State of New Mexico ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT



Santa Fe, New Mexico 87505

OIL CONSERVATION DIVISION

DRUG FRI

ADMINISTRATIVE ORDER OLS-174

Mewbourne Oil Company P.O. Box 7698 Tyler, Texas 75711

Attention: Mr. Kevin M. Mayes

As an exception to the requirements of Rule 309-A of the Division Rules and Regulations, and pursuant to the provisions of Rule 309-C, the above named company is hereby authorized off-lease storage for Quercho Plains Queen (Associated) Pool production from the following lease:

Lease Name: Quercho Plains Queen Associated Sand Unit Well No.10 Description: SW/4 SE/4, Section 21, Township 18 South, Range 32 East

The aforementioned production is to be transported prior to measurement to its own tank battery to be located in Unit H of Section 21, Township 18 South, Range 32 East, on the Cavalcade 21 Federal Lease.

NOTE: This installation shall be operated in accordance with the provisions of Rules 309-A and 309-B of the Division Rules and Regulations and there shall be no intercommunication of the handling, separating, treating, or storage facilities designated to each of the above leases.

REMARKS: Subject tank battery shall be known as the QPQasu Consolidated Battery No.3. The operator shall notify the Hobbs district office upon implementation of subject operations.

DONE at Santa Fe, New Mexico, on this 14th day of February, 1995.

WILLIAM J. EMAY, Director

WJL/BES

cc: Oil Conservation Division - Hobbs Bureau of Land Management - Carlsbad

VILLAGRA BUILDING - 408 Galisleo Forestry and Resources Conservation Division P.O. Box 1948 87504-1948 827-5830 Park and Recreation Division P.O. Box 1147 87504-1147 827-7465 2040 South Pacheco Office of the Secretary 827-5950 Administrative Services 827-5925 Energy Conservation & Management 827-5900 Mining and Minerals 827-5970

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OLS 174

MEWBOURNE OIL COMPANY

P.O. BOX 7698 TYLER, TEXAS 75711 903 - 561-2900 FAX 903 - 561-1870 January 9, 1995 DIE GONSERLE - UN DIVISION Res - Ked

195 JAN 17 PM 8 52

New Mexico Oil Conservation Division P. O. Box 2088 Santa Fe, New Mexico 87504

Att: Bill LeMay, Division Director

Re: Application for Off-Lease Storage Querecho Plains Queen Associated Sand Unit Lea County, New Mexico

Dear Mr. LeMay:

Mewbourne Oil Company seeks approval of off-lease storage for the QPQASU Consolidated Battery No. 3 (see attached map for location). This application became necessary upon recent approval of the referenced unit. The only production transported to said battery is from the QPQASU No. 10 well; as a result, no commingling will result. There is no intercommunication between the subject battery and any other facilities. Attached are copies of certified mailings made to all interest owners of the referenced unit. Further, attached is approval by the United States Bureau of Land Management.

If this application meets all your requirements, we would appreciate approval for off-lease storage for our QPQASU Consolidated Battery No. 3 at your earliest convenience. If you have any questions, please contact me at (903) 561-2900.

Yours truly,

K. M. Mayes

K. M. Mayes Secretary, Operating Committee Querecho Plains Queen Associated Sand Unit

KM/sh

Attachments: Unit Agreement Exhibit "B" Plat with Lease and Unit Boundaries Approved Sundry Notice from BLM Original Certified Mailing Receipts to All Ownership

Mewbourne Oil Company 46.50% Curtis W. Mewbourne 28.50% Joyran Corp. Associated Partners Ltd 1986 11.25% Hillside Syndicate 1.25%	1.33333 1.33333 1.00% 1.00% 1.00% 1.00% 1.00% 1.00% 1.00% 1.00% 1.00%	Mewbourne Oil Company O. H. Berry Jack Huff William Green James Makins, Jr. Michael Makins Patrick Makins Scott Makins Steve Burleson Nancy Hayes	O. K. Berry Juck Huff 33.33333% Juck Huff 33.33333% Steve K. Burleson 16.66667% Nancy E. Hayes 16.66667%	12.50% USY	אא 0554244 קבא	120.00	S/2 SE/4 & NE/4 SE/4 of Section 23 T18S-R32E, Lea County, New Mexico	3A. Federal "L" (No Well)
* Anadarko Petroleum Corp.100.00%	3.2813 1.0156 2.2438 .2438 .2438 .2438 .2438 .0155 .0828 .07818 .07818	Gary L. Bennett, et ux Margaret J. McCurdy Genevieve E. DuPont Elizabeth Borgaard NationsBank Texas, N.A., Trustee under the Will of David B. Trammell NationsBank Texas, N.A., Trustee under the Will of Margaret R. Trammell Carol David Trammell Carol David Trammel L. E. Bearden, Jr. Gladys Shannon	Anadarko Petroleum Corp. 100.00%	12.50% USA	NM 04868 Нвр	40.00	NW/4 SE/4 Of Section 22 T185-R32E, Lea County, New Mexico	2. Federal "J" #1
* Anadarko Petroleum Corp.100.00%	F 1.0156 .16558 .08288 .08288 .07818 .07818 .0588 .0588 .0588 .0588 .0588 .0588 .0588 .0588 .0588 .0588 .0588 .0568 .055688 .05568 .05568 .05568 .05568 .05568 .05568 .05568 .05568 .05568 .05568 .055688 .055688 .055688 .055688 .055688 .055688 .055688 .055688 .055688 .055688 .0556888 .0556888 .055688888 .0556888888 .055688888888888888888888888888888888888	Gary L. Bennett, et ux Margaret J. McCurdy Genevieve E. DuPont Richard D. Borgaard NationsBank Texas, N.A., Trustee under the Will of David B. Trammell NationsBank Texas, N.A., Trustee under the Will of Margaret R. Trammell Carol David Trammel L. E. Bearden, Jr. Gladys Shannon	Anadarko Petroleum Corp. 100.00%	12.50% USA	NM 04371-A HBP	200.00	SW/4 SE/4 and SW/4 of Section 22 T185-R32E, Lea County, New Mexico	1. Bennett Federal #1, #2, #3, #4, #5
Working Interest, Percentage and Designated Operator (*)	×	Overriding Royalty and Percentage	Lessee of Record	Basic Royalty & Percentage	Name or # of Lease	Number of Acres	Description of Land	Unit Tract # and Well Name
20110101 40								

Date <u>6-9-94</u> Revision #2

UNIT AGREEMENT QUERECHO PLAINS QUEEN ASSOCIATED SAND UNIT EXHIBIT "B"

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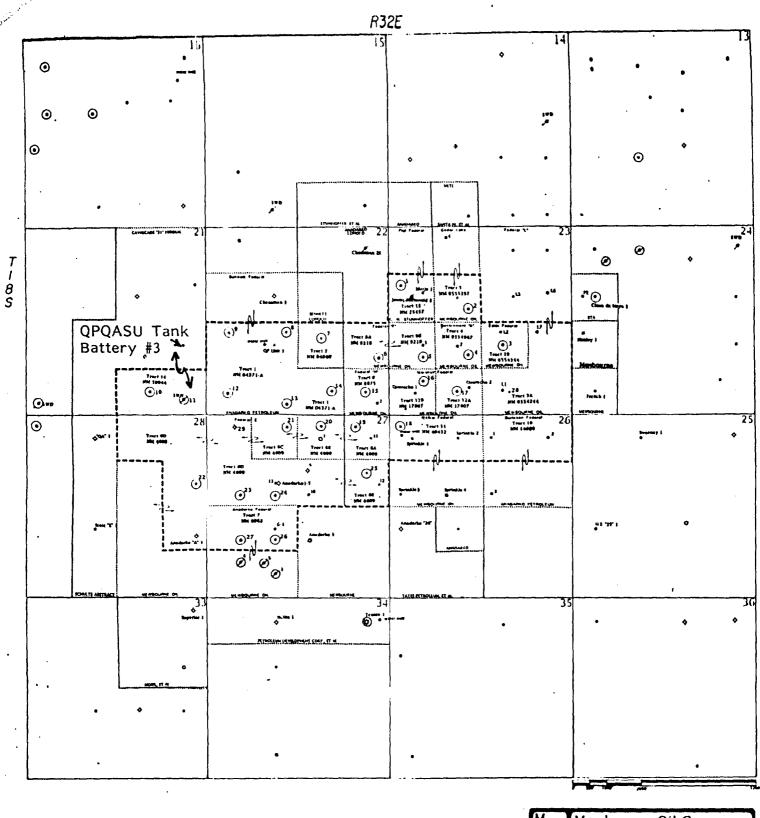
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SA. Federal "E" #7	;. Cedar Lake Federal #1	l. Governmerit #1)B. Edith Federal #2	Jnit Tract # and Well Name	
NE/4 NE/4 OF Section 27 T18S-R32E, Lea County, New Mexico	SE/4 NW/4 OE Section 23 T185-R32E, Lea County, New Mexico Mexico	"K" NE/4 SW/4 Of Section 23 T18S-R32E, Lea County, New Mexico	NW/4 SE/4 Of Section 23 T18S-R32E, Lea County, New Mexico	d Description of Land	
 40.00	40.00	40.00	40.00	Number of Acres	
NM 4609 HBP	NM 0555297 HBP	NM 0554967 HBP	NM 0554244 HBP	Name or # of Lease	
12.50% USA	12.50% USA	12.50% USA	12.50% USA	Basic Royalty & Percentage	
Anadarko Petroloum Corp. 100.00%	Mewbourne Oil Company 100.00%	Mobil Producing Texas & New Mexico, Inc. 100.00%	O. H. Berry Jack Huff 33.33333 Steve K. Burleson Steve K. Burleson 16.66667% Nancy E. Hayes 16.66667%	Lessee of Record	
	Mewbourne Oil Company William Green The Ross Family Trust Vee K. Ross, Trustee Adrian Clouthier Lucy James Rafelita Pittman John Borg Pamela Brooks Patricia Howard Ann Mills Diana Ochterbeck Jeannett Hubbard Olivia Wood Eleanor Ferris Adele Simpson Robert Clouthier Charles & Gwen Clouthier .0 Peter Simpson Lita Sabonis Roland Simpson	Mobil Producing Texas & Nev Mexico, Inc. Joan R. Duncan	James Makins James Makins, Jr. Michael Makins Patrick Makins Scott Makins William Green O.H. Berry Virginia Berry	Overriding Royalty and Percentage	
Û. ÛÛ *	. 14.00 . 1.25 . 1.566678 . 1666778 . 1666778 . 12558 . 12558 . 0833338 . 0625588 . 0625688 . 062568 . 062568 . 0625688 . 0625688 . 0625688 . 0625688 . 0625688 . 0625688	7.50% 5.00%	1.00% 1.00% 1.00% 1.00% 1.00% 1.00% 1.00% 1.00% 1.00%		
Anadarko Petroleum OXY USA INC. * Curtis W. Mewbourne <u>After Payout:</u> Curtis W. Mewbourne Anadarko Petroleum OXY USA INC.	0	* Mewbourne Oil Company	* Mewbourne Oil Company	Working Interest, Percentage and Designated Operator	
36.363364% 30.33333 30.3033 30.303% 33.33334% 33.33334% 33.33334%	any 46.50% 28.50% 12.50% Ltd 1986 1.25% 1.25%	100.00%	100.00%	or (*)	

n Alexan Alexan									
100.00%	* Mewbourne Oil Company	1.386.25% 1.388889% 1.e .694445% .694445% .462963% .462963%	Anadarko Petroleum O.H. Berry James J. Cole James J. Cole, Personal Representative of estate of Jimmie J. Cole, .6 deceased Katherine Crews Sue Crews Plaget .4 Courtenay Crews Johnson .4	Anadarko Petroleum Corp. 100.00%	Schedule B	NM 6863	80. 0	N/2 SW/4 Of Section 27 T185-R32E. Lea County, New Mexico	7. Anadarko Federal #2 and #3
50.00% 50.00% 66.66667% 33.33333%	* Curtis W. Mewbourne OXY USA INC. <u>After Payout</u> : Curtis W. Mewbourne OXY USA INC.	0.00%	None	Anadarko Petroleum Corp. 100.00%	12.50% USA	NM 4609 Нвр	40.00	SE/4 NE/4 Of Section 27 T185-R32E, Lea County, New Mexico	5E. Federal "E" #8
3 4 4 8 8 8 8	* Curtig W. Mewbourne Anadarko Petroleum OXY USA INC.	0.00%	None	Anadarko Petroleum Corp. 100.00%	12.50% USA	NM 4609 HBP	320.00	S/2 NW/4, NW/4 NW/4, & SW/4 NE/4 of Section 27, and N/2 NE/4, SE/4 NE/4, & NE/4 SE/4 of Section 28 T185-R32E, Lea County, New Mexico	5D. Federal *E* #2, #3, and #9
36.36364% 33.33333% 30.30303% 33.33334% 33.33334% 33.33333% 33.33333%	Anadarko Petroleum OXY USA INC. * Curtis W. Mewbourne <u>After Payout</u> : Curtis W. Mewbourne Anadarko OXY USA INC.	0.00%	None	Anadarko Petroleum Corp. 100.00%	12.50% USA	NM 4609 HBP	40.00	NE/4 NW/4 Of Section 27 T185-R32E, Lea County, New Mexico	6C. Federal "E" #5
36,36364% 33,33333% 30,30303% 33,33333% 33,33333% 33,33333%	Anadarko Petroleum OXY USA INC. * Curtis W. Mewbourne <u>After Payout</u> : Curtis W. Mewbourne Anadarko OXY USA INC.	0.00%	None	Anadarko Petroleum Corp. 100.00%	12.50% USA	NN 4609 HBP	40.00	NM/4 NE/4 Of Section 27 T185-R32E, Lea County, New Mexico	6B. Federal "E". #6
) (*)	Working Interest, Percentage and Designated Operator	e ty	Overriding Royalty and Percentage	Lessee of Record	Basic Royalty & Percentage	Name or # of Lease	Number of Acres	Description of Land	Unit Tract # and Well Name

		.16% .16% .16% .16% .16% .16% .16% .16%	Operating, Inc. 3.90625% Santa Fe Energy S.L. Shogrin 31.25% F.L. Shogrin 31.25% Daniel C. Walker					
6.25% 4.6875% 4.6875% 3.125%	Philip Bishop Clarence Stumhoffer Freida Stumhoffer Peggy Taylor for Bernard	s euch & Gas ran erating	ta .	USA	HB P		T185-R32E, Lea County, New Mexico	
21	* Mewbourne Oil Company Daniel Walker	Joseph Sprinkle 3.75% Frank Shogrin 2.36875%	s B. Burl	12.50%	NM 40452	80.00	N/2 NW/4 of Section 26	11. Walker Federal #1
		Susie Crews Piaget .555525% Courtenay C. Johnson .555525%	Susie Crews 7.407% Courtney C. Johnson 7.407%					
		te, decease anos anos	Jimmie Cole 11.1128 Katherine D. Crews					
		James J. Cole, personal representative of estate of	Jack Huff 16.6665% James L. Cole		ļ			(M) MIT
91.66676% 8.33324%	Anadarko Petroleum Mewbourne Oil Company	Panos Investment Co. 3.34% O.H. & Virginia Berry 1.66665% James J. Cole 8314%	O.H. Berry 22.222% Lewis B. Burleson 16.6665%	12.50%	NM 14000	80.00	N/2 NE/4 of Section 26	10. Federal Burleson
		Rae Little, Deceased, No .25% Probate .25% Marjorie A. Little .25%					Mexico	
33.323.38 8.223.38 8.223.38	OXY USA INC.	. Little		USA	ЧВР		County, New	#1
33.33334%		1e 1 (+ +) o	rko Pet	12.50%	NM 9218	40.00	NW/4 SW/4 OF	98. Federal "F"
66.66667% 33.33333%	Curtis W. Mewbourne OXY USA INC.	Rae LIELLE, Deceased, No .25% Probate .25% Marjorie A. Little .25%					Mexico	
	After Payout:			USA	HBP		T185-R32E, Lea County, New	;
66.66667% 33.33333%	* Curtis W. Mewbourne OXY USA INC.	Anne Little Sylvia F. Little, Personal	Anadarko Petroleum Corp. 100.00%	12.50%	NM 9218	40.00	NE/4 SE/4 Of Section 22	9A. Federal "F" #2
66.66667% 33.33333%	After Payout: Curtis W. Mewbourne OXY USA INC.							
33.33333	OXY USA, INC.	Joan Duncan Estate of J. Walter Duncan, 1.25%		USA	HBP		Section 22 T18S-R32E, Lea	0. Forotet :: #+
962222 23	* Curtie W Maubourne	C111h 05G 1.25%	Anadarko Petroleum	12.50%	NM 8675	40.00	CE/A CE/A OF	
or (*)	Working Interest, Percentage and Designated Operator	Overriding Royalty and Percentage	Lessee of Record	Basic Royalty & Percentage	Name or # of Lease	Number of Acres	Description of Land	Unit Tract # and Well Name

				100.00% 100.00%	1520.00 acres or 100.00% 1520.00 acres or 100.00%	1	Total Federal Acres Total Unit Acres	Recapitulation: T
Anadarko Petroleum Corp.100.00%	5.15% 1.5% .725% .5% .25% .25%	Gary L. Bennett, et ux William R. Crow Cavalcade Oil Corp. Michael Levenson Kathleen A. Capps, Trustee of Heather & Nichol Capps Joe K. Smith Michael R. Hyden	Anadarko Petroleum Corp. 100.00%	Schedule B USA	им 59044 Нвр	80. 00	S/2 SE/4 of Section 21 T18S-R32E, Lea County, New Mexico	14. Cavalcade Federal #1 & #4
* Clarence Stumhoffer 35.00% Harold Lobley 10.00% Mansur Trust 10.00% Toombs Trust 10.00% Murjo Oil & Royalty 9.08438% Gene Fulmer 5.00% Ray Fulmer 3.20625% Daniel Walker 3.20625% Debra Johnson Head 3.02812% Debra Johnson Hopson 3.02812% Carroll Bellah 2.25% F. Kirk Johnson III 1.66547% Larry Arnold 1.375%	0.00 00 00 00 00 00 00 00 00 00 00 00 00	None Non-Consent Unit Non-Consent Unit	Murjo Oil & Royalty Co. 100.00%	Schedule B USA	NM 25457 HBP	40.00 0	SW/4 NW/4 of Section 23 T18S-R32E, Lea County, New Mexico Mexico	13. Flip Federal #1
Mewbourne Oil Company 100.00%	12.50% * 5.00%	Marshall & Winston 1 Mewbourne Oil Company	Marshall & Winston 100.00%	12.50% USA	NM 17807 HBP	40.00	SW/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	12B. Marshall Federal #2
Mewbourne Oil Company 100.00%	12.50% *	Marshall & Winston, et al 1	Marshall & Winston 100.00%	12.50 % USA	NM 17807 HBP	40.00	SE/4 SW/4 of Section 23 T18s-R32E, Lea County, New Mexico	12A. Marshall Federal #1
Working Interest, Percentage and Designated Operator (*)		Overriding Royalty and Percentage	Lessee of Record	Basic Royalty & Percentage	Name or # of Lease	Number of Acres	Description of Land	Unit Tract # and Well Name



MOC Mewbourne Oil Company Tyler, Texas EXHIBIT "A" O Wells With Queen Production QUERECHO PLAINS QUEEN ASSOCIATED SAND UNIT Unit Boundary and Tracts

Revised Revised Revised Revised Revised

OPER	AT	'OR'	S	COPY
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une 1990) DEPARTMEN	TED STATES T OF THE INTERIOR LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not use this form for proposals to dri	AND REPORTS ON WELLS ill or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
	IN TRIPLICATE	7. If Unit or CA, Agreement Designation NMNM91005X
i. Type of Well Oil Gas Well Well Coher QPQASU Co 2. Name of Operator	nsolidated Battery No. 3	8. Well Name and No.
Mewbourne Oil Company 3. Address and Telephone No.		9. API Well No.
P. O. Box 7698, Tyler, Texas	75711 (903) 561–2900	10. Field and Pool, or Exploratory Area
4. Location of Watter Footage, Sec., T., R., M., or Survey D	escription)	Querecho Plains Queen
Point of Disposition:		11. County or Parish, State
1980' FSL & 330' FEL of Secti	on 21, T18S-R32E	Lea Co., New Mexico
2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment Recompletion	Change of Plans New Construction
Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Altering Casing X Other Off Lease Storage	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Welt Completion or Recompletion Report and Log form)
give subsurface locations and measured and true vertic Operator requests approval fo	Il pertinent details, and give pertinent dates, including estimated date of starting cal depths for all markers and zones pertinent to this work.)* r Off Lease Storage of production from rv was used for the Cavalcade Rederal	Tract 14 of the subject

unit. The subject tank battery was used for the Cavalcade Federal "21" Lease and had a maximum of three wells producing from the Queen Formation at one time. Upon unitization of the Querecho Plains Queen Associated pool the operator finds the subject tank setting is located outside the unit boundary. There is currently and it is projected that only one well,"produce into the tank setting. This well being the QPQASU No. 10 (Cavalcade Federal #1). The remaining unitized Cavalcade well was converted to injection. Attached is a map showing all leases connected to the off-lease facility and the subject unit boundary. Further, attached is an inventory of equipment located at the facility. All production will be stored at the facility and/or trucked off when appropriate. Production, volumes are estimated at 20/20/10 (0/W/G).

estimated at 20/20/10 (O/W/G).		DEC 1 3 1994
4. I hereby certify that the foregoing is true and correct Signed		Project Engineer
(This space for Federal or State office use) Approved by Abam Scharef Conditions of approval, if any: - SEE ATTACHED.	Title	Potroiourn Eneinsor Date 12/30/94

itle 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements representations as to any matter within its jurisdiction. (rev. 2/25/93)

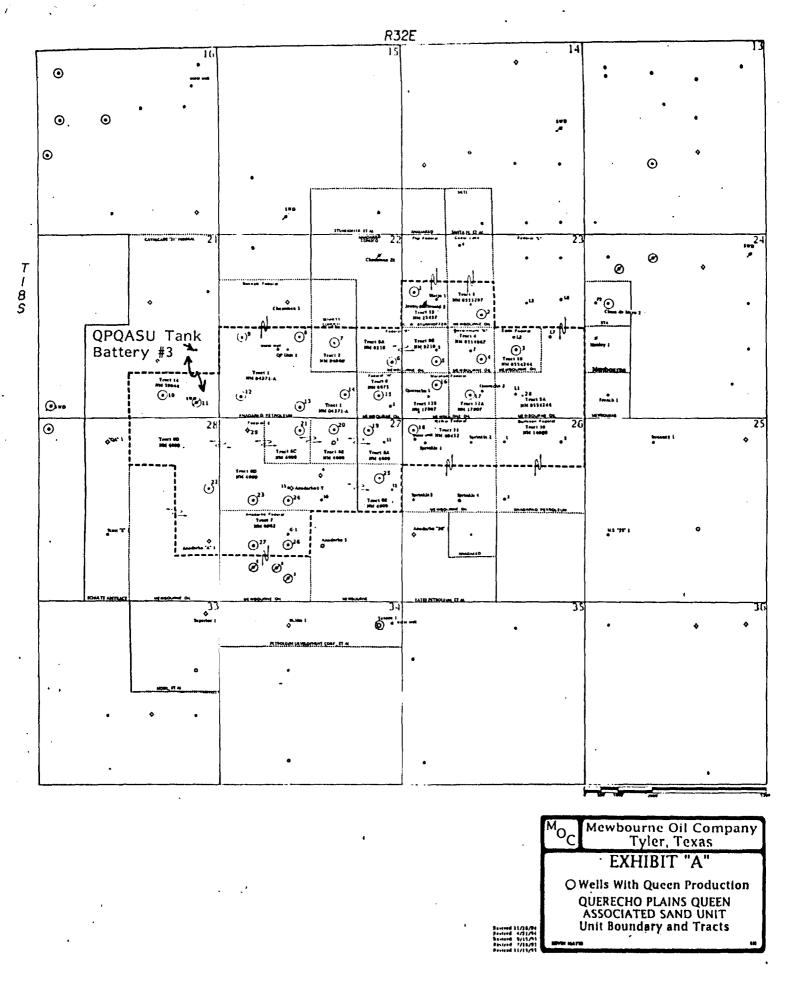
BUREAU OF LAND MANAGEMENT CARLSBAD RESOURCE AREA

Off Lease Storage/Measurement

Conditions of Approval

Approval of off lease storage/measurement and sales is subject to the following conditions of approval:

- 1. This agency be notified of any change in your sales method or location of the sales meter.
- 2. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
- 4. This approval does not constitute right-of-way approval for any off lease activities. You need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.



QUERECHO PLAINS QUEENS FLOOD

EQUIPMENT INVENTORIES & VALUES

WELL NAME: CAVALCADE "21" #1 PRODUCER

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ITEM	SUGGESTED VALUE	QUANTITY	TOTAL
WELLBORE BELOW GROUND			
2 3/8" TUBING	\$0.60	4200	\$2,520.00
TUBING ANCHOR	\$500.00	1	\$500.00
DOWNHOLE PUMP	\$500.00	1	\$500.00
7/8" STEEL SUCKER RODS	\$0.30	1200	\$360.00
3/4" STEEL SUCKER RODS	\$0.20	3000	\$600.00
WELLHEAD ASSEMBLIES			
8 5/8" DRILLING HEAD	\$800.00	1	\$800.00
2 3/8" TUBING HEAD	\$600.00	1	\$600.00
PUMPING UNITS			
LUFKIN C-114-143-64	\$4,500.00		
NATIONAL/EMSCO C-114-143-64	\$4,000.00		
LUFKIN M-114-143-86	\$4,700.00	1	\$4,700.00
LUFKIN C-160-143-74	\$6,000.00		
LUFKIN C-228-213-86	\$8,000.00		
MORGAN C-320-305-100	\$9,000.00		
PRIME MOVERS			
SARGENTS ECONO PAC SIZE 2	\$1,000.00		
SARGENTS ECONO PAC SIZE 3	\$1,500.00		
TOSHIBA/BALDOR 10-15 HP	\$300.00		
TOSHIBA/BALDOR 20-30 HP	\$400.00	1	\$400.00
PRODUCTION EQUIPMENT			
4X20/6X20 HEATER TREATER	\$3,500.00	1	\$3,500.00
2" CIRC. PUMP	\$500.00	1	\$500.00
2" METER RUN W/ METER	\$500.00		
STORAGE TANKS			
436 BBL (13X15) STOCK TANK	\$2,000.00		
300 BBL (12X15) STOCK TANK	\$2,000.00		
210 BBL (10X15) STOCK TANK	\$1,000.00	2	\$2,000.00
FLOWLINES			
2" & 2 1/12" STEEL LINES	\$0.30		
2" POLY LINES	\$0.25	2000	\$500.00
3" POLY LINES	\$0.40 ′	3500	\$1,400.00
323 J-60TRIPLEX W/ 30HP MTR	\$5,000.00		
		TOTAL	\$18,880.00

	OLS - 179	CONS. COMMISSION
	89.93 20. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	CONS. COMPAISSION 1980 FORM APPROVED Budget Burger No. 1004-0135
Form 3160-5 (June 1990) DEP#	UNITED STATES	FORM APPROVED Budget Bureau No. 1004–0135 Expires: March 31, 1993
	AU OF LAND MANAGEMENT 5. B BA 8 52	5. Lease Designation and Serial No.
Do not use this form for propos	OTICES AND REPORTS ON WELLS sals to drill or to deepen or reentry to a different reservoi TION FOR PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name ir.
	SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation NMNM91005X
Type of Well Oil Oil Well Well Well Other QPC Anne of Operator	VASU Consolidated Battery No. 3	8. Well Name and No.
Mewbourne Oil Company		9. API Well No.
 Address and Telephone No. P. O. Box 7698, Tyler, Location of Wath/Footage, Sec., T., R., M., 		10. Field and Pool, or Exploratory Area Querecho Plains Queen
Point of Disposition:		11. County or Parish, State
1980' FSL & 330' FEL of	f Section 21, T18S-R32E	Lea Co., New Mexico
12. CHECK APPROPRIAT	TE BOX(s) TO INDICATE NATURE OF NOTICE, REP	PORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	N
Notice of Intent	Abandonment	Change of Plans
Subsequent Report	Plugging Back	New Construction Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Altering Casing Conter Off Lease Storage	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Weil) Completion or Recompletion Report and Lug form)
	Clearly state all pertinent details, and give pertinent dates, including estimated date of sta and true vertical depths for all markers and zones pertinent to this work.)*	
Operator requests appro- unit. The subject tank maximum of three wells the Querecho Plains Que located outside the uni well, produce into the t The remaining unitized all leases connected to attached is an inventor	oval for Off Lease Storage of production for k battery was used for the Cavalcade Federa producing from the Queen Formation at one een Associated pool the operator finds the it boundary. There is currently and it is tank setting. This well being the QPQASU F Cavalcade well was converted to injection of the off-lease facility and the subject un ry of equipment located at the facility.	al "21" Lease and had a time. Upon unitization of subject tank setting is projected that only one No. 10 (Cavalcade Federal #1). Attached is a map showing nit boundary. Further, All production will be

		DIST. 6 N.M.	- 0
14. I hereby certify that the foregoing is true and correct		Project Engineer	8
This space for Federal or State office use)	Title	Hoject migneer (had Nation	
Approved by Orig. Signed by Atlam Salameh Conditions of approval, if any:	_ Title	Patridum Engines. Da	12/30/94
- SEE ATTACHED -			

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

(rev. 2/25/93)

BUREAU OF LAND MANAGEMENT

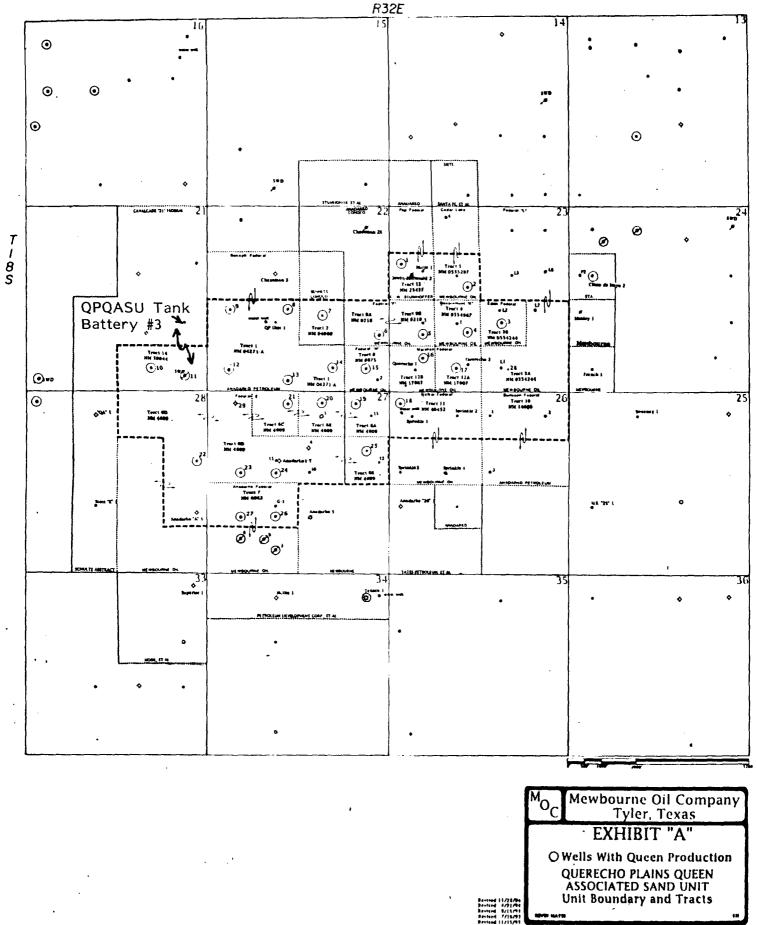
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Conditions of Approval

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- 1. This agency be notified of any change in your sales method or location of the sales meter.
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QUERECHO PLAINS QUEENS FLOOD EQUIPMENT INVENTORIES & VALUES

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WELL NAME: CAVALCADE "21" #1 PRODUCER

ITEM	SUGGESTED VALUE	QUANTITY	TOTAL
WELLBORE BELOW GROUND			
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TUBING ANCHOR	\$500.00	1	\$500.00
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3/4" STEEL SUCKER RODS	\$0.20	3000	\$600.00
WELLHEAD ASSEMBLIES			
8 5/8" DRILLING HEAD	\$800.00	1	\$800.00
2 3/8" TUBING HEAD	\$600.00	1	\$600.00
PUMPING UNITS			
LUFKIN C-114-143-64	\$4,500.00		
NATIONAL/EMSCO C-114-143-64	\$4,000.00		
LUFKIN M-114-143-86	\$4,700.00	1	\$4,700.00
LUFKIN C-160-143-74	\$6,000.00		
LUFKIN C-228-213-86	\$8,000.00		
MORGAN C-320-305-100	\$9,000.00		
PRIME MOVERS			
SARGENTS ECONO PAC SIZE 2	\$1,000.00		
SARGENTS ECONO PAC SIZE 3	\$1,500.00		
TOSHIBA/BALDOR 10-15 HP	\$300.00		
TOSHIBA/BALDOR 20-30 HP	\$400.00	1	\$400.00
PRODUCTION EQUIPMENT			
4X20/6X20 HEATER TREATER	\$3,500.00	1	\$3,500.00
2" CIRC. PUMP	\$500.00	1	\$500.00
2" METER RUN W/ METER	\$500.00		
STORAGE TANKS			
436 BBL (13X15) STOCK TANK	\$2,000.00		
300 BBL (12X15) STOCK TANK	\$2,000.00		
210 BBL (10X15) STOCK TANK	\$1,000.00	2	\$2,000.00
FLOWLINES			
2" & 2 1/12" STEEL LINES	\$0.30		
2" POLY LINES	\$0.25	2000	\$500.00
3" POLY LINES	\$0.40	3500	\$1,400.00
INJECTION PUMP			
323 J-60TRIPLEX W/ 30HP MTR	\$5,000.00		
		TOTAL	\$18,880.00

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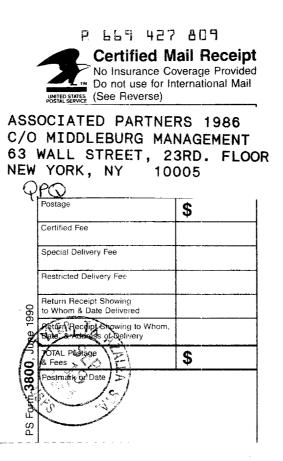
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5. Signature (Addressee) 6. Signature (Agent) 7. PSCForm 3811 , December 1991 * U.S.G.P.O.: 1992-307	8. Addressee's Address (Only if requested and fee is paid)

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 5. Signature (Addressee) C. W. Junchebb 6. Signature (Agent) PS Form 3811, December 1991 ★ U.S.G.P.O.: 1992-307 	and	essee's Address (Only if requested fee is paid) DMESTIC RETURN RECEIPT

Z 157 460 485 Receipt for Certified Mail No Insurance Coverage Provided FRIEDA TIPTON STUMHOFFER P. O. BOX 100416 FT. WORTH, TX 76185-0416					
PS Form 3800	Postage Certified Fae Special Delivery Fee Restricted Delivery Fee	\$			
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POF RETURN	5. Signature (Addressee)		ressee's Address (Only if requested fee is paid)	Thank

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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vour BETURN ADDRESS completed o	 3. Article Ac dressed to: Toombs Trust 11216 Pinehurst Drive Austin, TX 78747 Austin, TX 78747 	4a. Article Number Z157 460 487 4b. Service Type □ Registered □ Insured	for using Return H

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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3. Article Addressed to: C. DANIEL WALKER 6729 BRANTS LANE FT. WORTH, TX 76116-7201	4a. Article Number Z 157 460 488 4b. Service Type Registered Insured X Certified COD Express Mail Hereinartheceipt for 7. Date of Delivery So
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Is your RETURN	5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307.	and i	essee's Áddress (Only if requested fee is paid) DMESTIC RETURN RECEIPT	Thank

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4	Z 157 460 494 Receipt for Certified Mail No Insurance Coverage Provided
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3. Article Addressed to: BUREAU OF LAND MANAGEMENT ROSWELL DISTRICT OFFICE 1717 WEST SECOND STREET ROSWELL, NM 88201-2019 CONTROL (Addressee) Addressee Ad	4a. Article Number Z 157 460 498 4b. Service Type Insured Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery 7.27 744 8. Addressee's Address (Only if requested and fee is paid) Yet

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PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

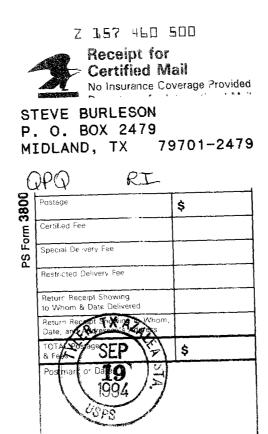
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5. Signature (Addressee) 6. Signature (Agent) PS Form 3811 , December 1991 & USGPO : 1992-30	8. Addressee's Address (Only if requested and fee is paid)

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	Return Receipt soowing to Ano- Date, and Agressal's Address	
	TOTAL Potence SEP	-\$
	Postmark or bate 1994	

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on the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered. 	if space 1. Addressee's Address	
ADDRESS completed	DPQ RI	4a. Article Number Z 157 460 502 4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery Marchandise 8. Addressee's Address (Only if requested years)	2
our RETURN	5. Signature (Addressee) 6. Signature (Agent)	and fee is paid)	

PS Form 3811, December 1991 # U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Z 157 460 503

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Receipt for Certified Mail ADRIAN E. CLOUTHIER P. O. BOX 295 WAGON MOUND, NM 87752-0295

P.O., State and ZIP Code	
Postage	\$
Certil ed Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Snowing territion Date, and Addresses PAddress	
TOTAL Postage	\$
Postmark or Date	

 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 	I also wish to receive the following services (for an extra
 Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered at delivered. 	It we can fee}: f space 1. Addressee's Address 5 cle number. 2. Restricted Delivery 5
ADRIAN E. CLOUTHIER	4a. Article Number Z 157 460 503 4b. Service Type
P. O. BOX 295 WAGON MOUND, NM 87752-0295	L Registered Insured —
	Express Mail Return Receipt for S Merchandise
OPO RI	7. Date of Delivery 9 22 94 10
5. Signature (Addressee) 6. Signature (Agent)	8. Addressee's Address (Only if requested x and fee is paid)
PS Form 3811, December 1991 & U.S.G.P.O. : 1992-307	-530 DOMESTIC RETURN RECEIPT

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	Necsipt for Certified	
all 1	No insurance	Coverage Provided
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CHARLES & GWEN CLOUTHIER 1901 CAMINO RIO FARMINGTON, NM 87401-8049

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing T to Whom & Date Derivered	A
Return Receip Showing of Date, and Appressee's Autom	1907 (C)
TOTAL Postage & Fees	\$
Postmark on Date 199	V)
C. J. Contraction	

ad on the reverse side?	 Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the mailpiece below the article the return Receipt will show to whom the article was delivered at delivered. Article Addressed to: CHARLES & GWEN CLOUTHIER 1901 CAMINO RIO 	f space cle number. nd the date 4a. Arti Z (4b. Ser Regis	Consult postmaster for fee.	Return Receipt Service.
Is your RETURN AF	FARMINGTON, NM 87401-8049 PR RT 5. Signature (Addressee) 6. Signature (Agent) PS Form 3811 , Discember 1991 # U.S.G.P.O.: 1992-307	Certi Expro 7. Date 8. Addr and		Thank you for using

RECEIPT FOR CERTIFIED MAIL

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NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse) ROBERT L. CLOUTHIER 1832 W. BRIARWOOD LITTLETON, CO 80120-3637

	OPQ RE	
* U.S.G.	Postage	\$
) *	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing the window Date, and Address are under a	
Feb.	TOTAL Postale and Feel O	<u>F</u>
3800,	Postmark or Date 199	$\left[\frac{1}{2} \right]$
PS Form 3800, Feb. 1982	625	
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n the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the mailpiece below the artiit. The Return Receipt will show to whom the article was delivered a delivered. 	f space icle number.		eceipt Service.
your RETURN ADDRESS completed on	3. Article Addressed to: ROBERT L. CLOUTHIER 1832 W. BRIARWOOD LITTLETON, CO 80120-3637 Signature (Addressee) 6. Signature (Agent)	4b. Ser Regis Succrti Expr 7. Date 8. Addr and	icle Number 54286545 vice Type stered Insured fied COD ess Mail Return Receipt for Merchandise of Deliver 2 1934 ressee's Address (Only if requested fee is paid)	Than
<u>_</u> 0	PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307	~530 D (OMESTIC RETURN RECEIPT	•

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	RECEIPT FOR CERTIFIE NO INSURANCE COVERAGE PRI NOT FOR INTERNATIONAL M	OVIDED
* U.S.G.P.O. 1983-403-517	CLUB OIL & GAS 2300 S. TOWER 600 17TH STREET DENVER, CO 802 QPQ RT	202 —
I.S.G.P	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL Postage and Fee	\$
PS Form 3800, Feb. 1982	Postmark of Bate	

 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and acdress on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the article and delivered and 	spece 1. Addressee's Address
delivered. 3. Article Addressed to: CLUB OIL & GAS 2300 S. TOWER 600 17TH STREET	4a. Article Number 1 4a. Article Number 1 9 542 86 546 4b. Service Type 1 1 Registered 1 1 1 Ø Certified 1 0 0 Image: Service Type 1 1 1 Begistered 1 1 1 Image: Service Type 1 1 1 1 Image: Service Type 1 1 1 1 1 Image: Service Type 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	 Express Mail Return Receipt for Merchandise 7. Date of Delivery 7. Date of Delivery 7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee) 6. Signature (Addressee) PS Form 3811 , December 1991 & U.S.G.P.O.: 1992-307-	-530 DOMESTIC RETURN RECEIPT

		FOR INTE	COVERAG ERNATION	AL M		
Ρ.	MES O. SILL	DRAV	VER K	• .	046	
G L	PQ	RI				
Pos	stage				\$	
Cer	tified Fe	e	•			
Spe	cial Del	very Fee)			
Res	stricted E	Delivery I	ee			
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тот	AL Post	age and	Rege S	FO	F)	
Retu Dat TO1	tmark or	۱.	190	9	A JI	

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in the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to yo J. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "fleturn Receipt Requested" on the mailpiece below the artit. The Return Receipt will show to whom the article was delivered and delivered. 	f space cle number.	 also wish to receive the following services (for an extra fee): Addressee's Address Restricted Delivery Consult postmaster for fee. 	Receipt Service.
ADDRESS completed or	3. Article Addressed to: JAMES J. COLE P. O. DRAWER K MESILLA, NM 88046	4b. Ser □ Regin Ø-Certi □ Expr	ess Mail Return Receipt for Merchandise	or using Return
s your RETURN	 5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307 		ressee's Address (Only if requested fee is paid)	

	RECEIPT FOR CERTIFIED MAIL					
NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL						
	(See Reverse)					
JAMES J. COLE, PERSONAL REF FOR JIMMIE COLE P. O. DRAWER K						
	SILLA, NM 8804 DPO R T	0				
	Postage	\$	1			
n *	Certified Fee					
	Special Delivery Fee					
	Restricted Delivery Fee					
	Return Receipt Showing to whom and Date Delivered					
1982	Return receipt showing to whom Date, and Address of Delivery					
Feb.	TOTAL Postage and Feestin	BLI				
PS Form 3800, Feb. 1982	Postmark or tate	A				

 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back i does not permit. 	
 Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. 	
3. Article Addressed to:	4a. Article Number P 542 186 548 4b. Service Type
JAMES J. COLE, PERSONAL REPR FOR JIMMIE COLE P. O. DRAWER K	L Registered Insured
MESILLA, NM 88046	Express Mail Return Receipt for S Merchandise
OPO RI	7. Date of Delivery
5. Signature (Addre:ssee) 6. Signature (Agent	8. Addressee's Address (Only if requested and fee is paid)
9 PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307	

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P 542 186 548

	RECEIPT FOR CERTIFIED) MAIL
	NO INSURANCE COVERAGE PRO NOT FOR INTERNATIONAL M	
	(See Reverse)	
, H 7 p	ATHERINE CREWS O. BOX 352	
F	PECOS, TX 79772	
* U.S.G.P ^ 1	QPQ RI	
S.G.F	Postage	\$
⊐ *	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address are any on the state	
Feb.	TOTAL Postage and Fees	\$
Form 3800, Feb. 1982	Postmark or Date	
Form	Star in	
PS		

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on the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the article to the the the true and true and the true and true and the true and t	f space 1. Addressee's Address icle number. 2. Restricted Delivery nd the date Consult postmaster for fee.)
RESS completed (3. Article Addressed to: KATHERINE CREWS P. O. BOX 352 PECOS, TX 79772	4a. Article Number P 542 86 549 4b. Service Type □ Registered □ Insured Ø Certified □ COD □ Express Mail □ Return Receipt for Merchandise	
ur RETURN ADD	QPQ RF 5. Signature (Addressee) 6. Signature (Agent)	 Date of Delivery 2.2.9. 8. Addressee's Address (Only if requested and fee is paid) 	
2	- Star on Market		

■ PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

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	NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL						
	(See Reverse)						
2 6	SUSIE CREWS 6604 SHADOW VALLE AUSTIN, TX 7873		DR.				
ç	OPQ RI		_				
.S.G.F	Postage	\$					
⊐ *	Certified Fee						
	Special Delivery Fee						
	Restricted Delivery Fee						
	Return Receipt Showing to whom and Date Delivered						
1982	Return receipt appwing to whom, Date, and address of Dewery						
Feb.	TOTAL Pograge Sto Feast	\$					
PS Form 3800, Feb. 1982	Postmarkor Der C						

on the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card-to you. Attach this form to the front of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the artic. Write "Return Receipt will show to whom the article was delivered a delivered. 	f space 1. Addressee's Address
ADDRESS completed		4a. Article Number 7 542 186 550 550 4b. Service Type Registered Insured 8 Accrtified COD 6 550 Express Mail Return Receipt for Merchandise 550 550 7. Date of Delivery 7 24 6 550 550 9 24 9 550 550 550 550 550 9 24 9 50 5
Is your RETURN	5. Signature (Addresser) 6. Signature (Agent) PS Form 3811 , December 1991 ± U.S.G.P.O.: 1992-307	8. Addressee's Address (Only if requested and fee is paid) -530 DOMESTIC RETURN RECEIPT

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RECEIPT FOR CERTIFIED MAIL

	NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL				
	(See Reverse)				
2. F.	WILLIAM R. CROW 5007 CANTERBURY D MIDLAND, TX 797				
÷	QPQ RI				
.S.G.I	Postage	\$			
*	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
	Return Receipt Showing to whom and Date Delivered				
1982	Return receipt showing to whom, Date, and Address of Delivery				
Feb.	TOTAL Postage od Fres	\$			
PS Form 3800, Feb. 1982	Pristmark of Date A				

ž.	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so tha return this card to you Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the article ard delivered. 	f space cle number.	 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 	Receipt Service.
ADDRESS completed	3. Article Addressed to: WILLIAM R. CROW 5007 CANTERBURY DRIVE MIDLAND, TX 79705	-P L 4b. Ser □ Regi ⊠ Certi □ Expr 7. Date	ified COD ess Mail Return Receipt for <u>Merchandise</u> of Delivery	ou for using Return
ls your <u>RETURN</u>	5. Signature (Addressee) 6. Signature (Aggint PS Form 3811 , December 1991 ☆ U.S.G.P.O. : 1992-307		ressee's Address (Only if requested fee is paid)	Tha

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

76302

THOMAS CURRAN 1582 SINGLETON WICHITA FALLS, TX

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(PPQ RI	
* U.S.G.P	Postage	\$
⊃ *	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Afdress of Demery	
Føb.	TOTAL Postage and Rees	\$
PS Form 3800, Feb. 1982	Postmark or Bare	

	KENNIN -
 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the article the return Receipt will show to whom the article was delivered. 	f space 1. Addressee's Address
3. Article Addressed to: THOMAS CURRAN 1582 SINGLETON WICHITA FALLS, TX 76302	4a. Article Number P 542 86 524 4b. Service Type □ Registered □ Insured Securified □ COD □ Express Mail □ Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Addressiee) Aller K. With J 6. Signature (Agent)	8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307	-530 DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

ESTATE (DF J.	WALTEP	R DUNCAN,	1
1777 S.	HARR	SON ST	Γ.	
PENTHOUS	SE ONE	-		
DENVER,	CO	80210		
0PD	Ģ	25		

	OFY ML	
* U.S.G.F	Postage	\$
*	Certified Fee	
:	Special Delivery Fee	
	Restricted Delivery Fee	
i	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL Postage and Eees	\$
PS Form 3800, Feb. 1982	Postmark of Data Store	

 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 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. Mrite "Return Receipt will show to whom the article was delivered and the date delivered. ESTATE OF J. WALTER DUNCAN, SR. P 542 [8/o 525] 	ırn Receipt Service.
1777 S. HARRISON ST. 4b. Service Type PENTHOUSE ONE Insured	Return
DENVER, CO 80210 Securified COD	using
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	ou for
5. Signature (Addressee) 6. Signature (Addressee) 8. Addressee Address/Only if requested and resise aid)	hank y
	F
PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC NOT RN RECEIPT	

RECEIPT FOR CERTIFIED MAIL

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	NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL				
	(See Reverse)				
Ρ.	AN R. DUNCAN O. BOX 24267 NVER, CO 80224	-0267			
	QPQ RI				
S.G.P	Postage	\$			
* U.S.G.P	Certified Fee				
t	Special Delivery Fee				
Ì	Restricted Delivery Fee				
	Return Receipt Showing to whom and Date Delivered				
1982	Return receipt showing to whom, Date, and Address of Delivery				
Feb. 1982	TOTAL Postage and R. P.	\$			
PS Form 3800, 1	Postmark of Date Sto				

on the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this.card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the artiit. The Return Receipt will show to whom the article was delivered at delivered. 	space	I also wish to receive the following services (for an extra fee): 1.	Receipt Service.
URN ADDRESS completed o	3. Article Addressed to: JOAN R. DUNCAN P. O. BOX 24267 DENVER, CO 80224-0267 QPQ RI 5. Signature (Addressee	4b. Ser Regis Certi Expre 7. Date 8. Addr	icle Number 542 186 529 vice Type stered Insured	ou tor using Return
Is your RET	6. Signature (Agent) PS Form 3811 , December 1991 ★ U.S.G.P.O. : 1992-307		DMESTIC RETURN RECEIPT	Ina

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED -NOT FOR INTERNATIONAL MAIL

(See Reverse)

J. WALTER DUNCAN, JR. 1777 S. HARRISON ST. PENTHOUSE ONE DENVER, CO 80210				
* U.S.G.F	Postage	\$		
) *	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
	Return Receipt Showing to whom and Date Delivered			
982	Return receipt showing to whom, Date, and Address of Delivery			
Feb. 1	TOTAL POSTOR	\$		
PS Form 3800, Feb. 1982	Postmark o Dave			

 Complete items 3, and 4a & b. Print your name and a ldress on tl 	ne reverse of this form so	that we can	following servi	ces (for an extra
eturn this card to you. Attach this form to the front of the loss not permit.	e mailpiece, or on the ba	ck if space		essee's Address
 Write "Return Receipt F equested" The Return Receipt will show to which which we have a start of the show to which we have a start of			2. 🗌 Restr Consult postm	icted Delivery
3. Article Addressed to: J. WALTER DUN	ICAN, JR.		cle Number	6 531
1777 S. HARRI PENTHOUSE ONE	SON ST.		8 m -	sured
DENVER, CO	80210		ess Mail	OD eturn Receipt for erchandise
OPQ RE		E Ogt	Ni Billi Ni	~ . [
5. Šignature (Addressea)	- - -	Addr 295	essoe's address ee Norid)	Only if requested

PS Form 3811, December 1991 & U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

HEIRS TO NICHOLS R. DUPONT, C/O WHITECROSS MYERS TRUST OF 255 S. COUNTY RD. PALM BEACH, FL 33480

* U.S.G.	Postage	\$
*	Certified Fee	
	Special Delivery Fee	1
	Restricted Delivery Fee	+
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Appress of Selivery	
, Feb.	TOTAL Postage and Pees	\$
PS Form 3800, Feb. 1982	Postmark or Date	

n the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the article the return delivered. 	f space cle number.	I also wish to receive the following services (for an extra fee): 1.	Receipt Service.
N ADDRESS completed of	Article Addressed to: HEIRS TO NICHOLS R. DUPONT, C/O WHITECROSS MYERS TRUST 255 S. COUNTY RD. PALM BEACH, FL 33480	4b. Ser Regis Certi Expro 7. Date	icle Number 542 186 532 vice Type stered Insured ified COD ess Mail Return Receipt for Merchandise of Pelivery	you for using Return
s your RETURI	 5. Signature (Addressee) 6. Signature (Addressee) PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307 	and	ressee's Address (Only if requested fee is paid)	Thank

	Р	542	186	533		
RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (Sco Powerce) WILLIAM GREEN P. O. BOX 1465 MIDLAND, TX 79702-1465						
* U.S.G.P.	QPQ Postage Certified Fe	R		\$		
	Special Del Restricted I Return Rec	Delivery F				
Feb. 1982	to whom an Return recein Date, and A TOTAL Pos	nd Date De pt showin ddress of	g to whom	ART		
PS Form 3800, Feb. 1982	Postmark o	r Date	120	J.A		

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 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so return this card to you. Attach this form to the front of the mailpiece, or on the bac does not permit. Write "Return Receipt Requested" on the mailpiece below the - The Return Receipt will show to whom the article was delivere delivered. 	ck if space 1. Addressee's Address
3. Article Addressed to: WILLIAM GREEN P. O. BOX 1465 MIDLAND, TX 79702-1465	4a. Article Number ↓ 542 186 533 4b. Service Type □ Registered □ Insured ⊠ Certified □ COD □ Express Mail □ Return Receipt for Merchandise
5. Signature (Addressee) 6. Signature (Addressee)	7. Date of Delivery SEP 2 2 1994 8. Addressee's Address (Only if requested and fee is paid)

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PS Form 3811, December 1991 & U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

NANCY HAYES P. O. BOX 2479 MIDLAND, TX 79702-2479

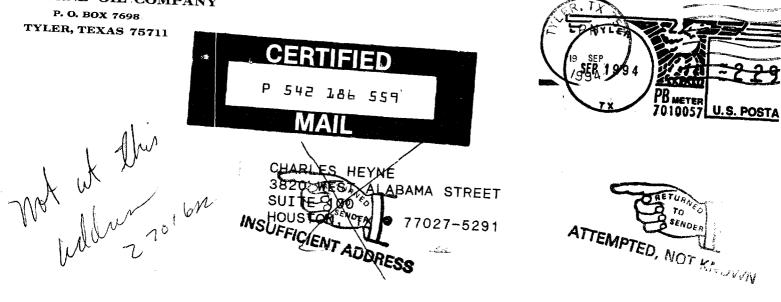
_	QPQ RI	
¥ U.S.G.P	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
Feb. 1982	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Addressor Pelivery	
	TOTAL Posted and Poes	\$
PS Form 3800, Feb. 1982	Postmark of Date	

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on the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so tha return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the artii. The Return Receipt will show to whom the article was delivered and delivered. 	f space cle number.	-	neceipt service.
I ADDRESS completed c	3. Article Addressed to: NANCY HAYES P. O. BOX 2479 MIDLAND, TX 79702-2479	P 5 4b. Ser □ Regis Ø Certi □ Expre	Cle Number 86 556 vice Type □ Insured stered □ Insured fied □ COD ess Mail □ Return Receipt for Merchandise of Delivery ∞	you tor using neturn n
ls your RETURN	5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 &U.S. GPO: 1992-323	and	essee's Address (Only if requested stee is paid)	I NÖUN

RECEIPT FOR (CERTIFIED MAIL
	OVERAGE PROVIDED
	NATIONAL MAIL Peverse)
CHARLES HEYN	
3820 WEST AL	ABAMA STREET
SUITE 100	STREET
HOUSTON, TX	77027-5291 T
ຕຸ Postage	\$
⇒ ★ Certified Fee	
Special Delivery Fee	
SENDER:	<u>_</u>
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so t sturn this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered. 	Aif space 1. Addressee's Address Attricte number 2. Bestricted Deliver
3. Article Addressed to:	4a. Article Number
CHARLES HEYNE	P 542 186- 557
3820 WEST ALABAMA STREET	4b. Service Type
SUITE 100	🔀 Certified 🛛 COD
HOUSTON, TX 77027-5291	Express Mail Return Receipt for Merchandise
$\alpha \alpha \alpha \gamma \gamma$	7. Date of Delivery
CUP Q RL	9-11-44
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
o, dignature (Addibased)	
6. Signature (Agent)	-

WBOURNE OIL COMPANY

2



RECEIPT FOR CERTIFIED MAIL

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NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

31 SI	HEYNE (HEYNE OJ B20 WEST ALABAMA JITE 100 OUSTON, TX 7702 (OPO) RI	L & GAS STREET 27-5291	;)
+ U.S.G.I	Postage	\$	
⇒ *	Certified Fee		
1	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
982	Return receipt showing to whom, Date, and Address of Delivery		
teb. 1	TOTAL Postage, and Frees	\$	
PS Form 3800, Feb. 1982	Postmark or Date		

side?			I also wish to receive the	
erse	 Complete items 3, apc[™]4a[™]& b. Print your name and address on the reverse of this form so the return this card to you. 	following services (for an extra fee):	rvice	
Lev	• Attach this form to the front of the mailpiece, or on the back i does not permit.		1. 🗋 Addressee's Address	t Se
the	 Write "Return Receipt Requested" on the mailpiece below the arti The Return Receipt will show to whom the article was delivered a 		2. Li Restricted Delivery	eceipt
5			Consult postmaster for fee.	Be l
pleted	3. Article Addressed to: F. HEYNE (HEYNE OIL & GAS)	P 5	42 186 560	Return 1
, amo	3820 WEST ALABAMA STREET		vice Type stered 🛛 Insured	
S S	SUITE 100	🕱 Certi	fied 🗌 COD	5u
ES	HOUSTON, TX 77027-5291		ess Mail Return Receipt for Merchandise	ır using
ADDR	the second se	7. Date	of Delivery	2
-	OBQ RI	17-	21-91	Vou
RETURN	5. Starture (Address;)er		essee's Address (Only if requested fee is paid)	hank
our RE				-
ls ve	PS Form 3811 , December 1991 * U.S. GPO: 1992-323	-402 DC	DMESTIC RETURN RECEIPT	

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

PATRICIA HOWARD 4162 QUEBEC ST. DENVER, CO 80237-2129

	QPO RI	
* U.S.G.F	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address & Astypic	
Feb.	TOTAL Postage and Faes	\$
PS Form 3800, Feb. 1982	Postmark for Later 19	
ala Secondaria		

reverse	 Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. 		following services (for an extra fee): 1.	Servic
on the	 Write "Return Receipt Requested" on the mailpiece below the article article was delivered ar delivered. 		2. Restricted Delivery Consult postmaster for fee.	eceipt
ESS completed c	3. Article Addressed to: PATRICIA HOWARD 4162 QUEBEC ST. DENVER, CO 80237-2129	4b. Ser Regis	cle Number 542 (86 56) vice Type stered Insured fied COD ess Mail Return Receipt for	using Return Re
JUC	PS Form 3811 , December 1991 ±U.S. GPO: 1992-323	8. ate	Merchandise of Delivery essee's Address (Only if requested fee is paid)	Than

	Р	542	186	565
	RECEI	PT FOR	CERTIF	IED MAIL
	NO INS NOT	SURANCE (FOR INTE	COVERAGE RNATIONA	PROVIDED
			Rovorco)	
	EANETT 03 LA			
				01-5736
n	QPQ		RŦ	
* U.S.G.P	Postage	······		\$
⊃ *	Certified Fe	e		
	Special Del	ivery Fee		
	Restricted [Delivery Fe	e	
	Return Rece to whom an	eipt Showi d Date De	ng livered	
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ġ	TOTAL Post	De THY		\$
rs rorm 3800, Feb. 1982	Postma	19 100	J. J. H	

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• Complete • Print you • return this of • Attach the does not pe • Write "Re	items 1 and/or 2 for additional services, items 3, and 4a & b. r name and address on the reverse of this form so and to $y c u$. is form to the front of the mailpiece, or on the bac	k if space article number.	I also wish to receive the following services (for an extra fee): 1.	Receipt Service.
3. Articl JEAN 403 GALL 5. Signat	e Addressed to: ETTE HUBBARD LA CIMA ROAD UP, NM 87301-5736 RI ure (Addressee) Augusta ure (Agent) 3811, December 1991 &U.S. GPO: 1992-3	Ab. Ser Begi Certi Expr 7. Date 8. Addi and	icle Number 542 186 562 vice Type stered D Insured	Thank you for using Return

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

JACK HUFF

γ 'n

Ρ.	ο.	BOX	5019	90
MIC	LAN	1D, 1	ΓX	79710-0190

	QPQ RI	
* U.S.G.F	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL POSK BED TO SA	\$
PS Form 3800, Feb. 1982	Postmar or pate 1	

 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the article was delivered are delivered. 	space 1. Addressee's Address
3. Article Addressed to: JACK HUFF P. O. BOX 50190 MIDLAND, TX 79710-0190	4a. Article Number P 542 186 563 4b. Service Type □ Registered □ Insured ☑ Certified □ COD □ Express Mail □ Return Receipt for Merchandise 7. Date of Delivery □
Signature (Addringsbee) 6. Signature (Agent) PS Form 3811 , December 1991 &U.S. GPO: 1992-323-	 Addressee's Address (Only if requested and fee is paid) 402 DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

D, 1 C/	MICHAEL R. HYDEN D/B/A NAPA RESOURCES CO. 1104 NORTH SHORE DRIVE CARLSBAD, NM 88220 QPQ RI				
* U.S.G.P	Postage	\$			
`	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fiee				
	Return Receipt Showing to whom and Date Delivered				
1982	Return receipt showing to whom, Date, and Address of Delivery				
Feb.	TOTAL Postage and Mees	\$			
PS Form 3800, Feb. 1982	Postmark or SEP 19 1004				

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e side	 SENDER: Complète items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 	I also wish to receive the following services (for an extra	e.	
revers	 Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back i does not permit. 	fee): 1.	t Service	
on the	 Write "Return Receipt Requested" on the mailpiece below the arti The Return Receipt will show to whom the article was delivered a delivered. 		2. Restricted Delivery Consult postmaster for fee.	Receipt
	3. Article Adcressed to:	4a. Arti P5	cle Number 4-2 186 565	
completed	MICHAEL R. HYDEN D/B/A NAPA RESOURCES CO.		vice Type stered Insured	Return
	1104 NORTH SHORE DRIVE CARLSBAD, NM 88220	🛛 Certi	fied COD	using
ADDRESS	CARLOBAD, NM 68220		of Delivery	for t
	5. Signature (Addressee)	8 Addr	7-23-94 ressee's Address'(Only if requested	k you
RETURN	X Allman Ayder		fee is paid)	[han]
our Bl	6. Signature (Agent)		s Be	
ls vo	PS Form 3811 , December 1991 * U.S. GPO: 1992-323	-402 DC	DMÉSTIC RETURN RECEIPT	1
		and a st		

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

12	CY SIMPSON JAMES 19 ELM STREET EBLO , CO 81004	4-2955
* U.S.G.f	PQ RE Postage	\$
) *	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee Return Receipt Showing	
2	to whom and Date Derivered	
Feb. 1982	Date, and Address of Delivery	\$
PS Form 3800, Fe	Postmar of DateSEP	

	 Complete items 3, and 4a & D. Complete items 3, and 4a & D. Print your name intraddress or the reverse of the torm so the return this card to you. Attach this form to the propriot of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the arther the propriot of the mailpiece below the arther the torm to the torm torm to the tothet torm to	f space Addressee's Address
	 Write "Return Receipt Requested" on the mailpiece below the ard The Return Receipt will show to whom the article was delivered a delivered. 	A determine the
no natalitino n	3. Article Addressed to:	4a. Article Number P 542 186 566 4b. Service Type
Ś.	LUCY SIMPSON JAMES	4b. Service Type
	1219 ELM SAREET	Registered Insured
	PUEBLO, CO 81004-2955	Certified COD
		Merchandise
AUUNEOO	RPR RI	7. Pate of Delivery 723/94
	5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
	6. Signature (Agent)	ļ f

	Р	542	19P	568	
	RECEIP	T FOR	CERTIF		11.
			OVERAGE RNATIONA	PROVIDED	
			Reverse		
R		3, BC	X 13	40	26
	QPQ	F	ZI.		
U.S.G.I	Postage			\$	
) *	Certified F	ee			
	Special De	livery Fee	•		
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	Return Rec to whom a	eipt Shov nd Date D	ving Seliverec		
1982	Return rece Date, and	ipt showing	na to who belivery	m, '	
Feb.	TOTAL	Se Se	の記	\$	
PS Form 3800,	Postmarki	or Da 19 1994 SPS	JIA		

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SENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the
 Complete items 3, and 4a & b. Print your name and ∉ddress on the reverse of this form so the 	following services (for an extra services) for an extra services (for an extra services) fee):
eturn this card to you. Attach this form to the front of the mailpiece, or on the back i foes not permit.	
 Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered a 	nd the date
telivered.	Consult postmaster for fee.
3. Article Addressed to: COURTENAY C. JOHNSON	4a. Article Number P 542 186 568 4b. Service Type
ROUTE 3, BOX 1340	Negistered LI Insured
GEORGETOWN, TX 78626	Certified COD
1	Marabandian
OPQ, RI	7. Date of Delivery
5. Signature (Addrestiee)	8. Addressee's Address (Only if requested and fee is paid)
3. Signature (Agent)	۴.

RECEIPT FOR CERTIFIED MAIL

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	NO INSURANCE COVERAGE PRO NOT FOR INTERNATIONAL MA	VIDED AIL
	(See Reverse)	
* U.S.G.P.O. 1983-403-517	JWD III, INC. 1777 S. HARRISON PENTHOUSE ONE DENVER, CO 802 QPQ RF	
S.G.I	Postage	\$
, U *	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Belivery	
Feb.	TOTAL POSTADO AND FOR	\$
PS Form 3800, Feb. 1982	Postmari or Date	

n the reverse side?	 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return thisscard to you. Attach this form to the front of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the art: The Return Receipt will show to whom the article was delivered a 	if space icle number.	2. La Restricted Delivery	eceipt Service.
our RETURN ADDRESS completed on	3. Article Addressed to: JWD III, INC. 1777 S. HARRISON ST. PENTHOUSE ONE DENVER, CO 80210 <u>APO</u> <u>RL</u> 5. Signature (Addressee) 6. Signature (Agent)	P 5 4b. Ser ☐ Regis ⊠:Certi ☐ Expro 7. Date 8.	ess Mail Return Receipt for Merchandise 2 2 - 2 4 essee NAmarks Only if requested	vou for using Return R
ls y	PS Form 3811 , December 1991 * U.S. GPO: 1992-323	-402 DC	DMESTIC RETURN RECEIPT	

RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) MICHAEL J. LEVENSON + U.S.G.P O. 1983-403-517 86 NORTH ROAD NEW MILFORD, CT 06776 **OPG** RI Postage \$ **Certified Fee** Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, Date, and Address Polivery PS Form 3800, Feb. 1982 TOTAL Postor \$ 21 Postmar or Date ァ

on the reverse side?	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the arti The Return Receipt will show to whom the article was delivered at delivered. 	if space 1. Addressee's Address	200
ADDRESS completed o	3. Article Addressed to: MICHAEL J. LEVENSON 86 NORTH ROAD NEW MILFORD, CT 06776 QPQ RE	4a. Article Number P 542 186 607 4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merghandise 7. Date of Delivery P 542 186 607 Insured Registered Insured Return Receipt for Merghandise 7. Date of Delivery	sumau Amen
your RETURN	5. Signature (Addressee) 6. Signature (Agent) PS Form 3811 , December 1991 ×U.S. GPO: 1992–323	8. Addressee's Address (Only if requested and fee is paid) 23-402 DOMESTIC RETURN RECEIPT	

P 542 186 607

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RECEIPT FOR CERTIFIED MAIL

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	NO INSURANCE COVERAGE PRO NOT FOR INTERNATIONAL M	
	(See Reverse)	
Ρ.	NE B. LITTLE O. BOX 82277 BUQUERQUE, NM {	37198-2277
G	PQ RI	
* U.S.G.P	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Addresser, Delivery	
Feb.	TOTAL POSTATE AND TOTAL POSTATE	\$
PS Form 3800, Feb. 1982	Postmark of Date	

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on the reverse side?	 SENDER: Complete items 1 and/cr 2 for additional services. Complete items 3, and 4a & b. Print your name and ad gress on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the artis The Return Receipt will show to whom the article was delivered a delivered. 	i space I. LI Addressee's Address	Receipt Service.
ğ	3. Article Addressed to:		
et.		P 542 186 609	erurn
du	ANNE B. LITTLE	4b. Service Type	len
comple	P. O. BOX 8/2277	🗆 Registered 🛛 🗀 Insured	_
	ALBUQUERQUE, NM 87198-2277	🔀 Certified 🛛 COD	buisn
DRESS		Merchandise	tor us
AD	populate to Stuff		un T
URN	5. Signature (Addressee)	8. Addressee's Address (Only Faquested , and fee is not (Charles to Charles)	r nank y
our <u>RET</u>	6. Signature (Agent)		-
ls y(PS Form 3811 , December 1991 * U.S. GPO: 1992-323	402 DOMESTIC PETURN RECEIPT	

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

MARJORIE A. LITTLE P. O. BOX 152 SINTON, TX 78387-0152

	QPQ RI	
* U.S.G.I	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL Postage and Rees	\$
PS Form 3800, Feb. 1982	Postmark or Date	A E T

ENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the	following services (for an extra g
turn this card to you.	
Attach this form to the front of the mailpiece, or on the back i bes not permit.	
Write "Return Receipt Requested" on the mailpiece below the art	
The Return Receipt will show to whom the article was delivered a livered.	Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
ARJORIE A. LITTLE	P 542 186 610
	4b. Service Type
. O. BOX 152	Registered Insured
INTON, TX 78387-0152	Cod Express Mail COD
	Merchandise
	7. Date of Delivery 9 9 - 21 - 54
UPU RL	
Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
Sighature (Agent)	1 É

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL						
	(See Reverse)					
RAE I. LITTLE (DECEASED) C/O JOYE RIX 916 NINTH STREET KENEDY, TX 78119 OPO RT.						
* U.S.G.F	Postage	\$				
* U.	Certified Fee					
	Special Delivery Fee					
	Restricted Delivery Fee					
	Return Receipt Showing to whom and Date Delivered					
1982	Return receipt showing to whom, Date, and Address of Delivery					
Feb.	TOTAL Postane and Fees	\$				
PS Form 3800, Feb. 1982	Postmerkor Oate					

 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the am the Return Receipt will show to whom the article was delivered a delivered. Article Addrassed to: 	if space 1. Addressee's Address
RAE I. LITTLE (DECEASED) C/O JOYE RIX 916 NINTH STREET KENEDY, TX 78119	P 542 86 61 4b. Service Type Insured Registered Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery 7.2 1 - 7 4
5. Signature (Addresseer) c 6. Signature (Agent) 7 7 7 7 7 7 7 7 7 7 7 7 7	8. Addressee's Address (Only if requested and fee is paid) 3-402 DOMESTIC RETURN RECEIPT

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

SYLVIA F. LITLE P. O. BOX 1258 FARMINGTON, NM 87401-1258

	QPQ RI	
* U.S.G.	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to when the Date, and Address of Date, and and address of D	
Feb. 1982	TOTAL Postage and PeesSEP	RI
3800,	Postmark or Date 199	57
Form 3800,	CSAS)
PSF		مەربىيە بىر بىر بىر ب

 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the article of the Return Receipt will show to whom the article was delivered and delivered. 	f space 1. Addressee's Address	ecerpt Service.
3. Article Addressed to: SYLVIA F. LITLE P. O. BOX 1258 FARMINGTON, NM 87401-1258	Hegistered Insured Hegistered Insured CoD Express Mail Return Receipt for Werchandise 7. Date of Delivery	you tor using heturn
Signature (Addressee 6 Signature (Agent) PS Form 3811 , December 1991 &U.S. GPO: 1992-323-	8. Address of Address (Only if requested Fand the is pend) () () () () () () () () () () () () () (

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RECEIPT FOR CERTIFIED MAIL

	NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL					
	(See Reverse)					
	JAMES E. MAKINS, JR. 7107 HUNTERS RIDGE DRIVE DALLAS, TX 75248-5205					
	QPQ RI					
* U.S.G.Р	Postage	s				
- *	Certified Fee					
	Special Delivery Fee					
	Restricted Delivery Fee					
	Return Receipt Showing to whom and Date Delivered					
1982	Return receipt noticing to whom, Date, and Access of Delivery					
Feb.	TOTAL Postage and Poes	\$				
PS Form 3800, Feb. 1982	Postmart or Page					
PS Fo	ч», .	I				

<u></u>	the second se			
 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 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.	
ADDRESS completed o	Article Addressed to: JAMES E. MAKINS, JR. 7107 HUNTERS RIDGE DRIVE DALLAS, TX 75248-5205	P E 4b. Ser □ Regis 又 Certi □ Expre	cle Number 542 186 613 vice Type stered 🗆 Insured	ou for using Return Re
your RETURN	5. Signature (Addressee) 6. Signature (Agent) PS Form 3811 , December 1991 #U.S. GPO: 1992-323	and t	essee's Address (Only if requested fee is paid)	Thank y
é,	1010HH UU 17 DECEMBER 1331 RU.S. CPU: 1892-323	D(DMESTIC RETURN RECEIPT	

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

JAMES E. & JANE E. MAKINS P. O. BOX 820665 DALLAS, TX 75382-0665

	QPQ RI	
+ U.S.G.P	Postage	\$
⊐ *	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
982	Return receipt showing to whom, Date, and a dress of Delivery	
Feb. 1982	TOTAL Postage and Rees	\$
n 3800. f	Postmark C Date .	
PS Form 3800.	1000	

 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Relative our name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the mailpiece below the art to The Return Receipt will show to whom the article was delivered a delivered. 	if space 1. Addressee's Address 37	
3. Article Add essed to: JAMES E. & JANE E. MAKINS P. O. BOX 820665 DALLAS, TX 75382-0665	4a. Article Number # 4b. Service Type Insured Begistered Insured Certified COD Express Mail Return Receipt for Merchandise	
PS Form 3811 , December 1991 *U.S. GPO: 1992-323	7./Date of Delivery 8. Addressee's Address (Opty if requested and fee is paid) 402 DOMESTIC RETURN RECEIPT	

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RECEIPT FOR CERTIFIED MAIL

	NO INSURANCE COVERAGE PI NOT FOR INTERNATIONAL	ROVIDED MAIL
	(See Reverse)	
۲ H	IICHAEL W. MAKINS 7. O. BOX 820665 Allas, TX 7538	2-0665
ų	<u>APA</u> RI	
* U.S.G.F	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	Postment to Date SEP	

 SENDER: Complete Strims 1 and/or 2 for additional services. Complete Strims 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write 'Return Receipt Requested' on the mailpiece below the art of the Return Receipt will show to whom the article was delivered a delivered. 	if space 1. Addressee's Address
3. Article Addressed to: MICHAEL W. MAKINS P. O. BOX 820665 DALLAS, TX 75382-0665	4a. Article Number P 542 86 616 4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Belivery Q - 22 - Q 4
5. Signature' (Addressee) 6. Signature (Agent) PS Form 3811 , December 1991 #U.S. GPO: 1992-32	 Addressee \$Address (Only if requeste and fee is paid) B-402 DOMESTIC RETURN RECEIP

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

PATRICK MAKINS 2283 RIVER VALLEY LANE SAN ANGELO, TX 76904-8904

	QPQ RI	
* U.S.G.1	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipts owing to whom, Date, and Advisor of Delivery	
ц. Бр	TOTAL Postage and ees	\$
3800,	Postman of Dat	
Form 3800, Eeb.		
PS F		4
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de?	SENDER		I also wish to receive the	• ·
1	Complete items 1 and/or 2 for additional services.		following services (for an extra	e.
S	• Print your name and address on the reverse of this form so the	at we can	fee):	Ś
Leve	<ul> <li>return this card to you.</li> <li>Attach this form to the front of the mailplece, or on the back i does not permit.</li> </ul>	f space	1. 🛛 Addressee's Address	t Service
the	Write "Return Receipt Requested" on the mailpiece below the arti-		2. 🗌 Restricted Delivery	j
	<ul> <li>The Return Receipt will show to whom the article was delivered a delivered.</li> </ul>	nd the date	Consult postmaster for fee.	Receipt
pleted c	3. Article Addressed to:	4a. Art	icle Number 542 186 617	eturn R
ਂ ਕੁੱ	PATRICK MAKINS	4b. Ser	vice Type	Ret
EO	2283 RIVER VALLEY LANE		stered Insured	_
်တ်	SAN ANGELO, TX 76904-8904	Certi	ned 🗆 COD	sing
DDRES	a la		ess Mail	or us
ADD	OPO RI (2)	8.9	belivery	you fa
<b>LURN</b>	5. Signature (Addressee)	8_Add	ressee's Address (Only if requested ree is paid)	hank
Ir RE	6. Signature (Agent)			É
ls you	PS Form <b>3811</b> , December 1991 <b>*U.S. GPO: 1992-328</b>	402 D(	OMESTIC RETURN RECEIPT	₽<

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#### **RECEIPT FOR CERTIFIED MAIL**

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NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

#### SCOTT MAKINS 2703 WINGATE COLLEGE STATION, TX 77840-3

U.S.G.P	Postage	\$
* U.	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL POSTANT DE TATA	\$
PS Form 3800,	Postmar or Date	

				-
reverse side	<ul> <li>SENDER:</li> <li>Complete items 1 an 1/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back it does not permit.</li> </ul>	space	I also wish to receive the following services (for an extra fee): 1.	t Service.
on the	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the arti</li> <li>The Return Receipt will show to whom the article was delivered at delivered.</li> </ul>		2.	eceipt
ADDRESS completed o	3. Article Addressed to: SCOTT MAKINS 2703 WINGATE COLLEGE STATION, TX 77840-3837	4b. Ser Regia Certi Expr	icle Number A2 186 634 vice Type stered Insured ified COD ess Mail Return Receipt for Merchandise of Delivery	/ou for using Return R
VOUR RETURN	6. Signature (Agent) PS Form <b>3811</b> , December 1991 #U.S. GPO: 1992-323	and	ressee's Address (Only if requested	Than
5			OMESTIC RETURN RECEIPT	

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#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

MARSHALL & WINSTON P. O. BOX 50880 MIDLAND, TX 79710-0880

	QPQ RI	
+ U.S.G.P	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing D when, Date, and Address of Deriver	
Feb.	TOTAL Postage and Feas	1
PS Form 3800, Feb. 1982	Postmark or Date	
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<u>^.</u>				
on the reverse side	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back it does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the artiit.</li> <li>The Return Receipt will show to whom the article was delivered at delivered.</li> </ul>	f space icle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
RETURN ADDRESS completed o	3. Article Addressed to: MARSHALL & WINSTON P. O. BOX 50880 MIDLAND, TX 79710-0880 COPO RE 5. Signature (Addressed) MULLAND 6. Signature (Agant)	4b. Ser Ab. Ser Certi Expri 7. Date	icle Number 542 186 618 vice Type stered Insured	you for using Return R
ls your F	PS Form <b>3811</b> , December 1991 #U.S. GPO: 1992-323	-402 D(	DMESTIC RETURN RECEIPT	

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	RECEIP	T FOR C	ERTIFI	ED MAIL	
		RANCE CO FOR INTER			
		(See R	AVPrsa)		
2 R F	$\begin{array}{c} \text{ARGARE}^{*} \\ \text{525 RII} \\ \text{OOM 300} \\ \text{ORT WOI} \\ \underline{QPQ} \end{array}$	DGEWA	Y BL'		ιΥ, ΤF
* U.S.G.F	Postage			\$	
) *	Certified Fe	8			
	Special Deli	very Fee			
	Restricted D	elivery Fe	e		
	Return Rece to whom and	ipt Showi Date De	ng ivered		
1982	Return receip Date, and Ad		ERyen.		
Feb.	TOTAL Post	ge and F	300	EN ³	
PS Form 3800, Feb. 1982	Postmark or	Date 10	9	E	

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<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and adcress on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back it does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article was delivered and delivered.</li> </ul>	f space 1. Addressee's Address
3. Article Addressed to: MARGARET JOHNSON MCCURDY, 2525 RIDGEWAY BLVD. ROOM 300 FORT WORTH, TX 76116	4. Article Notager P 542 186 619 4b. Service Type $\square$ Registered $\square$ Insured $\square$ Certified $\square$ COD $\square$ Express Mail $\square$ Return Receipt for Merchandise 7. Date of Delivery M.S. $P 21/99$
5. Signature (Addressee) 6. Signature (Agent) PS Form <b>3811</b> , December 1991 ±U.S. GPO: 1992-323	8. Addressee's Address (Only if requested and fee is paid)

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## RECEIPT FOR CERTIFIED MAIL

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NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

ANN SPIESS MILLS 2276 CALLE CUESTA SANTA FE, NM 87501-5238

	QPQ RI	
* U.S.G.I	Postage	\$
*	Certified Fee	
	Special Delivery Fee	1
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and additestor paivery	
Feb.	TOTAL Postage and Feest	\$
PS Form 3800, Feb. 1982	Postmark or Date	

<b>A</b> .				
on the reverse side?	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3 and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back i does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the artist.</li> <li>The Return Receipt will show to whom the article was delivered a delivered.</li> </ul>	f space cle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
Arnerented c	3. Article Addressed to: ANN SPIESS MILLS 2276 CALLE CUESTA SANTA FE, NM 87501-5238	4b. Ser Regis Certi Expression	cle Number 542 186 620 vice Type stered Insured fied COD ess Mail Return Receipt for Merchandise of Delivery	ou for using Return R
vour RETURN	5., Signature (Addressee) 6. Signature (Agent) PS Form <b>3811</b> , December 1991 xU.S. GPO: 1992–323	and	essee's Address (Only if requested fee is paid)	Than
്		D(		

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#### **RECEIPT FOR CERTIFIED MAIL**

	NO INSURANCE COVERAGE PRO NOT FOR INTERNATIONAL N	
**** •••	MOBIL PRODUCING TEXAS & NEW MEXIC P. O. BOX 101383 ATLANTA, GA 303 QPQ PT	
* U.S.G.P.C	Postage	\$
ר *	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	Postmark or Date	

	<u></u>
SENDER:	I also wish to receive the
<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> </ul>	following services (for an extra
<ul> <li>Print your name and address on the reverse of this form so that we</li> </ul>	-
return this card to you.	
· Attach this form to the front of the mailpiece, or on the back if spa	ice 1. 🗌 Addressee's Address
does not permit.	
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article name</li> </ul>	
<ul> <li>The Return Receipt Fee will provide you the signature of the person de the and the data of delivery.</li> </ul>	livered
to and the date of delivery.	Additional and a statistical for ree.
3. Article Addressed to:	A TO THE AND A 121
A DODUCTNG	5441 80 60
MOBIL PRODUCING	. Service Type
TEXAS & NEW MEXICO	Registered Insured
ATLANTA, GA 30392-1383	Express Mail Express Mail
	Date of Delivery
	Date of Delivery
OPQ KL	
5. Signature (Addressée) 85	Addressee's Address (Only if requested
	and fee is paid)
6. Signature (Agent)	<b>W</b>
NAMAN	•
	DAMEATIA DETUDU DEACIOT
PS Form 3811, 1, 1990 *U.S. GPO: 1991-287-066	DOMESTIC RETURN RECEIPT
V	

		- C	
	RECEIPT FOR CERTIFIE	D MAIL	
	NO INSURANCE COVERAGE PRO NOT FOR INTERNATIONAL N		
	(See Reverse)		
	NATIONS BANK, N.A. TRUSTEES ( DAVID B. TRAMMELL P. O. DRAWER 848703		
	LLAS, TX 75284		
	OPQ RI		
* U.S.G.P	Postage	\$	
*	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Polivered		
1982	Return receipt showing to whom, Date, and Address of Deliver		
Feb.	TOTAL Fostage and Pero	\$	
Form 3800, Feb. 1982	Postmarl of Date		

AFNOED		
SENDER:		I also wish to receive t
<ul> <li>Complete items 1 and/or 2 for additional services.</li> </ul>		
• Complete items 3, and 4a & b.	****	following services (for an ex
<ul> <li>Print your name and address on the reverse of this form so that return this card to you.</li> </ul>		fee):
<ul> <li>Attach this form to the front of the mailpiece, or on the back i</li> </ul>	if snace	1. Addressee's Addres
does not permit.	ii opaco	
• Write "Return Receipt Requested" on the mailpiece below the arti	icle number.	2. C Restricted Delivery
• The Return Receipt Fee will provide you the signature of the pers		
to and the date of delivery.		Consult postmaster for fee.
3. Article Addressed to:	4a. Arti	ticle Number
the second second second	$  \rho$	542 126 622
NATIONS BANK, N.A. TRUST		
		rvice Type
DAVID B. TRAMMELL		istered 🗌 Insured
P. O. DRAWER 848703	🛛 🔀 Certi	tified 🗌 COD
DALLAS, TX 75284	Expr	ress Mail 🛛 📋 Return Receipt f
DAELAO, IA 10204		Merchandise
	7. Date	e of Delivery
QPQ RI		SEP 2 1 1994
5. Signature (Addressee)		ressee's Address (Only if reque
	and	fee is paid)
	4	
6. Signature (Agent)		

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#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse) NATIONS BANK, N.A. TRUSTEES MILDRED M. TRAMMELL P. O. DRAWER 848703 DALLAS, TX 75284 QPQ RI U.S.G.I \$ Postage Certified Fee * Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, Date, and Address of Delivery 1982 TOTAL Postage and Fees PS Form 3800, Feb. \$ Postmark or Dates

SENDER	
<ul> <li>Complete items 1 and/or 2 for additional services.</li> </ul>	I also wish to receive the
<ul> <li>Complete items 3, and 4a &amp; b.</li> </ul>	following services (for an extra
· Print your name and address on the reverse of this form so the	
return this card to you.	fee):
<ul> <li>Attach this form to the front of the mailpiece, or on the back does not permit.</li> </ul>	if space 1. 🗋 Addressee's Address
<ul> <li>Write "Return Receipt Requested" on the mailplece below the art</li> </ul>	icle number. 2. C Restricted Delivery
<ul> <li>The Return Receipt Fee will provide you the signature of the pers.</li> </ul>	on delivered
to and the date of delivery.	Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
	D FAR 101 172
NATIONS BANK, N.A. TRUST	P 542 186 660
	4b. Service Type
MILDRED M. TRAMMELL	Registered Insured
P. O. DRAWER 848703	Certified COD
DALLAS, TX 75284	Express Mail Return Receipt for
DALLAG, IN IOLOG	Express Mail Beturn Receipt for Merchandise
	7. Date of Delivery
MOD RI	
5. Signatore (Addrossee)	8. Addressee's Address (Only if requested
	and fee is paid)
6. Signature (Agen:)	b/c p
a Allan 107	194
DC Farm 2011 No. 1000	

. Q.,

PS Form 3811, November 1990 + U.S. GPO: 1991-287/066 DOMESTIC RETURN RECEIPT

b 246 795	
RECEIPT FOR CERTIFIED N NO INSURANCE COVERAGE PROVI NOT FOR INTERNATIONAL MAI (See Reverse)	UEU
DIANA OCHTERBECK 724 LEE DRIVE LAS VEGAS, NM 87	701-4912
QPQ RI postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, and drdress of Delivery	
Return receipt showing to wishing Date, and Address of Delivery TOTAL Postage and the	\$
Return receipt silowing Date, and Address of Delivery TOTAL Postage and the part Postmark or Date	LALEA

		, \$\$./
<ul> <li>SENDER:</li> <li>Complete items 1 ar d/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> </ul>		l also wish to receive the following services (for an extra
<ul> <li>Print your name and address on the reverse of this form so the return this card to you.</li> </ul>	at we can	fee):
<ul> <li>Attach this form to the front of the mailpiece, or on the back i does not permit.</li> </ul>	f space	1. 🗌 Addressee's Address
<ul> <li>Write "Return Receip: Requested" on the mailpiece below the article number.</li> <li>The Return Receipt Fre will provide you the signature of the person delivered</li> </ul>		2. Li nestricted Delivery
to and the date of delivery.		Consult postmaster for fee.
3. Article Addressed to: DIANA OCHTERBECK	4a. Arti	42 186 624
724 LEE DRIVE	🖸 Regis	vice Type ' stered Insured
LAS VEGAS, NM 87701-4912	X Certi	fied LI COD ess Mail I Return Receipt for Merchandise
QPQ RI	SEP°Z	of Delivery
5. Manature (Addressee) Diane Chlechich		essee's Address (Only if requested fee is paid)
6. Signature (Agent PS Form <b>3811</b> , November 1990 ★U.S. GPO: 1991-287	-066 D(	DMESTIC RETURN RECEIPT

p 542 186 624

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P 542 186 625 **RECEIPT FOR CERTIFIED MAIL.** NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) GREGORY P. PANOS 111 P. O. BOX 520311 ł SALT LAKE CITY, UT 84152 QPQ RI 4 U.S.G.P Postage \$ Certified Fee * Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, Date, and Address of Delivery PS Form 3800, Feb. 1982 TOTAL Postage and there, \$ Postmark or Date

. . . .

SENDER:	
<ul> <li>Complete items 1 and/or 2 for additional services.</li> </ul>	l also wish to receive the
	following services (for an extra
<ul> <li>Print your name and address on the reverse of this form so the return this card to you.</li> </ul>	
<ul> <li>Attach this form to the front of the mailpiece, or on the back i does not permit.</li> </ul>	f space 1. Addressee's Address
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the arti</li> </ul>	
<ul> <li>The Return Receipt Fee will provide you the signature of the perso to and the date of delivery.</li> </ul>	Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
	P.542 186 625
GREGORY P. PANOS	4b. Sefvice Type
P. O. BOX 520311	Registered Insured
SALT LAKE CITY, UT 84152	🔀 Certified 🛛 COD
	Express Mail Return Receipt for Merchandise
	7. Date of Delivery
QPG RI	7. Date of Delivery SEP 2 6 1994
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6 Signature (Agent)	
N//////	
PscForm 381 (), November 1990 ± U.S. GPO: 1991-287	DOMESTIC RETURN RECEIPT

# р 542 186 626

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

PATRICK PANOS

11820 S. MAPLE RIDGE COURT SANDY, UT 84094

\$

QPQ	RE
Postage	
Certified Fee	

S.G.F

*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL POSTAGE ALL POSTA	\$
PS Form 3800, Feb. 1982	Postmark or Date	

**RECEIPT FOR CERTIFIED MAIL** NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MALL (See Reverse) PANOS INVESTMENT P. O. BOX 2151 SALT LAKE CITY, UT 84110 (QPQ) RI-* U.S.G.F Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered Return receipt speaking to whom, Date, and Address of Delivery PS Form 3800, Feb. 1982 TOTAL Postage and Fees \$ Postmark of Pate 6 

SENDER: Complete items 1 and 2 when admitional servic	as are desired, and complete items 3	
• and 4.		
Put your address in the "RETURN TO" Space on the reverse si		
card from being returned to you. The return receipt fee will delivered to and the date of delivery. For additional fees the for		
postmaster for fees and check box(es) for additional service(s) re		
	2. C Restricted Delivery	
↑(Extra charge)↑	↑(Extra charge)↑	
3. Article Addressed to: 4.	Article Number	
PANGS INVESTMENT	542 186 628	
P. O. BOX 2151	be of Service:	
	Registered Insured	
SALT LAKE CITY, UT 84110 $ _{\overline{\mathbf{M}}}$	Certified COD	
	Express Mail	
Alv	vays obtain signature of addressee	
DPQ LAT Or a	agent and DATE DELIVERED.	
	Addressee's Address (ONLY if	
×	requested and fee paid)	
6. Signature – Agent	THE AL	
X	4.00 BOH	
7. Date of Delivery	120 121	
YE .		
PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268	IUDOMESTIC RETURN RECEIPT	
* 2 * * *	Bra meter	

P 542 186 628

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#### **RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(Soo Rovarco) PETRO ATLAS CORP. ATT: JAMES L. HARDEN, III 999 18TH ST., SUITE 2590 80202-2440 DENVER, CO RI QPQ * U.S.G.P Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, Date, and Address of Delivery PS Form 3800, Feb. 1982 TOTAL Postal dan \$ Post har

	، در سری در این
SENDER: Complete terms 1 and 2 when additional see and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee</u> <u>delivered to and the date of delivery</u> . For additional fees th postmaster for fees and check box(es) for additional service(s 1. Show to wnom delivered, date, and addressee's address ^(Extra charge)	rse side. Failure to do this will prevent this will provide you the name of the person ne following services are available. Consult s) requested.
3. Article Addressed to: PETRO ATLAS CORP. ATT: JAMES L. HARDEN, III 999 18TH ST., SUITE 2590 DENVER, CO 80202-2440	4. Article Number P 542 186 627 Type of Service: Registered Insured Certified COD Express Mail
DPD RE	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X 6. Signature - Agent X 2 2 H 2 Tus 7. Date of Delivery	8. Astriressee's Address (ONLY if inquested and fee paid)
PS Form 3811, Μετ. 1987 ★ U.S.G.P.O. 1987-178-268	DOMESTIC RETURN RECEIPT

### RECEIPT FOR CERTIFIED MAIL

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NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

RAFAELITA SIMPSON PITTMAN 1135 W. MERRILL AVE. PORTERVILLE, CA 93258-1015

Ć	PQ RI	
* U.S.G.P	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	ļ
Feb. 1982	TOTAL Postage and Fees	\$
PS Form 3800,	Postmark of Date 200	
Form		
PS PS		

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person</u> <u>delivered to and the date of delivery</u> . For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery		
3. Article Addressed to: RAFAELITA SIMPSON PITTMAN 1135 W. MERRILL AVE. PORTERVILLE, CA 93258-1015	4. Article Number P 542 186 629 Type of Service: Registered Insured Certified COD Express Mail	
OPO RE	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature - Addressee X 6. Signature - Agent X Mustuliman LyAnn Fox 7. Date of Delivery 9-23-94	8. Addressee's Address (ONLY if requested and fee paid)	
PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268	DOMESTIC RETURN RECEIPT	

#### **RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

J. CECIL RHODES

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3905 BE	LMONT	PART	DR.	#8
AUSTIN,	ТΧ	78746	6-110	58

C	PPQ RE	
* U.S.G.P	Postage	\$
*	Certified Fee	
	Special Delivery Fee	 
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Detivery	_
Feb.	TOTAL Postage and Fees	\$
S Form 3800,	Postmark or Date	
PS Form 3800, Feb. 1982	Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date	\$

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person</u> <u>delivered to and the date of delivery</u> . For additional fees the following services are available. Consult postmaster for faes and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 1. □ Show to whom delivered to the date of date, and addressee's address. 1. □ Show to whom delivered to the date of date of the date of t		
3. Article Addressed to: J. CECIL RHODES 3905 BELMONT PART DR. #8 AUSTIN, TX 78746-1168	4. Article Number P 542 186 630 Type of Service: Registered Insured Certified COD Express Mail	
OPD RI	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature - Addressee X - Cecil Rhadof 6. Signature - Agent X 7. Date of Delivery 776-94	8. Addressee's Address (ONLY if requested and fee paid)	
PS Form 3811, Mar. 1987 + U.S.G.P.O. 1987-178-26	8 DOMESTIC RETURN RECEIPT	

DOMESTIC RETURN RECEIPT

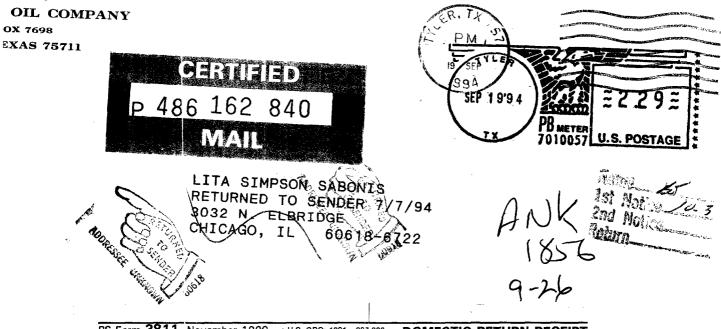
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#### RECEIPT FOR CERTIFIED MAIL

	NOT FOR INTERNATION	GE PROVIDED	
	(See Dever	ام	
VE	SS FAMILY TRU E K. ROSS, TR		
MI	O. BOX 86 DLAND, TX 7 QPQ RI	9702-0086	
G.P	Postage	\$	1
0 5 *	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Deliver		4
. 1982		vhom, ery \$	
C Fe D	Postmark of Date	F.	
Form 3800.	LEFE COLOR	5 5	
ט ב שרפו		-	I
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PS Form 3811, November 1990 + U.S. GPO: 1997-066 DOMESTIC RETURN RECEIPT

	P 436 162 8	-	
	NO INSURANCE COVERAGE PRO NOT FOR INTERNATIONAL	VIDED-	
R 3	ITA SIMPSON SABO ETURNED TO SENDE 032 N. ELBRIDGE HICAGO, IL 606 QPQ RT	R 7/7/9	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered Return Receipt Showing to whom,		
1982	Date, and Address of Delivery TOTAL Postage and Fees	\$	
PS Form 3800, Feb. 1982	Postmark or Date	, RIALE,	
PS	A Second and a second s	e <b>r</b>	



PS Form 3811, November 1990 ± U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

P 486 162 831 RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED--NOT FOR INTERNATIONAL MAIL ~ ~ . . **GLADYS SHANNON** 1101 CLARA STREET FORT WORTH, TX 76102 RF \$ Postage Cartified Fee Special Delivery Fee Restricted Delivery Fes Return Receipt Showing to whom and Date Delivered Return Receipt Showing to whom, Date, and Address of Delivery PS Form 3800, Feb. 1982 TOTAL Postage TYLF \$ Postmark or pat 0

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	ER. TA
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to-ycu. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt Fee will provide you the signature of the pers to and the date of delivery. 3. Article Addressed to: GLADYS SHANNON 1101 CLARA STREET FORT WORTH, TX 76102	if space 1. Addressee's Address
6. Signature (Agent)	and fee is paid)
v	

PS Form 3811, November 1990 + U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

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	P 542 186 6	35
	RECEIPT FOR CERTIFIE	D MAIL
	NO INSURANCE COVERAGE PR NOT FOR INTERNATIONAL I	IOVIDED MAIL
F	RANK L. SHOGRIN O. BOX 229 YGIENE, CO 8053	33-0229
	QPQ RI	
* U.S.G.P.	Postage	\$
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL Postage and Person	\$
PS Form 3800, Feb. 1982	Postmark of Date	

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<ul> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so th eturn this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back loes not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the art</li> </ul>	if space 1. Addressee's Address
<ul> <li>The Return Receipt Fee will provide you the signature of the pers to and the date of delivery.</li> </ul>	
3. Article Addressed to:	4a. Article Number 0 P542 186 632
FRANK L. SHOGRIN P. O. BCX 229	4b. Service Type
HYGIENE, CO 80533-0229	Certified COD Express Mail Return Receipt for Merchandise
	7. Date of Delivery
OPO RE / TO	9.22.91 ds
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	
PS Form 3811, November 1990 + U.S. GPO: 1991-28	OG6 DOMESTIC RETURN RECEIPT

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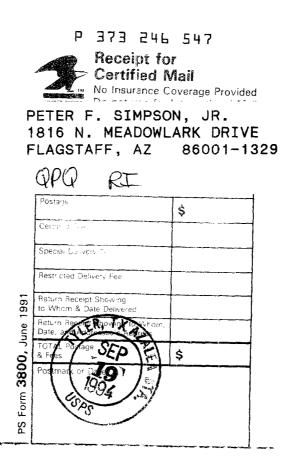
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ADELE SIMPSON 2345 ALA WAI BLVD., #1817 HONOLULU, HI 96815-2905			
	apa RI		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1991	Return Receipt Showing to Whom & Date Delivered		
eu	Return Receipt Showing: In Whom, Date, and Addresse, States, S		
<b>0,</b> Jr	TOTAL Postage & Fees		
PS Form 3800, June 1991	Postmark o Date 1000		

<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so th return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back does not permit.</li> <li>Write "Return Rc ceipt Requested" on the mailpiece below the art</li> <li>The Return Rcce pt Fee will provide you the signature of the pers</li> </ul>	if space 1. Addressee's Address ticle number. 2. Restricted Delivery
to and the date of Jelivery. 3. Article Addressed to: ADELE SIMPSON 2345 ALA WAI BLVD., #1817 HONOLULU, HI 96815-2905	Consult postmaster for fee.         4a. Article Number         P       373         4b. Service Type         Registered       Insured         Certified       COD         Express Mail       Return Receipt for         Merchandise       Merchandise
6. Signature (Acdressée)	<ul> <li>7. Date of Delivery</li> <li>7. Date of Delivery</li> <li>8. Addressee's Address (Only if request and fee is paid)</li> </ul>

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PS-Porm 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT



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<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back is does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the artist.</li> <li>The Return Receipt Fee will provide you the signature of the perset to and the date of celivery.</li> </ul>	f space 1. Addressee's Address
3. Article Addressed to: PETER F. SIMPSON, JR. 1816 N. MEADOWLARK DRIVE FLAGSTAFF, AZ 86001-1329	4a. Article Number         P       373       246       547         4b. Service Type         Registered       Insured         Ø Certified       COD         Express Mail       Return Receipt for Merchandise
5, Signature (Agent) 6. Signature (Agent)	<ol> <li>7. Date of Delivery</li> <li>9 - 2 Z - 9 4</li> <li>8. Addressee's Address (Only if requested and fee is paid)</li> </ol>

PS Form 3811, November 1990 ± U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

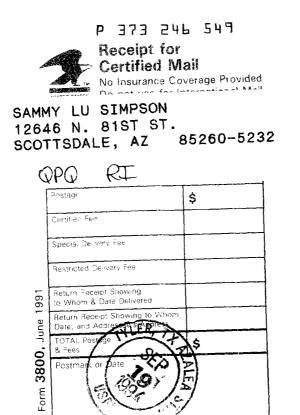
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J.	P: 373 2 Receipt Certified No insurance Do not use f OLAND G. SIMPS 36 GERONA AVEN AN GABRIEL, CA	for Mail Coverage Provide for International Ma	il
PS Form <b>3800,</b> June 1991	Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, and Addresser stations Date, and Addresser stations Whom & Dotage Postmark or Date	\$	

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SENDER:		
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3. Article Addressed to:	4a. Artic	cle Number
ROLAND G. SIMPSON	P 3	73 246 548
536 GERONA AVENUE		vice Type
	L Regis	
SAN GABRIEL, CA 91775-2228	🛛 🗹 Certif	fied 🛛 COD
		ess Mail  Return Receipt for Merchandise
	7. Date	of Delivery
OPO RE	9	2264
5. Signature (Addressee)	8. Addre	essee's Address (Only if requested
- Hilda Jomes	_µ_ and f	ee is paid)
6. Signature (Agent)		



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	SCOTTSDALE, AZ 85260-5232			
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ā		7. Date	of Delivery	
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RN S	5. Signature (Addressee)	8. Addr	esset Address (Only if requested	
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쎭	6. Signature (Agent)	1000		
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PS Form <b>3800</b> , June 1991	Postmark of Date	

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<ul> <li>The Return Receipt will show to whom the article was delivere felivered.</li> </ul>	d and the date Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
Leader Color	P 373 246 550 4b. Service Type
JOE K. SMITH	4b. Service Type
STAR ROUTE	Registered Insured
CARBON, TX 78435	Certified COD
	Express Mail Return Receipt for Merchandise
Westune	7. Date of Delivery
OPO RE /	9-29-94
5. Signature (Addressee)	8. Addressee's Address (Only if requested
The Multing	and fee is paid)
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	P 373	246	551
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PS Form <b>3800,</b> June 1991	Postmark r Date	9)	

our RETURN ADDRESS completed on the reverse side?	SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back i does not permit. • Write "Return Receipt Requested" on the mailpiece below the arti • The Return Receipt will show to whom the article was delivered a delivered. 3. Article Add essed to: • ELEANOR FERRIS SPIESS 1531 W. BIRCHWOOD CHICAGO, IL 60626 • OPO 5. Signature (Acldressee) • Meturn Meture (Acldressee) • Meturn Meturn (Acldressee) • Meturn Meturn (Acldressee) • Meturn Meturn (Acldressee) • Meturn Meturn (Acldressee)	if space icle number. nd the date 4a. Arti 4b. Ser 4b. Ser Regi X Certi Expr 7. Date 8. Addr	icle Number 373 246 55 vice Type stered D Insured	Thank you for using Return Receipt Service.
s yoi	PS Form 3811, December 1991 +U.S. GPO: 1992-323	-402 D(	DMESTIC RETURN RECEIPT	

	P 373 246 5	52		
Receipt for Certified Mail No Insurance Coverage Provided Do not use for International Mail JOSEPH S. SPRINKLE P. O. BOX 6483 DENVER, CO 80206-0483				
	QPQ RI			
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ۍ ۲	TOTAL Postage	4-21		
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3. Article Addressed to: JOSEPH S. SPRINKLE P. O. BOX 6483 DENVER, CO 80206-0483	4a. Article Number P 373 246 552 4b. Service Type □ Registered □ Insured ⊠ Certified □ COD □ Express Mail Arc. Merchandise 7. Date of Pelivery To ↓
5 Signature (Addressee) 6. Signature (Agent) PS Form <b>3811</b> , December 1991 #U.S. GPO: 1992–323	8. Addressee Address (Only if request addree is train)

	P 373 246	553
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Ρ.	AROL DAVID TRAN O. BOX 5081 ALNUT CREEK, CA	
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991	Return Receipt Snowing to Whom & Date Delivered	
ne 1	Return Peceipt Showing to Whom, Date, and Addressee's Address	
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hotolomoo	CAROL DAVID TRAMMELL	4h Ser	vice Type	Return
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PS Form <b>38</b>	1	7

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ls y	PS Form <b>3811</b> , December 1991 +U.S. GPO: 1992-323	-402 DC	DMESTIC RETURN RECEIPT	