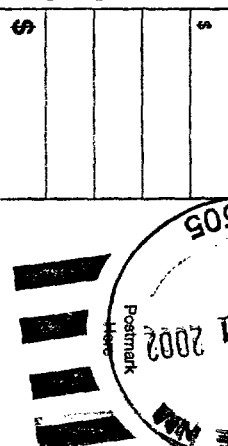
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To Mr. Roy Wayne Hamlett

Street, Apt. No. or PO Box No. PO Box 814

City, State, ZIP+4 Hobbs, NM 88241

PS Form 3800, January 2001 See Reverse for Instructions



8-3
8-6
8-16

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
 P.O. Box 6429

Santa Fe, New Mexico 87505-5472

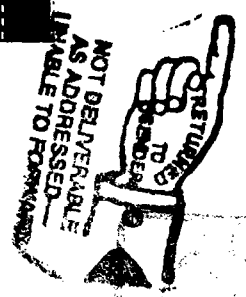
Name _____
 First Notice _____

Second Notice _____



CERTIFIED MAIL

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



RETURN TO SENDER

NDAK

7001 1940 0004 7922 6233

~~RailTex, Inc.
 4901 Broadway
 Suite 231
 San Antonio, TX 78209~~

2/6423

State of New Mexico
ENERGY, MINERALS and NAT

1220 South Saint Francis Drive
 P.O. Box 6429

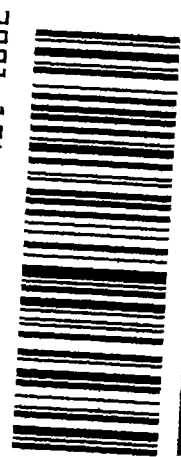
Santa Fe, New Mexico 87505-5472

First Notice _____
 Second Notice _____



CERTIFIED MAIL

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



7001 1940 0009 7922 6341

7001 1940 0004 7922 6349

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

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

Sent To **S & D Enterprises**

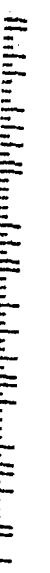
Street, Apt. No. or PO Box No. **111 South Dal Paso**

City, State, ZIP+4 **Hobbs, NM 88240**

PS Form 3800, January 2001 See Reverse for Instructions



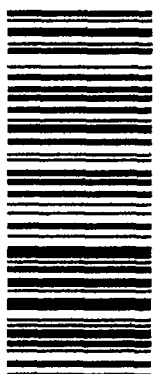
2/6423



State of New Mexico
ENERGY, MINERALS and NATU

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

Name _____
First Notice _____
Second Notice _____



PLACE STICKER AT TOP OF ENVELOPE TO
OF THE RETURN ADDRESS. FOLD AT DOTS
CERTIFIED MAIL

7001 1940 0004 7922 6257

State of New Mexico
ENERGY, MINERALS and NATURAL RESOU

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

Name _____

Second Notice _____

MF



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

7001 1940 0004 7922 6196

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

OFFICIAL USE

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

Sent To Mr. David Floria

Street, Apt. No. or PO Box No. 1609 S. Cochran

City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001

See Reverse for Instructions

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

OFFICIAL USE

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

Sent To MR. Thompson Karl Langer

Street, Apt. No. or PO Box No. 205 W. Shipp Dr.

City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001

See Reverse for Instructions

Tipke

2/6423



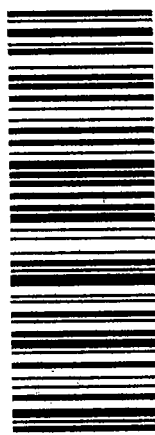
State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

Name _____
 First Notice _____
 Return _____

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

CERTIFIED MAIL



7000 0520 0021 6896 3751

Mr. Joe H. Goad
 801 West Alabama
 Hobbs, NM 88240

REASON CHECKED
 RETURNED TO WRITER
 8/21/02
 NAME _____
 1st Notice _____
 2nd Notice _____
 Return _____

DCD

State of New Mexico
ENERGY, MINERALS and NATL

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

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



7001 1940 0004 7922 6264

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

OFFICIAL USE

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



Sent To: Mr. Mark Dean
 Street, Apt. No. or PO Box No.: 905 DeBaca
 City, State, ZIP+4: Hobbs, NM 88240
 PS Form 3800, January 2001

Name: _____
 First Notice: _____
 Second Notice: _____
 Return: _____

2105 W GUM AVE
 LOVINGTON NM 88260-9649

12 1201 06 08/05/02
 RTN TO SEND

RETURN TO SENDER
 88242+0816 71

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-6429

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



7001 1940 0004 7922 6240

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472



REASON CHECKED
Undelivered Refused
Addressed Unknown
Postage Address

CERTIFIED MAIL



7001 1940 0004 7922 6035

MAIL RECEIPT
Domestic Mail Only. No In.

OFFICIAL MAIL
Postage Provided

POSTAGE
1 2002
SWAKE NM
Postmark Here

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

7001 1940 0004 7922 6240

Sent to Mr. Billy S. Brazier
Street, Apt. No. or PO Box No. 513 W. Castle
City, State, ZIP+4 Hobbs, NM 88240
PS Form 3800 January 2001 See Reverse for Instructions

NAME
1st Notice 8-3-02
2nd Notice 8-18
Return 8-18

~~Ms. Patricia A. Andrea
Box 6387
Santa Fe, NM 87502~~

Name Ms. Andrea
First Notice 8-3-02
Second Notice 8-18
Return 8-18

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.

Article Addressed to:
r. Kenneth L. Cook
06 W. Castle
obbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
R. Kenneth L. Cook Addressee
B. Received by (Printed Name) Date of Delivery
DAVID L. COOK *8/3/02*
C. Date of Delivery
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

Article Number
(Transfer from service label) 7001 1940 0004 7922 5854
Form 3811, August 2001

Domestic Return Receipt 102595-01-M-2509

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.

Article Addressed to:
Mr. & Mrs. Ross A. Hamilton
114 4th St.
Traer, IA 56075

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Ross A. Hamilton Addressee
B. Received by (Printed Name) Date of Delivery
ROSS A. HAMILTON *8/3/02*
C. Date of Delivery
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

Article Number
(Transfer from service label) 7000 0520 0021 6896 4659
Form 3811, August 2001

Domestic Return Receipt 102595-01-M-2509

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.

Article Addressed to:
Ms. Lola Ben Lawson
3911 Teckla
Amarillo, TX 79109

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Lola Ben Lawson Addressee
B. Received by (Printed Name) Date of Delivery
LOLA B. LAWSON *8-6-02*
C. Date of Delivery
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

Article Number
(Transfer from service label) 7001 1940 0004 7922 5977
PS Form 3811, August 2001

Domestic Return Receipt 102595-01-M-

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.

Article Addressed to:
Mr. Archie Wiggins
311 W. Temple
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Archie Wiggins Addressee
B. Received by (Printed Name) Date of Delivery
Archie Wiggins *8-6-02*
C. Date of Delivery
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

Article Number
(Transfer from service label) 7001 1940 0004 7922 6042
PS Form 3811, August 2001

Domestic Return Receipt 102595-01-M-2

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.

Article Addressed to:
Texaco Exploration & Production
Box Dept. 1941
PO Box 1404
Houston, TX 77251

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
B. Received by (Printed Name) *[Signature]* Addressee
C. Date of Delivery *[Signature]*

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

Article Number 7001 1940 0004 7919 4655
Transfer from service label)
Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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.

Article Addressed to:
Colorado River Comm of Nevada
555 E Washington Ave.
Suite 3100
Las Vegas, NV 89158

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
B. Received by (Printed Name) *[Signature]* Addressee
C. Date of Delivery *[Signature]*

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

Article Number 7001 1940 0004 7922 5908
Transfer from service label)
Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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 or on the front if space permits.

1. Article Addressed to:
Mr. Thomas
PO Box 226
Santa Fe, NM

2. Article Number
PS Form 3811, August 2001
Transfer from service label)
Domestic Return Receipt 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
B. Received by (Printed Name) *[Signature]* Addressee
C. Date of Delivery *[Signature]*

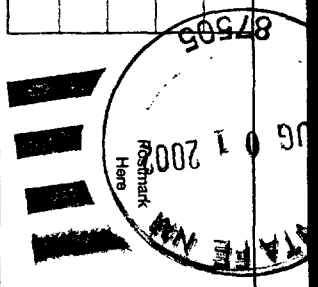
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

Article Number 7001 1940 0004 7922 6356
Transfer from service label)
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$
Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Thomas Kellahin
Street, Apt. No., or PO Box No. PO Box 2265
City, State, ZIP+4 Santa Fe, NM 87504
PS Form 3800, February 2000 See Reverse for Instructions



Agent
 Addressee
Date of Delivery Yes
 No

Yes
 No

Article Number 7001 1940 0004 7922 6356
Transfer from service label)
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
B. Received by (Printed Name) *[Signature]* Addressee
C. Date of Delivery *[Signature]*

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

Article Number 7001 1940 0004 7922 6356
Transfer from service label)
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

RECEIVER: COMPLETE THIS SECTION

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.

Article Addressed to: **Mr. Samu 8632 Co. Clyde, TX**

Postage \$ **0.00**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **0.00**

Postmark Here **87505 AUG 6 2002**

A. Signature **STARK** Agent Addressed

B. Received by (Printed Name) **Samuel A. Stark** Agent Addressed

C. Date of Delivery **8-14-02** Yes No

D. Is delivery address different from item 1? Yes No

SENT TO Mr. Samuel A. Stark
 Street, Apt. No., or PO Box No. **8632 Co. Rd. 235**
 City, State, Zip+4 **Clyde, TX 79810**

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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.

Article Addressed to: **Ms. Billie Lee Redinger; RR4 Box 458 Olney, IL 62450**

1. Article Addressed to: **Director, El Paso Natural Gas, PO Box 1492, El Paso, TX 79978**

2. Article Number (Transfer from service label) **7001 1940 0004 7922 6004**

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Billie Redinger** Agent Addressee

B. Received by (Printed Name) **Billie Redinger** Agent Addressee

C. Date of Delivery **8-5-02** Yes No

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. Restricted Delivery? (Extra Fee) Yes No

Article Number **7000 0520 0021 6896 3782**

(Transfer from service label)

3 Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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.

Article Addressed to: **Director, El Paso Natural Gas, PO Box 1492, El Paso, TX 79978**

2. Article Number (Transfer from service label) **7001 1940 0004 7922 6004**

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature **STARK** Agent Addressed

B. Received by (Printed Name) **Samuel A. Stark** Agent Addressed

C. Date of Delivery **AUG 6 2002** Yes No

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. Restricted Delivery? (Extra Fee) Yes No

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

Postage \$ **0.00**

Certified Fee \$ **0.00**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **0.00**

Recipient's Name (Please Print Clearly) (To be completed by mailer) **Long Beach, CA 90805**

Four Corners Pipeline **Cherry Ave.**

Street, Apt. No., or PO Box No. **5900**

City, State, Zip+4 **Long Beach, CA 90805**

PS Form 3800, February 2000 Domestic Return Receipt 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature **STARK** Agent Addressed

B. Received by (Printed Name) **Samuel A. Stark** Agent Addressed

C. Date of Delivery **8/5/02** Yes No

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. Restricted Delivery? (Extra Fee) Yes No

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

ON DELIVERY

Official stamp: **OFFICIAL U.S. MAIL**
 Postmark: **POSTMARK HERE**
 Date: **1 2002**
 Location: **SANTA FE, NM 87505**

Article A
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 NM Oil & Gas Association
 Street, Apt. No., or PO Box No. PO Box 1864
 City, State, Zip+4 Santa Fe, NM 87504-1864
 PS Form 3811, August 2001 See Reverse for Instructions

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

ON DELIVERY

Official stamp: **OFFICIAL U.S. MAIL**
 Postmark: **POSTMARK HERE**
 Date: **1 2002**
 Location: **SANTA FE, NM 87505**

Article A
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 MS. Maxine Goad
 Street, Apt. No., or PO Box No. NM Environment Dept. - Harol Runnels Bldg
 City, State, Zip+4 Santa Fe, NM 87503
 PS Form 3800, February 2000 See Reverse for Instructions

SENDER

- Complete item 4 (Print) so the Attach or of
- Article 1
- Item 4 (Print) so the Attach or of
- Article 1

Sent To
 Director - State Parks & Recreation
 Street, Apt. No., or PO Box No. Villagra Bldg.
 City, State, Zip+4 Santa Fe, NM 87503
 PS Form 3811, August 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

Official stamp: **OFFICIAL U.S. MAIL**
 Postmark: **POSTMARK HERE**
 Date: **1 2002**
 Location: **SANTA FE, NM 87505**

Article A
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Lee Wilson & Associates
 Street, Apt. No., or PO Box No. PO Box 931
 City, State, Zip+4 Santa Fe, NM 87504
 PS Form 3800, January 2001 See Reverse for Instructions

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

Official stamp: **OFFICIAL U.S. MAIL**
 Postmark: **POSTMARK HERE**
 Date: **1 2002**
 Location: **SANTA FE, NM 87505**

Article A
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Lee Wilson & Associates
 Street, Apt. No., or PO Box No. PO Box 931
 City, State, Zip+4 Santa Fe, NM 87504
 PS Form 3800, January 2001 See Reverse for Instructions

102595-01-M-2
 102595-01-M-2
 102595-01-M-2
 102595-01-M-2

OFFICIAL MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

SECTION ON DELIVERY

Agent Addressee Date of Delivery

From item 1? Yes No

From item 1? Yes No

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Jay Lazarus
 Street, Apt. No.; or PO Box No.
 PO Box 5727
 City, State, ZIP+4 Santa Fe, NM 87502

PS Form 3800, February 2000 See Reverse for Instructions

SECTION ON DELIVERY

Agent Addressee Date of Delivery

From item 1? Yes No

From item 1? Yes No

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Brue S. Garber
 Street, Apt. No.; or PO Box No.
 PO Box 0850
 City, State, ZIP+4 Santa Fe, NM 87503

PS Form 3800, January 2001 See Reverse for Instructions

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

SECTION ON DELIVERY

Agent Addressee Date of Delivery

From item 1? Yes No

From item 1? Yes No

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To Dr. Henry Bishara
 Street, Apt. No.; or PO Box No.
 PO Box 748
 City, State, ZIP+4 Cuba, NM 87013

PS Form 3800, January 2001 See Reverse for Instructions

SECTION ON DELIVERY

Agent Addressee Date of Delivery

From item 1? Yes No

From item 1? Yes No

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To William F. Carr
 Street, Apt. No.; or PO Box No.
 PO Box 2208
 City, State, ZIP+4 Santa Fe, NM 87504

PS Form 3800, January 2001 See Reverse for Instructions

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

SECTION ON DELIVERY

Agent Addressee Date of Delivery

From item 1? Yes No

From item 1? Yes No

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To William F. Carr
 Street, Apt. No.; or PO Box No.
 PO Box 2208
 City, State, ZIP+4 Santa Fe, NM 87504

PS Form 3800, January 2001 See Reverse for Instructions

SECTION ON DELIVERY

Agent Addressee Date of Delivery

From item 1? Yes No

From item 1? Yes No

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To William F. Carr
 Street, Apt. No.; or PO Box No.
 PO Box 2208
 City, State, ZIP+4 Santa Fe, NM 87504

PS Form 3800, January 2001 See Reverse for Instructions

102595-01-M-2509 Domestic Return Receipt

102595-01-M-2509 Domestic Return Receipt

102595-01-M-2509 Domestic Return Receipt

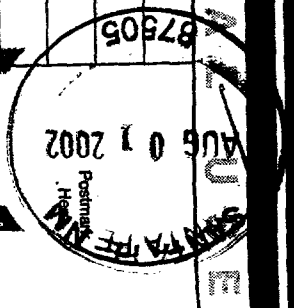
102595-01-M-2509 Domestic Return Receipt

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

OPTION ON DELIVERY

OFFICIAL USE

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



Sent To Mr. Richard P Chagnon
Street, Apt. No.: 2825 Malvern Dr.
City, State, ZIP+4 Tucson, AZ 85716

PS Form 3800, January 2001 See Reverse for Instructions

Domestic Return Receipt

Agent
 Addressee
C. Date of Delivery
different from item 1? Yes
my address below: No

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 (Extra Fee) Yes

SENDER'S INFORMATION

Certified Mail
 Registered Mail
 Return Receipt for Merchandise
 C.O.D.
 (Extra Fee) Yes

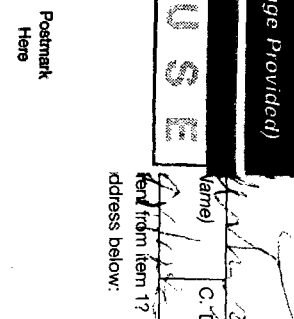
Domestic Return Receipt

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

OPTION ON DELIVERY

OFFICIAL USE

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



Sent To Ms. Marie E. Martinez
Street, Apt. No.: 410 W. Rainbow
City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse for Instructions

Domestic Return Receipt

Agent
 Addressee
C. Date of Delivery
different from item 1? Yes
my address below: No

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 (Extra Fee) Yes

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

OFFICIAL USE

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

Sent To Mr. Chester Rail
Street, Apt. No.: 10613 Calle De Elena NW
City, State, ZIP+4 Albuquerque, NM 87048

PS Form 3800, January 2001 See Reverse for Instructions

Domestic Return Receipt

Agent
 Addressee
C. Date of Delivery
different from item 1? Yes
my address below: No

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 (Extra Fee) Yes

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

OFFICIAL USE

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

Sent To Mr. Elmer Lynch
Street, Apt. No.: 411 Rainbow
City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse for Instructions

Domestic Return Receipt

Agent
 Addressee
C. Date of Delivery
different from item 1? Yes
my address below: No

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 (Extra Fee) Yes

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

SECTION ON DELIVERY

SEND

OFFICIAL USE

Postage \$ 87505

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Agent Addresssee

Printed Name Walter C. Date of Delivery 5/2/02

Is different from item 1? Yes No

Very address below: Yes No

1. Article Com Item 4

2. Article Print) so the

Mr. 400 Hobbs

102595-01-M-2509 PS Form 3811, August 2001

Sent To Field Supervisor - US Fish & Wildlife

Street Apt. No.; or PO Box No. 2104 Osuna Rd. NE

City, State, ZIP+4 Albuquerque, NM 87113-1001

PS Form 3800, January 2001

Express Mail

Return Receipt for Merchandise

C.O.D.

Yes No

922 6103

102595-01-M-2509 PS Form 3811, August 2001

1. Article Com Item 4

2. Article Print) so the

Mr. 400 Hobbs

102595-01-M-2509 PS Form 3811, August 2001

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

SECTION ON DELIVERY

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Agent Addresssee

Printed Name Richard Cano Cortez C. Date of Delivery 8/2/02

Is different from item 1? Yes No

Very address below: Yes No

Sent To Mr. Richard Cano Cortez

Street Apt. No.; or PO Box No. 400 Rainbow

City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001

Express Mail

Return Receipt for Merchandise

C.O.D.

Yes No

102595-01-M-2509 PS Form 3811, August 2001

1. Article Com Item 4

2. Article Print) so the

Mr. 400 Hobbs

102595-01-M-2509 PS Form 3811, August 2001

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

SECTION ON DELIVERY

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Agent Addresssee

Printed Name Mr. Lynn Branvold C. Date of Delivery 5/2/02

Is different from item 1? Yes No

Very address below: Yes No

Sent To Mr. Lynn Branvold

Street Apt. No.; or PO Box No. NM Bureau of Mines & Minerals

City, State, ZIP+4 Socorro, NM 87801

PS Form 3800, January 2001

Express Mail

Return Receipt for Merchandise

C.O.D.

Yes No

102595-01-M-2509 PS Form 3811, August 2001

1. Article Com Item 4

2. Article Print) so the

Mr. 400 Hobbs

102595-01-M-2509 PS Form 3811, August 2001

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

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Agent Addresssee

Printed Name Mr. Eugenio Saenz C. Date of Delivery 8/2/02

Is different from item 1? Yes No

Very address below: Yes No

Sent To Mr. Eugenio Saenz

Street Apt. No.; or PO Box No. 306 Shipp Dr.

City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001

Express Mail

Return Receipt for Merchandise

C.O.D.

Yes No

102595-01-M-2509 PS Form 3811, August 2001

1. Article Com Item 4

2. Article Print) so the

Mr. 400 Hobbs

102595-01-M-2509 PS Form 3811, August 2001

Article Number: 7001 1940 0004 7922 6055
 (Transfer from: PS Form 3811, August 2001)

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

Postmark Here: FEB 01 2002

1. Article Address:
 Mr. Bobb
 P.O. Box
 Hobbs, N

2. Article Number:
 (Transfer from PS Form 3811, August 2001)

102595-01-M-2509

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

Article Number: 7001 1940 0004 7922 6055
 (Transfer from: PS Form 3811, August 2001)

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

Postmark Here: FEB 01 2002

1. Article Address:
 Ms. Julia Elizabeth Ward
 Street, Apt. No., or PO Box No. Estate of Bill Ward
 Rt 1 Box 208
 City, State, ZIP+4 Ninnekah, OK 73067

2. Article Number:
 (Transfer from PS Form 3800, February 2000)

102595-01-M-2509

Article Number: 7001 1940 0004 7919 4900
 (Transfer from: PS Form 3811, August 2001)

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

Postmark Here: FEB 01 2002

1. Article Address:
 Mr. Bobby B. Hamlett
 Street, Apt. No., or PO Box No. PO Box 814
 City, State, ZIP+4 Hobbs, NM 88241

2. Article Number:
 (Transfer from PS Form 3800, January 2001)

102595-01-M-2

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

Article Number: 7001 1940 0004 7919 4900
 (Transfer from: PS Form 3811, August 2001)

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

Postmark Here: FEB 01 2002

1. Article Address:
 Altura Energy
 Street, Apt. No., or PO Box No. PO Box 4294
 City, State, ZIP+4 Houston, TX 77210-4294

2. Article Number:
 (Transfer from PS Form 3800, January 2001)

102595-01-M-

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

Article Address:
 Ms. Mary E. Redinger
 Street, Apt. No., or PO Box No. RR4 Box 458
 City, State, ZIP+4 Olney, IL 62450

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

Postmark Here: FEB 01 2002

1. Article Address:
 Ms. Mary E. Redinger
 Street, Apt. No., or PO Box No. RR4 Box 458
 City, State, ZIP+4 Olney, IL 62450

2. Article Number:
 (Transfer from PS Form 3800, January 2001)

102595-01-M-2509

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

Article Address:
 Ms. Mary E. Redinger
 Street, Apt. No., or PO Box No. RR4 Box 458
 City, State, ZIP+4 Olney, IL 62450

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

Postmark Here: FEB 01 2002

1. Article Address:
 Ms. Mary E. Redinger
 Street, Apt. No., or PO Box No. RR4 Box 458
 City, State, ZIP+4 Olney, IL 62450

2. Article Number:
 (Transfer from PS Form 3800, January 2001)

102595-01-M-2509

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

Article Address:
 Ms. Mary E. Redinger
 Street, Apt. No., or PO Box No. RR4 Box 458
 City, State, ZIP+4 Olney, IL 62450

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

Postmark Here: FEB 01 2002

1. Article Address:
 Ms. Mary E. Redinger
 Street, Apt. No., or PO Box No. RR4 Box 458
 City, State, ZIP+4 Olney, IL 62450

2. Article Number:
 (Transfer from PS Form 3800, January 2001)

102595-01-M-2509

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

Article Address:
 Ms. Mary E. Redinger
 Street, Apt. No., or PO Box No. RR4 Box 458
 City, State, ZIP+4 Olney, IL 62450

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

Postmark Here: FEB 01 2002

1. Article Address:
 Ms. Mary E. Redinger
 Street, Apt. No., or PO Box No. RR4 Box 458
 City, State, ZIP+4 Olney, IL 62450

2. Article Number:
 (Transfer from PS Form 3800, January 2001)

102595-01-M-2509

PS Form 3811, August 2001
 PS Form 3800, January 2001
 Domestic Return Receipt
 102595-01-M-2509

Sent To
 Mr. Glenn Nance
 Street, Apt. No.; 114 W. Castle
 or PO Box No.
 City, State, ZIP+4
 Hobbs, NM 88240

PS Form 3800, January 2001
 See Reverse for Instructions

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

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

DATE PAID
 AUG 01 2002
 87505

Postmark Here

Agent Addressee Date of Delivery 8-6-02

2. Article Number
 7001 1940 0004 0004
 (Transfer from sender)

1. Article Addressed
 Mr. Glenn Nance
 114 W. Castle
 Hobbs, NM

1. Article Addressed or on the front of this card

2. Article Number
 7001 1940 0004 0004

PS Form 3811, August 2001
 PS Form 3800, February 2000
 Domestic Return Receipt
 102595-01-M-2509

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr Gunner J. Huvala
 Street, Apt. No.; or PO Box No. #243
 City, State, ZIP+4
 San Diego, CA 92122

PS Form 3800, February 2000
 See Reverse for Instructions

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

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

DATE PAID
 AUG 01 2002
 87505

Postmark Here

Agent Addressee Date of Delivery 8-6-02

2. Article Number
 7000 0520 0021 6896
 (Transfer from sender)

1. Article Addressed
 Mr. Gunner J. Huvala
 621 Agee St.
 San Diego, CA

1. Article Addressed or on the front of this card

2. Article Number
 7000 0520 0021 6896

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

SENT
 Complete item 4
 Print your name
 so that we can
 attach it to the
 return receipt

1. Article 7001 1940 0004 0000 7001
 or Attach 6097
 Mr. 7922
 Box
 Pro

PS Form 3800, January 2001
 See Reverse for Instructions

City, State, ZIP+4
 Proctor, TX 76468

Street, Apt. No., or PO Box No.
 PO Box 837

Sent to
 Mr. Dayton G. Lane

Return Receipt for Merchandise
 Yes
 No

Express Mail
 Yes
 No

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

Postmark Here
 AUG 01 2002
 87505

Name (Name)
 AVE
 C. Date of Delivery
 8-5-08

Agent Addresssee from item 1? No

102595-01-M-2509

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

SENDER
 Complete item 4
 Print your name
 so that we can
 attach it to the
 return receipt

1. Article 7000 0520 0021 0021 7000
 or Attach 3966
 Mr. 6896
 318
 Hob

PS Form 3811, August 2001
 Domestic Return Receipt

PS Form 3800, February 2000
 See Reverse for Instructions

City, State, ZIP+4
 Hobbs, NM 88240

Street, Apt. No., or PO Box No.
 318 W Castle

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. James L. Hicks

Return Receipt for Merchandise
 Yes
 No

Express Mail
 Yes
 No

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

Postmark Here
 AUG 01 2002
 87505

Name (Name)
 AVE
 C. Date of Delivery
 8-5-08

Agent Addresssee from item 1? No

102595-01-M-2509

State of New Mexico
ENERGY, MINERALS and NATURAL RE

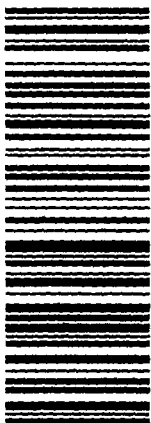
1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

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



7001 1940 0004 7919 4594

CERTIFIED MAIL



7001 1940 0004 7919 4754

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DE

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

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

Mr. and
 404 W. Shipp
 Hobbs, NM

7001 1940 0004 7919 4754

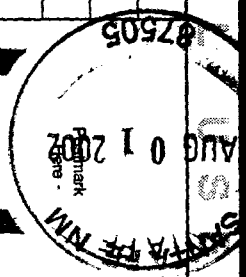
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL

Sent To
 Ms. Susie R. Martinez
 Street, Apt. No.: 210 W. Temple
 or PO Box No.
 City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse for Instructions



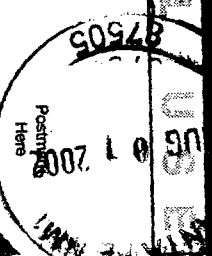
8824017633 08

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

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

Sent To
 Mr. & Mrs. Robert Sepeda
 Street, Apt. No.: 404 W. Shipp Drive
 or PO Box No.
 City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse for Instructions



CHICKEN
 No. 4-6 Street

8-10
 8-10

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

First Notice _____
 Second Notice _____

MS 23

Address
 No such
 No such
 No such



7001 1940 0004 7919 4747

Mr. Manuel G. Ne
 407 W. Temple
 Hobbs, NM 882

7001 1940 0004 7919 4747

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

OFFICIAL USE

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

Sent To
 Mr. Manue G. Nevarez
 Street, Apt. No., or PO Box No. 407 W. Temple
 City, State, ZIP+4 Hobbs, NM 88240
 PS Form 3800, January 2001 See Reverse for Instructions

836

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

Name
 First Name
 Second Name

MS 23

PLAC STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL



7001 1940 0004 7922 6325

Mr. and Mrs. Jesus R
 109 E. Palace
 Hobbs, NM 88240



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

OFFICIAL USE

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

Sent To
 Mr. and Mrs. Jesus Rodriguez
 Street, Apt. No., or PO Box No. 109 E. Palace
 City, State, ZIP+4 Hobbs, NM 88240
 PS Form 3800, January 2001 See Reverse for Instructions



No such street
 No such office in state
 No such ZIP+4
 No such street
 No such office in state
 No such ZIP+4

State of New Mexico
ENERGY, MINERALS and NATURAL

1220 South Saint Francis Drive
 P.O. Box 6429

Santa Fe, New Mexico 87505-5472

First Name: **MS - 8**

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



7001 1940 0004 7919 4785

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

OFFICIAL

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

Sent To: Mr. Alfredo Mojica

Street, Apt. No. or PO Box No.: 121 W. Castle

City, State, ZIP+4: Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse for Instructions



State of New Mexico
ENERGY, MINERALS and NATURAL RE

1220 South Saint Francis Drive
 P.O. Box 6429

Santa Fe, New Mexico 87505-5472

First Name: **MS - 8**

Second Name: **MS - 8**

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



7001 1940 0004 7922 6295

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

OFFICIAL

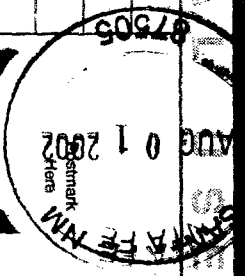
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Mr. Mario L. Leos, Sr.

Street, Apt. No. or PO Box No.: 303 W. Palace

City, State, ZIP+4: Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse for Instructions



State of New Mexico
ENERGY, MINERALS and NATU

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5429

Name -
 First No
 Second
 Return.



7001 1940 0004 7922 6387

CERTIFIED MAIL

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

State of New Mexico
ENERGY, MINERALS and NATURAL R

1220 South Saint Francis Drive
 P.O. Box 6429

Santa Fe, New Mexico 87505-5429

Name
 First Notice
 Second Notice
 No 3rd
 No 4th
 No 5th
 No 6th

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

CERTIFIED MAIL



7001 1940 0004 7922 6332

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Return)

OFFICIAL

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

Sent To
 Mr. Kurt M. Ritter
 Street, Apt. No. or PO Box No. 740 Heer St.
 City, State, ZIP+4 Platteville, WI 53818

PS Form 3800, January 2001
 See Reverse for Instructions

MENT
 it when making an inquiry.

- I, please present the article in postage and mail.
- I, please present the article with the Certified Mail receipt to the addressee or return it to the post office.
- I, please present the article with the Certified Mail receipt to the addressee or return it to the post office.
- I, please present the article with the Certified Mail receipt to the addressee or return it to the post office.



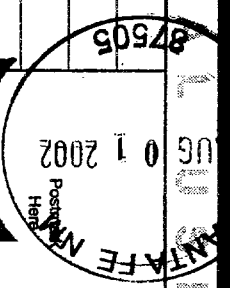
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL

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

Sent To
 Mr. Masud Zaman
 Street, Apt. No. or PO Box No. Navajo Division of Water Resources
 PO Box 308
 City, State, ZIP+4 Window Rock, AZ 86515

PS Form 3800, January 2001
 See Reverse for Instructions



State of New Mexico
ENERGY, MINERALS and NATURAL

1220 South Saint Francis Drive
 P.O. Box 6429

Santa Fe, New Mexico 87505-6429

First Notice **MS**

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



7001 1940 0004 7922 6288

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

DOMESTIC MAIL

87505
 601 2002
 NM 88240
 Postmark Here

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

Sent To Mr. Conrad Watson

Street, Apt. No. or PO Box No. 313 W. Castle

City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse for Instructions

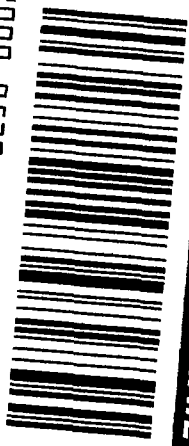
State of New Mexico
ENERGY, MINERALS and NATURAL RE

1220 South Saint Francis Drive
 P.O. Box 6429

Santa Fe, New Mexico 87505-6429

First Notice **MS**

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



7000 0520 0021 6896 3539

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

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr & Mrs. Timothy Ward
 Street, Apt. No.; or PO Box No. 1219 S. Cochran
 City, State, ZIP+4 Hobbs, NM 88240
 PS Form 3800, February 2000 See Reverse for Instructions

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429

~~N. Santa Fe, New Mexico 87505-5429~~

REASON FOR RETURN
RETURNED TO WRITER
CHECKED
Refused
Address unknown
Insufficient Address
No such street
No such office in number

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

CERTIFIED MAIL



7001 1940 0004 7922 5172

~~Ms. Linda Faye Jones
1646 N. Breckon
Hobbs, NM 88240~~

1st
2nd
Return

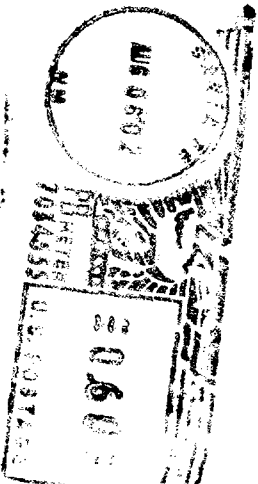
Handwritten signature and date: 10-8-5-02

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

**DELIVERY ATTEMPTED
NOT KNOWN**

Ms Irene Gaston
124 W Castle
Hobbs, NM 88240

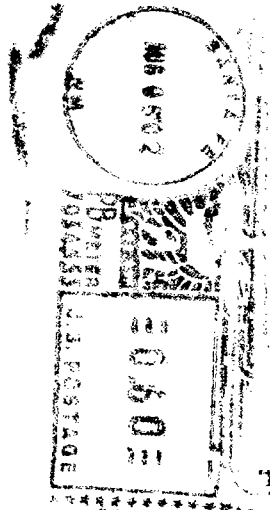


State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

**ATTEMPTED
NOT KNOWN**

Mr. MA Maddux
1607 S Cochran
Hobbs, NM 88240



502/6429

STATE OF NEW MEXICO
ENERGY MINERALS AND
NATURAL RESOURCES DEPARTMENT
1220 SOUTH SAINT FRANCIS DRIVE
SANTA FE, NEW MEXICO 87505

**ATTEMPTED
NOT KNOWN**

Mr. Jimmy James Jones
1411 S Turner
Hobbs, NM 88240



Postnet barcode

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

**ATTEMPTED
NOT KNOWN**

Mr & Mrs Glenn Todd
406 W Rainbow
Hobbs, NM 88240

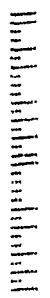
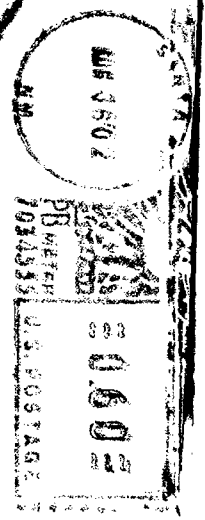


State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

**ATTEMPTED
NOT KNOWN**

Ms Sharon D Millsap
310 W Rainbow
Hobbs, NM 88240



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

LIVERY

Article Number: 113 W
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage & Fees: \$

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

Sent To Ms. Lucille Lee
 Street, Apt. No., or PO Box No.: 209 W. Palace
 City, State, ZIP+4: Hobbs, NM 88240
 PS Form 3800, January 2001
 See Reverse for Instructions

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

Article Number: 113 W
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage & Fees: \$

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Albelardo Balderrama
 Street, Apt. No., or PO Box No.: 113 W. Castle
 City, State, ZIP+4: Hobbs, NM 88240
 PS Form 3800, February 2000
 See Reverse for Instructions

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

Article Number: 113 W
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage & Fees: \$

Sent To Ms. Lucille Lee
 Street, Apt. No., or PO Box No.: 209 W. Palace
 City, State, ZIP+4: Hobbs, NM 88240
 PS Form 3800, January 2001
 See Reverse for Instructions

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

Article Number: 113 W
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage & Fees: \$

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. William F. McNeill
 Street, Apt. No., or PO Box No.: Box 1058
 City, State, ZIP+4: Hobbs, NM 88241-1058
 PS Form 3800, February 2000
 See Reverse for Instructions

Agent Addressed to: Yes No

Date of Delivery: Yes No

for Merchandise: Yes No

Agent Addressed to: Yes No

Date of Delivery: Yes No

for Merchandise: Yes No

Agent Addressed to: Yes No

Article N: 113 W
 Transfer: Hobbs
 Form 3800
 PS Form 3800, February 2000
 See Reverse for Instructions
 102595-01-M-2509
 PS Form 3811, August 2001
 102595-01-M-2
 102595-01-M-2

US Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Addressed to: **Mr. Timothy Hobbs, NM 88240**

Postage \$ **1.20**

Certified Fee \$ **0.00**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **1.20**

Postmark: **87505**

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ms. Ronnie Dudley Inorip

Street, Apt. No.; or PO Box No. RLT Family Trust
1180 Avenida Elena

City, State, Zip+4
Casa Grande, AZ 85222

PS Form 3800, February 2000 See Reverse for Instructions

Article Addressed to: **Mr. Timothy Hobbs, NM 88240**

Postage \$ **1.20**

Certified Fee \$ **0.00**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **1.20**

Postmark: **87505**

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Timothy Allen Calderon

Street, Apt. No.; or PO Box No. 104 W. Castle
Hobbs, NM 88240

City, State, Zip+4
Hobbs, NM 88240

PS Form 3800, February 2000 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) Date of Delivery

C. Date of Delivery Yes No

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

1. Article Addressed to:
Mr. and Mrs. Timothy Ward
1219 S. Cochran
Hobbs, NM 88240

2. Article Number: **7000 0520 0021 6896 3539**

(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Chairman John NM Citizens fc
113 Monte Rey
Los Alamos, NM

2. Article Number: **102595-01-M-2509**

(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

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

Article Addressed to: **Mr. Timothy Hobbs, NM 88240**

Postage \$ **1.20**

Certified Fee \$ **0.00**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **1.20**

Postmark: **87505**

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ms. Ronnie Dudley Inorip

Street, Apt. No.; or PO Box No. RLT Family Trust
1180 Avenida Elena

City, State, Zip+4
Casa Grande, AZ 85222

PS Form 3800, February 2000 See Reverse for Instructions

Article Addressed to: **Mr. Timothy Hobbs, NM 88240**

Postage \$ **1.20**

Certified Fee \$ **0.00**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **1.20**

Postmark: **87505**

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Timothy Allen Calderon

Street, Apt. No.; or PO Box No. 104 W. Castle
Hobbs, NM 88240

City, State, Zip+4
Hobbs, NM 88240

PS Form 3800, February 2000 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) Date of Delivery

C. Date of Delivery Yes No

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

1. Article Addressed to:
Mr. and Mrs. Timothy Ward
1219 S. Cochran
Hobbs, NM 88240

2. Article Number: **7000 0520 0021 6896 3539**

(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Chairman John NM Citizens fc
113 Monte Rey
Los Alamos, NM

2. Article Number: **102595-01-M-2509**

(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

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

Article Addressed to: **Mr. Timothy Hobbs, NM 88240**

Postage \$ **1.20**

Certified Fee \$ **0.00**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **1.20**

Postmark: **87505**

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ms. Ronnie Dudley Inorip

Street, Apt. No.; or PO Box No. RLT Family Trust
1180 Avenida Elena

City, State, Zip+4
Casa Grande, AZ 85222

PS Form 3800, February 2000 See Reverse for Instructions

Article Addressed to: **Mr. Timothy Hobbs, NM 88240**

Postage \$ **1.20**

Certified Fee \$ **0.00**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **1.20**

Postmark: **87505**

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Timothy Allen Calderon

Street, Apt. No.; or PO Box No. 104 W. Castle
Hobbs, NM 88240

City, State, Zip+4
Hobbs, NM 88240

PS Form 3800, February 2000 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) Date of Delivery

C. Date of Delivery Yes No

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

1. Article Addressed to:
Mr. and Mrs. Timothy Ward
1219 S. Cochran
Hobbs, NM 88240

2. Article Number: **7000 0520 0021 6896 3539**

(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Chairman John NM Citizens fc
113 Monte Rey
Los Alamos, NM

2. Article Number: **102595-01-M-2509**

(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

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

IN ON DELIVERY

1. Art Agent
 or Addressee
 Name) *See 8/2/02*
 Address below: Yes
 No

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee _____
 (Endorsement Required)
 Restricted Delivery Fee _____
 (Endorsement Required)
 Total Postage & Fees \$ _____

Postmark Here **87503**
AUG 01 2002
SANTA FE NM

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Len Oyenneque - The Tewa Company
 Street, Apt. No., or PO Box No. _____
 PO Box 1261
 City, State, ZIP+4 _____
 San Juan Pueblo, NM 87566
 PS Form 3800, February 2000
 See Reverse for Instructions
 PS Form 3811, August 2001 Domestic Return Receipt

1 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Extra Fee) Yes
 No

125395-01-M-2509

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

IN ON DELIVERY

Agent
 Addressee
 Name) _____
 Address below: Yes
 No

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee _____
 (Endorsement Required)
 Restricted Delivery Fee _____
 (Endorsement Required)
 Total Postage & Fees \$ _____

Postmark Here **87503**
AUG 01 2002
SANTA FE NM

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 State Director - US Bureau of Land Mgmt
 Street, Apt. No., or PO Box No. _____
 PO Box 27115
 City, State, ZIP+4 _____
 Santa Fe, NM 87502-0115
 PS Form 3800, February 2000
 See Reverse for Instructions
 PS Form 3811, August 2001 Domestic Return Receipt

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Extra Fee) Yes
 No

1025395-01-M-2509

UNITED STATES
POSTAL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

IN ON DELIVERY

1. Art Agent
 or Addressee
 Name) _____
 Address below: Yes
 No

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee _____
 (Endorsement Required)
 Restricted Delivery Fee _____
 (Endorsement Required)
 Total Postage & Fees \$ _____

Postmark Here _____
AUG 01 2002
SANTA FE NM

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Thoams P. Merlan
 Street, Apt. No., or PO Box No. _____
 Villa Rivera Rm 228 E. Palace Ave.
 City, State, ZIP+4 _____
 Santa Fe, NM 87503
 PS Form 3800, February 2000
 See Reverse for Instructions
 PS Form 3811, August 2001 Domestic Return Receipt

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Extra Fee) Yes
 No

1025395-01-M-2509

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

IN ON DELIVERY

Agent
 Addressee
 Name) _____
 Address below: Yes
 No

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee _____
 (Endorsement Required)
 Restricted Delivery Fee _____
 (Endorsement Required)
 Total Postage & Fees \$ _____

Postmark Here _____
AUG 01 2002
SANTA FE NM

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 State Director - US Bureau of Land Mgmt
 Street, Apt. No., or PO Box No. _____
 PO Box 27115
 City, State, ZIP+4 _____
 Santa Fe, NM 87502-0115
 PS Form 3800, February 2000
 See Reverse for Instructions
 PS Form 3811, August 2001 Domestic Return Receipt

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Extra Fee) Yes
 No

1025395-01-M-2509

Important Information:

Sent
 Certified Mail receipt is required for all Certified Mail items.
 For an additional fee, restricted delivery may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. For an additional fee, Restricted Delivery may be requested. See instructions for Restricted Delivery on the back of this receipt.
 Certified Mail receipt is required for all Certified Mail items.
 For an additional fee, restricted delivery may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. For an additional fee, Restricted Delivery may be requested. See instructions for Restricted Delivery on the back of this receipt.

Certified Mail Provides:

- A mailing receipt
- A record of delivery for your mailpiece
- Certified Mail may be combined with First-Class Mail or Priority Mail.
- Certified Mail is available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For value-added services, please contact your local post office.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee.
- Restricted Delivery may be requested. See instructions for Restricted Delivery on the back of this receipt.

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is chosen and receipt is not needed. Save this receipt and presu...
 A. Signature _____
 1025395-00-M-1489
 B. Date of Delivery _____
 Yes
 No

COMPLETE THIS SECTION ON DELIVERY

Agent
 Addressee
 Name) _____
 Address below: Yes
 No

Postmark Here _____
AUG 01 2002
SANTA FE NM

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Thoams P. Merlan
 Street, Apt. No., or PO Box No. _____
 Villa Rivera Rm 228 E. Palace Ave.
 City, State, ZIP+4 _____
 Santa Fe, NM 87503
 PS Form 3800, February 2000
 See Reverse for Instructions
 PS Form 3811, August 2001 Domestic Return Receipt

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Extra Fee) Yes
 No

1025395-01-M-2509

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

DELIVERY

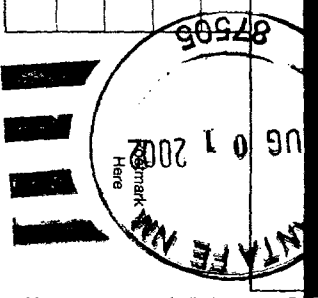
DER: CC
 Complete item 4 if Restricted Delivery Fee is charged on this receipt.
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Jim Frand Selman
 Street, Apt. No., or PO Box No. 4816 SummerVillage NW
 City, State, ZIP+ 4 Albuquerque, NM 87120
 PS Form 3800, February 2000 See Reverse for Instructions

Article Number
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

Agent
 Addressee
 Date of Delivery 8/20/02
 Postmark Here
 Item 1? Yes No



SENDER: COMPLETE

- Complete item 4 if Restricted Delivery Fee is charged on this receipt.
- Print your name so that we can attach this card or on the front
- Article Addressee

Chief
 Groundwater
 Runnels B.
 Santa Fe,

Article Number
 Transfer from ser
 PS Form 3811, August 2001

Agent
 Addressee
 Date of Delivery
 Postmark Here

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Chief - Groundwater Bureau
 Street, Apt. No., or PO Box No. Runnels Bldg
 City, State, ZIP+ 4 Santa Fe, NM 87504
 PS Form 3800, February 2000 See Reverse for Instructions

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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

DELIVERY

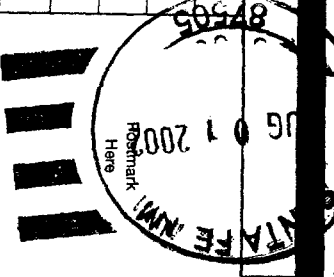
DER: CC
 Complete item 4 if Restricted Delivery Fee is charged on this receipt.
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Chief - Hazardous Waste Bureau
 Street, Apt. No., or PO Box No. Runnels Bldg.
 City, State, ZIP+ 4 Santa Fe, NM 87504
 PS Form 3800, February 2000 See Reverse for Instructions

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

Agent
 Addressee
 Date of Delivery
 Postmark Here



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

DELIVERY

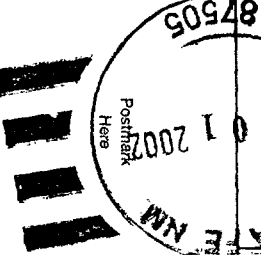
DER: CC
 Complete item 4 if Restricted Delivery Fee is charged on this receipt.
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Steven Scarborough
 Street, Apt. No., or PO Box No. 4816 SummerVillage NW
 City, State, ZIP+ 4 Albuquerque, NM 87120
 PS Form 3800, February 2000 See Reverse for Instructions

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

Agent
 Addressee
 Date of Delivery
 Postmark Here



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

DELIVERY

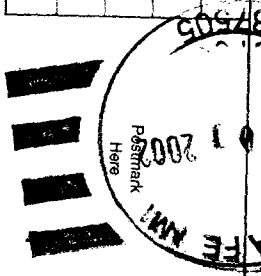
DER: CC
 Complete item 4 if Restricted Delivery Fee is charged on this receipt.
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Chief - Hazardous Waste Bureau
 Street, Apt. No., or PO Box No. Runnels Bldg.
 City, State, ZIP+ 4 Santa Fe, NM 87504
 PS Form 3800, February 2000 See Reverse for Instructions

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

Agent
 Addressee
 Date of Delivery
 Postmark Here



SENDER: COMPLETE

Complete items
item 4 if Restricted
Print your name
so that we can
attach this card
or on the front:

Article Addressee
Mr. Clinton
308 Raint
Hobbs, NM

Article Number
1940 0000 4000 2222 55823

Form 3811, August 2001

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL
87505
POSTMARK
SANTA FE NM
AUG 1 2002

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

Sent To: Mr. Clinton L. Cruce
Street, Apt. No.: 308 Rainbow
or PO Box No.: Hobbs, NM 88240
City, State, ZIP+4

PS Form 3800, January 2001
Domestic Return Receipt
See Reverse for Instructions

VERY

Agent
 Addressee
Date of Delivery 8/5/02
 Yes
 No

Weight for Merchandise
 Yes
 No

SENDER: COMPLETE

Complete item 4 if Restricted
Print your name so that we can attach this card or on the front

1. Article Address: Ms. Mary Will Terry, 5661 S. Morrissett

2. Article Number (Transfer from):

PS Form 3811, August 2001
Domestic Return Receipt
See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL
87505
POSTMARK
SANTA FE NM
AUG 1 2002

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

Recipient's Name (Please Print Clearly (To be completed by mailer))
Ms. Marilyn McNeill Cates
5661 S. Crestbrook Dr.
City, State, ZIP+4 Morrissett, CO 80465

PS Form 3800, February 2000
Domestic Return Receipt
See Reverse for Instructions

VERY

Agent
 Address
Date of Delivery 8-3-02
 Yes
 No

Weight for Merchandise
 Yes
 No

SENDER: COMPLETE

Complete items
item 4 if Restricted
Print your name
so that we can
attach this card
or on the front:

Article Addressee
Water Resource Bldg.
Santa Fe, NM 87503

Article Number
1940 0000 4000 2222 55823

Form 3811, August 2001

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL
87505
POSTMARK
SANTA FE NM
AUG 1 2002

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

Sent To: State Engineer
Water Resource Bldg.
Santa Fe, NM 87503
City, State, ZIP+4

PS Form 3800, January 2001
Domestic Return Receipt
See Reverse for Instructions

VERY

Agent
 Addressee
Date of Delivery 8/5/02
 Yes
 No

Weight for Merchandise
 Yes
 No

SENDER: COMPLETE

Complete item 4 if Restricted
Print your name so that we can attach this card or on the front

1. Article Address: Catholic Diocese of Las Cruces, 1280 Med Park Dr.

2. Article Number (Transfer from):

PS Form 3800, January 2001
Domestic Return Receipt
See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL
87505
POSTMARK
SANTA FE NM
AUG 1 2002

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

Recipient's Name (Please Print Clearly (To be completed by mailer))
Ms. Marilyn McNeill Cates
5661 S. Crestbrook Dr.
City, State, ZIP+4 Morrissett, CO 80465

PS Form 3800, February 2000
Domestic Return Receipt
See Reverse for Instructions

VERY

Agent
 Address
Date of Delivery 8-3-02
 Yes
 No

Weight for Merchandise
 Yes
 No

VERY

Agent
 Address
Date of Delivery 8/3/02
 Yes
 No

Express Mail
Return Receipt for Merchandise
C.O.D.
Date of Delivery 8/3/02
 Yes
 No

PS Form 3800, January 2001
Domestic Return Receipt
See Reverse for Instructions

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.

Article Addressed to:

Mr. Michael K. Graves
101 W. Castle
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Michael Graves Addressee
B. Received by (Printed Name) Date of Delivery
MICHAEL GRAVES *8/5/02*
C. 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

Article Number: 7001 1940
(Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
102595-01-M-2509

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Mr. Mike M.
Santa Fe, NM

Article Number: 7001 1940
(Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
102595-01-M-2509

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 this card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mr. Robert Duane Wise
Estate of Velma Wise
6200 Dartmouth
Amarillo, TX 79109

Article Number: 7001 1940
(Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
102595-01-M-2509

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 this card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mr. Mike Mannush
State Land Office Bldg.
Santa Fe, NM 87503

Article Number: 7001 1940
(Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
102595-01-M-2509

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

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

Article Addressed to:
City: Hobbs, NM
Street, Apt. No.: 300 N. Turner
or PO Box No.: Hobbs, NM 88240
City, State, ZIP+4: Hobbs, NM 88240

Postage: \$02.00
Certified Fee: \$0.00
Return Receipt Fee (Endorsement Required): \$0.00
Restricted Delivery Fee (Endorsement Required): \$0.00
Total Postage & Fees: \$2.00

Sent to: Hobbs, NM

Postmark Here: AUG 02 2002 87503

PS Form 3800, January 2001
Domestic Return Receipt
102595-01-M-2509

DELIVERY

1. Agent Addressee
2. Date of Delivery *8/5/02*
3. Restricted Delivery? (Extra Fee) Yes

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 this card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mr. Robert Duane Wise
Estate of Velma Wise
6200 Dartmouth
Amarillo, TX 79109

Article Number: 7001 1940
(Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Robert Duane Wise Addressee
B. Received by (Printed Name) Date of Delivery
8/5/02
C. 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

Article Number: 7001 1940
(Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
102595-01-M-2509

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

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 this card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
City: Santa Fe, NM
Street, Apt. No.: State Land Office Bldg.
or PO Box No.: Santa Fe, NM 87503
City, State, ZIP+4: Santa Fe, NM 87503

Postage: \$
Certified Fee: \$
Return Receipt Fee (Endorsement Required): \$
Restricted Delivery Fee (Endorsement Required): \$
Total Postage & Fees: \$

Sent to: Mr. Mike Mannush
State Land Office Bldg.
Santa Fe, NM 87503

Postmark Here: AUG 01 2002 87503

PS Form 3800, January 2001
Domestic Return Receipt
102595-01-M-2509

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Mr. Mike Mannush
State Land Office Bldg.
Santa Fe, NM 87503

Article Number: 7001 1940
(Transfer from service label)
PS Form 3811, August 2001
Domestic Return Receipt
102595-01-M-2509

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

DELIVERY
ON DELIVERY

Complete item 4 if you print your name on the label so that we can attach the receipt to the mailpiece.

Article Address: Ms. Defina Sanchez, 310 Shipp Dr., Hobbs, NM 88240

Postage: \$0.52
Certified Fee: \$0.20
Return Receipt Fee: \$0.20
Restricted Delivery Fee: \$0.00
Total Postage & Fees: \$0.92

Recipient's Name: Ms. Defina Sanchez
Street, Apt. No.; or PO Box No.: 310 Shipp Dr.
City, State, ZIP+4: Hobbs, NM 88240

Postmark: SANTA FE, NM AUG 01 2002

Item 1? Yes No
Item 2? Yes No
C. Date of Delivery: 8-5-02

Agent: Yes No
Address: Yes No

PS Form 3800, February 2000

Article Number: 7000 0520 0021 6896 3973
Transfer For: PS Form 3811, August 2001

Domestic Return Receipt: 102595-01-M-2509

See Reverse for Instructions

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

DELIVERY
ON DELIVERY

Article Address: Mr. M.H. Cunningham, PO Box 5221, Hobbs, NM 88241-5221

Postage: \$0.52
Certified Fee: \$0.20
Return Receipt Fee: \$0.20
Restricted Delivery Fee: \$0.00
Total Postage & Fees: \$0.92

Sent To: Mr. M.H. Cunningham
Street, Apt. No.; or PO Box No.: PO Box 5221
City, State, ZIP+4: Hobbs, NM 88241-5221

Postmark: SANTA FE, NM AUG 01 2002

Item 1? Yes No
Item 2? Yes No
C. Date of Delivery: 8/5/02

Agent: Yes No
Address: Yes No

PS Form 3800, January 2001

Article Number: 7000 0520 0021 6896 3973
Transfer from service label: PS Form 3811, August 2001

Domestic Return Receipt: 102595-01-M-2

See Reverse for Instructions

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

DELIVERY
ON DELIVERY

Article Address: Mr. & Mrs. Lyndel Gene Mason, 1601 S. Cochran, Hobbs, NM 88240

Postage: \$0.52
Certified Fee: \$0.20
Return Receipt Fee: \$0.20
Restricted Delivery Fee: \$0.00
Total Postage & Fees: \$0.92

Sent To: Mr. & Mrs. Lyndel Gene Mason
Street, Apt. No.; or PO Box No.: 1601 S. Cochran
City, State, ZIP+4: Hobbs, NM 88240

Postmark: SANTA FE, NM AUG 01 2002

Item 1? Yes No
Item 2? Yes No
C. Date of Delivery: 8-5-02

Agent: Yes No
Address: Yes No

PS Form 3800, January 2001

Article Number: 7000 0520 0021 6896 3973
Transfer from service label: PS Form 3811, August 2001

Domestic Return Receipt: 102595-01-M-2509

See Reverse for Instructions

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

DELIVERY
ON DELIVERY

Article Address: Mr. M.H. Cunningham, PO Box 5221, Hobbs, NM 88241-5221

Postage: \$0.52
Certified Fee: \$0.20
Return Receipt Fee: \$0.20
Restricted Delivery Fee: \$0.00
Total Postage & Fees: \$0.92

Sent To: Mr. M.H. Cunningham
Street, Apt. No.; or PO Box No.: PO Box 5221
City, State, ZIP+4: Hobbs, NM 88241-5221

Postmark: SANTA FE, NM AUG 01 2002

Item 1? Yes No
Item 2? Yes No
C. Date of Delivery: 8/5/02

Agent: Yes No
Address: Yes No

PS Form 3800, January 2001

Article Number: 7000 0520 0021 6896 3973
Transfer from service label: PS Form 3811, August 2001

Domestic Return Receipt: 102595-01-M-2

See Reverse for Instructions

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:
Castle Ave Baptist Church
301 E. Castle
Hobbs, NM 88240

2. Article Number: 7000 0520 0021 6896 3973
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *M.H. Cunningham*
B. Received by (Printed Name): M.H. Cunningham
C. Date of Delivery: 8/5/02

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Castle Ave Baptist Church
301 E. Castle
Hobbs, NM 88240

2. Article Number: 7000 0520 0021 6896 3973
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *M.H. Cunningham*
B. Received by (Printed Name): M.H. Cunningham
C. Date of Delivery: 8/5/02

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

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

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

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. Concepcion V. Zuniga
 Street, Apt. No.; or PO Box No. 312 W. Gas
 City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, February 2000 See Reverse for Instructions
 Domestic Return Receipt 102595-01-M-2509

Postmark Here
 AUG 1 2002
 SANTA FE, NM 87505

ON DELIVERY
 Agent
 Addressee
 C. Date of Delivery
 from item 1? Yes No
 Press below: Yes No

ON DELIVERY
 Agent
 Addressee
 C. Date of Delivery
 from item 1? Yes No
 Press below: Yes No

SENDER'S COPY
 Complete item 4 if Return Receipt for Merchandise is attached to this receipt
 Print your name and address so that we can return the receipt to you
 Attach this receipt to the front of the item

1. Article Address:
 Mr. Trai
 311 W. I
 Hobbs, NM 88240

2. Article Number (Transfer from PS Form 3811, August 2001)

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

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

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

Sent To Hobbs Municipal Schools
 Street, Apt. No.; or PO Box No. PO Box 140
 City, State, ZIP+4 Hobbs, NM 88241

PS Form 3800, January 2001 See Reverse for Instructions
 Domestic Return Receipt 102595-01-M-2509

Postmark Here
 AUG 1 2002
 SANTA FE, NM 87505

ON DELIVERY
 Agent
 Addressee
 C. Date of Delivery
 from item 1? Yes No
 Press below: Yes No

ON DELIVERY
 Agent
 Addressee
 C. Date of Delivery
 from item 1? Yes No
 Press below: Yes No

SENDER'S COPY
 Complete item 4 if Return Receipt for Merchandise is attached to this receipt
 Print your name and address so that we can return the receipt to you
 Attach this receipt to the front of the item

1. Article Address:
 Mr. Arturo
 309 W Temple
 Hobbs, NM 88240

2. Article Number (Transfer from PS Form 3811, August 2001)

Official Use

PS Form 3800, February 2000 See Reverse for Instructions
 Domestic Return Receipt 102595-01-M-2509

Official Use

PS Form 3800, February 2000 See Reverse for Instructions
 Domestic Return Receipt 102595-01-M-2509

U.S. Postal Service
CERTIFIED MAIL

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.

Article Addressed to:

F. Olson Plunk
Box 1261
Marillo, TX 79170

Article Number 7001 1940 0004 7922 6066
Transfer from service label) Domestic Return Receipt
Form 3811, August 2001 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *F. Olson Plunk* Agent Addressee
B. Received by (Printed Name) *F. Olson Plunk* C. Date of Delivery *11/27/2002*
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

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:

Science Applications, Inc.
Po Box 3344
Boulder, CO 80301

COMPLETE THIS SECTION ON DELIVERY

A. Signature *W. Gale Biggs* Agent Addressee
B. Received by (Printed Name) *W. Gale Biggs* C. Date of Delivery *11/27/2002*
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 7001 1940 0004 7919 4709
(Transfer from service label)
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2

SENDER

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

COMPLETE THIS SECTION ON DELIVERY

Name *F. Olson Plunk* Agent Addressee
C. Date of Delivery *11/27/2002*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

1. Ar	99	Postage	\$
Di	99	Certified Fee	
Di	88	Return Receipt Fee	
28	28	(Endorsement Required)	
Sa	72	Restricted Delivery Fee	
	00	(Endorsement Required)	
	02	Total Postage & Fees	\$



2. Ar 0000
City, State, ZIP+4
Salt Lake City, UT 86114
PS Form 3800, February 2000 See Reverse for Instructions

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Director - Division of Water Quality
Street, Apt. No., or PO Box No. 288 N 1460 W
City, State, ZIP+4
Salt Lake City, UT 86114
PS Form 3800, February 2000 See Reverse for Instructions

Express Mail Yes
Return Receipt for Merchandise Yes
C.O.D. Yes
Extra Fee Yes

102595-01-M-2

SENDER: COMPLETE

- Complete item 4 if Restricted
- Print your name so that we can return this card to you on the front if space permits.

1. Article Addressed to:
 Ms. Nova B. Niccum
 309 W. Palace
 Hobbs, NM 88240

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Postmark Here

Postage \$

Certified Fee \$

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent to: Ms. Nova B. Niccum
 Street, Apt. No. or PO Box No. 309 W. Palace
 City, State, ZIP+4 Hobbs, NM 88240

PS Form 3811, August 2001 Domestic Return Receipt

102595-01-M-2

1. Agent

2. Address

3. Date of Delivery

4. Yes No

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

Postage \$

Certified Fee \$

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent to: Mr. Virgil R. Cross
 Street, Apt. No. or PO Box No. 124 W. Castle
 City, State, ZIP+4 Hobbs, NM 88240

PS Form 3811, August 2001 Domestic Return Receipt

102595-01-M-2509

1. Agent

2. Addressee

3. Date of Delivery

4. Yes No

SENDER: COMPLETE THIS

- Complete items 1, 2, and item 4 if Restricted Delivery.
- Print your name and address so that we can return the card to you on the front if space permits.

1. Article Addressed to:
 Mr. & Mrs. Joyce M. Savelli
 207 W. Palace
 Hobbs, NM 88240

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

Postmark Here

Postage \$

Certified Fee \$

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent to: Mr. & Mrs. Joyce M. Savelli
 Street, Apt. No. or PO Box No. 207 W. Palace
 City, State, ZIP+4 Hobbs, NM 88240

PS Form 3811, August 2001 Domestic Return Receipt

102595-01-M-2

1. Agent

2. Addressee

3. Date of Delivery

4. Yes No

2. Article Number
 (Transfer from service label)
 PS Form 3811, August 2001

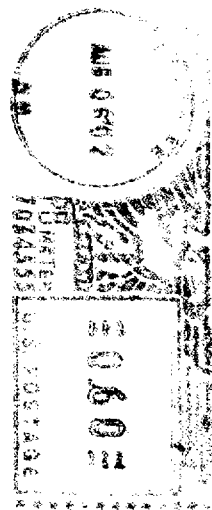
7001 1940 0004 7922 5991
 Domestic Return Receipt

102595-01-M-2

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

NO SUCH ADDRESS



Mr. Ken Marsh
Controlled Recovery Inc.
Box 369
Hobbs, NM 88241-0369

2/8/82

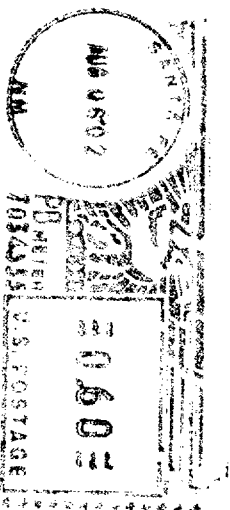
Hobbs, NM 88241-0369

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

ATTEMPTED NOT KNOWN

Mr Melvin T Schneider
1509 S Cochran
Hobbs, NM 88240



Hobbs, NM 88241-0369

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472



UNDELIVERABLE
AS ADDRESSED
REGIONAL OFFICE EXPIRED
Regional Office
USFS Region
517 Gold Ave
Albuquerque, NM 87102

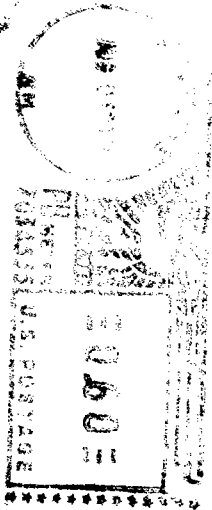
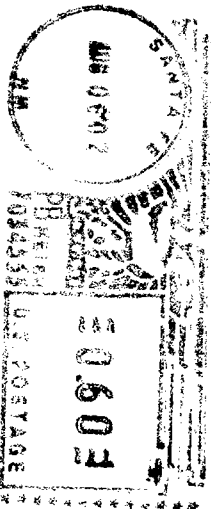
B7102+3117 C

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

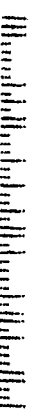
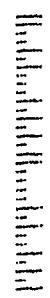
1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

DELIVERY ATTEMPTED
NOT KNOWN

Mr. Randell L. Botes
214 Shipp Dr
Hobbs, NM 88240



2/6429

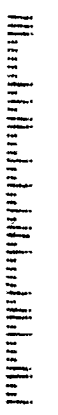
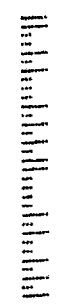


Stat
EN
122
PC
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IMPTED
-NOT KNOWN-

Mr. AJ Cowden
402 W Stanolind
Hobbs, NM 88240

9502/6429

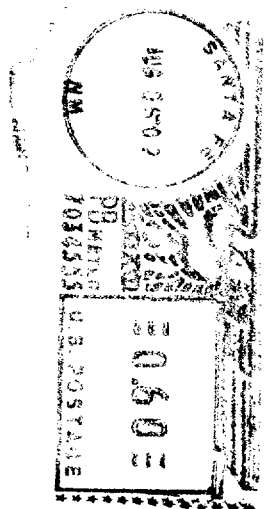
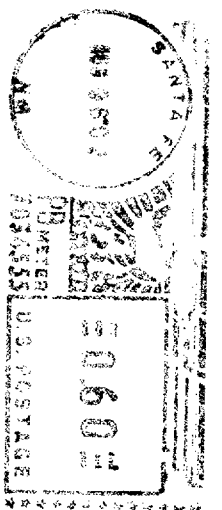


State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-6472

**NO SUCH
NUMBER**

Mr. Charles Cowger
161 S Turner
Hobbs, NM 88240



[Faint, illegible text and markings]

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

**DELIVERY ATTEMPTED
 NOT KNOWN**

Ms Betty Hawkins
 310 W Castle
 Hobbs, NM 88240



State of New Mexico
ENERGY, MINERALS and NATURAL

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

Name MS 101
 First Notice _____
 Second Notice _____

CERTIFIED MAIL



7001 1940 0004 7919 4716

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

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

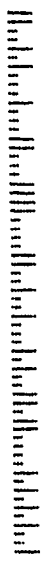
Send **MP** Water Well Association
 Street, Apt. No.: 1205 California NE
 or PO Box No. _____
 City, State, ZIP+4 Albuquerque, NM 87110

PS Form 3800, January 2001

See Reverse for Instructions

**NOT DELIVERABLE AS ADDRESSEES
 INABLE TO FORWARD**

8711016823 39



State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCE

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

Notice
 and Notice

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



7001 1940 0004 7919 4685

POST OFFICE
NOTICE

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance or Overseas Prepaid)

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

Sent To: Mr. Roman Alvarado
 Street, Apt. No. or PO Box No.: 403 W. Temple
 City, State, ZIP+4: Hobbs, NM 88240

PS Form 3800, January 2001
 See Reverse for Instructions



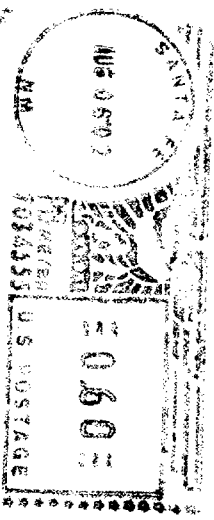
08/06/02

State
ENR

1220 South Saint Francis Drive
 P.O. Box 6429
 Santa Fe, New Mexico 87505-5472

DEPARTMENT

Handwritten: Fwd



State Land Office
 Hobbs District
 3830 N. Grimm
 Hobbs, NM 8

NEW-330* TIME EXP RTN TO SEND
 FORWARD MEXICO STATE LAND OFFICE
 2702 N GRIMES ST #D
 HOBBS NM 88240-1817

882401 157902/6429

