

6/5/97

6/25/97

BS

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CTB - 451

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

ADMINISTRATIVE APPLICATION COVERSHEET

THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS

Application Acronyms:

[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location]
 [DD-Directional Drilling] [SD-Simultaneous Dedication]
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Directional Drilling

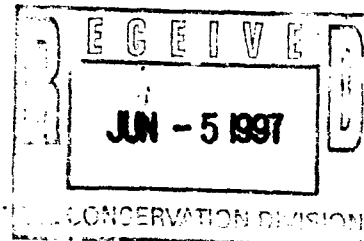
☐ NSL ☐ NSP ☐ DD ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR
[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or ☐ Does Not Apply[A] ☒ Working, Royalty or Overriding Royalty Interest Owners[B] ☐ Offset Operators, Leaseholders or Surface Owner[C] ☐ Application is One Which Requires Published Legal Notice[D] ☒ Notification and/or Concurrent Approval by BLM or SLO

U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,[F] ☒ Waivers are Attached

[3] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I further verify that all applicable API Numbers are included. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

 Brittan McQueen
 Print or Type Name

 Brittan McQueen
 Signature

 Engineer
 Title

 6/3/97
 Date



June 3, 1997

New Mexico Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505

Attn: Mr. William J. LeMay

Re: Off-Lease Storage and Surface Commingling Permit Application
New Mexico "E" State NCT-2 Lease
William Weir Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico

Gentlemen:

Texaco Exploration and Production Inc. respectfully requests administrative approval for off-lease storage and surface commingling of production on the above leases. Waivers have been sent to the royalty interest owners in the William Weir Lease and to the New Mexico State Land Office in the New Mexico "E" State NCT-2 Lease.

Three wells will be produced into this common facility. Currently, the New Mexico "E" State NCT-2 #1 well is producing, and the William Weir #6 and the New Mexico "E" State NCT-2 #2 wells will be drilled and completed in the summer 1997. All three wells are expected to produce from the Monument Abo Pool.

Included in this application package is a diagram and description of the facilities, lease plats, and a lease diagram. In addition, all waivers received are included. If you have any questions or comments, please contact Britton McQuien at (505) 397-0427.

Sincerely,

Britton McQuien
Engineer
Texaco E&P, Inc.
Hobbs OU

cc: Mr. Chris Williams

enc

DISTRICT 1
P. O. Box 1880, Hobbs, NM 88240

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Artec. NW 87410

DISTRICT IV
P. O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santo Fe, NM 87504-2088

Form C-102
Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

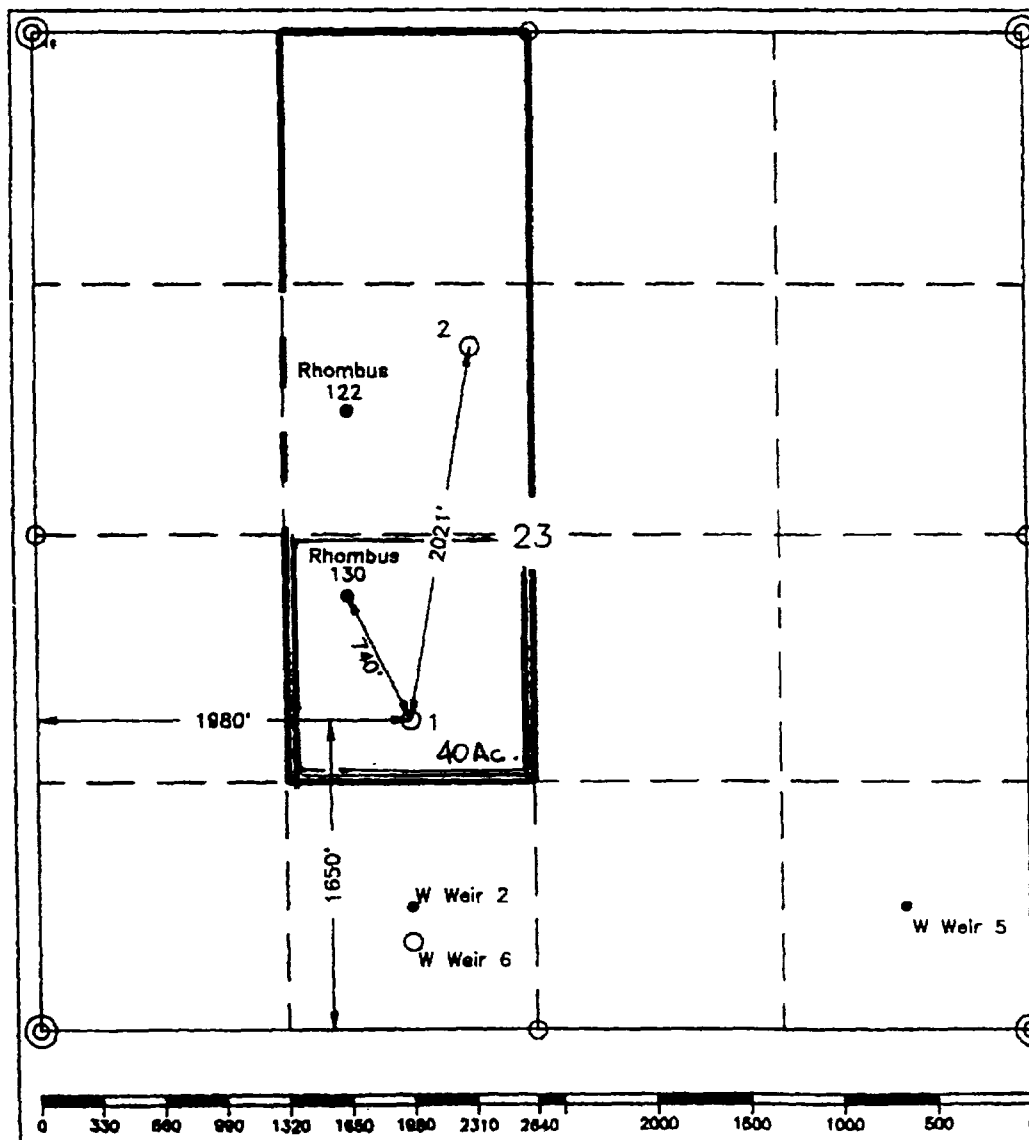
State Lease-4 copies
 Foo Lease-3 copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 3D-025-33814		² Pool Code 46970		³ Well Name Monument ABO					
⁴ Property Code 2D361		⁵ Property Name New Mexico "E" State NCT-2				⁶ Well Number 1			
⁷ GRID No. 22351		⁸ Operator Name TEXACO EXPLORATION & PRODUCTION, INC.				⁹ Elevation 3729'			
¹⁰ Surface Location									
UL or lot no. K	Section 23	Township 19-S	Range 36-E	Lot Idn	Feet from the 1650'	North/South line South	Feet from the 1980'	East/West line West	County Lea
¹¹ Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 40	¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order 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.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature _____

Signature
C. Wade Howard

Printed Name _____

C. Wade Howard

Position

Engineer's Assistant

Сотруднику

Texaco Expl. & Prod. Inc.

Date _____

January 29, 1997

14. 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 knowledge and belief.

Date Surveyed _____

January 27, 1997

Signature & Seal of Professional Surveyor

Certificate No.

7254 John S. Piper

Sheet

○ = Staked Location * = Producing Well

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV
P. O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised February 10, 1994

Instructions on back

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe, NM 87504-2088

Submit to Appropriate District Office

State Lease-4 copies
Fee Lease-3 copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name Monument ABO	
⁴ Property Code 11135		⁵ Property Name William Weir			⁶ Well Number 6
⁷ OGRID No. 22351		⁸ Operator Name TEXACO EXPLORATION & PRODUCTION, INC.			⁹ Elevation 3701'

¹⁰ Surface Location									
UL or lot no. N	Section 23	Township 19-S	Range 36-E	Lot Idn	Feet from the 425'	North/South line South	Feet from the 1830'	East/West line West	⁷ County Lea

¹¹ Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	⁷ County
¹² Dedicated Acres 40		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order 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 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.
	Signature C. Wade Howard
	Printed Name C. Wade Howard
	Position Engineer's Assistant
	Company Texaco Expl. & Prod. Inc.
	Date April 11, 1997
	¹⁷ 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 knowledge and belief.
	Date Surveyed April 8, 1997
	Signature & Seal of Professional Surveyor
	Certificate No. 7254 John S. Piper

○ = Staked Location • = Producing Well = Injection Well ⊗ = Water Supply Well ⊕ = Plugged & Abandon Well

⊙ = Found Section Corner 2 or 3" Iron Pipe & C.I.P. Ⓢ = Found Section Corner 2 or 3" Iron Pipe & C.I.P.

Facility Process Description
New Mexico "E" State NCT-2 Tank Battery

Wells to be commingled in this facility:

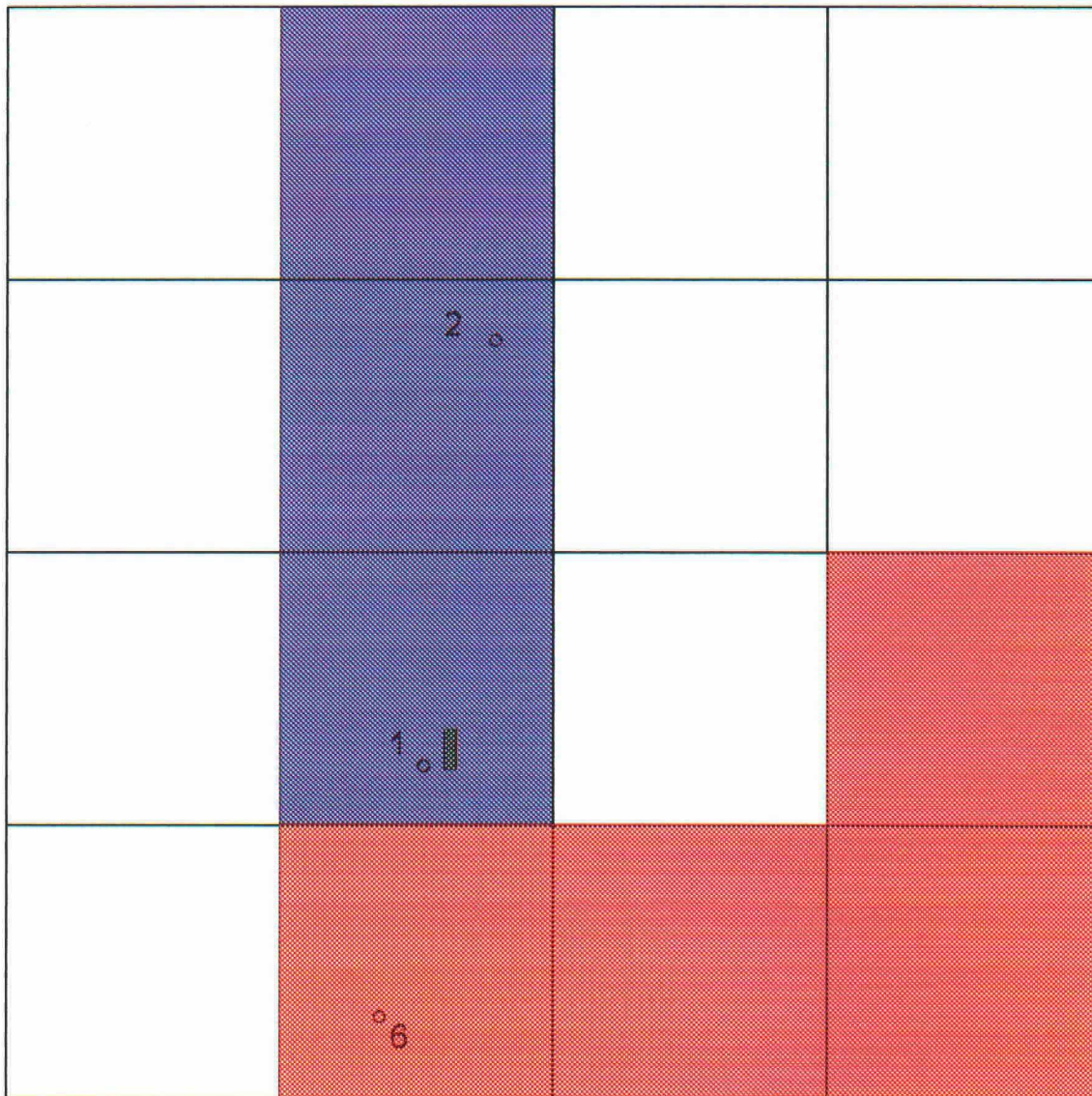
- New Mexico "E" NCT 2 Well No. 1
- New Mexico "E" NCT 2 Well No. 2
- William Weir Well No. 6

There will be 2 (two) three phase production separators and each lease will produce into a specific separator. These separators will have oil, gas, and water meters. There will be a proving loop on each oil meter so that periodic meter proving tests can be performed and the meters calibrated. All hydrocarbon streams will be measured before any commingling occurs. Meters will have non resettable counters.

There will also be a three phase test separator for the New Mexico "E" NCT-2 lease. This separator will be set up in the same manner as the production vessels. Total production for the New Mexico "E" NCT-2 lease will be calculated by adding the New Mexico "E" NCT-2 production separator meters and test separator meters.

Fluids streams will be commingled after being metered and go to a heater treater where oil and water separation will occur. Oil will be dumped into stock tanks and held there until be trucked off by the oil transporter. Water will be dumped into a holding tank and will be trucked off for disposal.

Gas streams will be commingled after being metered and will pass through a two phase scrubber separator to ensure that in case of an upset no fluids will be sent down the gas sales line. There will be one common gas sales meter and production will be split according to separator gas meter readings.



Sec 23 T-19-S, R-36-E

Lea County, New Mexico



William Weir Lease

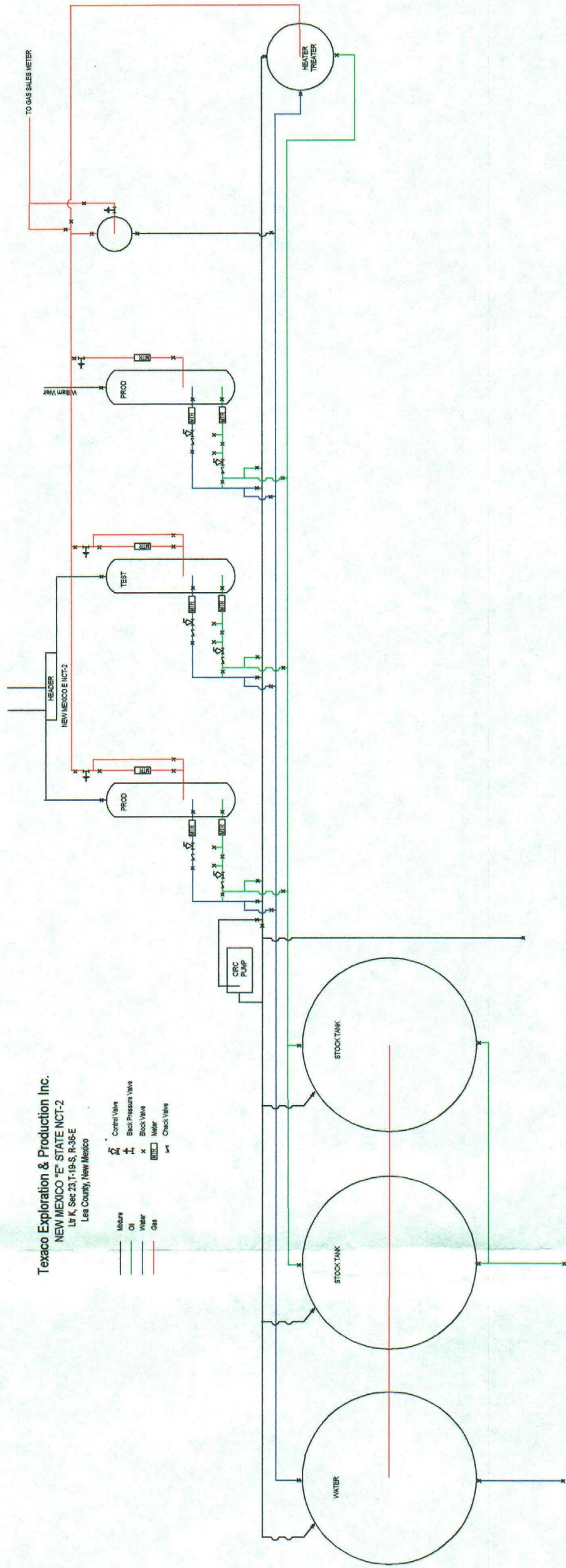
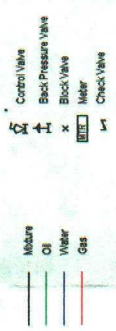


New Mexico "E" NCT-2 Lease



Tank Battery

Texaco Exploration & Production Inc.
 NEW MEXICO "E" STATE NCT-2
 Ltr K, Sec 23, T-19-S, R-36-E
 Lea County, New Mexico





Weatherford Enterra

92 Royalty Owners

29 Waivers Received

40 cert. mail cards received

3 Undeliverable

20 unaccounted for.

Additional cards + waivers will be sent in
as they are received.

Corporate Headquarters
1360 Post Oak Blvd., Suite 1000 • Houston, Texas 77056
(713) 439-9400 • FAX (713) 621-0994

ALASKA

Anchorage (R,F)
TEL (907) 561-1121
FAX (907) 561-1121

Delta (R,F,T)
TEL (907) 713-8114
FAX (907) 713-8114

CALIFORNIA

San Francisco (R,F,T)
TEL (415) 398-4444
FAX (415) 398-4444

San Jose (R,F,T)
TEL (408) 344-7777
FAX (408) 344-7777

San Diego (R,F)
TEL (619) 945-6666
FAX (619) 945-6666

San Antonio (R,F)
TEL (214) 631-1111
FAX (214) 631-1111

San Jose (R,F)
TEL (408) 344-7777
FAX (408) 344-7777

San Jose (R,F)
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San Jose (R,F)
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COLORADO

Denver (R,F)
TEL (303) 733-1111
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Denver (R,F)
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FAX (303) 733-1111

MISSISSIPPI

Jackson (R,F)
TEL (601) 438-1111
FAX (601) 438-1111

NEW MEXICO

Albuquerque (R,F,WL)
TEL (505) 225-1111
FAX (505) 225-1111

Albuquerque (R,F)
TEL (505) 392-1111
FAX (505) 392-1111

NORTH DAKOTA

Grand Forks (R,F)
TEL (701) 225-1111
FAX (701) 225-1111

Williston (R,F)
TEL (701) 672-1111
FAX (701) 672-1111

OKLAHOMA

Elk City (R,F,TT)
TEL (405) 225-4400
FAX (405) 225-1281

Elk City (TU)
TEL (405) 225-8888
FAX (405) 225-7232

Elk City (W)
TEL (405) 225-4400
FAX (405) 225-1281

Lindsay (R,F)
TEL (405) 756-4389
FAX (405) 756-8268

Lindsay (TU,FO)
TEL (405) 756-4389
FAX (405) 756-8268

Lindsay (W)
TEL (405) 756-4389
FAX (405) 756-8268

Lindsay (R,F,FO)
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Lindsay (R,F)
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Lindsay (R,F)
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TEXAS

Abilene (R,F)
TEL (817) 344-1111
FAX (817) 344-1111

Corpus Christi (R,F,TU)
TEL (512) 344-1111
FAX (512) 344-1111

Corpus Christi (R,F,WL)
TEL (512) 344-1111
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Corpus Christi (R,F)
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Corpus Christi (R,F,TT)
TEL (512) 344-1111
FAX (512) 344-1111

Dallas (R,F)
TEL (214) 344-1111
FAX (214) 344-1111

Denver (R,F)
TEL (800) 344-1111
FAX (800) 344-1111

Edinburg (R,F)
TEL (210) 344-1111
FAX (210) 344-1111

Gainesville (R,F,T,FO)
TEL (817) 344-1111
FAX (817) 344-1111

Houston (R,F,S)
TEL (713) 344-1111
FAX (713) 344-1111

Houston (W)
TEL (713) 344-1111
FAX (713) 344-1111

Killebrew (R,F,T,FO)
TEL (903) 344-1111
FAX (903) 344-1111

Killebrew (R,F)
TEL (903) 344-1111
FAX (903) 344-1111

Lubbock (R,F)
TEL (806) 344-1111
FAX (806) 344-1111

Muskegon (R,F)
TEL (817) 344-1111
FAX (817) 344-1111

Odessa (R,F)
TEL (937) 344-1111
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Odessa (R,F)
TEL (937) 344-1111
FAX (937) 344-1111

Pearland (R,F)
TEL (713) 485-1899
FAX (713) 485-1899

Pearland (W)
TEL (713) 485-3031
FAX (713) 485-8219

Springfield (R,F)
TEL (915) 573-3561
FAX (915) 573-7261

Victoria (R,F,WL)
TEL (512) 576-0156
FAX (512) 576-0156

UTAH

Vernal (R,F,WL)
TEL (801) 759-0445
FAX (801) 759-3612

WEST VIRGINIA

Jane Lew (R,F,TT)
TEL (304) 884-8103
FAX (304) 884-6968

WYOMING

Big Piney (R,F)
TEL (307) 276-5329
FAX (307) 276-5385

Casper (R,F,C)
TEL (307) 473-1250
FAX (307) 473-1030

Evanston (R,F)
TEL (307) 789-4491
FAX (307) 789-4439

Gillette (R,F)
TEL (307) 682-4701
FAX (307) 682-6973

Rawlins (R,F)
TEL (307) 754-2248
FAX (307) 754-9695

Riverton (R,F)
TEL (307) 657-6848
FAX (307) 657-2460

Rock Springs (R,F)
TEL (307) 662-5604
FAX (307) 662-6064

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Rock Springs (R,F)
TEL (307) 662-5604
FAX (307) 662-6064

Amerada Hess Corporation
P. O. Box 201544
Houston, Texas 77216

cert. mail card
5/13/97

Southern Methodist University Management
SMU Box 75-0233
Dallas, Texas 75275

Betty Kyte Dreessen Irrev
Dreessen Powell Trust
P. O. Box 1665
Los Altos, CA 94022

Joyce Ann Brown
P. O. Box 72
Watrous, New Mexico 87753

Mary T. Holladay
P. O. Box 201204
Arlington, Texas 76006

Bradford Ace Christmas *waiver received*
Box 173
Wagon Mound, New Mexico 87752

Helen Jane Christmas Barb
P. O. Box 1501
Montrose, CO 81402

Tanja Weir Est. *waiver received*
Lawrence A Schmidt Pers R
16414 E. Bainbridge
Fountain Hills, Arizona 85268

Clarabel Tanner Family TS
Tanner TR
4667 Overton Woods Drive
Ft. Worth, Texas 76109

waiver received

Ingrid Dreessen Powell
P. O. Box 416
Los Altos Hills, CA 94022

Edward T. Dreessen, Jr.
P. O. Box 416
Los Altos, CA 94022

Greenfield Family Trust P
Greenfield TTE
924 Westwood Blvd.
Los Angeles, CA 90024

cert. mail card
5/13/97

Cecile Marie Dreessen
P. O. Box 864
Ripon, CA 95366

Sue L. Wuerflein Trustee
Created by Will of David
14668 Stoneridge Drive
Saratoga, CA 95070

waiver received

Marice I Kyte Rev Living
Dressen and Ingrid Powell
P. O. Box 749
Los Altos, CA 94022

Jim Cooper *waiver received*
P. O. Box 55
Monument, NM 88265

Wyatt Tate Brady
P. O. Box 6034
Springdale, AR 72766

cert. mail card
5/27/97

Mary Debora Brady
1804 Lake Crest Lane
Plano, Texas 75023

cert. mail card
5/12/97

Joan M. Putnam
P. O. Box 20588
Oklahoma City, OK 73156

cert. mail card
5/13/97

Ellen Dean Haynes *waiver received*
P. O. Box 7021
Ruidoso New Mexico 88345

Gaines Hoyt Bolding
22 Road 3807
Farmington, New Mexico 87401

cert. mail card
5/15/97

Emma Jane Brooke *waiver received*
6801 19th Street No. 137
Lubbock, Texas 79407

Betty M. Dreessen TR of BE
Revoc Living Trust DTD 10
p. O. Box 817
Los Altos, CA 94022

cert. mail card
5/14/97

Elsie D. Bickford & Harold *waiver received*
IRREVOC Trust
957 Lake House Drive
North Palm Beach, Florida 33408

Roy G. Barton Sr. and Opal
Roy G. Barton Jr. Tr.
P. O. Box 978
Hobbs, New Mexico 88240

waiver received

George Wesley Weir *cert. mail card*
28 Inwood Heights N
San Antonio, Texas 78248

5/14/97

Sue Ellen Weir
1420 Loma Alto Road
San Antonio, Texas 78232

cert. mail card
5/16/97

Diane Heuser *returned to sender*
3810 Roxbury Ct.
Colorado Springs CO 80906

Ruth Edson Cates
5568 Guilford Road 4
Madison, WI 53711

returned to sender

Candy Christmas
P. O. Box 771272
Ocala, Florida 34477

cert. mail card
5/14/97

Elizabeth J. L. Essig
P. O. Box 1786
Ft. Myers, VA 22211

cert. mail card
5/16/97

Edwin J. Lippmann Jr. Trust
P. O. Box 764
Muskogee, OK 74402

waiver received

Mary Midge Lippmann
P. O. Box 2241
Muskogee, OK 74402

cert. mail card
5/21/97

Patrick A. Lippmann
300 NW59th Street
Gladstone, MO 64118

waiver received

Michael T. Lippmann
500 Foltz LA
Muskogee, OK 74403

cert. mail card
5/15/97

John R. Lippmann
P. O. Box 2908
Norman, OK 73070

Thomas K. Lippmann
3593 Silktree Court
Waldorf, MD 20602

Bethany E. Constance
13914 Bora Bora WY #215-D
Marina Del Ray, CA 90292

Waiver received

Laura C. Damson
171 E. 84th Street, Apt. 12E
New York, NY 10028

Waiver received

N. Blair Damson
197 Lyon Road
Scarsdale, NY 01583

cert. mail card
5/19/97

David P. Edson
2590 Modac Trail
Maitland, Florida 32751

Peter M. Edson
P. O. Box 351
Enfield, CA 03748

returned to sender

L. Brady Myers
5004 W. 79th Street
Prairie Village, KA 66208

waiver received

Sue L. Wuerflein
14668 Stoneridge Drive
Saratoga, CA 95070

waiver received

Btty Ruth Fogleman
1643 E. 17th Place
Tulsa, OK 74120

waiver received

Byno and Ima Jean Salsman
P. O. Box 184
Center Point, TX 78010

*cert. mailcard
5/15/97*

Norma W. Brady
P. O. Box 583
Jenks, OK 74037

waiver received

Elizabeth J. Kunkel Rev Tr
Jokunkel Trustee
P. O. Box 292
Stevensville, MI 49127

waiver received

Jean M. Boehm Trust
Jean M. Boehm, Trustee
1318 Boston
Muskogee, OK 74401

*cert. mailcard
5/13/97*

E. M. Peebles III
7509 Chevy Chase
Houston, Texas 77063

Jeannette E. Clift George
Ameritrust Texas NA TR
Acct 4815011406
P. O. Box 951416
Dallas, TX 75395

Elizabeth E. Mogillcuddy
11711 Memorial Drive 269
Houston, Texas 77024

waiver received

Ken Kamon
P. O. Box 10589
Midland, TX 79702

*cert. mailcard
5/9/97*

Robert I. Peebles
815 Walker
Suite 1436
Houston, TX 77002

Russell B. Buchanan
P. O. Box 2454
Midland, TX 79702

waiver received

Lillis Conley
1611 W. Alameda
Roswell, NM 88201

Corky Andrus
P. O. Box 11
Hagerman, NM 88232

waiver received

Bert Weir, Jr.
3363 Simms
Wheatridge, CO 80033

waiver received

John David Edson
600 Front Street #129
San Diego, CA 92101

*cert. mail card
5/15/97*

Kimberly Sue Edson
66 Cervantes Blvd.
San Francisco, CA 94123

waiver received

Daniel James Edson
14668 Stoneridge Drive
Saratoga, CA 95070

*cert. mail card
5/12/97*

William Scott Edson
1196 Jackson Street
Santa Clara, CA 95050

David M. Yager
85 Depot Road
Santa Barbara, CA 93108

*cert. mail card
5/13/97*

Kathy M. Falk
20938 Baltar Street
Conoga Park, CA 91304

The Living Trust of Bert
Dunson Camp Trustee
2505 Gaye Drive
Roswell, NM 88201

waiver received

Janet Ann Funk Cole
620 Pine Street
Los Banos, CA 93635

*cert. mail card
5/20/97*

Kay Lynn Simer
1609 W. Riverside Drive
Carlsbad, NM 88220

waiver received

Melvyn N. Wagner, Jr.
1st National Bank Artesia
Acct 653-144-20
P O. Drawer AA
Artesia, NM 88210

waiver received

Geodyne Energy Income LTD
II-C
Two W Second Street
Tulsa, OK 74103

*cert. mail card
5/14/97*

Robert E. Kershaw Royalty
P. O. Box 273718
Tampa, FL 33688

*cert. mail card
5/27/97*

Claudine Brady Trust Acct.
c/o Liberty Bank & Trust
P. O. Box 1227
Tulsa, OK 74101

cert. mailcard
5/13/97

Avis K. Miller Trust Acct.
c/o Liverty Bank & Trust
P. O. Box 1227
Tulsa, OK 74101

cert. mailcard
5/13/97

Methodist Home Agency
Nationsbank of Texas NA
Acct 7-0913200
P. O. Box 840738
Dallas, Texas 75284

cert. mailcard
5/9/97

Lon Morris College
800 College Avenue
Jacksonville, TX 75766

waiver received

Leeco Enegy & Investment
400 W. Illinois, Suite 1420
Midland, TX 79701

cert. mailcard
5/9/97

Permian Basin Acquisition
P. O. Box 3579
Midland, TX 79702

cert. mailcard
5/9/97

St. Paul Industrial Training
Endowment Fund Trust
Longview National Bank Tyler
P. O. Box 1900
Tyler, TX 75710

cert. mailcard
5/12/97

Robert G. Wright Trust 502
Texas Commerce Bank NA Agent
Texas Commerce Bank San Ang
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

William C. Wright Trust 50
Texas Commerce BK NA Agent
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

Oleta Perkins Boyle Trust
Texas Commerce BK NA Agent
Texas Commerce BK San Ange
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

Dorothy Boyle Trust 50243
Texas Commerce BK NA Agent
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

Noel Warwick Trust 502430
Texas Commerce BK NA Agent
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

Dorothy Habura Revocable
Texas Commerce BK NA Agent
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

John O. Boyle Jr. Trust 502
Texas Commerce Bank NA Agent
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

W. V. Leftwich Childrens Trust
Texas Commerce Bank NA Agent
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

William N. Ronaldson Trust
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

Don A. Ronaldson Trust 502
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

cert. mailcard
5/13/97

Jaco Production Co.
c/o Richard A. Woodall
P. O. Box 1807
Bakersfield, CA 93303

cert. mailcard
5/13/97

GLD Enterprises Inc.
Lea County State Bank
P. O. Box 400
Hobb, NM 88241

cert. mailcard
5/9/97

M N Wagner Trust
Acct 208-087851
4800 E. University
Odessa, TX 79762

waiver received

OFC of Property Management
Michael M. Preston, Dir.
University Park Campus FN
Los Angeles, CA 90089

Commissioner of Public Lands
P. O. Box 1148
Santa Fe, New Mexico 87504

cert. mailcard
5/28/97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

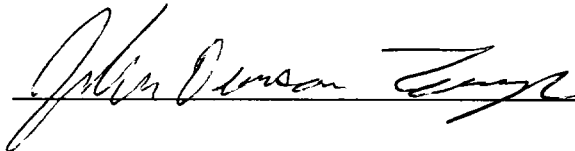
WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

**Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

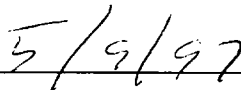
Signed: _____



Title: _____

Company: _____

Date: _____



Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

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TEXACO EXPLORATION AND PRODUCTION INC.

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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Elizabeth E. Mc Gullinuddy
Title: Property owner
Company: —
Date: May 16, 1997

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

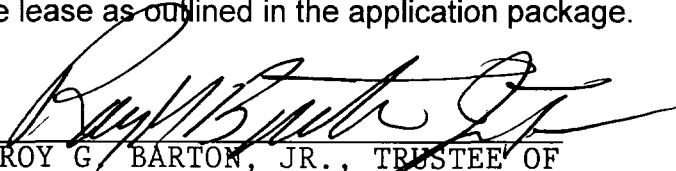
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TEXACO EXPLORATION AND PRODUCTION INC.

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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: _____


ROY G. BARTON, JR., TRUSTEE OF
THE ROY G. BARTON, SR. & OPAL
BARTON REVOCABLE TRUST

Title: _____

Company: _____

Date: _____

5/25/97

BRITTON
MCQUEEN
HOBBS

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

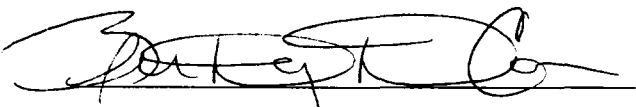
Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Common Tank Battery located in
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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: 
Title: BETHANY D. CONSTANCE
Company: _____
Date: 5/19/97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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William Weir Lease
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Common Tank Battery located in
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Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Laura Danson LAURA
DANSON
Title: Mineral Interest Holder
Company: _____
Date: 5.19.97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

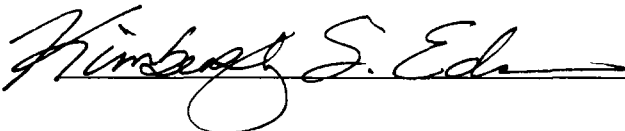
Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Common Tank Battery located in
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Lea County, New Mexico**

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Signed: 

Title: _____

Company: _____

Date: 5/19/97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Common Tank Battery located in
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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Melvin M. Wagner Jr.
Title: _____
Company: _____
Date: 15 May 97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Common Tank Battery located in
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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed:

Eugene J. Kuukel

Title:

Company:

Date:

5 - 14 - 97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Elmer L. Dickford
Title: Trustee
Company: Elmer L. Dickford, Trustee of E. Dickford Irrevoc Trust
Date: May 14, 1997

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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New Mexico "E" NCT-2 Lease
Common Tank Battery located in
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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Betty Ruth Fogleman
Title: Individual
Company: _____
Date: 5-15-1997

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed:

Patrick A. Lippmann, Trustee

Title:

Company:

PATRICK A. LIPPMANN REVOCABLE TRUST

Date:

MAY 12, 1997

PATRICK A. LIPPMANN, TRUSTEE
PATRICK A. LIPPMANN REVOCABLE TRUST
P.O. BOX 2824
KANSAS CITY, MO 64108-0284

KANSAS CITY, MO 64108-4804
P.O. BOX 2834
PATRICK A. LIPPMANN REVOCABLE TRUST
PATRICK A. LIPPMANN, TRUSTEE

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Lawrence A. Schmidt
Title: Personal Representative
Company: Tanja Weir Estate
Date: 5-12-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Common Tank Battery located in
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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed:

Carly Andrews

Title:

Owner

Company:

Texaco Exploration & Production

Date:

5-14-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Betty R. Wagner
Title: Inducian
Company: M. N. Wagner Trust
Date: 5-14-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.


WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed:



Title:

Trustee Edith Thompson Trust dated 8 NOV 53

Company:

Date:

13 May 97

E. + M. Quisenberry
3005

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Lea County, New Mexico**

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Signed:

Jim Cooper

Title:

President

Company:

Cooper Land Cattle & Water

Date:

May 10 - 97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Lea County, New Mexico**

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Signed:

Aue L. Weir

Title:

Owner

Company:

Date:

5/13/97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

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Lea County, New Mexico

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Signed: Sue L. Wuerflein, Trustee
Title: SUE L. WUERFLEIN, TRUSTEE of Will of
DAVID E. EDSON
Company: _____
Date: 5/13/97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Lea County, New Mexico**

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Signed: Norma W. Brady
Title: _____
Company: _____
Date: 5-14-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

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Lea County, New Mexico

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Signed: Emma Jane Brooke
Title: Retired Homeowner / Mineral Interest Holder
Company: Texaco
Date: 5-9-97

No return envelope sent

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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Lea County, New Mexico**

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Signed: Ellen Dean Haynes
Title: _____
Company: _____
Date: 5-9-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

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WAIVER TO OBJECTION

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Signed: _____

Title: _____

Company: _____

Date: _____

MAY 14 1997

Mineral Interest Holders:

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Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

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Lea County, New Mexico**

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Signed: *L. Stacey, Jr.*
Title: _____
Company: _____
Date: *5/1/87*

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

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New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed:

Bradford A. Christman

Title:

Individual

Company:

Date:

28 May 97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

not included

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed:

Bert Weir Jr.

Title:

Property Holder

Company:

NA

Date:

05 12 97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Clarabel Tanner
Title: Mineral interest owner
~~Company:~~ Clarabel Tanner Family Trust
Date: May 22, 1997

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

**Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: Ray Lynn Sumi
Title: William Weir lease
Company: Texaco
Date: 5-15-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

**Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico**

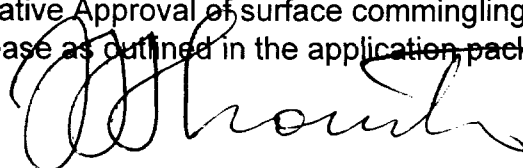
I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: _____

Title: _____

Company: _____

Date: _____



VICE-PRESIDENT

LON MORRIS COLLEGE

5-21-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

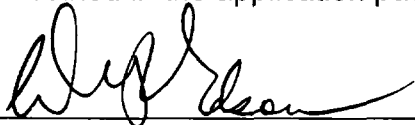
WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

**Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: _____



Title: _____

owner

Company: _____

Date: _____

5/12/97

Is your RETURN ADDRESS completed on the reverse side?

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

L. Brady Myers
5004 W. 79th Street
Prairie Village, KA 66208

4a. Article Number

P 497 363 367

4b. Service Type

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

7. Date of Delivery

5-12-94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *L. Brady Myers*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3

Elizabeth J. Kunkel Rev Tr
Jokunkel Trustee
P. O. Box 292
Stevensville, MD 49127

4a. Article Number

P 497 363 376

4b. Service Type

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

7. Date of Delivery

5-12-97

5. Received By: (Print Name)

L.B. KUNKEL

6. Signature: (Addressee or Agent)

X *L. B. Kunkel*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Norma W. Brady
P. O. Box 583
Jenks, OK 74037

4a. Article Number

P 497 363 369

4b. Service Type

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

7. Date of Delivery

5-13-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Jackie Haughey

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

Thank you for using Return Receipt Service.

4a. Article Number	P 497 363 358
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-14-97
8. Addressee's Address (Only if requested and fee is paid)	

Received By: (Print Name)

Signature: (Addressee or Agent)

X *[Signature]*

Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Aura C. Danson
71 E. 84th Street, Apt. 12E
New York, NY 10028

SENDER:

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

Thank you for using Return Receipt Service.

4a. Article Number	P 497 363 361
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-13-97
8. Addressee's Address (Only if requested and fee is paid)	

Received By: (Print Name)

Signature: (Addressee or Agent)

X *[Signature]*

Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Edwin J. Lippmann Jr. Trust
P. O. Box 764
Muskogee, OK 74402

SENDER:

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

Thank you for using Return Receipt Service.

4a. Article Number	P 497 363 368
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-14-97
8. Addressee's Address (Only if requested and fee is paid)	

Received By: (Print Name)

Signature: (Addressee or Agent)

X *[Signature]*

Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Bty Ruth Fogleman
1643 E. 17th Place
Tulsa, OK 74120

SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

4a. Article Number	P 497 363 373
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	

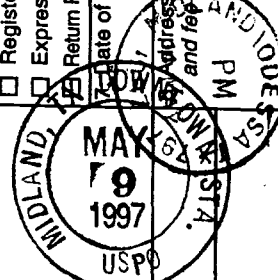
Russell B. Buchanan
P. O. Box 2454
Midland, TX 79702

Received By: (Print Name)

Signature: (Addressee or Agent)

X *[Signature]*

Form 3811, December 1994



Is your RETURN ADDRESS completed on the reverse side?

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

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

4a. Article Number
P 497 394 238

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
5-10-97

5. Received By: (Print Name)
Bert Weir, Jr.
3363 Simms
Wheatridge, CO 80033

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

8. Addressee's Address (Only if requested and fee is paid)
Domestic Return Receipt
PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

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

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

4a. Article Number
P 329 315 293

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
5-10-97

5. Received By: (Print Name)
Ellen Dean Haynes
P. O. Box 7021
Ruidoso New Mexico 88345

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

8. Addressee's Address (Only if requested and fee is paid)
Domestic Return Receipt
PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

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

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

4a. Article Number
P 329 315 289

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
5-9-97

5. Received By: (Print Name)
Roy G. Barton Sr. and Opal
Roy G. Barton Jr. Tr.
P. O. Box 978
Hobbs, New Mexico 88240

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

8. Addressee's Address (Only if requested and fee is paid)
Domestic Return Receipt
PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

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

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

4a. Article Number
P 497 363 385

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
5-9-97

5. Received By: (Print Name)
The Living Trust of Bert
Dunson Camp Trustee
2505 Gaye Drive
Roswell, NM 88201

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

8. Addressee's Address (Only if requested and fee is paid)
Domestic Return Receipt
PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Corky Andrus
P. O. Box 11
Hagerman, NM 88232

5. Received By: (Print Name)

Corky Andrus
Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

4a. Article Number

P 497 363 381

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Bradford Ace Christmas
Box 173
Wagon Mound, NM 87752

Becky Christmas

5. Received By: (Print Name)

Becky Christmas
Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

4a. Article Number

P 329 315 279

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

5/12/97

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Jim Cooper
P. O. Box 55
Monument, NM 88265

5. Received By: (Print Name)

Jim Cooper
Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

4a. Article Number

P 329 315 291

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

5-9-97

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

SENDER:

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

Lon Morris College
800 College Avenue
Jacksonville, TX 75766

5. Received By: (Print Name)

FRANK LAVOCHY
Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

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

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

Consult postmaster for fee.

4a. Article Number

P 497 394 252

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

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

SENDER:

- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

4a. Article Number
P 497 394 239

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

Kimberly Sue Edson
66 Cervantes Blvd.
San Francisco, CA 94123

5. Received By: (Print Name)
Kimberly Sue Edson

6. Signature: (Addressee or Agent)
Kimberly Sue Edson

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

4a. Article Number
P 497 363 376

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
3-12-97

Elizabeth E. McGillicuddy MD
11711 Memorial Drive 269
Houston, Texas 77024

McGillicuddy

5. Received By: (Print Name)
Elizabeth E. McGillicuddy

6. Signature: (Addressee or Agent)
Elizabeth E. McGillicuddy

PS Form 3811, December 1994 Domestic Return Receipt

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

4a. Article Number
P 329 315 283

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
5/29/97

Sue L. Wuerflein Trustee
Created by Will of David
14668 Stoneridge Drive
Saratoga, CA 95070

5. Received By: (Print Name)
Robert D. Wuerflein

6. Signature: (Addressee or Agent)
Robert D. Wuerflein

PS Form 3811, December 1994 Domestic Return Receipt

102595-97-B-0179

SENDER:

- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

4a. Article Number
P 497 363 374

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
5/29/97

Sue L. Wuerflein
14668 Stoneridge Drive
Saratoga, CA 95070

5. Received By: (Print Name)
Robert D. Wuerflein

6. Signature: (Addressee or Agent)
Robert D. Wuerflein

PS Form 3811, December 1994 Domestic Return Receipt

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
Clarabel Tanner Family TS Tanner TR 4667 Overton Woods Drive Ft. Worth, Texas 76109		4a. Article Number P 497 363 317	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 5/17/94
5. Received By: (Print Name) <i>Clarabel Tanner</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Clarabel Tanner</i>			
PS Form 3811, December 1994			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
Bethany E. Constance 13914 Bora Bora WY #215-D Marina Del Ray, CA 90292		4a. Article Number P 497 363 364	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 5/15/97
5. Received By: (Print Name) <i>Bethany E. Constance</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Bethany E. Constance</i>			
PS Form 3811, December 1994			

Is your RETURN ADDRESS completed on the reverse side?

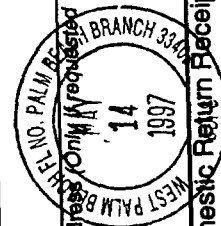
Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
Elsie D. Bickford & Harold IRREVOC Trust 957 Lake House Drive North Palm Beach, Florida 33408		4a. Article Number P 329 315 295	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery
5. Received By: (Print Name) ELSIE D. BICKFORD		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Elsie D. Bickford</i>			
PS Form 3811, December 1994			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
Robert E. Kershaw Royalty P. O. Box 273718 Tampa, FL 33688		4a. Article Number P 497 394 244	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 5-27-97
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Robert E. Kershaw</i>			
PS Form 3811, December 1994			



Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

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

5. Received By: (Print Name) *[Signature]*

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

3. *[Stamp]*

Wyatt Tate Brady
P. O. Box 6034
Springdale, AR 72766

4a. Article Number **P 329 315 285**

4b. Service Type
☐ Registered
☐ Express Mail
☐ COD

7. Date of Delivery

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

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

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

SENDER:

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

N. Blair Damson
197 Lyon Road
Scarsdale, NY 10583

4a. Article Number **P 497 363 365**

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **1997**

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

5. Received By: (Print Name) *[Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

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

N. Blair Damson
197 Lyon Road
Scarsdale, NY 10583

4a. Article Number **P 497 363 365**

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **1997**

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

5. Received By: (Print Name) *[Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

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

5. Received By: (Print Name) *[Signature]*

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

3. *[Stamp]*

Gaines Hoyt Bolding
22 Road 3807
Farmington, New Mexico 87401

4a. Article Number **P 329 315 287**

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **5-1-97**

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

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

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

SENDER:

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

Claudine Brady Trust Acct.
c/o Liberty Bank & Trust
P. O. Box 1227
Tulsa, OK 74101

4a. Article Number **P 497 394 245**

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **MAY 13 1997**

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

5. Received By: (Print Name) *[Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

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

Claudine Brady Trust Acct.
c/o Liberty Bank & Trust
P. O. Box 1227
Tulsa, OK 74101

4a. Article Number **P 497 394 245**

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **MAY 13 1997**

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

5. Received By: (Print Name) *[Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Claudine Brady Trust Acct.
c/o Liberty Bank & Trust
P. O. Box 1227
Tulsa, OK 74101

4a. Article Number **P 497 394 245**

4b. Service Type
☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **MAY 13 1997**

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

5. Received By: (Print Name) *[Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

4a. Article Number

P 497-363 370

4b. Service Type

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

7. Date of Delivery

5/13/97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *George W. Weir*

PS Form 3811, December 1994

Domestic Return Receipt

102595-97-B-0179

Thank you for using Return Receipt Service.

SENDER:

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

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

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

Consult postmaster for fee.

4a. Article Number

P 329-315 296

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *George W. Weir*

PS Form 3811, December 1994

Domestic Return Receipt

102595-97-B-0179

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

4a. Article Number

P 497-363 360

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *C. Brattain*

PS Form 3811, December 1994

Domestic Return Receipt

102595-97-B-0179

SENDER:

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

4a. Article Number

P 329-315 286

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Joan M. Putnam*

PS Form 3811, December 1994

Domestic Return Receipt

102595-97-B-0179

Joan M. Putnam
P. O. Box 20588
Oklahoma City, OK 73156



SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number	P 497 394 247
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-4-99
8. Addressee's Address (Only if requested and fee is paid)	

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Leeco Energy & Investment
400 W. Illinois, Suite 1420
Midland, TX 79701

4a. Article Number

P 497 394 247

4b. Service Type

- ☐ Registered
☐ Express Mail
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

5-4-99

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

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number	P 497 394 263
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5/1/99
8. Addressee's Address (Only if requested and fee is paid)	

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

102595-97-B-0179

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number	P 497 394 253
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)	

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

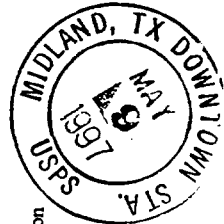
X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Permian Basin Acquisition
P. O. Box 3579
Midland, TX 79702



4a. Article Number

P 497 394 253

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

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

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number	P 497 363 372
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)	

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

102595-97-B-0179

SENDER:

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

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

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

Consult postmaster for fee.

4a. Article Number	P 329 315 300
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5/21

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Mary Midge Lippmann

PS Form 3811, December 1994

Domestic Return Receipt

102595-97-B-0179

Thank you for using Return Receipt Service.

SENDER:

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

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

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

Consult postmaster for fee.

4a. Article Number	P 497 394 261
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	MAY 19 1994

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

Jaco Production Co.
c/o Richard A. Woodall
P. O. Box 1807
Bakersfield, CA 93303

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

102595-97-B-0179

Thank you for using Return Receipt Service.

SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

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

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

Consult postmaster for fee.

4a. Article Number	P 497 394 242
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-20-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

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

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

Consult postmaster for fee.

4a. Article Number	P 497 363 375
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	05/15/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

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

St. Paul Industrial Training
Endowment Fund Trust
Longview National Bank Tyler
P. O. Box 1900
Tyler, TX 75710

4a. Article Number

P 497 394 248

4b. Service Type

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

7. Date of Delivery

MAY 12 1997

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

5. Received By: (Print Name)

Robert J. Wuerfel

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

David M. Yager
85 Depot Road
Santa Barbara, CA 93108

4a. Article Number

P 497 363 384

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

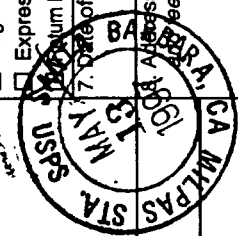
X

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Daniel James Edson
14668 Stoneridge Drive
Saratoga, CA 95070

4a. Article Number

P 497 363 383

4b. Service Type

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

7. Date of Delivery

5-12-97

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

5. Received By: (Print Name)

Robert J. Wuerfel

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

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

Avis K. Miller Trust Acct.
c/o Liberty Bank & Trust
P. O. Box 1227
Tulsa, OK 74101

4a. Article Number

P 497 394 265

4b. Service Type

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

7. Date of Delivery

MAY 13 1997

5. Received By: (Print Name)

X

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

4a. Article Number	P497 363 313
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	MAY 13 1997

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) DUPREE

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

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

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

Consult postmaster for fee.

4a. Article Number	P497 394 255
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	MAY 13 1997

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) DUPREE

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

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

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

Consult postmaster for fee.

4a. Article Number	P497 394 249
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	MAY 13 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) L. DUPREE

X

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

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

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

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

Consult postmaster for fee.

4a. Article Number	P497 394 237
4b. Service Type	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	MAY 14 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

4a. Article Number

P 497 394 260

William N. Ronaldson Trust
Texas Commerce BK San Ang
P. O. Box 201778
Houston, TX 77216

4b. Service Type

☐ Registered
☒ Express Mail
☐ Certified
☐ Insured
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

MAY 13 1997

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) L. DUPREE

X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

W. V. Leftwich Childrens Trust
Texas Commerce Bank NA Agent
P. O. Box 201778
Houston, TX 77216

4a. Article Number

P 497 394 258

4b. Service Type

☐ Registered
☐ Express Mail
☒ Certified
☐ Insured
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

MAY 13 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) L. DUPREE

X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:

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

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

4a. Article Number

P 497 394 254

4b. Service Type

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

7. Date of Delivery

MAY 13 1997

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) L. DUPREE

X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

Noel Warwick Trust 502430
Texas Commerce BK NA Agent
P. O. Box 201778
Houston, TX 77216

4a. Article Number

P 497 394 256

4b. Service Type

☐ Registered
☐ Express Mail
☐ Certified
☐ Insured
☒ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

MAY 13 1997

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) L. DUPREE

X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER: I also wish to receive the following services (for an extra fee): 1. Addressed's Address 2. Restricted Delivery Consult postmaster for fee. Is your RETURN ADDRESS completed on the reverse side? Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. Dorothy Habura Revocable Texas Commerce BK NA Agent P. O. Box 201778 Houston, TX 77216 4a. Article Number P 497 394 251 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery MAY 13 1997 8. Addressee's Address (Only if requested and fee is paid) 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) L. DUPREE X PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service. I also wish to receive the following services (for an extra fee): 1. Addressed's Address 2. Restricted Delivery Consult postmaster for fee. Is your RETURN ADDRESS completed on the reverse side? Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. Dorothy Habura Revocable Texas Commerce BK NA Agent P. O. Box 201778 Houston, TX 77216 4a. Article Number P 497 394 251 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery MAY 13 1997 8. Addressee's Address (Only if requested and fee is paid) 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) L. DUPREE X PS Form 3811, December 1994 Domestic Return Receipt

SENDER: I also wish to receive the following services (for an extra fee): 1. Addressed's Address 2. Restricted Delivery Consult postmaster for fee. Is your RETURN ADDRESS completed on the reverse side? Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. John David Edson 600 Front Street #129 San Diego, CA 92101 4a. Article Number P 497 363 382 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery 5-15-97 8. Addressee's Address (Only if requested and fee is paid) 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service. I also wish to receive the following services (for an extra fee): 1. Addressed's Address 2. Restricted Delivery Consult postmaster for fee. Is your RETURN ADDRESS completed on the reverse side? Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. Don A. Ronaldson Trust 502 Texas Commerce BK San Ang P. O. Box 201778 Houston, TX 77216 4a. Article Number P 497 394 259 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery MAY 13 1997 8. Addressee's Address (Only if requested and fee is paid) 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) L. DUPREE X PS Form 3811, December 1994 Domestic Return Receipt

SENDER:

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

Michael T. Lippmann
500 Foltz L.A.
Muskogee, OK 74403

4a. Article Number

P 497 363 356

4b. Service Type

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

7. Date of Delivery

5-15-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

102595-97-B-0179

Thank you for using Return Receipt Service.

SENDER:

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

Sue Ellen Weir
1420 Loma Alko Road
San Antonio, Texas 78232

4a. Article Number

P 329 315 290

4b. Service Type

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

7. Date of Delivery

5-16-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

102595-97-B-0179

Is your RETURN ADDRESS on the reverse side?

SENDER:

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

Kay Lynn Simer
1609 W. Riverside Drive
Carlsbad, NM 88220

4a. Article Number

P 497 394 236

4b. Service Type

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

7. Date of Delivery

5-15-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
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■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

Elizabeth J. L. Essig
P. O. Box 1786
Fl. Myers, VA 22211

4a. Article Number

P 329 315 299

4b. Service Type

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

7. Date of Delivery

5-16-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

<p>6. Signature: (Addressee or Agent)</p> <p><i>[Signature]</i></p>		<p>5. Received By: (Print Name)</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>		<p>7. Date of Delivery</p> <p><i>May 14 1997</i></p>	
<p>4a. Article Number</p> <p><i>P 329 315 288</i></p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p>	
<p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>		<p>3. <input type="checkbox"/> Complete items 1 and/or 2 for additional services.</p> <p><input type="checkbox"/> Complete items 3, 4a, and 4b.</p> <p><input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you.</p> <p><input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p><input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number.</p> <p><input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.</p>	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <p><input type="checkbox"/> Complete items 1 and/or 2 for additional services.</p> <p><input type="checkbox"/> Complete items 3, 4a, and 4b.</p> <p><input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you.</p> <p><input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p><input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number.</p> <p><input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. <i>Mary Debora Brady</i> 1804 Lake Crest Lane Plano, Texas 75023</p>		<p>4a. Article Number</p> <p><i>P 329 315 292</i></p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD</p> <p><input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><i>[Signature]</i></p>		<p>7. Date of Delivery</p> <p><i>05/12/94</i></p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <p><input type="checkbox"/> Complete items 1 and/or 2 for additional services.</p> <p><input type="checkbox"/> Complete items 3, 4a, and 4b.</p> <p><input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you.</p> <p><input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p><input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number.</p> <p><input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. <i>Greenfield Family Trust P</i> Greenfield TTE 924 Westwood Blvd. Los Angeles, CA 90024</p>		<p>4a. Article Number</p> <p><i>P 329 315 282</i></p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD</p> <p><input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><i>[Signature]</i></p>		<p>7. Date of Delivery</p> <p><i>5/13</i></p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

102595-97-B-0179 Domestic Return Receipt

Fold around top of envelope to
the right of the return address

CERTIFIED

P 329 315 297

MAIL



1000000

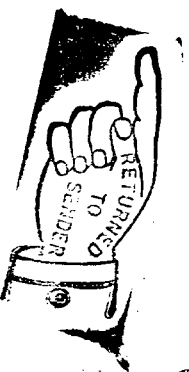


Texaco Exploration
and Production Inc

P O Box 3109
Midland TX 79702

Diane Heuser
3810 Roxbury Ct.
Colorado Springs CO 80906

S-112



Reason for NON DELIVERY

Moved - Left No Address ☐

Unknown ☐

No Such Number ☐

Refused ☐

Undelivered ☐

Forwarding Order Expired ☐

Other ☐

Initials _____

Reason for NON DELIVERY

Moved - Left No Address ☐

Unknown ☐

No Such Number ☐

Refused ☐

Undelivered ☐

Forwarding Order Expired ☐

Other ☐

Initials _____

11-3665
10-04

CERTIFIED

P 329 315 298

MAIL

MAY-8917
NM

PS METTEN
812360

2.5
U.S. POST



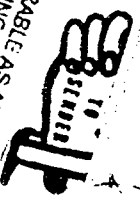
Texaco Exploration
and Production Inc

Ruth Edso
5568 Guil
Madison,

P O Box 3109
Midland TX 79702

S-112

UNDELIVERABLE AS ADDRESSED
FORWARDING ORDER REQUIRED



The right of the return address

CERTIFIED

P 497 363 366

MAIL

HUBB
MAY-897
NM
PA METER
8132940
U.S.T.

1000's
000

NAME
1st Notice 5/15
2nd Notice
Return 5/30



Texaco Exploration
and Production Inc

Peter M. Edson
P. O. Box 351
Enfield, CA 03748
N.H.

P O Box 3109
Midland TX 79702

S-112

☐ Undelivered
☐ Addressed, not forwarded
☐ Moved, left no address
☐ Mailed
☐ Returned to sender



CTB-451

JUN 12 1997

June 9, 1997

NMOCD
2040 South Pacheco
Santa Fe, New Mexico 87505

Attn: Mr. William J. LeMay

RE: Lease Commingling of the William Weir Lease and the New Mexico "E" State NCT-2 Lease, Section 23, Township 19S, Range 36E

Gentlemen:

Enclosed are additional waivers and approval from the State of New Mexico Commissioner of Public Lands for lease commingling of the above, captioned leases. If you have any questions, please contact Britton McQuien at (505) 397-0427.

Thank You,

Britton McQuien
Engineer
Texaco E&P, Inc.

enc

COMMERCIAL RESOURCES
(505)-827-5724

SURFACE RESOURCES
(505)-827-5793

MINERAL RESOURCES
(505)-827-5744

ROYALTY
(505)-827-5772



State of New Mexico
Commissioner of Public Lands
Ray Powell, M.S., D.V.M.
310 Old Santa Fe Trail, P. O. Box 1148
Santa Fe, New Mexico 87504-1148
Phone (505)-827-5760, Fax (505)-827-5766

PUBLIC AFFAIRS
(505)-827-5765

ADMINISTRATIVE MGMT.
(505)-827-5700

LEGAL
(505)-827-5713

PLANNING
(505)-827-5752

June 3, 1997

Texaco Exploration and Production
205 E. Bender Blvd.
Hobbs, New Mexico 88240

Attn: Mr. Britton McQuien

Re: Surface Commingling and Off-Lease Storage Application
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery
Unit Letter K, Section 23-19S-36E, B154-4
Lea County, New Mexico

Dear Mr. McQuien:

We are in receipt of your application dated May 8, 1997, wherein you have requested our approval for surface commingling and off-lease storage of production from the above wells.

We understand that production from the subject wells will be commingled and stored at the New Mexico "E" State NCT-2 tank battery located in the NE/4SW/4 of Section 23-19S-36E. Oil and gas from each of the wells will be measured by metering equipment prior to surface commingling.

Since it appears that there will be no loss of revenue to the State of New Mexico's beneficiaries as a result of your proposed operation, your request is hereby approved. Any deviation from the substance of your request will be sufficient grounds for rescinding our approval. Our approval is given with the understanding that the Commissioner of Public Lands reserves the right to amend or withdraw his approval, should this operation prove to be unprofitable to the state at any time in the future. Also, our approval is subject to like approval by the New Mexico Oil Conservation Division. Please submit a copy of the New Mexico Oil Conservation Division's approval.

Please submit a \$30.00 filing fee.

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

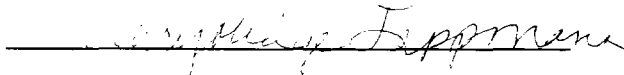
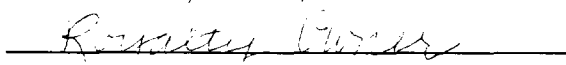
Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

**Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico**

I do hereby waive any objection to Texaco Exploration and Production Inc.'s request for NMOCD Administrative Approval of surface commingling and Off-Lease Storage of the above lease as outlined in the application package.

Signed: 
Title: 
Company: _____
Date: 1-3-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

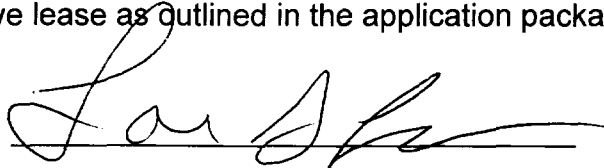
WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
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Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico

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Signed:



Title:

President

Company:

Leeco Energy & Investments, Inc.

Date:

5-12-97

Mineral Interest Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

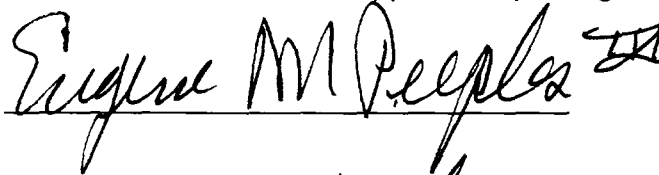
WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION INC.

**Application for the
Surface Commingling and Off-Lease Storage
William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery located in
Unit Letter K, Section 23, T-19-S, R-36-E
Lea County, New Mexico**

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Signed:

Eugene M Peeples 

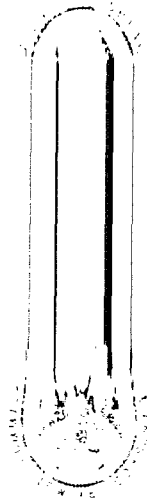
Title:

individual

Company:

Date:

6-2-97



COMMERCIAL RESOURCES
(505)-827-5724

SURFACE RESOURCES
(505)-827-5795

MINERAL RESOURCES
(505)-827-5744

ROYALTY
(505)-827-5772

State of New Mexico
Commissioner of Public Lands

Ray Powell, M.S., D.V.M.
310 Old Santa Fe Trail, P. O. Box 1148
Santa Fe, New Mexico 87504-1148
Phone (505)-827-5760, Fax (505)-827-5766

PUBLIC AFFAIRS
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June 3, 1997

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205 E. Bender Blvd.
Hobbs, New Mexico 88240

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William Weir Lease
New Mexico "E" NCT-2 Lease
Common Tank Battery
Unit Letter K, Section 23-19S-36E, B154-4
Lea County, New Mexico

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