ABOVE THIS LINE FOR DIVISION USE ONLY

## NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -1220 South St. Francis Drive, Santa Fe, NM 87505





## ADMINISTRATIVE APPLICATION CHECKLIST

| ТН                       | IIS CHECKLIST IS MA      |   | CATIONS FOR EXCEPTIONS TO DIVISION RULI<br>THE DIVISION LEVEL IN SANTA FE   | ES AND REGULATIONS   |
|--------------------------|--------------------------|---|---|--|
| Applic                   | ation Acronyms           |   | THE DIVISION LEVEL IN SANTA FE  |  |
|                          | [DHC-Down                | shole Commingling] [CTB-Lease (<br>ol Commingling] [OLS - Off-Lease<br>[WFX-Waterflood Expansion] [PM<br>[SWD-Salt Water Disposal] [I     | Proration Unit] [SD-Simultaneous   Commingling] [PLC-Pool/Lease Co Storage] [OLM-Off-Lease Measur X-Pressure Maintenance Expansion Pl-Injection Pressure Increase] cation] [PPR-Positive Production | mmingling]<br>rement]<br>]   |
| [1]                      | TYPE OF AP               | PLICATION - Check Those Which   | Apply for [A]   |  |
|                          | [A]                      | Location - Spacing Unit - Simultan  NSL NSP SD  |   | <b>一</b>   |
|                          | Check                    | One Only for [B] or [C]   |   | တ  |
|                          | [B]                      | Commingling - Storage - Measuren  DHC X CTB PLC   | nent  PC X OLS OLM  | 3  |
|                          | [C]                      | Injection - Disposal - Pressure Incre   | ease - Enhanced Oil Recovery  |  |
|                          | [-]                      | ☐ WFX ☐ PMX ☐ SWD   |   | ို ထိ  |
|                          | [D]                      | Other: Specify  |   | <b>1</b>   |
| [2]                      | NOTIFICATI<br>[A]        | ON REQUIRED TO: - Check Thos X Working, Royalty or Overridin  | se Which Apply, or Does Not Apply<br>ag Royalty Interest Owners   | <b>y</b> :   |
|                          | [B]                      | Offset Operators, Leaseholder   | s or Surface Owner  |  |
|                          | [C]                      | Application is One Which Rec  | uires Published Legal Notice  | •  |
|                          | [D]                      | Notification and/or Concurren U.S. Bureau of Land Management - Commission   |   |  |
|                          | [E]                      | For all of the above, Proof of I  | Notification or Publication is Attached   | l, and/or,   |
|                          | [F]                      | Waivers are Attached  |   |  |
| [3]                      | SUBMIT ACC<br>OF APPLICA | CURATE AND COMPLETE INFO  | DRMATION REQUIRED TO PRO  | CESS THE TYPE  |
| [4]<br>approv<br>applica | al is <b>accurate</b> ar | <b>FION:</b> I hereby certify that the information and <b>complete</b> to the best of my knowled united information and notifications are | nation submitted with this application edge. I also understand that <b>no action</b> are submitted to the Division.   | for administrative will be taken on this   |
|                          | <b>X4X64X</b>            | XZASHRIMANI YAKIR KIDAKSONADISKARI NAKRIKI  | олич и и и и и и и и и и и и и и и и и и  | NAME OF THE PERSON OF THE PERS |
| Dav                      | id Stewart               |   | Sr. Regulatory An   | alvet 3/6/07   |
|                          | Type Name                | Signature   | Title   | Date   |
|                          |                          |   | david stewart@ox  | y.com  |

e-mail Address

<u>District I</u> 1625 N. French Drive, Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave, Artesia, NM 88210

District III

1000 Rio Brazos Road, Aztec, NM 87410

District IV

1220 S. St Francis Dr, Santa Fe, NM 87505

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-107-B Revised June 10, 2003

### OIL CONSERVATION DIVISION

1220 S. St Francis Drive Santa Fe, New Mexico 87505

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

|  | FOR SURFACE  |   | (DIVERSE            | OWNERSHIP)                                      |               |
|--|--|---|---------------------|---|---------------|
|  | Y USA WTP LP -   |   |                     |   |               |
| OPERATOR ADDRESS: P.O  | D. Box 50250   | Midland, TX 79  | 9710-0150           |   |               |
| APPLICATION TYPE:  |  |   |                     |   |               |
| ☐ Pool Commingling ☐ Lease Comming   | ling Pool and Lease Co   | mmingling   | Storage and Measi   | arement (Only if not Surface                    | e Commingled) |
| LEASE TYPE:    Fee   | ] State KA Fede  | eral  |                     |   |               |
| Is this an Amendment to existing Ord   |  |   |                     |   |               |
| Have the Bureau of Land Managemer   MYes □No   | nt (BLM) and State Land  | d office (SLO) been not                                   | tified in writing   | of the proposed comm                            | ingling       |
|  |  | OL COMMINGLIN<br>ts with the following in                 |                     |   |               |
| (1) Pool Names and Codes   | Gravities / BTU of<br>Non-Commingled<br>Production                 | Calculated Gravities /<br>BTU of Commingled<br>Production |                     | Calculated Value of<br>Commingled<br>Production | Volumes       |
|  |  |   |                     |   |               |
|  |  |   |                     |   |               |
|  |  | _   |                     | _   |               |
|  |  |   |                     | _   |               |
|  |  |   |                     |   |               |
| <ul> <li>(3) Has all interest owners been notified</li> <li>(4) Measurement type:  Metering</li> <li>(5) Will commingling decrease the valu</li> </ul>                           | Other (Specify)  |   | Yes No              |   |               |
|  |  | SE COMMINGLINGS ts with the following in                  |                     |   |               |
| <ol> <li>Pool Name and Code. Burton</li> <li>Is all production from same source of</li> <li>Has all interest owners been notified</li> <li>Measurement type: Metering</li> </ol> | Flat; Wolfcamp<br>of supply? Wes D<br>by certified mail of the pro | o, North - 7352<br>No                                     |                     | No  |               |
|  | (C) POOL and   | LEASE COMMIN  | CLING               | 1   |               |
|  | , ,  | ts with the following in                                  |                     |   |               |
| (1) Complete Sections A and E.   |  |   |                     |   |               |
|  |  |   |                     |   |               |
|  | (D) OFF-LEASE ST   |   |                     |   |               |
| (1) Is all production from same source of  |  | ets with the following                                    | miormation          | 1   |               |
| (2) Include proof of notice to all interest  | — —  |   |                     |   |               |
|  |  |   |                     |   |               |
| <b>(E)</b> A   | ADDITIONAL INFO  |   |                     | types)  |               |
| (1) A schematic diagram of facility, inc   |  | ts with the following in                                  | ntormation          |   | <del></del>   |
| <ul> <li>(2) A plat with lease boundaries showin</li> <li>(3) Lease Names, Lease and Well Number</li> </ul>  | g all well and facility locat                                      | tions. Include lease number                               | ers if Federal or S | tate lands are involved.                        |               |
| I hereby certify that the information above  | is true and complete to the  | e best of my knowledge an                                 | d belief.           | 1   |               |
| SIGNATURE: Dr. State   |  | _   | latory Ana          | alyst DATE: 3                                   | .(07          |
| TYPE OR PRINT NAME David   | Stewart  |   | TE                  | LEPHONE NO.: 432-6                              | 585-5717      |
| E-MAIL ADDRESS: david s  | tewart@oxy.com   |   |                     | 1   |               |

# North Burton Flat Central Tank Battery - Well Information

| Pool Name/No.  | Well Name/No.                   | API No.      | Lease No. | CA No.   | CA No. Surface Location                           |
|--|---------------------------------|--------------|-----------|----------|---|
| Burton-Flat; Wolfcamp, North - 73520 Government AA #2 30-015-33283 | Government AA #2                | 30-015-33283 | NM18293   | NM111802 | NM111802 190 FNL 350 FWL NWNW(D) Sec 23 T20S R28E |
| Burton Flat; Wolfcamp, North - 73520                               | Government AA #1   30-015-21286 | 30-015-21286 | NM18293   | SW1012   | SW1012 660 FNL 1980 FWL NENW(C) Sec 23 T20S R28E  |
| Burton Flat; Wolfcamp, North - 73520                               | Government R #1 30-015-20871    | 30-015-20871 | NM6856    | SW796    | SW796 1830 FSL 1980 FWL NESW(K) Sec 14 T20S R28E  |
| Burton Flat; Wolfcamp, North - 73520                               | Government Z #1   30-015-21242  | 30-015-21242 | NM8941    | SW982    | SW982 1980 FSL 1980 FWL NESW(K) Sec 23 T20S R28E  |

| Well Name/No.    | Gas (MMCFD) | вти  | Condensate (BPD) API Gravity | API Gravity |
|------------------|-------------|------|------------------------------|-------------|
| Government AA #2 | 1.4         | 1190 | 75                           | 49.0        |
| Government AA #1 | 1.5         | 1190 | 100                          | 49.0        |
| Government R #1  | 1.5         | 1190 | 100                          | 49.0        |
| Government Z #1  | 1           | 1190 | 50                           | 49.0        |

۶۸

## North Burton Flats Metering and Allocation

Well site metering will be used to allocate all oil, water, and gas produced into the North Burton Flats Central Tank Battery. All oil, water, and gas will be separated on each individual well site using a 3-phase separator.

The gas will be measured with an OXY owned allocation meter before leaving the lease. The gas will then be commingled at the compressor station located at the Gov. AA#1. The compressed gas will be sold through Enterprise's high pressure sales meter located at the Gov. AA#1. Total gas sales will be allocated back to each lease based on lease allocation meter reading.

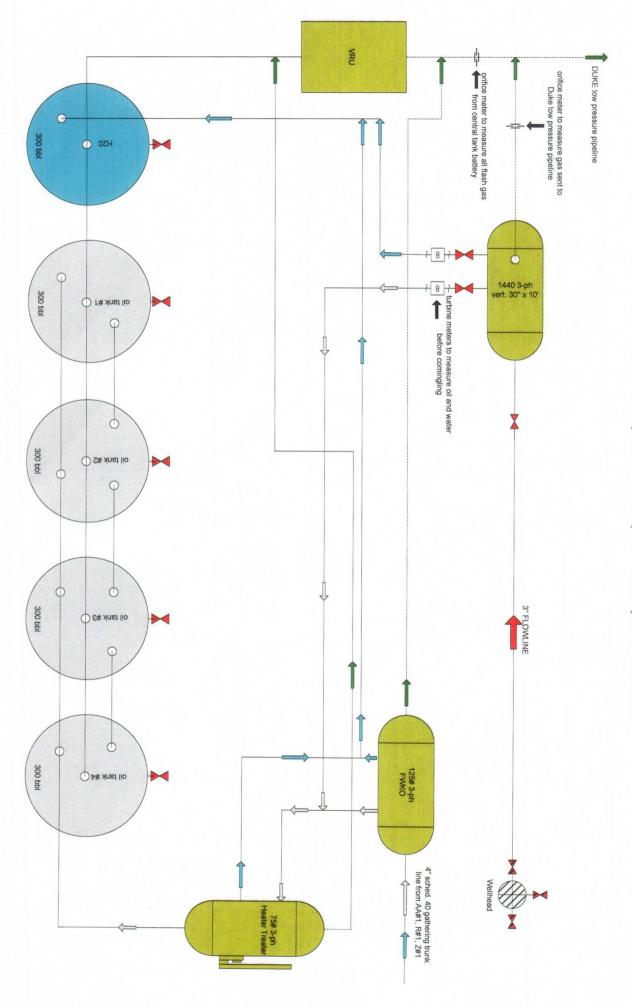
The oil and water will be measured individually on site using OXY owned turbine flow meters. The flow meters will measure the oil and water before leaving the lease and are commingled in the pipeline. All oil production will be sold at the North Burton Flats Central Tank Battery and allocated back to each lease according to individual flow meter readings.

# Economic Justification for Constructing a Central Tank Battery in North Burton Flats

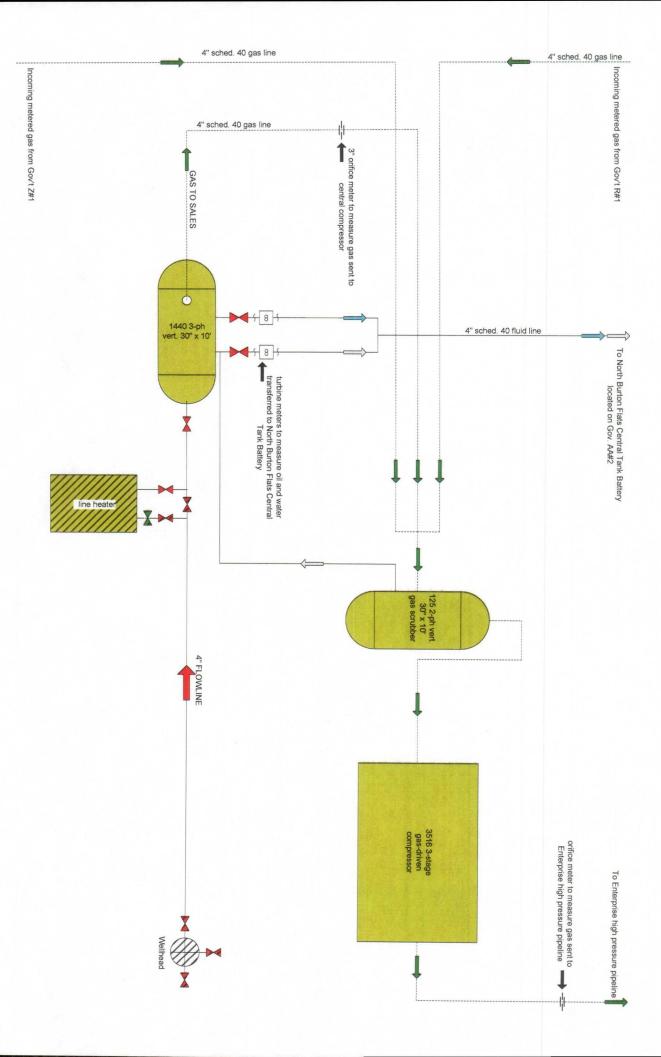
It is proposed to expand the existing battery on the Gov. AA#2 to handle production from the Gov. R#1, Gov. AA#1, and Gov. Z#1 wells. Oxy will offset the cost of building three separate batteries by constructing one central tank battery, generating a cost savings of \$100,000. The central tank battery will also provide the following operational benefits: rental VRU to recover vapors from tanks, LACT unit to sell oil directly to pipeline, additional separation equipment eliminating hot-oiling, future possibility of bringing in other wells within the field into the central tank battery.

In addition to the installation cost savings the central tank battery will reduce ongoing operating costs. The reduction in operating costs will reduce the economic limit of the field thus increasing the recovery from the reservoir.

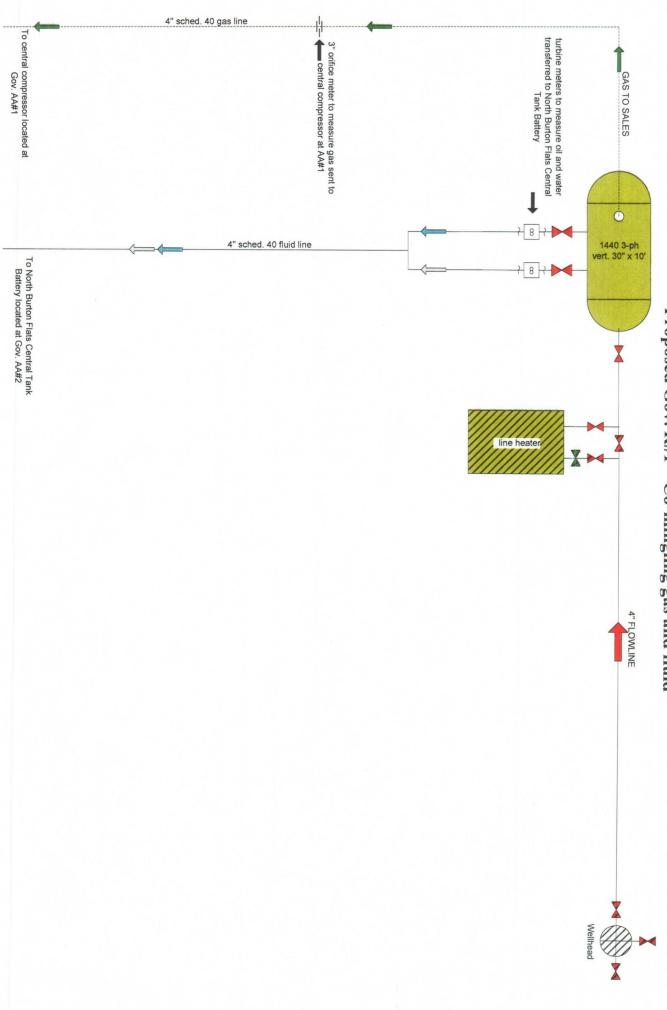
Proposed Gov. AA#2 - Construction of North Burton Flats Central Tank Battery to process co-mingled oil and water from Gov. AA#2, Gov. AA#1, Gov. R#1, and Go. Z#1



# Proposed Gov. AA#1 - Co-mingling gas and fluid



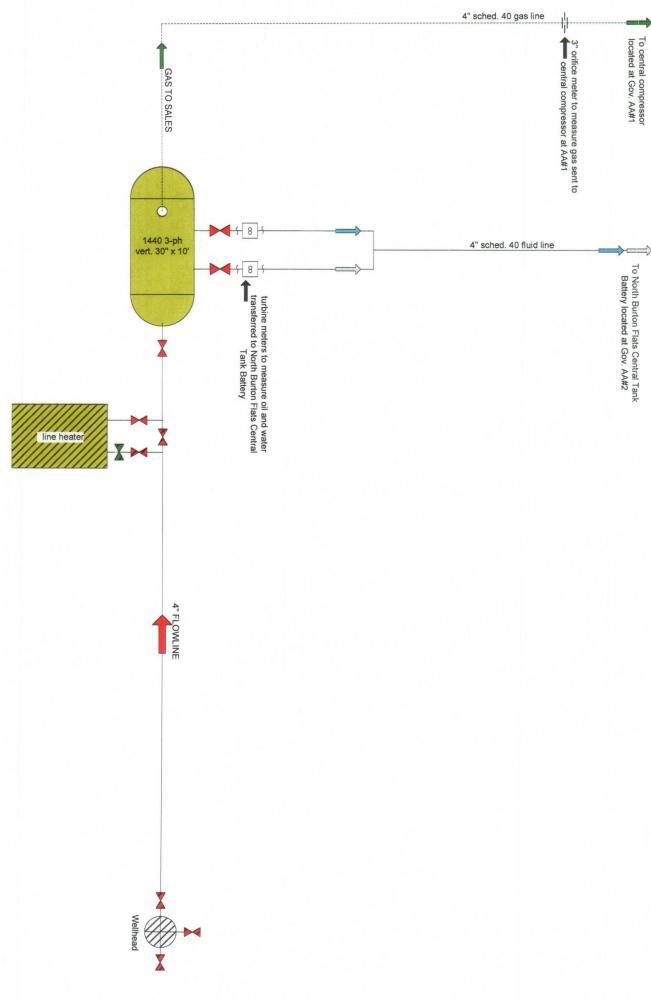
# Proposed Gov. R#1 - Co-mingling gas and fluid



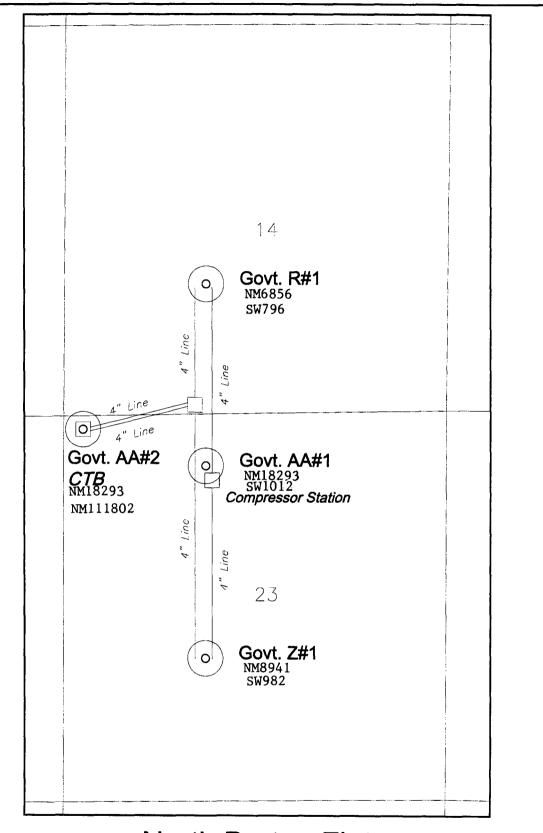
;

\*

# Proposed Gov. Z#1 - Co-mingling gas and fluid



`.



# North Burton Flat Central Tank Battery

Section 23, T 20 S, R 28 E Eddy County, New Mexico Form 3160-5 (August 1999)

:

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

**BUREAU OF LAND MANAGEMENT** 

FORM APPROVED OMB NO. 1004-0135

Expires: November 30, 2000 5. Lease Serial No.

| SUNDRY | NOTICES | AND | REPORTS | ON | WELLS |
|--------|---------|-----|---------|----|-------|
|--------|---------|-----|---------|----|-------|

Do not use this form for proposals to drill or to re-enter an

6. If Indian, Allottee or Tribe Name

NM18293

| abandoned well. Use Form   |   |   |   |  |   |
|--|---|---|---|--|---|
| SUBMIT IN TRIPLICATE -   | Other instructions or   | n reverse side  |   | 7. If Unit or Ca   | A/Agreement, Name and/or No   |
| 1. Type of Well Oil Well X Gas Well Other 2. Name of Operator  |   |   |   | 8. Well Name :<br>Government                             |   |
| OXY USA WTP Limited Partnership  |   | 192   | 463   | 9. API Well No   | <u> </u>  |
| 3a. Address  | 31  | o. Phone No. (include are   | a code)   | 30-015-3328  |   |
| P.O. Box 50250. Midland. TX 79710-   |   | 432-685-5717  |   | 10. Field and P  | ool, or Exploratory Area  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey I  | - ·   |   |   |  | t; Wolfcamp, North  |
| 190 FNL 350 FWL NWNW(D) Sec 23 T2  | 0S R28E   |   |   | 73520  | Davida State  |
|  |   |   |   | 11. County or 1  |   |
| 40 CHECK APPROPRIATE   | DOV(EC) TO INDIC  | ATE NATURE OF N   | IOTICE DED  | Eddy   | NM NM   |
| 12. CHECK APPROPRIATE  | BOX(E2) TO INDIC  |   |   | JRT, OR OTH  | IER DATA  |
| TYPE OF SUBMISSION   |   | TYP   | E OF ACTION   |  | · · · · · · · · · · · · · · · · · · ·                                   |
| X Notice of Intent   | Acidize   | Deepen  | Production  | (Start/Resume)   | Water Shut-Off  |
| <u> </u>   | Alter Casing  | Fracture Treat  | Reclamatio  | \n   | Well Integrity  |
| Subsequent Report  |   | <b>H</b>  | $\equiv$  | ì  | ☴ ``  |
|  | Casing Repair   | New Construction Plug and Abandon   | Recomplet   | •  | X Other <u>Off-Lease</u>  |
| Final Abandonment Notice   | Change Plans  |   | =   |  | Storage, Surface  |
|  | Convert to Injection  | Plug Back   | Water Disp  | oosal  | Commingling   |
| testing has been completed. Final Abandonment I determined that the final site is ready for final inspection.  OXY USA WTP LP respectfully requestisted below. The North Burton F Compressor Station will be located water will be measured prior to a certified mail with a copy of this attached for additional attachments. | estion.)  ests approval for select Central Batter  ed in the NENW(C) of  leaving each indivities Sundry Notice an | surface commingli<br>ry will be locate<br>qtr/qtr of Sec 23<br>idual lease. All | ng and off-<br>ed in the Nw<br>T20S R28E.<br>interest o | lease stora<br>(NW(D) qtr/q<br>All gas,<br>owners have   | nge for the wells<br>ptr and the<br>condensate, and<br>been notified by |
| Government AA #2 30-015-33283<br>Government AA #1 30-015-21286<br>Government R #1 30-015-20871   | Lease No. CA No<br>NM18293 NM1118<br>NM18293 SW1012<br>NM6856 SW796<br>NM8941 SW982                               | 02 190 FNL 350<br>2 660 FNL 198<br>1830 FSL 19                                  | FWL NWNW(D<br>00 FWL NENW(<br>080 FWL NESW              | 0) Sec 23 T2<br>C) Sec 23 T<br>I(K) Sec 14<br>W(K) Sec 2 | 20S R28E  |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  David Stewart  |   | Title Sr. Reg   | gulatory And  | alyst  |   |
| fr Stat  |   | Date 3(   | 0107  |  |   |
| THIS   | S SPACE FOR FEDER   | RAL OR STATE OFF  | ICE USE   |  |   |
| Approved by  |   | Title   |   | Dat  | te  |
| Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations to  | those rights in the subject   | ant or Office lease   |   | L  |   |

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

|   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|---|--|
|   | <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>         | A. Signature  X  |
|   | 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.  | B. Received by ( Printed Name) C. Date of Delivery   |
|   | Article Addressed to:   | D. Is delivery address different from item 1?  |
|   | STATE OF NEW MEXICO ENERGY & MINERALS DEPARTMENT OIL CONSERVATION DIVISION 1301 W. GRAND AVE.   | 3. Service Type  Certified Mail  Express Mail .  |
|   | ARTESIA, NM 88210   | ☐ Registered ☐ Return Receipt for Merchandlee ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes |
|   | 2. Article Number 7005 0390   | 4. Restricted Delivery? (Extra Fee)  |
| 1 | PS Form 3811, February 2004 Domestic Re   | eturn Receipt 102595-02-M-1540   |
|   |   |  |
|   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|   | <ul> <li>III Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>III Print your name and address on the reverse</li> </ul> | A. Signature  X  |
|   | 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.  | B. Received by ( Printed Name) C. Date of Delivery   |
|   | Article Addressed to:   | D. is delivery address different from item 1?  |
|   | STATE OF NEW MEXICO<br>ENERGY & MINERALS DEPARTMENT<br>OIL CONSERVATION DIVISION<br>1220 SOUTH ST. FRANCIS DR.  |  |
|   | SANTA FE, NM 87505  | 3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.                    |
|   |   | 4. Restricted Delivery? (Extra Fee) Yes  |
|   | (ITALISTER ITOTII SELVICE   | 002 9910 5497  |
|   | PS Form 3811, February 2004 Domestic R  | eturn Receipt 102595-02-M-1540   |
|   |   |  |
|   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|   | <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>         | A. Signature  Agent  Addressee   |
|   | 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.  | B. Received by (Printed Name) C. Date of Delivery  |
|   | Article Addressed to:   | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No                     |
|   | UNITED STATES DEPT OF<br>INTERIOR<br>BUREAU OF LAND MANAGEMENT  |  |
|   | 620 E. GREENE STREET<br>CARLSHAD, NM 88220-6292   | 3. Service Type  Certified Meil  |

;

•

# SURFACE COMMINGLING PERMIT NO. FIELD ROYALTY/WORKING INTEREST OWNERS

BETTY LOU JONES C/O SALLY BALLOU 210 SW BROADMOOR TOPEKA. KS. 66606-1259 BRUCE P. RIGGS TRUST LESLIE RIGGS MILLS TRUSTEE P. O. BOX 230430 ANCHORAGE, AK. 99523-0430

CHARLES L. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7666

DAVOIL, INC. P. O. BOX 200292 DALLAS, TX. 75320-0292 DELMAR HUDSON LEWIS LVG TRUST BANK OF AMERICA, NA TTEE P. O. DRAWER 840738 DALLAS, TX. 75284-0738

DEVON ENERGY CORPORATION (NEVEDA) P. O. BOX 843559 DALLAS, TX. 75284-5339

DEVON ENERGY PRODUCTION CO LP P. O. BOX 843559 DALLAS, TX. 75284-3559

EDWARD R HUDSON JR 616 TEXAS STREET FT. WORTH, TX. 76102-4612 EDWARD R HUDSON TRUST NOS 1 2 3 616 TEXAS STREET FT. WORTH, TX. 76102-4612

EDWARD R. HUDSON TRUST NO 4 MARY T. HUDSON ARD, TTEE 2222 W. 4TH ST. PH-5 FT. WORTH, TX. 76102 ELYSE S. PATTERSON TRUST B UW EDWARD T MATHENEY, JR. C/O BANK OF OKLAHOMA AGENT P. O. BOX 1588 TULSA, OK. 74101-1588 ELYSE SAUNDERS
PATTERSON TRUSTS
INVESTMENT LLC
BANK OF OKLAHOMA AGENT
P. O. BOX 1588
TULSA, OK. 74101-1588

FIDELITY EXPLORATION & PRODUCTION COMPANY P. O. BOX 5602
BISMARCK, ND. 58506-5602

FIRST ROSWELL CO LTD P. O. BOX 1797 ROSWELL, NM 88202-1797 GREAT WESTERN DRILLING CO. P. O. BOX 1659 MIDLAND, TX. 79702

GULF COAST OIL & GAS CO P. O. BOX 1684 MIDLAND, TX. 79702-1684

JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7666 JOE B. SCHUTZ P. O. BOX 973 SANTA FE, NM. 87504-0973

JOHN & HELEN FRANKOT TRUST HELEN FRANKOT, TTEE 1940 VERBANIA DR. LAS VEGAS, NV. 89134 JOHN & PATRICIA HALAGAN REVOCABLE FAMILY TRUST C/O R DANIEL ISRAEL EDD 70 SHADOWPLAY IRVINE, CA. 92620

JOHN LEWIS VICKERS 3110 GLENGOLD FARMERS BRANCH, TX. 75234

JOSEPH L. DUNIGAN TESTAMENTARY TRUST THOMAS DUNIGAN TTEE P. O. BOX 9846 SANTA FE, NM 87504

KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611

KERR-MCGEE CORP. P. O. BOX 730245 DALLAS, TX. 75373-0245 LESLIE RIGGS MILLS TRUST LESLIE RIGGS MILLS TTEE P. O., BOX 230430 ANCHORAGE, AK. 99523-0430 LINDY'S LIVING TRUST FRANCIS H. HUDSON, TTEE 6300 RIDGLEA PL, STE. 1005A FT. WORTH, TX. 76116

MICHAEL SHEARN P. O. BOX 10151 EL PASO, TX. 79995

MINERALS MANAGEMENT SERVICE FEDERAL GOVERNMENT ROYALTY BOXY 5810 TA DENVER, CO 80217

PAUL SLAYTON P. O. BOX 2035 ROSWELL. NM 88201 PENNNZENERGY EXLPLORATION & PRODUCTION LLC NATIONSBANK LOCKBOX P. O. BOX 277122 ATLANTA, GA. 630384-7122

RICHARD H. COATS P. O. BOX 2412 MIDLAND, TX. 79706 ROBERT J KILLE 4815 TWIN POST RD DALLAS, TX. 75244 ROY DUNN & CONNIE DUNN 5511 N. DELNO FRESNO, CA. 93711

RUBIE C. BELL 1331 THIRD ST. NEW ORLEANS, LA. 70130 RUBIE CROSBY BELL FAMILY LTD PARTNERSHIP #1 RUBIE C. BELL, MANAGING GEN PTN 1331 3RD. ST. NEW ORLEANS, LA 70130-5743

SOUTHEAST ROYALTIES INC. 111 W. MERMOD P. O. BOX 1658 CARLSBAD, NM 88221-1658

STANLEY W. CROSBY III P. O. BOX 2346 ROSWELL, NM 88202-2346 SUE SAUNDERS GRAHAM P. O. BOX 987 ROSWELL, NM 88201 SWINEHART 1973 FAMILY TRUST JUDY SWINEHART & LESLIE A. MALLETT SUCC CO-TRS 10713 S. LOGAN CANYON RD. SOUTH JORDAN, UT. 84095

THE KUNKEL TRUST ROBERT PAUL KUNKEL TTEE P. O. 6901 DENVER, CO. 80206 THE RICHARD A HALL TRUST F0442200 FROST NATIONAL BANK TTEE P. O. BOX 1600 SAN ANTONIO, TX. 78296-1600 THE RIGGS-MILLS LTD PTNSP R-M MANAGEMENT LLC GENERAL PARTNER P. O. BOX 727 CEDAREDGE, CO 81413-0727

THE TOLES CO.
P. O. DRAWER 1300
ROSWELL, NM 88202-1300

THOMAS HALAGAN 6035 N. MARKS AVE. FRESNO, CA. 93711 UMC PETROLEUM CORP. REVENUE P. O. BOX 4970 HOUSTON, TX. 77210-4970

W T PROBANT 415 W. WALL ST., STE. 2206 MIDLAND, TX. 79701-4442 WA & ER HUDSON INC. AGENT 616 TEXAS ST. FT. WORTH, TX. 76102-4612 WILLS ROYALTY INC. P. O. BOX 1658 CARLSBAD, NM 88221-1658

YELLOW RIBBON INC. P. O. BOX 6901 DENVER, CO. 80206

|                                   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|-----------------------------------|---|--|
|                                   | Complete items 1, 2, and 3. Also complete<br>item 4 if Restricted Delivery is desired.  | A. Signature   |
|                                   | <ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if press permits.</li> </ul> | B. Received by (Printed Name)  C. Date of Delivery   |
|                                   | or on the front if space permits.  1. Article Addressed to:   | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
|                                   | BETTY LOU JONES C/O SALLY BALLOU 210 SW BROADMOOR   |  |
|                                   | TOPEKA, KS. 66606-1259  | 3. Service Type  2 Certified Mail  |
|                                   |   | 4. Restricted Delivery? (Extra Fee) Yes  |
|                                   | 2. Article Number (Transfer from service label) 7 🗆 5   | 0390 0002 9895 3587  |
|                                   | PS Form 3811, February 2004 Domes   | tic Return Receipt 102595-02-M-154   |
| Tr. 111, pp. State 1. spitchersen |   |  |
|                                   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|                                   | ■ Complete items 1, 2, and 3. Also complete   | A. Signature   |
|                                   | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse   | X Agent Addresse   |
|                                   | <ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>   |  |
|                                   | 1. Article Addressed to:  | D. Is delivery address different from item 1?  |
|                                   | BRUCE P. RIGGS TRUST<br>LESLIE RIGGS MILLS TRUSTEE<br>P. O. BOX 230430  | ···  |
|                                   | ANCHORAGE, AK. 99523-0430   | 3. Service Type  Le Certified Mail   |
|                                   |   | 4. Restricted Delivery? (Extra Fee)  |
|                                   | 2. Article Number 7 🛮 🖰 5   | 0390 0002 9895 3853  |
|                                   | PS Form 3811, February 2004 Dome  | estic Return Receipt 102595-02-M-15  |
|                                   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  A. Signature  |
|                                   | Complete Items 1, 2, and 3. Also complete<br>Item 4 if Restricted Delivery is desired.  | ∬ v □ Agent  |
|                                   | Print your name and address on the reverse<br>so that we can return the card to you.  | B. Received by (Printed Name) C. Date of Delive  |
|                                   | Attach this card to the back of the mailpiece<br>or on the front if space permits.  | 5. Necessad by (Fillited Native)   |
|                                   | Article Addressed to:   | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
|                                   | CHARLES L. HALL   |  |
|                                   | P. O. BOX 10666<br>MIDLAND, TX. 79702-7666  |  |
|                                   |   | 3. Service Type  |
|                                   |   | ☐ Certified Mall ☐ 5xpress Mall ☐ Registered ☐ Return Receipt for Merchandi                |
|                                   |   | ☐ Insured Mail ☐ C.O.D.  |

| • ( | SENDER: COMPLETE THIS SECTION  | N.                 | COMPLETE THIS SECTION ON DELI  | VERY                          |
|-----|--|--------------------|--|-------------------------------|
|     | <ul> <li>Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the</li> </ul>   | ed.<br>reverse     | A. Signature   | ☐ Agent ☐ Addressee           |
|     | so that we can return the card to yo  Attach this card to the back of the n or on the front if space permits.  |                    | B. Received by ( Printed Name)   | C. Date of Delivery           |
|     | Article Addressed to:  |                    | D. Is delivery address different from item     If YES, enter delivery address below  | - ·                           |
|     | DAVOIL, INC.<br>P. O. BOX 200292<br>DALLAS, TX. 75320-0292   |                    | 3. Sepfice Type  Grentfied Mail Grentess Mal Registered Asturn Rece Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) | I 'Nerchandise                |
|     | Article Number     (Transfer from service label)   | 7005 03            | 390 0002 9895 3877   |                               |
|     | PS Form 3811, February 2004  | Domestic Re        | eturn Receipt  | 102595-02-M-1540              |
|     | CENDED COMPLETE THE CENTRE   |                    | COMPLETE THIS SECTION ON DEL   | WEDV                          |
| ·   | SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3. Also co   | 1                  | A. Signature   | VERY                          |
|     | item 4 if Restricted Delivery is desir Print your name and address on the so that we can return the card to yo   | redi.<br>e reverse | x  | ☐ Agent<br>☐ Addressee        |
|     | Attach this card to the back of the or on the front if space permits.  |                    | B. Received by ( Printed Name)   | C. Date of Delivery           |
|     | 1. Article Addressed to:  DELMAR HUDSON LEWIS LVG TRUST BANK OF AMERICA, NA TTEE P. O. DRAWER 840738   |                    | D. Is delivery address different from iter if YES, enter delivery address below  |                               |
|     | DALLAS, TX. 75284-0738   |                    | 3. Service Type  Certified Mail Registered Return Recult Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)            | all eipt for Merchandise      |
|     | 2. Article Number  | 7005 03            | 70 0002 9895 3884  | LI (es                        |
| •   | (Transfer from service label) PS Form 3811, February 2004  |                    | eturn Receipt  | 1025 <b>95-02-M-1540</b>      |
|     |  |                    |  |                               |
|     | SENDER: COMPLETE THIS SECTIO   | <u> </u>           | COMPLETE THIS SECTION ON DELI  | VERY                          |
|     | <ul> <li>Complete items 1, 2, and 3. Also contend 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to your name.</li> </ul> | ed.<br>reverse     | A. Signature  X  B. Received by (Printed Name)   | Addressee C. Date of Delivery |
|     | Attach this card to the back of the n<br>or on the front if space permits.   |                    | D. Is delivery address different from item   | -                             |
|     | DEVON ENERGY CORPORATION (NEVEDA) P. O. BOX 843559 DALLAS, TX. 75284-5339  |                    | If YES, enter delivery address below   | r: 🗆 No                       |
|     |  |                    | 3. Service Type  Certified Mail Registered Return Rece   | lipt for Merchandise          |

|   | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIV  | ERY                                   |
|---|--|---|---------------------------------------|
|   | Complete items 1, 2, and 3. Also complete  | A. Signature  |                                       |
|   | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse                                    | x   | ☐ Agent<br>☐ Addressee                |
|   | so that we can return the card to you.  Attach this card to the back of the mailpiece,                                   | B. Received by ( Printed Name)  | C. Date of Delivery                   |
|   | or on the front if space permits.  1. Article Addressed to:  | D. Is delivery address different from item If YES, enter delivery address below:    |                                       |
|   | DEVON ENERGY   |   |                                       |
|   | PRODUCTION CO LP   |   |                                       |
|   | P. O. BOX 843559<br>DALLAS, TX. 75284-3559   |   |                                       |
|   | DALLAG, IA POLOT COOL  | 3. Service Type  Contified Mail Express Mail  | * * * * * * * * * * * * * * * * * * * |
|   |  | ☐ Registered ☐ Return Receip ☐ Insured Mail ☐ C.O.D.                                | ot for Merchandise                    |
|   |  | 4. Restricted Delivery? (Extra Fee)   | ☐ Yes                                 |
|   | 2. Article Number (Transfer from service 7005 0390   | 70PE 2P&P 5000  |                                       |
| 1 | PS Form 3811, February 2004 Domestic R   | eturn Receipt   | 102595-02-M-1540                      |
|   | 1  |   |                                       |
|   |  |   |                                       |
|   | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVE   | ERY                                   |
|   | © Complete items 1, 2, and 3. Also complete<br>item 4 if Restricted Delivery is desired.                                 | A. Signature  | ☐ Agent                               |
|   | Print your name and address on the reverse   | X   | ☐ Addressee                           |
|   | 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. |   | C. Date of Delivery                   |
|   | 1. Article Addressed to:   | D. Is delivery address different from item<br>If YES, enter delivery address below: |                                       |
|   | EDWARD R HUDSON JR<br>616 TEXAS STREET<br>FT. WORTH, TX. 76102-4612  | ☐ Insured Mail ☐ C.O.D.   | ot for Merchandise                    |
|   |  | 4. Restricted Delivery? (Extra Fee)   | ☐ Yes                                 |
|   | 2. Article Number 7005 0390 (Transfer from service lader)  | 0002 9895 3914  |                                       |
|   | PS Form 3811, February 2004 Domestic R   | eturn Receipt   | 102595-02-M-1540                      |
|   | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIN  | VERY                                  |
|   | ■ Complete items 1, 2, and 3. Also complete  | A. Signature  |                                       |
|   | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse                                    | X   | ☐ Agent                               |
|   | so that we can return the card to you.   | B. Received by ( Printed Name)  | C. Date of Delivery                   |
|   | Attach this card to the back of the mailpiece,<br>or on the front if space permits.                                      |   |                                       |
|   | 1. Article Addressed to:   | D. Is delivery address different from item<br>If YES, enter delivery address below  | _                                     |
|   | EDWARD R HUDSON TRUST  |   |                                       |
|   | NOS 1 2 3<br>616 TEXAS STREET  |   |                                       |
|   | FT. WORTH, TX. 76102-4612  |   |                                       |
|   | 7 002 70102 4012   | 3. Service Type  2 Certified Mail  Registered  Recei  Insured Mail  C.O.D.          | pt for Merchandise                    |
|   |  | 4. Restricted Delivery? (Extra Fee)   | ☐ Yes                                 |
|   |  | - •   |                                       |

:

| SENDER: COMPLETE THIS SEC  | TION                           | COMPLETE THIS SECTION ON DELIV  | /ERY                                |
|--|--------------------------------|---|-------------------------------------|
| Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de   | sired.                         | A. Signature  | ☐ Agent                             |
| <ul> <li>Print your name and address on<br/>so that we can return the card to</li> <li>Attach this card to the back of the<br/>or on the front if space permits.</li> </ul>  | you.                           |   | C. Date of Delivery                 |
| 1. Article Addressed to:  EDWARD R. HUDSON  TRUST NO 4  MARY T. HUDSON ARD, TTEE   |                                | D. Is delivery address different from item if YES, enter delivery address below     | _                                   |
| 2222 W. 4TH ST. PH-5<br>FT. WORTH, TX. 76102   |                                | 3. Service Type  Contributed Mail  Registered  Return Recei                         | pt for Merchandise                  |
| 2. Article Number  | 7005 0                         | 4. Restricted Delivery? (Extra Fee) 390 0002 9895 3938                              | ☐ Yes                               |
| (Transfer from service label) PS Form 3811, February 2004  |                                | Return Receipt  | 102595-02-M-1540                    |
|  |                                |   |                                     |
| SENDER: COMPLETE THIS SEC  | TION                           | COMPLETE THIS SECTION ON DELIV  | /ERY                                |
| <ul> <li>Complete items 1, 2, and 3. Also<br/>item 4 if Restricted Delivery is de</li> <li>Print your name and address on</li> </ul>   | esired.                        | A. Signature  | ☐ Agent                             |
| so that we can return the card to  Attach this card to the back of the or on the front if space permits.   | you.                           | B. Received by ( Printed Name)  | C. Date of Delivery                 |
| ELYSE S. PATTERSON TRUST<br>UW EDWARD T MATHENEY, JF<br>C/O BANK OF OKLAHOMA AG<br>P. O. BOX 1588<br>TULSA, OK. 74101-1588   | ₹.                             | D. Is delivery address different from item     If YES, enter delivery address below | <b>—</b>                            |
|  |                                | 3. Seryice Type  Cortified Mail Registered Return Recei                             | ipt for Merchandise                 |
|  |                                | 4. Restricted Delivery? (Extra Fee)   | ☐ Yes                               |
| Article Number     (Transfer from service label)   | 7005                           | 0390 0002 9895 3945   | 5                                   |
| PS Form 3811, February 2004  | Domestic F                     | Return Receipt  | 102595-02-M-1540                    |
| SENDER: COMPLETE THIS SEC  | TION                           | COMPLETE THIS SECTION ON DELIN  | VERY                                |
| Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of the pack | esired.<br>the reverse<br>you. | A. Signature  X  B. Received by ( Printed Name)                                     | Agent Addressee C. Date of Delivery |
| or on the front if space permits.  1. Article Addressed to:  ELYSE SAUNDERS PATTERSON TRUSTS INVESTMENT LLC  |                                | D. is delivery address different from item if YES, enter delivery address below     |                                     |
| BANK OF OKLAHOMA AGEN<br>P. O. BOX 1588<br>TULSA, OK. 74101-1588   | 1                              | 3. Service Type  Certified Mail Registered Return Recei                             | pt for Merchandise                  |
|  |                                | A Protricted Deliver (2 (Futur Fac)   |                                     |

:

| SENDER: COMPLETE THIS SECTION  | N                                     | COMPLETE THIS SECTION ON D   | ELIVERY  |
|--|---------------------------------------|--|--|
|  | 4.                                    | A. Signature   |  |
| Complete items 1, 2, and 3. Also co<br>item 4 if Restricted Delivery is desired  |                                       | 1  | ☐ Agent  |
| ■ Print your name and address on the   |                                       | X  | ☐ Addres   |
| so that we can return the card to yo   |                                       | B. Received by ( Printed Name)   | C. Date of Deli  |
| Attach this card to the back of the n<br>or on the front if space permits.   | nailpiece,                            | B. Heceward by (Fillied Name)  | O. Date of Dell  |
| 1. Article Addressed to:   |                                       | D. Is delivery address different from<br>If YES, enter delivery address be   |  |
| FIDELITY EXPLORATION & PRODUCTION COMPANY P. O. BOX 5602   |                                       | II .   |  |
| BISMARCK, ND. 58506-5602   |                                       |  |  |
| ,  |                                       | 3. Service Type  Gertified Mail DExpress   | 9.4-11   |
|  |                                       |  | Receipt for Merchan  |
|  | · · · · · · · · · · · · · · · · · · · | ☐ Insured Mail ☐ C.O.D.  | locolpt for Intercreat   |
|  |                                       | 4. Restricted Delivery? (Extra Fee)  |  |
|  |                                       |  | ☐ Yes  |
| Article Number     (Transfer from service label)   | 7005                                  | 0390 0002 9895   | 3969   |
| PS Form 3811, February 2004  | Domestic Re                           | turn Receipt   | 1025 <b>95-02-M</b>  |
|  |                                       |  |  |
| SENDER: COMPLETE THIS SECTION  | N                                     | COMPLETE THIS SECTION ON E   | DELIVERY   |
| ■ Complete Items 1, 2, and 3. Also co  | mplete                                | A. Signature   |  |
| item 4 if Restricted Delivery is desire  | ed.                                   | ll x   | ☐ Agent  |
| Print your name and address on the   |                                       | 11-  | ☐ Addre  |
| so that we can return the card to yo   |                                       | B. Received by ( Printed Name)   | C. Date of Del   |
| Attach this card to the back of the r<br>or on the front if space permits.   | nalipiece,                            |  |  |
| 1. Article Addressed to:   |                                       | D. Is delivery address different from<br>If YES, enter delivery address b  | <b>—</b>   |
|  |                                       |  |  |
| FIRST ROSWELL CO LTD<br>P. O. BOX 1797<br>ROSWELL, NM 88202-1797   |                                       |  |  |
| P. O. BOX 1797   |                                       | 3. Service Type  |  |
| P. O. BOX 1797   |                                       | 3. Service Type  42 Certified Mail   Express   | Mail   |
| P. O. BOX 1797   |                                       | Certified Mail D Express D Registered D Return F   |  |
| P. O. BOX 1797   |                                       | Certified Mall D Express   |  |
| P. O. BOX 1797   |                                       | Certified Mail D Express D Registered D Return F   | Receipt for Merchar  |
| P. O. BOX 1797   | 7005 03                               | Certified Mail DExpress Registered Z Return F  | Receipt for Merchar  |
| P. O. BOX 1797<br>ROSWELL, NM 88202-1797   |                                       | Certified Mail   | Receipt for Merchar  |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004   | Domestic Re                           | Certified Mail DExpress Registered Z Return F Dinsured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)  3 9 0 0 0 2 9 8 9 5 3 9 7  Sturn Receipt | Yes  |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION  | Domestic R                            | Certified Mail   | Yes  |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also co  | Domestic Ro                           | Certified Mail DExpress Registered Z Return F Dinsured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)  3 9 0 0 0 2 9 8 9 5 3 9 7  Sturn Receipt | Yes  102595-02-M   |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also con item 4 if Restricted Delivery is desired.   | Domestic Ro                           | Certified Mail   | Yes L 102595-02-N ELIVERY  |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also con item 4 if Restricted Delivery is desired. Print your name and address on the  | Domestic Ro                           | Certified Mail   | Yes  102595-02-M  ELIVERY  Agent  Addres                                 |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to your Attach this card to the back of the next the section of the section.  | Domestic Ro                           | Certified Mail   | Yes  102595-02-M  ELIVERY  Agent  Addres                                 |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to you Attach this card to the back of the nor on the front if space permits.   | Domestic Ro                           | Certified Mail   | Yes  102595-02-M  ELIVERY  Agent Addres  C. Date of Deli                 |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to your Attach this card to the back of the next the section of the section.  | Domestic Ro                           | Certified Mail   | Yes  102595-02-M  LIVERY  Agent Addres  C. Date of Delivitem 1? Yes      |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the more on the front if space permits.  1. Article Addressed to:   | Domestic Re                           | Certified Mail   | Yes  102595-02-M  LIVERY  Agent Addres  C. Date of Delivitem 1? Yes      |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the more on the front if space permits.  1. Article Addressed to:  GREAT WESTERN DRILLING CO.               | Domestic Re                           | Certified Mail   | Yes  102595-02-M  LIVERY  Agent Addres  C. Date of Delivitem 1? Yes      |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the nor on the front if space permits.  1. Article Addressed to:  GREAT WESTERN DRILLING CO. P. O. BOX 1659 | Domestic Re                           | Certified Mail   | Yes  102595-02-M  LIVERY  Agent Addres  C. Date of Deli                  |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the more on the front if space permits.  1. Article Addressed to:  GREAT WESTERN DRILLING CO.               | Domestic Re                           | Certified Mail   | Yes  102595-02-M  LIVERY  Agent Addres  C. Date of Delivitem 1? Yes      |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the nor on the front if space permits.  1. Article Addressed to:  GREAT WESTERN DRILLING CO. P. O. BOX 1659 | Domestic Re                           | Certified Mail   | Yes  102595-02-M  LIVERY  Agent Addres  C. Date of Delivitem 1? Yes      |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the nor on the front if space permits.  1. Article Addressed to:  GREAT WESTERN DRILLING CO. P. O. BOX 1659 | Domestic Re                           | Certified Mail   | Yes  L  102595-02-M  ELIVERY  Agent Addres  C. Date of Delitition 1? Yes |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the nor on the front if space permits.  1. Article Addressed to:  GREAT WESTERN DRILLING CO. P. O. BOX 1659 | Domestic Re                           | Certified Mail   | Yes  L  102595-02-M  ELIVERY  Agent Addres  C. Date of Delitition 1? Yes |
| P. O. BOX 1797 ROSWELL, NM 88202-1797  2. Article Number (Transfer from service label) PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also consistem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the nor on the front if space permits.  1. Article Addressed to:  GREAT WESTERN DRILLING CO. P. O. BOX 1659 | Domestic Re                           | Certified Mail   | Yes     Yes  |

| ·  | The second of th |  |  |
|--|--|--|--|
| SENDER: COMPLETE THIS  | SECTION  | COMPLETE THIS SECTION ON   | DELIVERY   |
| Complete items 1, 2, and 3   | 3. Also complete   | A. Signature   | · · · · · · · · · · · · · · · · · · ·  |
| item 4 if Restricted Deliver   | y is desired.  | x  | ☐ Agent  |
| Print your name and address that we can return the d   |  | B. Received by ( Printed Name)   | C. Date of Delive  |
| Attach this card to the bac<br>or on the front if space per  | k of the mailplece,  |  |  |
| 1. Article Addressed to:   | <del></del>  | D. Is delivery address different from<br>If YES, enter delivery address  |  |
| GULF COAST OIL & GAS<br>P. O. BOX 1684<br>MIDLAND, TX. 79702-168   |  |  |  |
|  |  | 3. Service Type Certified Mail Pxpres Registered Return Insured Mail C.O.D.  | s Mail .<br>Receipt for Merchandis   |
|  |  | 4. Restricted Delivery? (Extra Fee   | ) 🗆 Yes  |
| Article Number     (Transfer from service labe)  | 7005 039   | 0PPE 2P8P 5000 0   |  |
| PS Form 3811, February 200   | 04 Domestic R  | leturn Receipt   | 1025 <del>85-02-M-</del> 18  |
|  |  |  |  |
| SENDER: COMPLETE THIS  | S SECTION  | COMPLETE THIS SECTION ON   | DELIVERY   |
| Complete items 1, 2, and   |  | A. Signature   | ☐ Agent  |
| item 4 if Restricted Deliver Print your name and address   | ry is desired.<br>ess on the reverse   | X  | Address  |
| so that we can return the Attach this card to the back   |  | B. Received by ( Printed Name)   | C. Date of Delive  |
| or on the front if chace he  |  |  | į.   |
| or on the front if space pe  1. Article Addressed to:  JAMES E. HALL   |  | D. Is delivery address different fro<br>If YES, enter delivery address   |  |
| 1. Article Addressed to:   | mits.  | If YES, enter delivery address  3. Service Type  Glocertified Mail   | below: No  |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666  | mits.  | 3. Service Type  Grentfied Mail Registered Insured Mail C.O.D  | sa Mali<br>n Receipt for Merchand  |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7   | mits.  | If YES, enter delivery address  3. Service Type  Contified Mail  Registered  Return  | sa Mali<br>n Receipt for Merchand  |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7   | mits.  | 3. Service Type  Grentfied Mail Registered Insured Mail C.O.D  | sa Mali<br>n Receipt for Merchand  |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7   | 7005 0390  | 3. Service Type  Grentfied Mail Registered Insured Mail C.O.D  4. Restricted Delivery? (Extra Fe   | ss Mall a Receipt for Merchand   |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service   | 7005 0390  | 3. Service Type  Certified Mail Registered Insured Mail C.O.D 4. Restricted Delivery? (Extra Fe  | as Mall a Receipt for Merchand   |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service   | 7005 0390 Damestic F   | If YES, enter delivery address  3. Service Type  Coertified Mail   | below: No  sa Mall n Receipt for Merchandi e) Yes  102595-02-M-1   |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7   | 7005 0390 04 Damestic F S SECTION 3. Also complete   | 3. Service Type  Gentified Mail Registered Insured Mail C.O.D 4. Restricted Delivery? (Extra Fe  | below: No  sa Mali a Receipt for Merchandi e) Yes  102595-02-M-1   |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service PS Form 3811, February 20  SENDER: COMPLETE THIS  Complete items 1, 2, and item 4 if Restricted Deliver Print your name and addressed to:   | 7005 0390 O4 Domestic F S SECTION 3. Also complete ry is desired. ess on the reverse   | 3. Service Type  Government Grant Gr | below: No  sa Mali a Receipt for Merchandi . e) Yes  102595-02-M-1  DELIVERY  Agent  Address                               |
| JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service) PS Form 3811, February 20  SENDER: COMPLETE THIS Complete items 1, 2, and item 4 if Restricted Delivered Print your name and address that we can return the end Attach this card to the base   | 7005 0390  7005 0390  Out Damestic F  S SECTION  3. Also complete ry is desired. ress on the reverse card to you. ck of the malipiece,   | 3. Service Type  Gentified Mail Registered Insured Mail C.O.D 4. Restricted Delivery? (Extra Fe  | below: No  sa Mali a Receipt for Merchandi . e) Yes  102595-02-M-1  DELIVERY  Agent  Address                               |
| JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service  PS Form 3811, February 20  SENDER: COMPLETE THIS  Complete items 1, 2, and item 4 if Restricted Deliver and address that we can return the extract this card to the base or on the front if space pe   | 7005 0390  7005 0390  Out Damestic F  S SECTION  3. Also complete ry is desired. ress on the reverse card to you. ck of the malipiece,   | 3. Service Type  Government Grant Gr | below: No  sa Mall a Receipt for Merchandl below: Yes  102595-02-M-1  Address C. Date of Delive m item 1? Yes              |
| JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service) PS Form 3811, February 20  SENDER: COMPLETE THIS Complete items 1, 2, and item 4 if Restricted Delivered Print your name and address that we can return the end Attach this card to the base   | 7005 0390  7005 0390  Out Damestic F  S SECTION  3. Also complete ry is desired. ress on the reverse card to you. ck of the malipiece,   | 3. Service Type  Certified Mail Registered Insured Mail C.O.D 4. Restricted Delivery? (Extra Fe  | below: No  sa Mall Receipt for Merchandl  102595-02-M-1  102595-02-M-1  Address C. Date of Delive mitem 1? Yes             |
| JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service  PS Form 3811, February 20  SENDER: COMPLETE THIS  Complete items 1, 2, and item 4 if Restricted Deliver and address that we can return the extract this card to the base or on the front if space pe   | 7005 0390  7005 0390  Out Damestic F  S SECTION  3. Also complete ry is desired. ress on the reverse card to you. ck of the malipiece,   | 3. Service Type  Certified Mail Registered Return Insured Mail C.O.D 4. Restricted Delivery? (Extra Fe   | below: No  sa Mall Receipt for Merchandl  102595-02-M-1  102595-02-M-1  Address C. Date of Delive mitem 1? Yes             |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service PS Form 3811, February 20  SENDER: COMPLETE THIS  Complete items 1, 2, and item 4 if Restricted Deliver Print your name and address that we can return the attach this card to the bas or on the front if space per 1. Article Addressed to:  JOE B. SCHUTZ P. O. BOX 973 | 7005 0390  7004 Domestic F  S SECTION  3. Also complete ry is desired. ess on the reverse card to you. ck of the mailpiece, ermits.  | 3. Service Type  Certified Mail Registered Return Insured Mail C.O.D 4. Restricted Delivery? (Extra Fe   | below: No  sa Mall Receipt for Merchandl  102595-02-M-1  102595-02-M-1  Address C. Date of Delive mitem 1? Yes             |
| JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service PS Form 3811, February 20  SENDER: COMPLETE THIS Complete items 1, 2, and item 4 if Restricted Deliver Print your name and address that we can return the service on the front if space per 1. Article Addressed to:  JOE B. SCHUTZ   | 7005 0390  7004 Domestic F  S SECTION  3. Also complete ry is desired. ess on the reverse card to you. ck of the mailpiece, ermits.  | 3. Service Type Certified Mail Registered Registered Insured Mail C.O.D 4. Restricted Delivery? (Extra Fe  | below: No  sa Mall Receipt for Merchandl  102595-02-M-1  102595-02-M-1  Address C. Date of Delive mitem 1? Yes             |
| 1. Article Addressed to:  JAMES E. HALL P. O. BOX 10666 MIDLAND, TX. 79702-7  2. Article Number (Transfer from service PS Form 3811, February 20  SENDER: COMPLETE THIS  Complete items 1, 2, and item 4 if Restricted Deliver Print your name and address that we can return the attach this card to the bas or on the front if space per 1. Article Addressed to:  JOE B. SCHUTZ P. O. BOX 973 | 7005 0390  7004 Domestic F  S SECTION  3. Also complete ry is desired. ess on the reverse card to you. ck of the mailpiece, ermits.  | 3. Service Type Certified Mail   | below: No  See Mall Receipt for Merchandl  Pel Yes  102595-02-M-1  Agent Address C. Date of Delive  mitem 1? Yes below: No |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                  |
|--|---|----------------------------------|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  | A. Signature  |                                  |
| <ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | B. Received by (Printed Name)  C. Date of   | Idressee<br>Delivery             |
| Article Addressed to:  | D. Is delivery address different from item 1? Yes   | -                                |
| JOHN & HELEN FRANKOT TRUST<br>HELEN FRANKOT, TTEE<br>1940 VERBANIA DR.   |   |                                  |
| LAS VEGAS, NV. 89134   | 3. Service Type  D Certified Mail  Express Mail Registered  Return Receipt for Merc Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee) | <del></del>                      |
| 2. Article Number (Transfer from service label) 7 0 0 5 0  |   |                                  |
|  | Return Receipt 102595-  | 02-M-15                          |
|  |   |                                  |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                  |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>  | A. Signature  | gent<br>ddress                   |
| 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.   | B. Received by (Printed Name) C. Date of  |                                  |
| 1. Article Addressed to:  JOHN & PATRICIA HALAGAN REVOCABLE FAMILY TRUST C/O R DANIEL ISRAEL EDD   | D. Is delivery address different from item 1?   | -                                |
| 70 SHADOWPLAY<br>IRVINE, CA. 92620   | 3. Service Type  LV Certified Mail Registered Return Receipt for Men I Insured Mail   |                                  |
| 2. Article Number 700  | 4. Restricted Delivery? (Extra Fee)   | <b>es</b>                        |
| (Transfer from service label)  | 5 0390 0002 9895 4034   |                                  |
| PS Form 3811, February 2004 Domestic   | c Return Receipt 102595-  |                                  |
|  | •   | 02-M-1                           |
|  | COMPLETE THIS SECTION ON DELIVERY   | 02-M-1                           |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  A. Signature   | 02-M-1                           |
| 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   | A. Signature X  | gent<br>ddress                   |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.   | A. Signature  X   | gent<br>ddress<br>f Delive       |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>                             | A. Signature X  | gent<br>ddress<br>f Delive       |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | A. Signature  X  B. Received by (Printed Name)  C. Date of  D. Is delivery address different from item 1?                                     | gent<br>ddress<br>f Delive       |
| <ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>JOHN LEWIS VICKERS</li> </ul> | A. Signature  X  B. Received by (Printed Name)  C. Date of  D. Is delivery address different from item 1?                                     | gent<br>ddress<br>f Delive<br>es |

| SENDER: COMPLETE THIS SECTION  Complete Items 1, 2 and 3. Also complete Items 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 maliplece, or on the front if space permits.  1. Article Addressed to:  JOSEPH L. DUNIGAN TESTAMENTARY TRUST THOMAS DUNIGAN TEEP P. D. BOX 9846  SANTA FE, NM 87504  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery 2004  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  A signature  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  A signature  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  A signature  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  A signature  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  A signature  A signature  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  A signature   |   |             |   | ,  |
|--|---|-------------|---|--|
| No.   Agent    | SENDER: COMPLETE THIS SECTION   | N           | COMPLETE THIS SECTION ON DE             | IVERY  |
| Item 4 if Restricted Delivery is dealered.   | Complete items 1, 2, and 3. Also or   | omplete     | A. Signature                            |  |
| so that we can return the card to you. Attach this card to the back of the mallplece, or on the front if space permits.  1. Aricic Addressed to:  JOSEPH L. DUNIGAN TEETAMENTARY TRUST THOMAS DUNIGAN TIEE P. O. BOX 9846 SANTA FE, NM 87504  2. Article Number (Insured Mail   Eg/mess Mail   Registered   Return Receipt for Merchandis   Registered   Return Receipt   Received by (Printed Name)   Resistered   Return Receipt   Return Receipt | item 4 if Restricted Delivery is desir  | red.        | x                                       | _ •  |
| Article Addressed to:  JOSEPH L. DUNIGAN TESTAMENTARY TRUST THOMAS DUNIGAN TEEP, O. BOX 9846  SANTA FE, NM 87504  3. Seryto Type Contribed Mall   Express Mall   Peoplets and Insured Mall   C.O.D.   Insured Mall   C.O.D.   Contribed Mall   C.O.D.   A Restricted Delivery (Extra Fee)   Yes   To grow on the foru fi space permits.  Acticle Addressed to:  A Signature  Complete Items 1, 2, and 3, Also complete item 4 if Peoplets and address on the reverses so that we can return the card to you.  Acticle Addressed to:  KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3, Also complete item 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete item 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete item 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Gomplete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature  X   Signature   Complete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature   Complete Items 1, 2 and 3, Also complete items 4 if Peoplets and Insured Mall   C.O.D.   A Signature   Complete Items 1, 2 and 3, Also complete items 4 if Peoplets and Items 1, 2 and 3, Also complete items 4 if Peoplets and Items 1, 2 and 3, Also complete items 4  |   |             | B. Banch and but / Orleand Marris       | T  |
| 1. Article Addressed to:  JOSEPH L. DUNIGAN TESTAMENTARY TRUST THOMAS DUNIGAN TTEE P. O. BOX 9846 SANTA FE, NM 87504  2. Article Number (Passible from service)   Countied National   Co.D.  | ■ Attach this card to the back of the   | mailpiece,  | • •                                     |  |
| TESTAMENTARY TRUST THOMAS DUNIGAN TIEE P. O. BOX 9846 SANTA FE, NM 87504    Contributed Mail   Express Mail   Registrery   Contributed Mail   Express Mail   Registrery   Contributed Mail   Reserved   Press   Press  | 1. Article Addressed to:  |             | <b> </b>                                |  |
| TESTAMENTARY TRUST THOMAS DUNIGAN TIEE P. O. BOX 9846 SANTA FE, NM 87504    Contributed Mail   Express Mail   Registrery   Contributed Mail   Express Mail   Registrery   Contributed Mail   Reserved   Press   Press  | JOSEPH L. DUNIGAN   | }           | 1                                       |  |
| SANTA FE, NM 87504   | TESTAMENTARY TRUST  |             |   |  |
| SANTA FE, NM 87504    Service Type   | THOMAS DUNIGAN TIFF   |             | 1                                       |  |
| Conflict Number   Resistance   Resistance   Resistance   Resistance   Resistance   Resistance   Resistance   Resistance   Receipt for Merchandis   Resistance   Receipt   Receipt   Resistance   Receipt   Resistance   Receipt   R   | P. O. BOX 9846  |             |   |  |
| Registered   Co.D.   | SANTA FE, NM 87504  |             | 1 / "                                   | lail .   |
| 2. Article Number (Parister from service 7005 0390 0002 9895 4485  PS Form 3811, February 2004 Domestic Return Receipt 102568-02-M-15  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  A Signature X Garage Grant The card to you.  Attach this card to the back of the mallplece, or on the front if space permits.  A Article Addressed to:  KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611  3. Service Type Garage Grant Receipt 102569-02-M-16  Grant Receipt 102569-02-M-16  Complete Items 1, 2, and 3. Also complete Items 4 if Restricted Delivery is desired.  PS Form 3811, February 2004 Domestic Return Receipt 102569-02-M-16  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.  A Restricted Delivery Address Below: 102569-02-M-16  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.  A Attach this card to the back of the mallplece, or on the front if space permits.  1. Article Addressed to:  KERR-MCGEE CORP.  P. O. BOX 730245  DALLAS, TX. 75373-0245   |   |             |   | •  |
| 2. Article Number (Paraster from service) PS Form 3811, February 2004  Complete Items 1, 2, and 3. Also complete Item 4, 1, 2, and 3. Also complete Item 4, 1, 2, and 3. Also complete Item 4, 1, 2, and 4, 2, and 5, 2, and 6, 2, and 6, 2, and 6, 2, and 6, 2, and 7, 2, and 8, 2, and 8, 3, |   |             |   | ·  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  Attach this card to the back of the maliplece, or on the front if space permits.  Article Number (Transfer from service labe)  PS Form 3811, February 2004 Domestic Return Receipt (Petrose Mail   Peturn Receipt for Merchandic   Insured Mail   C.O.D.  A Restricted Delivery (Extra Fee)   Yes  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.  A tricle Addressed to:  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.  A tricle Addressed to:  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.  A tricle Addressed to:  KERR-MCGEE CORP.  P. O. BOX 730245  DALLAS, TX. 75373-0245  |   |             | 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 maliplece, or on the front if space permits.  Atticle Addressed to:  KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611  3. Service Type   | 301   | 1 OPEO 20   | 0002 9895 4485                          |  |
| 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 mallplece, or on the front if space permits.  1. Article Addressed to:  KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611  3. Service type Cartified Mail Registered Return Receipt for Merchandis items of the mallplece, or on the front if space permits.  2. Article Number (Transfer from service labey PS Form 3811, February 2004  Domestic Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  B. Received by (Printed Name)  C. Date of Deliver  X  B. Received by (Printed Name)  C. Date of Deliver  Addresse different from item 1?   Yes   If YES, enter delivery address below:   No  A Restricted Delivery? (Extra Fee)   Yes    COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  B. Received by (Printed Name)  C. Date of Deliver  C. Date of Deliver  C. Date of Deliver  D. Is delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes | PS Form 3811, February 2004   | Domestic Re | turn Receipt                            | 102595-02-M-15   |
| 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 mallplece, or on the front if space permits.  1. Article Addressed to:  KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611  3. Service type Cartified Mail Registered Return Receipt for Merchandis items of the mallplece, or on the front if space permits.  2. Article Number (Transfer from service labey PS Form 3811, February 2004  Domestic Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  B. Received by (Printed Name)  C. Date of Deliver  X  B. Received by (Printed Name)  C. Date of Deliver  Addresse different from item 1?   Yes   If YES, enter delivery address below:   No  A Restricted Delivery? (Extra Fee)   Yes    COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  B. Received by (Printed Name)  C. Date of Deliver  C. Date of Deliver  C. Date of Deliver  D. Is delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes   If YES, enter delivery address different from item 1?   Yes |   |             |   |  |
| 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 mallplece, or on the front if space permits.   | SENDER: COMPLETE THIS SECTI   | ON          | COMPLETE THIS SECTION ON DE             | LIVERY   |
| Print your name and address on the reverse so that we can return the card to the back of the mailplece, or on the front if space permits.  1. Article Addressed to:    KATHRYN RAE BRANDENBURG   |   |             | A. Signature                            | □ A  |
| so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits.  1. Article Addressed to:  KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611  3. Service Type Certified Mall Registered Return Receipt for Merchandle Return Receipt for Merchandle Restricted Delivery? (Extra Fee) PS Form 3811, February 2004  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. Acticle Addressed to:  KERR-MCGEE CORP. P. O. BOX 730245  DALLAS, TX. 75373-0245  B. Received by (Printed Name) C. Date of Deliver Restricted Name) C. Date of Deliver Restricted Name Complete items 1? Printed Name Complete items 1.2 and 3. Also complete item 4 if Restricted Delivery is desired. B. Received by (Printed Name) C. Date of Deliver Restricted Mall Registered Activess different from item 17 Person Return Receipt Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. B. Received by (Printed Name) C. Date of Deliver Received Mall Registered Return Receipt for Merchandle  |   |             | <b>x</b>                                | •  |
| Article Addressed to:    Article Addressed to:   | so that we can return the card to y   | ou.         | B. Received by / Printed Name)          | T  |
| 1. Article Addressed to:  KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611  3. Sprice Type Certified Mall Registered Insured Mall Registered Return Receipt Return Receipt Insured Mall Registered Return Receipt Return Receipt Insured Mall Registered Return Receipt Return Return Receipt Return Return Receipt Return  |   | mailpiece,  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| KATHRYN RAE BRANDENBURG 4243 TERRACE ST. OAKLAND, CA. 94611  3. Sprice Type Certified Mail Registered Return Receipt for Merchandis Restricted Delivery? (Extra Fee) Yes  2. Article Number (Transfer from service labey PS Form 3811, February 2004 Domestic Return Receipt  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 mallplece, or on the front if space permits.  1. Article Addressed to:  KERR-MCGEE CORP. P. O. BOX 730245 DALLAS, TX. 75373-0245  3. Service Type Received Mail Registered Return Receipt for Merchandis Registered Return Receipt for Merchandis Registered Return Receipt for Merchandis   | 1. Article Addressed to:  |             | "                                       |  |
| 2. Article Number   Registered   Return Receipt for Merchandis   Restricted Delivery? (Extra Fee)   Yes   Yes   Restricted Delivery   Restricted De   |   |             | If YES, enter delivery address be       | OW: 140  |
| 2. Article Number   Restricted Delivery      | VATURAL DAM DO  |             | <b>[</b> <del>]</del>                   |  |
| OAKLAND, CA. 94611  3. Service Type Certified Mail Registered Return Receipt for Merchandle Registered Return Receipt for Merchandle Restricted Delivery? (Extra Fee) Yes  2. Article Number (Transfer from service labes PS Form 3811, February 2004 Domestic Return Receipt  102595-02-M-15  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. A Signature X Addresse 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:  KERR-MCGEE CORP. P. O. BOX 730245 DALLAS, TX. 75373-0245  3. Service Type Certified Mail Registered Return Receipt for Merchandle Return Receipt for Merchandle Registered Return Receipt for Merchandle  | 4243 TERRACE CT   |             |   |  |
| 3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandis   Registered   Return Receipt for Merchandis   Registered   Return Receipt for Merchandis   Restricted Delivery? (Extra Fee)   Yes  | OAKLAND CA GARAA  |             |   |  |
| Certified Mail   Pexpress Mail   Return Receipt for Merchandis   Insured Mail   C.O.D.   | O   |             | 3. Service Type                         |  |
| Insured Mail   |   |             | 1 / " /                                 | fali   |
| 4. Restricted Delivery? (Extra Fee)  |   |             |   | celpt for Merchandis   |
| 2. Article Number (Transfer from service labe,  PS Form 3811, February 2004  Domestic Return Receipt  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.  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  KERR-MCGEE CORP. P. O. BOX 730245  DALLAS, TX. 75373-0245   |   |             |   |  |
| Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.   A Signature   Addresse so that we can return the card to you.   Attach this card to the back of the mailplece, or on the front if space permits.   D. is delivery address different from item 1?   Yes If YES, enter delivery address below:   No      No   No   No   No   No  |   |             | 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:  KERR-MCGEE CORP. P. O. BOX 730245  DALLAS, TX. 75373-0245  COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  Address:  B. Received by (Printed Name)  C. Date of Delivery address different from item 1? Yes if YES, enter delivery address below: No  No  Service Type  Certified Mail  Registered  Return Receipt for Merchandis Insured Mail  Insured Mail  C.O.D.   |   | 7005 039    | 0002 9895 4492                          |  |
| 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:  KERR-MCGEE CORP. P. O. BOX 730245  DALLAS, TX. 75373-0245  3. Sevice Type  Certified Mail  Registered  Return Receipt for Merchandis  Insured Mail  C. Date of Delivery Address different from item 1?  Yes  1. Sevice Type  Certified Mail  Registered  Return Receipt for Merchandis  Insured Mail  C.O.D.   | PS Form 3811, February 2004   | Domestic Re | atum Receipt                            | 102595-02-M-15   |
| 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:  KERR-MCGEE CORP. P. O. BOX 730245  DALLAS, TX. 75373-0245  3. Sevice Type  Certified Mail  Registered  Return Receipt for Merchandis  Insured Mail  C. Date of Delivery Address different from item 17  Yes  If YES, enter delivery address below:  3. Sevice Type  Certified Mail  Registered  Return Receipt for Merchandis  |   |             |   |  |
| 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:  KERR-MCGEE CORP. P. O. BOX 730245  DALLAS, TX. 75373-0245  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandis  Insured Mail  C. Date of Delivery address different from item 1?  Yes  If YES, enter delivery address below:  No  |   |             |   | LIVERY   |
| ■ 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:  ■ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No  ■ KERR-MCGEE CORP. P. O. BOX 730245  ■ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandis □ Insured Mail □ C.O.D.   |   |             | ))                                      | ∏ Anant  |
| 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:    D. is delivery address different from item 1?   Yes   Yes   Yes, enter delivery address below:   No   No      KERR-MCGEE CORP.   P. O. BOX 730245   Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandis   Insured Mail   C.O.D.  | Print your name and address on the  | ne reverse  | I X                                     |  |
| Attach this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:    D. is delivery address different from item 17   Yes   Yes   Yes, enter delivery address below:   No   No      KERR-MCGEE CORP.   |   |             | B. Received by ( Printed Name)          |  |
| 1. Article Addressed to:    D. Is delivery address different from item 17   Yes If YES, enter delivery address below:   No   No  |   | maiipiece,  |   | The state of the s |
| KERR-MCGEE CORP. P. O. BOX 730245  DALLAS, TX. 75373-0245  3. Service Type  Certified Mail   | 1. Article Addressed to:  |             | 11                                      | =  |
| P. O. BOX 730245  DALLAS, TX. 75373-0245  3. Service Type  Certified Mail  | THE PROPERTY OF THE PROPE |             | If YES, enter delivery address be       | ow: 🗆 No   |
| P. O. BOX 730245  DALLAS, TX. 75373-0245  3. Service Type  Contribed Mail  | KEDD-WCGEE CODD   |             |   |  |
| DALLAS, TX. 75373-0245  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandis  Insured Mail  C.O.D.   |   |             |   |  |
| S. Service type  Certified Mail  Registered  Return Receipt for Merchandis  Insured Mail  C.O.D.   |   |             | L <del></del>                           |  |
| ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.   | PARENCE IN TOUTO VETO   |             | 1 / " /                                 |  |
| □ Insured Mail □ C.O.D.  |   |             |   |  |
|  |   |             |   | cellar iot inietotiangis   |
|  |   |             | I LI INSURECIMANI LI C.O.D              |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>LESLIE RIGGS MILLS TRUST LESLIE RIGGS MILLS TTEE</li> <li>P. O., BOX 230430</li> <li>ANCHORAGE, AK. 99523-0430</li> </ul> | A. Signature  X.   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery  D. Is delivery address different from item 1?   Yes   If YES, enter delivery address below:   No  3. Service Type   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 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:  LINDY'S LIVING TRUST FRANCIS H. HUDSON, TTEE 6300 RIDGLEA PL, STE. 1005A FT. WORTH, TX. 76116   | A. Signature  A. Signature  A. Signature  Addresse  B. Received by (Printed Name)  C. Date of Deliver  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  3. Senice Type  Certified Mail  Registered  Return Receipt for Merchandis Insured Mail  C.O.D.  |
| (mansion from service labe   | 4. Restricted Delivery? (Extra Fee)   |
| 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:  MICHAEL SHEARN P. O. BOX 10151 EL PASO, TX. 79995  | A. Signature  X   |
|  | 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 mallplece, or on the front if space permits.  1. Article Addressed to:  LESLIE RIGGS MILLS TRUST PROPERTY OF THE SECTION  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 malipiece, or on the front if space permits.  1. Article Addressed to:  LINDY'S LIVING TRUST FRANCIS H. HUDSON, TTEE 6300 RIDGLEA PL., STE. 1005A FT. WORTH, TX. 76116  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 maliplece, or on the front if space permits.  1. Article Addressed to:  MICHAEL SHEARN P. O. BOX 10151 |

;

|   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| ■ Complete items 1, 2, and 3. Also complete   | A. Signature  |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse   | X Addressee   |
| 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.  | B. Received by ( Printed Name) C. Date of Delivery  |
| Article Addressed to:   | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No  |
| MINERALS MANAGEMENT SERVICE   | in real, and dollrary address solon.  |
| FEDERAL GOVERNMENT ROYALTY  |   |
| BOXY 5810 TA<br>DENVER, CO 80217  |   |
| DENVEN, CO 60217  | 3. Service Type   |
|   | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandiss   |
|   | ☐ Insured Mail ☐ C.O.D.   |
|   | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number 7005 035  | 30 0002 9895 4546   |
| PS Form 3811, February 2004 Domestic  | Return Receipt 102595-02-M-1544   |
|   |   |
|   |   |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
| Complete items 1, 2, and 3. Also complete<br>item 4 if Restricted Delivery is desired.  | A. Signature  |
| ■ Print your name and address on the reverse  | X Addressee   |
| <ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | B. Received by ( Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? Yes   |
|   | If YES, enter delivery address below:   |
| PAUL SLAYTON  |   |
| P. O. BOX 2035  |   |
| ROSWELL, NM 88201   | 3. Service Type   |
|   | □ Certified Mail □ Express Mail   |
|   | ☐ Registered ☐ Return Receipt for Merchandise   |
|   |   |
|   | ☐ Insured Mail ☐ C.O.D.   |
| 2. Article Number   | ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| 2. Article Number (Transfer from service l. 7005 039  | ☐ Insured Mail ☐ C.O.D.   |
| (nation non-derived)  | Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes  0 0002 9895 4553  |
| (Hardia Holli dellico k   | ☐ Insured Mall ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes  ☐ ☐☐☐ 2 ☐☐ 3 ☐ 4 ☐ 5 ☐ 4 ☐ 5 ☐ 6 ☐ 6 ☐ 6 ☐ 6 ☐ 6 ☐ 6 ☐ 6 ☐ 6 ☐ 6                              |
| PS Form 3811, February 2004 Domestic  | Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes  1. Co.D.  1. Restricted Delivery? (Extra Fee) Yes  2. Return Receipt 102595-02-W-154                |
| (Hardia Holli dellico k   | Insured Mall C.O.D.  4. Restricted Delivery? (Extra Fee) Yes  10002 9895 4553  2. Return Receipt 102595-02-M-154  |
| PS Form 3811, February 2004  Domestic  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete   | Insured Mall C.O.D.  4. Restricted Delivery? (Extra Fee) Yes  D DD 2 9895 4553  C Return Receipt 102595-02-M-154  COMPLETE THIS SECTION ON DELIVERY  A. Signature |
| PS Form 3811, February 2004  Domestic  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   | Insured Mall  |
| PS Form 3811, February 2004  Domestic  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 malipiece,  | Insured Mall  |
| PS Form 3811, February 2004  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.  | Insured Mall  |
| PS Form 3811, February 2004  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:   | Insured Mall  |
| PS Form 3811, February 2004  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:  PENNNZENERGY EXLPLORATION &   | Insured Mall  |
| PS Form 3811, February 2004  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: PENNNZENERGY EXLPLORATION & PRODUCTION LLC NATIONSBANK LOCKBOX                       | Insured Mall  |
| PS Form 3811, February 2004  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:  PENNNZENERGY EXLPLORATION & PRODUCTION LLC NATIONSBANK LOCKBOX P. O. BOX 277122 | Insured Mall  |
| PS Form 3811, February 2004  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: PENNNZENERGY EXLPLORATION & PRODUCTION LLC NATIONSBANK LOCKBOX                       | Insured Mall  |
| PS Form 3811, February 2004  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:  PENNNZENERGY EXLPLORATION & PRODUCTION LLC NATIONSBANK LOCKBOX P. O. BOX 277122 | Insured Mall  |

;

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| Complete Items 1, 2, and 3. Also complete  | A. Signature   |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse  | X □ Agent □ Addressee  |
| so that we can return the card to you.  Attach this card to the back of the mailpiece, | B. Received by ( Printed Name) C. Date of Delivery   |
| or on the front if space permits.  |  |
| 1. Article Addressed to:   | D. Is delivery address different from Item 1?  Yes If YES, enter delivery address below:  No |
| DIOMADD II COATO   |  |
| RICHARD H. COATS<br>P. O. BOX 2412   |  |
| MIDLAND, TX. 79706   |  |
| ·  | 3. Seprice Type  |
|  | ☐ Certified Mail ☐ Æxpress Mail ☐ Registered ☐ Return Receipt for Merchandise                |
|  | ☐ Insured Mail ☐ C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number 7005 03  | 390 0002 9895 4577   |
| (Transfer from service label)  PS Form 3811, February 2004  Domestic F                 | Paking Booking   |
| ro rom out 1, rebidary 2004 Domestic r   | Return Receipt 102595-02-M-1540  |
|  |  |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
| Complete items 1, 2, and 3. Also complete  | A. Signature   |
| Item 4 if Restricted Delivery is desired.  | X Agent  |
| Print your name and address on the reverse<br>so that we can return the card to you.   | B. Received by (Printed Name) C. Date of Delivery  |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.    | - Sais di Sais di  |
| Article Addressed to:  | D. Is delivery address different from item 1?  |
| 1. Article Addressed to:   | If YES, enter delivery address below:  |
|  |  |
| ROBERT J KILLE   |  |
| 4815 TWIN POST RD<br>DALLAS, TX. 75244   |  |
| 5 <u></u>  | 3. Segrice Type  Cretified Mail  |
|  | ☐ Registered ☐ Return Receipt for Merchandise  |
|  | ☐ Insured Mail ☐ C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Transfer from service label) 7 0 0 5                                | 0390 0002 9895 4584  |
| 7.000 1011 001100 1000   |  |
| PS Form 3011, February 2004 Domestic   | Return Receipt 102595-02-M-1540  |
|  |  |
|  |  |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
| Complete items 1, 2, and 3. Also complete  | A. Signature   |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse  | X Addressee  |
| so that we can return the card to you.   | B. Received by ( Printed Name) C. Date of Delivery   |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.    |  |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?  |
|  | ii /EG, Giller delivery address bolow.   |
| ROY DUNN &   |  |
| CONNIE DUNN<br>5511 N. DELNO   |  |
| FRESNO, CA. 93711  |  |
| • • • • • • • • • • • • • • • • • • •  | 3. Service Type  Grentified Mail D Express Mail  |
|  | Registered Return Receipt for Merchandise  |
|  | ☐ Insured Mail ☐ C.O.D.  |

•;

| SENDER: CO                              | OMPLETE THIS SECTION   | /            | COMPLETE THIS SE  | CTION ON DEL                       | VERY                        |
|---|--|--------------|---|------------------------------------|-----------------------------|
| item 4 if Re                            | terns 1, 2, and 3. Also com<br>estricted Delivery is desired<br>name and address on the r  | 1.           | A. Signature  |                                    | ☐ Agent                     |
| so that we<br>Attach this               | can return the card to you card to the back of the material to the back of the material to the part of | .            | 8. Received by ( Print  | ed Name)                           | C. Date of Delivery         |
| 1 Article Addre                         |  |              | D. Is delivery address of YES, enter deliver                  |                                    |                             |
| RUBIE C. BI<br>1331 THIRD<br>NEW ORLE   | <del></del> :  |              |   |                                    |                             |
|   |  |              | 3. Service Type  U Certified Mail  Registered  I Insured Mail | ☐ C.O.D.                           | eipt for Merchandise        |
| 2. Article Numb                         | · · · · · · · · · · · · · · · · · · ·  | 005 039      | 4. Restricted Delivery  | 7 (Extra Fee)<br>5 4607            | ☐ Yes                       |
|   | n service label) 1, February 2004  | Domestic Ref |   |                                    | 102596-02-M-1540            |
|   |  |              |   |                                    |                             |
| SENDER: C                               | OMPLETE THIS SECTION   | v            | COMPLETE THIS SE  | CTION ON DEL                       | IVERY                       |
| item 4 if Re                            | items 1, 2, and 3. Also con<br>estricted Delivery is desired   | d.           | A. Signature  |                                    | ☐ Agent                     |
| so that we                              | name and address on the can return the card to you card to the back of the more ront if space permits.   | l.           | B. Received by ( Print  | ted Name)                          | C. Date of Delivery         |
| 1. Article Addre                        |  |              | D. Is delivery address If YES, enter deliver                  |                                    |                             |
| PARTNERSI<br>RUBIE C. BE<br>1331 3RD. S | ELL, MANAGING GEN PT   | 'N           | 3. Service Type  12 Certified Mail  Registered  Insured Mail  | Express Ma                         | uil<br>elpt for Merchandise |
|   |  |              | 4. Restricted Delivery  | y? (Extra Fee)                     | ☐ Yes                       |
| 2. Article Numi<br>(Transfer fro        | ber<br>m service label)  | 7005 03      | 89 5000 08  | 95 4614                            | <del></del>                 |
| PS Form 381                             | 1, February 2004   | Domestic Re  | turn Receipt  |                                    | 102595-02-M-1540            |
| SENDER: C                               | OMPLETE THIS SECTION   | V            | COMPLETE THIS SE  | CTION ON DEL                       | IVERY                       |
| item 4 if R                             | items 1, 2, and 3. Also cor<br>estricted Delivery is desired<br>name and address on the  | ď.           | A. Signature  |                                    | ☐ Agent<br>☐ Addressee      |
| so that we Attach this                  | can return the card to you<br>card to the back of the m<br>ront if space permits.  | J.           | B. Received by ( Prin   | ted Name)                          | C. Date of Delivery         |
| 1. Article Addr                         | <del></del>  |              | D. Is delivery address If YES, enter delivery                 |                                    |                             |
| 111 W. MEF<br>P. O. BOX 1               | 1658   |              | /   |                                    |                             |
| CARLSBAI                                | ), NM 88221-1658   | •            | 3. Sarvice Type  Certified Mail Registered Insured Mail       | □/Express Ma ☑ Return Rec □ C.O.D. | ill<br>elpt for Merchandise |
|   |  |              | 4. Restricted Delivery  | (? (Extra Fee)                     | ☐ Yes                       |

| SENDER: COMPLETE THIS SECTION  | 1             | COMPLETE THIS SECT                                    | ION ON DELIV                               | ERY                    |
|--|---------------|---|--|------------------------|
| Complete items 1, 2, and 3. Also com   |               | A. Signature  |  |                        |
| item 4 if Restricted Delivery is desired  Print your name and address on the r   |               | X   |  | ☐ Agent<br>☐ Addressee |
| so that we can return the card to you  Attach this card to the back of the mayor on the front if space permits.                                  | . !!          | B. Received by ( Printed                              | Name) (                                    | C. Date of Delivery    |
| 1 1 11 Addmonad to:  |               | D. is delivery address diff<br>if YES, enter delivery |  |                        |
| STANLEY W. CROSBY III<br>P. O. BOX 2346<br>ROSWELL, NM 88202-2346  |               |   |  |                        |
| ÷  | L             | ☐ Registered ☐  | J Express Mail<br>Return Recei<br>J C.O.D. | ot for Merchandise     |
| ·  |               | 4. Restricted Delivery?                               | (Extra Fee)                                | ☐ Yes                  |
| 2. Article Number 700!   | 5 0390 0      | 1002 9895 46  | 38   |                        |
| PS Form 3811, February 2004  | Domestic Retu | ım Receipt  |  | 102595-02-M-1540       |
|  |               |   |  |                        |
| SENDER: COMPLETE THIS SECTION  | V             | COMPLETE THIS SECT                                    | TION ON DELIV                              | /ERY                   |
| ■ Complete items 1, 2, and 3. Also con<br>item 4 if Restricted Delivery is desire  |               | A. Signature  |  | ☐ Agent                |
| ■ Print your name and address on the   | reverse       | X   | т  | ☐ Addressee            |
| so that we can return the card to you  Attach this card to the back of the mor on the front if space permits.                                    | iailpiece,    | B. Received by ( Printed                              |  | C. Date of Delivery    |
| 1. Article Addressed to:   |               | D. is delivery address dif<br>If YES, enter delivery  |  | <b>—</b>               |
| SUE SAUNDERS GRAHAM P. O. BOX 987 ROSWELL, NM 88201  |               | 3. Service Type                                       |  |                        |
| ,  |               | ☐ Registered ☐ ☐ Insured Mail ☐                       | ☐ C.O.D.                                   | pt for Merchandise     |
|  |               | 4. Restricted Delivery?                               | <del>`</del>                               | Yes                    |
| Article Number     (Transfer from service label)   | 2005 039      | 0 0002 9895   | 4645                                       | • .                    |
| PS Form 3811, February 2004  | Domestic Ret  | um Receipt  |  | 102595-02-M-1540       |
| SENDER: COMPLETE THIS SECTION  | N             | COMPLETE THIS SEC                                     | TION ON DELI                               | /ERY                   |
| <ul> <li>Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desire</li> <li>Print your name and address on the</li> </ul>       | d. \          | A. Signature  |  | ☐ Agent                |
| so that we can return the card to you  Attach this card to the back of the moor on the front if space permits.                                   |               | B. Received by ( Printed                              | d Name)                                    | C. Date of Delivery    |
| 1. Article Addressed to: SWINEHART 1973 FAMILY TRUST JUDY SWINEHART & LESLIE A. MA SUCC CO-TRS 10713 S. LOGAN CANYON RD. SOUTH JORDAN, UT. 84095 | LLETT         | D. Is delivery address dif If YES, enter delivery     |  |                        |
| ,  |               | ☐ Registered ☐ ☐ Insured Mail ☐                       | □ C.O.D.                                   | pt for Merchandise     |
|  |               | 4 Postricted Delivery                                 | /Euden Cool                                |                        |

|   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELI  | VERY   |
|---|---|--|--|
|   |   |  |  |
|   | <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul> | A. Signature   | ☐ Agent☐ Addressee                           |
|   | 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.                                    | B. Received by ( Printed Name)   | C. Date of Delivery                          |
|   | 1. Article Addressed to:  | D. Is delivery address different from item<br>if YES, enter delivery address below | <b>—</b>                                     |
|   | THE KUNKEL TRUST ROBERT PAUL KUNKEL TTEE P. 0. 6901   |  |  |
|   | DENVER, CO. 80206   | 3. Sérvice Type  Certified Mail Express Mai Registered Insured Mail C.O.D.         | il ,<br>olpt for Merchandise                 |
|   | •   | 4. Restricted Delivery? (Extra Fee)  | Yes  |
|   | 2. Article Number 7 🗆 🗆 5 (Transfer from service label)   | 0390 0002 9895 4669  |  |
|   | PS Form 3811, February 2004 Domestic  | Return Receipt   | 1025 <del>95-02-M-</del> 1540                |
|   | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DEL   | IVERY  |
|   | Complete items 1, 2, and 3. Also complete   | A. Signature   | _  |
|   | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse   | X  | ☐ Agent ☐ Addressee                          |
|   | 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.                                    | B. Received by ( Printed Name)   | C. Date of Delivery                          |
|   | 1. Article Addressed to:  | D. is delivery address different from ited<br>if YES, enter delivery address below |  |
|   | THE RICHARD A HALL TRUST F0442200 FROST NATIONAL BANK TTEE P. O. BOX 1600 SAN ANTONIO, TX. 78296-1600   | . Sérvice Type  Centified Mail   Express Ma  |  |
|   |   | ☐ Insured Mail ☐ C.O.D.  | elpt for Merchandise                         |
|   | 2. Article Number   | 4. Restricted Delivery? (Extra Fee)  | ☐ Yes  |
|   | (Transfer from service label) 7 🛮 🗎   | 15 0390 0002 9895 46   | 76   |
|   | PS Form 3811, February 2004 Domestic  | Return Receipt   | 102595-02-M-1540                             |
| ł | SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DEL   | IVERY  |
|   | Complete items 1, 2, and 3. Also complete   | A. Signature   | <u>                                     </u> |
|   | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse   | x  | ☐ Agent                                      |
|   | so that we can return the card to you.  Attach this card to the back of the mailpiece.  | B. Received by ( Printed Name)   | C. Date of Delivery                          |
|   | or on the front if space permits.  1. Article Addressed to:   | D. Is delivery address different from iter   | m 1? Yes                                     |
|   | THE RIGGS-MILLS LTD PTNSP<br>R-M MANAGEMENT LLC<br>GENERAL PARTNER<br>P. O. BOX 727   | If YES, anter delivery address below   |  |
|   | CEDAREDGE, CO 81413-0727  | ☐ Insured Mail ☐ C.O.D.  | eipt for Merchandise                         |
|   |   | 4. Restricted Delivery? (Fxtra Faa)  | - v  |

:

:

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| ■ Complete items 1, 2, and 3. Also complete   | A. Signature   |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse   | X ☐ Agent ☐ Addressee  |
| 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.                                    | B. Received by ( Printed Name) C. Date of Delivery   |
| Article Addressed to:   | D. Is delivery address different from item 1?  |
| THE TOLES CO. P. O. DRAWER 1300 ROSWELL, NM 88202-1300  |  |
| ;   | 3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  |
|   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 2. Article Number 7005 03   | 390 0002 9895 4706   |
| PS Form 3811, February 2004 Domestic Re   | sturn Receipt 102595-02-M-1540   |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul> | A. Signature  X  |
| 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.                                    | B. Received by ( Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:  | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No   |
| THOMAS HALAGAN<br>6035 N. MARKS AVE.<br>FRESNO, CA. 93711   |  |
| THEORO, OR. 30711   | 3. Service Type  Certified Mail Registered Insured Mail C.O.D.                                 |
|   | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number 7005 035  | 10 0002 9895 4713  |
|   | eturn Receipt 102595-02-M-1540   |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete  | COMPLETE THIS SECTION ON DELIVERY  A. Signature  |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse   | X Agent Addressee  |
| 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.                                    | B. Received by ( Printed Name) C. Date of Delivery   |
| Article Addressed to:   | D. is delivery address different from item 1?  |
| UMC PETROLEUM CORP.<br>REVENUE<br>P. O. BOX 4970  |  |
| HOUSTON, TX. 77210-4970   | 3. Service Type  Certified Mail Registered CReturn Receipt for Merchandise Insured Mail C.O.D. |
|   | A Restricted Delivery? (Extra Fee)   |

|   | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|---|--|---|
|   | ■ Complete items 1, 2, and 3. Also complete  | A. Signature  |
|   | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse                                    | X Agent Addressee   |
|   | so that we can return the card to you.  Attach this card to the back of the mailpiece,                                   | B. Received by ( Printed Name) C. Date of Delivery  |
|   | or on the front if space permits.  1. Article Addressed to:  | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No    |
|   | W T PROBANT<br>415 W. WALL ST., STE. 2206<br>MIDLAND, TX. 79701-4442   |   |
|   |  | 3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
|   |  | 4. Restricted Delivery? (Extra Fee)   |
|   | 2. Article Number 7005 03  | 390 0002 9895 4737  |
|   | PS Form 3811, February 2004 Domestic I   | Return Receipt 102595-02-M-1540   |
| 1 | 1  |   |
| ( | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|   | Complete items 1, 2, and 3. Also complete  | A. Signature  |
|   | Item 4 if Restricted Delivery is desired.  | X Gent Addressee  |
|   | Print your name and address on the reverse<br>so that we can return the card to you.                                     | B. Received by (Printed Name) C. Date of Delivery   |
|   | Attach this card to the back of the mailpiece,<br>or on the front if space permits.                                      |   |
|   | Article Addressed to:  | D. Is delivery address different from item 1? Yes   |
|   | 1. Article Addressed to.   | If YES, enter delivery address below: ☐ No  |
|   | WA & ER HUDSON INC. AGENT<br>616 TEXAS ST.<br>FT. WORTH, TX. 76102-4612  |   |
|   | ,  | 3. Service Type  C Certified Mail   |
|   |  | 4. Restricted Delivery? (Extra Fee) Yes   |
|   | 2. Article Number 7005 03  | 90 0002 9895 4744   |
|   | PS Form 3811, February 2004 Domestic   | Return Receipt 102595-02-M-1540   |
|   |  |   |
|   | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|   | ■ Complete Items 1, 2, and 3. Also complete  | A. Signature  |
|   | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse                                    | X ☐ Agent ☐ Addressee   |
|   | 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. | B. Received by ( Printed Name) G. Date of Delivery  |
|   | Article Addressed to:  | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No    |
|   | WILLS ROYALTY INC. P. O. BOX 1658 CARLSBAD, NM 88221-1658  |   |
|   |  | 3. Service Type  Certified Mail Registered Registered Insured Mail C.O.D.                     |
|   |  | 4. Restricted Delivery? (Extra Fee) Yes   |

• 3

| SENDER: COMPLETE THIS SECT   | ION   | COMPLETE THIS SEC                                       | CTION ON DELI | VERY                    |
|--|-------|---|---------------|-------------------------|
| Complete items 1, 2, and 3. Also of item 4 if Restricted Delivery is des Print your name and address on the complete items.            | ired. | A. Signature  |               | ☐ Agent                 |
| <ul> <li>so that we can return the card to y</li> <li>Attach this card to the back of the or on the front if space permits.</li> </ul> |       | B. Received by (Printe                                  | nd Name)      | C. Date of Delivery     |
| 1. Article Addressed to:   |       | D. Is delivery address d If YES, enter deliver          |               |                         |
|  |       | į.  |               |                         |
| YELLOW RIBBON INC.<br>P. O. BOX 6901<br>DENVER, CO. 80206  |       | i   |               |                         |
| P. O. BOX 6901   |       | 3. Service Type  Certified Mail Registered Insured Mail | ☐ Express Mal | I \ ipt for Merchandise |
| P. O. BOX 6901   |       | ☐ Certified Mail ☐ Registered                           | Return Rece   |                         |

\*

## Catanach, David, EMNRD

From: Catanach, David, EMNRD

Sent: Monday, March 26, 2007 7:37 AM

To: 'david\_stewart@oxy.com'

Subject: Surface Commingling

### David,

I'm currently reviewing your application to surface commingle production on the Government Leases. Could you please

provide me with the following information:

Lease names, lease numbers & lease descriptions Acreage dedication for each well Surface & bottomhole well locations for each of the subject wells

I will process your application upon the receipt of the requested data.

Thanks,

David Catanach Engineer District I 1625 N. French Dr., Hobbs, NM 88246 District II 1301 W. Grand Avenue, Artsaia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

District.IV. 1220 S. St. Francis Dr., Santa Fe, NM 87505

☐ AMENDED REPORT

|                   |                                |                          | WELL LC          | CATIO       | N AND ACR               | EAGE DEDIC       | ATION PLA     | T         |              |
|-------------------|--------------------------------|--------------------------|------------------|-------------|-------------------------|------------------|---------------|-----------|--------------|
| ¹ A               | Pl Number                      |                          |                  | ' Pool Code |                         |                  | Poel Nat      |           |              |
| 30-01             | 5-200                          | $\pi$ 1                  |                  | 73520       | <b>O</b>                | Burton           | Flat Wol      | feamp,    | North        |
| ' Property C      | ode                            |                          |                  |             | <sup>1</sup> Property N | ame              |               |           | 'Well Number |
| 2765              | 3                              |                          | Government R     |             |                         |                  |               |           | <b>t</b>     |
| 'OGRID N          | ia.                            | Operator Name 'Elevation |                  |             |                         |                  |               |           | _            |
| 19246             | 463 OXY USA WTP LP 3240'       |                          |                  |             |                         |                  |               | 3240      |              |
|                   | <sup>10</sup> Surface Location |                          |                  |             |                         |                  |               |           |              |
| UL er let no.     | Section                        | Township                 | Range            | Lot Ida     | Feet from the           | North/South line | Feet from the | East/West | line County  |
| K                 | 14                             | 205                      | ZUE              |             | 1830                    | South            | 1980          | west      | EPFA         |
|                   |                                |                          | <sup>11</sup> Bo | ottom Ho    | le Location I           | Different Fron   | n Surface     |           |              |
| UL or lot no.     | Section                        | Township                 | Range            | Lot Idn     | Feet from the           | North/South line | Feet from the | East/West | line County  |
| エ                 | 14                             | 205                      | SAE              |             | 1957                    | south            | 660           | east      | E97A         |
| " Dedicated Acres | " Joint of                     | la@ii                    | * Consolidation  | Code GO     | der No.                 |                  |               |           |              |
| 320               |                                |                          |                  |             |                         |                  |               |           |              |
|                   | " Joint or                     | la611                    | * Consolidation  | Code G      | der No.                 |                  |               |           |              |

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

| 16     |        |            |      | 17 OPERATOR CERTIFICATION  I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bostom hale location or has a right to drill this well as this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsary pooling order heretofore entered by the division. |
|--------|--------|------------|------|--|
|        |        |            |      | Signature Date  David Stewart Sp. Rg. August  Printed Name   |
| ,1960' | \$L-PP | 7C43,      | 7    | 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  |
|        |        | eling Area | 1957 | Date of Survey Signature and Seal of Professional Surveyor:  Cordificate Number  |

District I

1625 N. French Dr., Hobbs, NM 88240 District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410 District IV

1220 S St Francis Dr. Santa Fe NM 87505

State of New Mexico Energy, Minerals & Natural Resources

Form C-102 Revised June 10, 2003

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

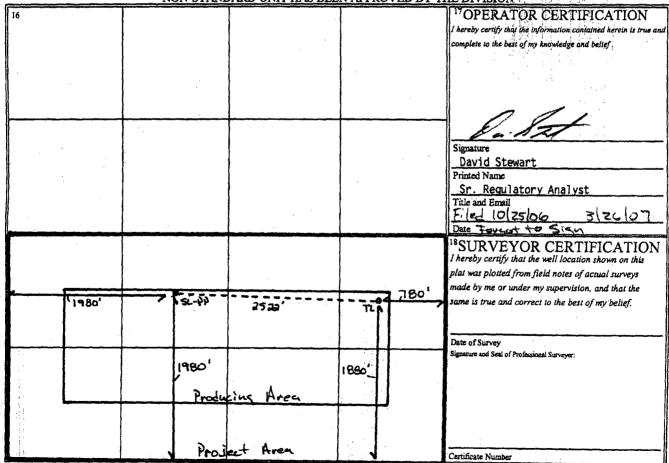
Submit to Appropriate District Office State Lease - 4 Copies

Fee Lease - 3 Copies

X AMENDED REPORT

|                       |   | WE        | ELL LOCA         | TION A                | AND ACREA                 | GE DEDICAT             | TION PLAT     |                |             |  |
|-----------------------|---|-----------|------------------|-----------------------|---------------------------|------------------------|---------------|----------------|-------------|--|
| 1                     | API Number  | 7         |                  | <sup>2</sup> Pool Coo | le                        | <sup>3</sup> Pool Name |               |                |             |  |
| 30                    | -015-212  | 42        | 1                | 73520                 |                           | Burto                  | on Flat Wolfe | amp. North     |             |  |
| <sup>4</sup> Property | Code  |           |                  |                       | <sup>5</sup> Property Nar | 136                    |               | . 6            | Well Number |  |
| 8623                  | 3   | 1         |                  |                       | Government                | : Z                    |               | 1              | . 1         |  |
| <sup>7</sup> OGRID    | No.   |           |                  |                       | 8 Operator Nat            | ne .                   |               |                | 9 Elevation |  |
| 192463                | 3   |           |                  | OXY (                 | SA WTP Limited            | Partnership            |               |                | 3238'       |  |
|                       | <sup>10</sup> Surface Location                    |           |                  |                       |                           |                        |               |                |             |  |
| UL or lot no.         | Section   | Township  | Range            | Lot. I                |                           | North/South line       | Feet from the | East/West line | County      |  |
| Κ                     | 23  | 205       | 28E              |                       | 1980                      | south                  | 1980          | west           | Eddy        |  |
| ,                     | 11 Bottom Hole Location If Different From Surface |           |                  |                       |                           |                        |               |                |             |  |
| UL or lot no.         | Section   | Township  | Range            | Lot.                  | dn Feet from the          | North/South line       | Feet from the | East/West line | County      |  |
| I                     | 23  | 205       | 28E              |                       | 1880                      | south                  | 780           | east           | Eddy        |  |
| 12 Dedicated Acres    | s 13 Joint  | or lafill | 14 Consolidation | Code 15               | Order No.                 |                        | G. A.         |                |             |  |
| 320                   |   |           |                  | -                     |                           |                        | 14            |                | .:          |  |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-102 Revised June 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

X AMENDED REPORT

| WELL LOCATION AND ACREAGE DEDICATION PLAT  1 API Number 2 Pool Code 3 Pool Name |   |                                 |                        |  |  |  |  |
|---|---|---------------------------------|------------------------|--|--|--|--|
| 30-015-21286  | 73520   | Burton Flat Wolfcamp, North     |                        |  |  |  |  |
| <sup>4</sup> Property Code  | <sup>5</sup> Property Name <sup>6</sup> Well No |                                 |                        |  |  |  |  |
| 8607  | Governa   | ment AA                         | 1                      |  |  |  |  |
| <sup>7</sup> OGRID No.  | 8 Operato                                       | or Name                         | <sup>9</sup> Elevation |  |  |  |  |
| 192463  | OXY USA WTP Limi                                | OXY USA WTP Limited Partnership |                        |  |  |  |  |
|   | <sup>10</sup> Surface L                         | ocation                         |                        |  |  |  |  |

|                    |          |           |                    |              | iurtace Locatio  | on               |               |                |        |
|--------------------|----------|-----------|--------------------|--------------|------------------|------------------|---------------|----------------|--------|
| UL or lot no.      | Section  | Township  | Range              | Lot. ldn     | Feet from the    | North/South line | Feet from the | East/West line | County |
| C                  | 23       | 20\$      | 28E                |              | 660              | north            | 1980          | west           | Eddy   |
|                    |          |           | 11 Botto           | m Hole Loc   | cation If Differ | ent From Surfac  | æ             |                |        |
| UL or lot no.      | Section  | Township  | Range              | Lot. Idn     | Feet from the    | North/South line | Feet from the | East/West line | County |
| A                  | 23       | 205       | 28E                | . L          | 683              | north            | 754           | east           | Eddy   |
| 12 Dedicated Acres | 13 Joint | or Infill | 14 Consolidation ( | ode 15 Order | r No.            |                  |               |                |        |
| 320                | į        | ļ         |                    |              |                  |                  |               |                |        |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION <sup>17</sup>OPERATOR CERTIFICATION 683<sup>1</sup> 660 hereby certify that the information contained herein is true a nplete to the best of my knowledge and belief. 1450 754 David Stewart Product no Area Printed Name Sr. Regulatory Analyst Title and Email Avea Project SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyer Certificate Number

### State of New Mexico

DISTRICT 1

Porm C-102 Revised Pehrosty 10, 1994 it to Appropriate District Office

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

1940

DISTRICT III 1000 Rio Brazos RA., Antec, FM 67410 Santa Fe, New Mexico 87504-2088

| DISTRICT IV   | WELL LOCATION AND | ACREAGE DEDICATION PLAT | D AMENDED REPORT |  |  |  |
|---------------|-------------------|-------------------------|------------------|--|--|--|
| AP! Number    | Pool Code         | Pool Name               |                  |  |  |  |
| 30-015-       | 73520             | Burton Flat Wolfcamp,   | North            |  |  |  |
| Property Code |                   | Property Name           |                  |  |  |  |
|               | GOVERNMI          | ENT AA COM              | 2                |  |  |  |
| OGRID No.     |                   | star Name               | Elevation        |  |  |  |
| 192463        | OXY U.S.          | A. W.T.P., LP           | 3231'            |  |  |  |

### Surface Location

| UL or let No. | Section | Township | Range | Lot Ida | Foot from the | North/South line | Feet from the | East/Vest line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 0             | 23      | 20-S     | 28-E  |         | 190'          | NORTH            | 350'          | WEST           | EDDY   |

### Bottom Hole Location If Different From Surface

| UL or lot No.  | Section 15 | 20S<br>20S  | 28E<br>28E   | Lot Ide | Feet from the<br>675<br>678 | North/South Has<br>north<br>south | 261<br>237   | East/Vest line<br>east<br>west | Eddy<br>Eddy |
|----------------|------------|-------------|--------------|---------|-----------------------------|-----------------------------------|--------------|--------------------------------|--------------|
| Dedicated Acre | : Joint o  | r hafill Co | medidation ( | iede Or | der No.                     |                                   |              |                                | 7            |
| 2560           | Y          |             |              |         | All interest                | in the Gove                       | rnment AA #2 | will be co                     | mmon.        |

NO ALLOWABLE WILL HE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE HEEN CONSOLIDATED

| 15 . |                                 | 675         |             | والمراوية | 14 | OPERATOR CERTIFICATION  |
|------|---------------------------------|-------------|-------------|---|----|---|
|      |                                 | TL(1) 9-26: | •           | Govt T-1<br>3001520958  | ]  | I hereby certify the the information<br>contained herein is true and complete to the<br>heat of my knowledge and belief.  |
|      | Govt T-2 ◆ .<br>3001521323      |             |             |   |    | Bignature   |
|      |                                 |             |             |   |    | David Stewart Printed Name  |
|      |                                 |             | •           |   |    | Sr. Regulatory Analyst  |
|      | • Govt AC-1<br>3001521432       |             | 901         |   |    | SURVEYOR CERTIFICATION  |
|      |                                 | 350         | (SL/PP) 💿 ( | Govt AA-1<br>3001521286   |    | I havely certify that the wall location about<br>on this pict was plotted from field notes of<br>actual surveys made by me or under me<br>supervision, and that the same is true and<br>correct to the best of my belief. |
|      | Govt U-1 <b>●</b><br>3001521020 |             |             |   |    | November 05 2003  Date Suggestion A Great D.C. Charles  |
|      |                                 |             |             | Govt Z-1<br>3001521242  |    | Barn President #1/12/03   |
|      | Govt W-2<br>3001526253          | 237-4 A     | 1-2         | Producing Area  |    | Continue No. CART INCHES  |
|      |                                 |             | 0.1         | roject Area   | 23 | POFSSON STATE   |

# EXHIBIT "A"

Plat of communitized area covering all of Sections 14, 15, 22 & 23, T 20 S, R 28 E, N.M.P.M., Eddy County, New Mexico.

| Tract No. 12<br>80 Ac. m/l<br>NM 0554216 | Tract No. 11<br>120 Ac. m/l<br>NM 0541580 |  | 15  | Tract No. 12<br>40 Acres m/l<br>NM 0554216 | Tract No. 11<br>40 Acres m/l<br>NM 0541580 |                                       | 14  |
|--|---|--|---|--|--|---------------------------------------|---|
|  | Tract No. 13<br>40 Ac. m/I<br>NM 0555440  |  | <br> <br>                                     |  | Tract No. 2<br>400 Acres m/l<br>NM 6856    |                                       | LC 050797                                 |
| Tract<br>160 Ac<br>LC 05                 | :. m/l                                    | Tract N<br>240 Ac<br>NM 055              | :. m/l  |  |  |                                       |   |
| Tract No. 8<br>80 Ac. m/l<br>NM 17220    | 240 A                                     | No. 6<br>c. m/l<br>17101                 | 22<br>Tract. No. 9<br>40 Ac. m/l<br>LC 067684 | OXY Government<br>AA Federal Com           |  |                                       | 23  |
|  |   |  |   | Tract No. 8<br>40 Ac. m/l<br>NM 17220      | Tract No. 3<br>120 Ac. m/l<br>NM 8941      | 160 A                                 | No. 9<br>kc. m/l<br>67684                 |
| Tract No. 7<br>80 Ac. m/I<br>NM 17102    | Tract No. 10<br>40 Ac. m/l<br>NM 0528964  |  |   | Tract No. 10<br>40 Ac. m/I<br>NM 0528964   |  | Tract No. 6<br>40 Ac. m/l<br>NM 17101 |   |
|  | Tract No. 6<br>40 Ac. m/I<br>NM 17101     | Tract No. 10<br>40 Ac. m/l<br>NM 0528964 | Tract No. 6<br>40 Ac. m/l<br>NM 17101         | Tract No. 6<br>40 Ac. m/l<br>NM 17101      |  | Tract No. 5<br>40 Ac. m/l<br>NM 17099 | Tract No. 4<br>  40 Ac. m/l<br>  NM 15003 |

### North Burton Flat Wolfcamp Area Federal Lease Description (All in T-20-S, R-28-E, Eddy County, NM, unless otherwise indicated)

| Tract | Federal Lease | Date      | Royalty | Description  |
|-------|---------------|-----------|---------|--|
| 1     | LC-050797     | 1/1/1940  |         | <del>12: 0/2 SE/4</del><br>13: <del>W/2, W/2 E/2, E/2 NE/4, NE/4 SE/4</del><br>14: E/2 E/2<br>15: SW/4<br><del>24: N/2 NW/4, NW/4 NE/4, N/2 SW/4</del> |
| 2     | NM-6856       | 8/1/1968  | 0.125   | 13: SE/4 SE/4<br>14: W/2 E/2, S/2 NW/4, SW/4   |
| 3     | NM-8941       | 3/1/1969  | 0.125   | 23: SE/4 NW/4, E/2 SW/4  |
| 4     | NM-15003      | 3/1/1972  | 0.125   | 8: SE/4 SW/4<br>9: SW/4<br>10: ALL:<br>11: N/2; SW/4<br>17: S/2 NE/4; GE/4 NW/4; E/2 SW/4; BE/4<br>23: SE/4 SE/4                                       |
| 5     | NM-17099      | 3/1/1964  |         | 23: SW/4 SE/4<br>27: W/2 SW/4, SE/4 SE/4<br>4 (21-27): C08 2, 10, 15   |
| 6     | NM-17101      | 9/1/1963  | 0.125   | 22: E/2 NW/4, W/2 NE/4, SE/4 NE/4, SE/4 SW/4, SE/4 SE/4, NW/4 SE/4 23: SW/4 SW/4, NW/4 SE/4  |
| 7     | NM-17102      | 9/1/1967  | 0.125   | 22: W/2 SW/4   |
| 8     | NM-17220      | 1/1/1973  | 0.125   | 17:-N/2-N/2; <del>SW/4 NW/4; W/2 SW/4</del><br>22: W/2 NW/4<br>23: SW/4 NW/4   |
| 9     | NM-067684     | 1/1/1940  | 0.125   | 22: NE/4 NE/4<br>23: E/2 NE/4, NE/4 SE/4, SW/4 NE/4  |
| 10    | NM-0528964    | 3/9/1964  | 0.125   | 22: NE/4 SW/4, SW/4 SE/4<br>23: NW/4 SW/4  |
| 11    | NM-0541580    | 5/1/1964  | 0.125   | 14: NE/4 NW/4<br>15: W/2 NE/4, NE/4 NW/4<br><del>24: NE/4 NE/4, S/2 NE/4</del> , SE/4 SW/4, <del>SE/</del> 4   |
| 12    | NM-0554216    | 7/1/1964  | 0.125   | 14: NW/4 NW/4<br>15: E/2 NE/4, W/2 NW/4, SE/4  |
| 13    | NM-0555440    | 12/1/1964 | 0.125   | 15: SE/4 NW/4  |
| 14    | NM-18293      | 5/1/1973  | 0.125   | 23: N/2 NW/4, NW/4 NE/4  |
| 15    | NM-18219      | 5/1/1973  | 0.125   | 22: NE/4 SE/4<br>27: NE/4 SW/4   |