

State of New Mexico  
**ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT**  
Santa Fe, New Mexico 87505

**OIL CONSERVATION DIVISION**



**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:

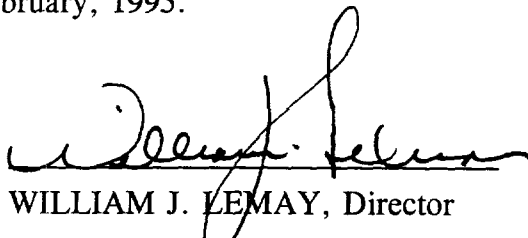
Lease Name: Quercho Plains Queen Associated Sand Unit Well No.10  
Description: SW/4 SE/4, Section 21, Township 18 South, Range 32 East

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. LEMAY, Director

WJL/BES

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

**VILLAGRA BUILDING - 408 Galisteo**  
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  
Oil Conservation

2-6-95

OLS 174

**MEWBOURNE OIL COMPANY**

P.O. BOX 7698  
TYLER, TEXAS 75711  
903 - 561-2900  
FAX 903 - 561-1870  
January 9, 1995

NEW MEXICO OIL CONSERVATION DIVISION  
RECEIVED  
1995 JAN 17 PM 8 52

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

Att: Bill LeMay, Division Director

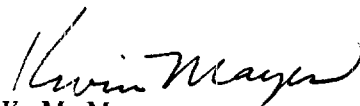
Re: Application for Off-Lease Storage  
Querecho Plains Queen  
Associated Sand Unit  
Lea County, New Mexico

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  
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

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

Date 6-9-94  
Revision # 2

Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
1. Bennett Federal #1, #2, #3, #4, #5	SW/4 SE/4 and SW/4 of Section 22 T18S-R32E, Lea County, New Mexico	200.00	NM 04371-A HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Gary L. Bennett, et ux Margaret J. McCurdy Genevieve E. Dupont Richard D. Borgard 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 L. E. Bearden, Jr. Gladys Shannon 3.5% 3.281% 1.015% .243% .165% .082% .082% .078% .05%	* Anadarko Petroleum Corp. 100.00%
2. Federal "J" #1	NW/4 SE/4 of Section 22 T18S-R32E, Lea County, New Mexico	40.00	NM 04868 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Gary L. Bennett, et ux Margaret J. McCurdy Genevieve E. Dupont Elizabeth Borgard 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 L. E. Bearden, Jr. Gladys Shannon 3.5% 3.281% 1.015% .243% .165% .082% .082% .078% .05%	* Anadarko Petroleum Corp. 100.00%
3A. Federal "L" (No Well)	S/2 SE/4 & NE/4 SE/4 of Section 23 T18S-R32E, Lea County, New Mexico	120.00	NM 0554244 HBP	12.50% USA	O. H. Berry 33.3333% Jack Huff 33.3333% Steve K. Burleson 16.6666% Nancy E. Hayes 16.6666%	Mewbourne Oil Company O. H. Berry Jack Huff William Green James Makins Michael Makins Patrick Makins Scott Burleson Nancy Hayes 4.00% 1.3333% 1.3333% 1.00% 1.00% 1.00% 1.00% 1.00% 1.00% .6667% .6667%	Mewbourne Oil Company Curtis W. Mewbourne JOYran Corp. Associated Partners Ltd 1986 Hillside Syndicate 46.50% 28.50% 12.50% 11.25% 1.25%

Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
B. Edith Federal #2	NW/4 SE/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 0554244 HBP	12.50% USA	O. H. Berry 33.33333% Jack Huff 33.33333% Steve K. Burleson 16.66667% Nancy E. Hayes 16.66667%	James Makins 1.00% Michael Makins 1.00% Patrick Makins 1.00% Scott Makins 1.00% William Green .50% O.H. Berry .28517% Virginia Berry .21486%	* Mewbourne Oil Company 100.00%
I. Government "K" #1	NE/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 0554967 HBP	12.50% USA	Mobil Producing Texas & New Mexico, Inc. 100.00%	Mobil Producing Texas & New Mexico, Inc. 7.50% Joan R. Duncan 5.00%	* Mewbourne Oil Company 100.00%
J. Cedar Lake Federal #1	SE/4 NW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 0555297 HBP	12.50% USA	Mewbourne Oil Company 100.00%	Mewbourne Oil Company 4.00% William Green 1.25% The Ross Family Trust 1.25% Vee K. Ross, Trustee 1.25% Adrian Clouthier .33334% Lucy James .25% Kalelita Pittman .25% John Borg .16666% Pamela Brooks .16667% Patricia Howard .16667% Ann Mills .125% Diana Ochlerbeck .125% Jeanette Hubbard .125% Olivia Wood .125% Eleanor Ferris .125% Adele Simpson .125% Robert Clouthier .08333% Charles & Gwen Clouthier .08333% Peter Simpson .0625% Sammy Simpson .0625% Lita Sabonis .0625% Roland Simpson .0625%	* Mewbourne Oil Company 46.50% Curtis W. Mewbourne 28.50% Joyran Corp. 12.50% Associated Partners Ltd 1986 11.25% Hillside Syndicate 1.25%
K. Federal "E" #7	NE/4 NE/4 of Section 27 T18S-R32E, Lea County, New Mexico	40.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None 0.00%	Anadarko Petroleum 36.36364% OKY USA INC. 33.33333% * Curtis W. Mewbourne 30.30303% After Payout: Curtis W. Mewbourne 33.33334% Anadarko Petroleum 33.33333% OKY USA INC. 33.33333%

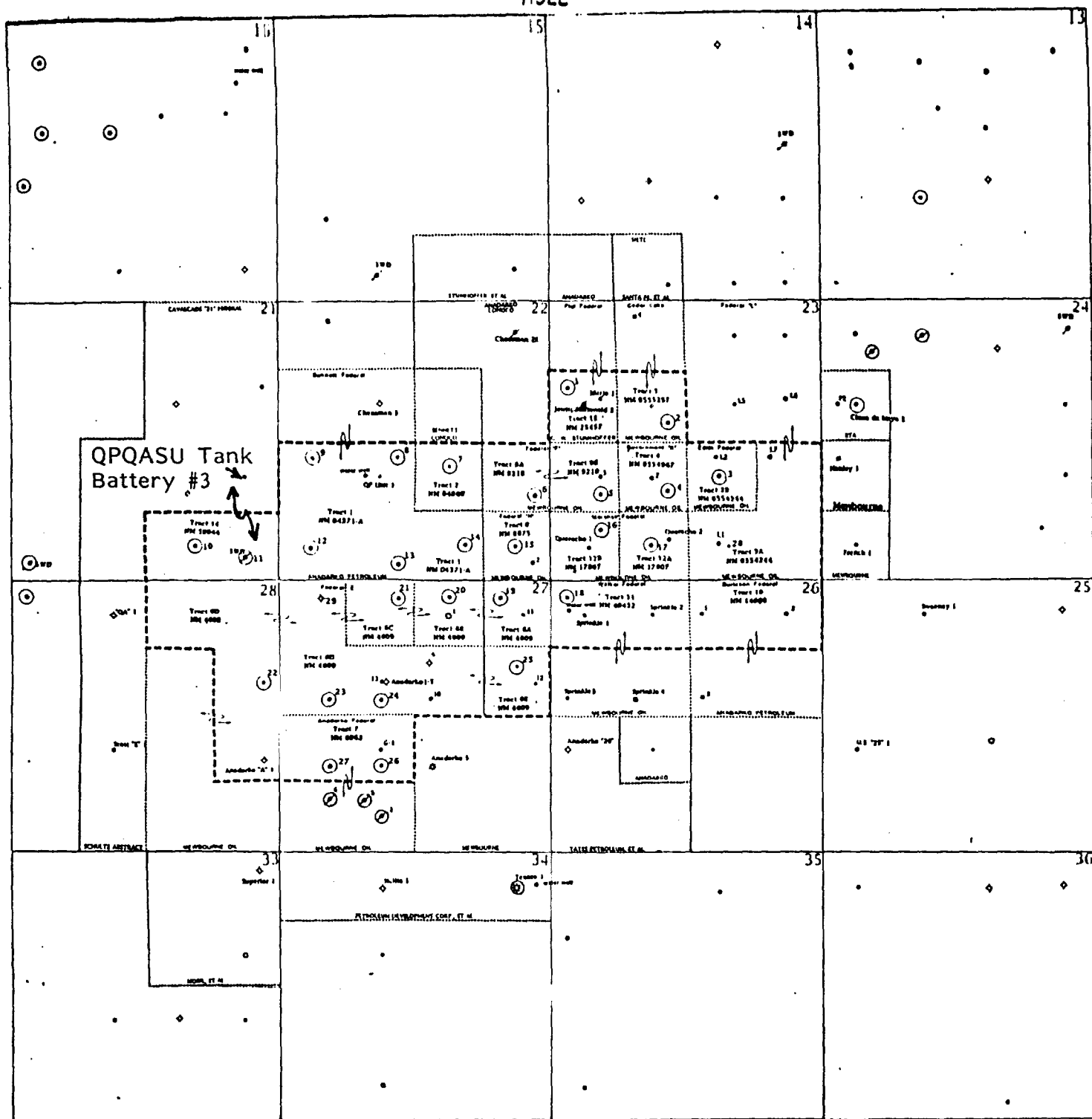
Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
6B. Federal "E" #6	NW/4 NE/4 of Section 27 T18S-R32E, Lea County, New Mexico	40.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None 0.00%	Anadarko Petroleum OXY USA INC. 36.36364% * Curtis W. Newbourn 33.33333% 30.30303% After Payout: Curtis W. Newbourn 33.33334% Anadarko 33.33333% OXY USA INC. 33.33333%
6C. Federal "E" #5	NE/4 NW/4 of Section 27 T18S-R32E, Lea County, New Mexico	40.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None 0.00%	Anadarko Petroleum OXY USA INC. 36.36364% * Curtis W. Newbourn 33.33333% 30.30303% After Payout: Curtis W. Newbourn 33.33334% Anadarko 33.33333% OXY USA INC. 33.33333%
6D. Federal "E" #2, #3, and #9	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 T18S-R32E, Lea County, New Mexico	320.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None 0.00%	* Curtis W. Newbourn 33.33334% Anadarko Petroleum 33.33333% OXY USA INC. 33.33333%
6E. Federal "E" #8	SE/4 NE/4 of Section 27 T18S-R32E, Lea County, New Mexico	40.00	NM 4609 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	None 0.00%	* Curtis W. Newbourn 50.00% OXY USA INC. 50.00% After Payout: Curtis W. Newbourn 66.66667% OXY USA INC. 33.33333%
7. Anadarko Federal #2 and #3	N/2 SW/4 of Section 27 T18S-R32E, Lea County, New Mexico	80.00	NM 6863 HBP	Schedule B USA	Anadarko Petroleum Corp. 100.00%	Anadarko Petroleum O.H. Berry 6.25% James J. Cole 1.388889% James J. Cole, Personal Representative of estate of Jimmie J. Cole, deceased .694445% Katherine Crews .694445% Sue Crews Piaget .462963% Courtenay Crews Johnson .462963%	* Newbourn Oil Company 100.00%

Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
8. Federal "H" #1	SE/4 SE/4 of Section 22 T18S-R32E, Lea County, New Mexico	40.00	NM 8675 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Club O&G Joan Duncan Estate of J. Walter Duncan, Raymond T. Duncan, Personal Representative J. Walter Duncan, Jr. JWD III, Inc. 1.25% 1.25% 1.125% .125%	* Curtis W. Newbourn OXY USA, INC. 66.66667% 33.33333%  After Payout: Curtis W. Newbourn OXY USA INC. 66.66667% 33.33333%
9A. Federal "F" #2	NE/4 SE/4 of Section 22 T18S-R32E, Lea County, New Mexico	40.00	NM 9218 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Anne Little Sylvia F. Little, Personal Representative of the Estate of Curtis J. Little Rae Little, deceased, No Probate Marjorie A. Little 2.5% 2.0% .25% .25%	* Curtis W. Newbourn OXY USA INC. 66.66667% 33.33333%  After Payout: Curtis W. Newbourn OXY USA INC. 66.66667% 33.33333%
9B. Federal "F" #1	NW/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 9218 HBP	12.50% USA	Anadarko Petroleum Corp. 100.00%	Anne Little Sylvia F. Little, Personal Representative of the Estate of Curtis J. Little Rae Little, deceased, No Probate Marjorie A. Little 2.5% 2.0% .25% .25%	* Curtis W. Newbourn Anadarko Petroleum OXY USA INC. 33.33333% 33.33333%
10. Federal Burtleson (No Well)	N/2 NE/4 of Section 26 T18S-R32E, Lea County, New Mexico	80.00	NM 14000 HBP	12.50% USA	O.H. Berry 22.222% Lewis B. Burtleson 16.6665% Jack Huff 16.6665% James L. Cole 11.112% Jimmie Cole 11.112% Katherine D. Crews 7.407% Susie Crews 7.407% Courtney C. Johnson 7.407%	Panos Investment Co. 3.34% O.H. & Virginia Berry 1.66665% James J. Cole .8334% James J. Cole, personal representative of estate of Jimmie J. Cole, deceased .8334% Patrick T. Panos .83% Gregory P. Panos .83% Katherine D. Crews .555525% Susie Crews Plogat .555525% Courtenay C. Johnson .555525%	Anadarko Petroleum Mewbourne Oil Company 91.666676% 8.333324%
11. Walker Federal #1	N/2 NW/4 of Section 26 T18S-R32E, Lea County, New Mexico	80.00	NM 40452 HBP	12.50% USA	Lewis B. Burtleson 1.30209% O.H. Berry 1.30208% Jack Huff 1.30208% Petro Atlas Corp. 18.75% Horsehoe Operating, Inc. 3.90625% Santa Fe Energy 31.25% F.L. Shogrin 31.25% Daniel C. Walker 10.9375%	Joseph Sprinkle 3.75% Frank Shogrin 2.36875% Petro Atlas 2.25% Margaret Beuch 1.3% Keyne Oil & Gas .72656% Thomas Curran .5% Horsehoe Operating O.H. Berry .47% Lewis Burtleson .16% Jack Huff .16% Charles Keyne .05469%	* Mewbourne Oil Company 59.375% Daniel Walker 21.875% Philip Bishop 6.25% Clarence Stumboffer 4.6875% Freida Stumboffer 4.6875% Peggy Taylor for Bernard Taylor 3.125%

Unit Tract # and Well Name	Description of Land	Number of Acres	Name or # of Lease	Basic Royalty & Percentage	Lessee of Record	Overriding Royalty and Percentage	Working Interest, Percentage and Designated Operator (*)
12A. Marshall 1 Federal #1	SE/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 17807 HBP	12.50% USA	Marshall & Winston 100.00%	Marshall & Winston, et al 12.50%	* Newbourne Oil Company 100.00%
12B. Marshall 1 Federal #2	SW/4 SW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 17807 HBP	12.50% USA	Marshall & Winston 100.00%	Marshall & Winston Newbourne Oil Company 12.50% 5.00%	* Newbourne Oil Company 100.00%
13. Flip Federal #1	SW/4 NW/4 of Section 23 T18S-R32E, Lea County, New Mexico	40.00	NM 25457 HBP	Schedule B USA	Murjo Oil & Royalty Co. 100.00%	None <i>Non-Consent Unit</i> <i>Non-Consent Unit</i>	* Clarence Stumboffer 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 5.00% Daniel Walker 3.20625% Debra Johnson Head 3.02812% Demar Johnson Hopson 3.02812% Carroll Bellah 2.25% F. Kirk Johnson III 1.6547% Larry Arnold 1.375% Ann H. McReynolds 1.36266%
14. Cavalcade Federal #1 & #4	S/2 SE/4 of Section 21 T18S-R32E, Lea County, New Mexico	80.00	NM 59044 HBP	Schedule B USA	Anadarko Petroleum Corp. 100.00%	Gary L. Bennett, et ux 5.15% William R. Crow 1.5% Cavalcade Oil Corp. .725% Michael Levenson .5% Kathleen A. Capps, Trustee of Heather & Nichol Capps .25% Joe K. Smith .25% Michael R. Hyden .125%	* Anadarko Petroleum Corp. 100.00%

Recapitulation: Total Federal Acres 1520.00 acres or 100.00%  
Total Unit Acres 1520.00 acres or 100.00%

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**EXHIBIT "A"**

**Wells With Queen Production**  
**QUERECHO PLAINS QUEEN**  
**ASSOCIATED SAND UNIT**  
**Unit Boundary and Tracts**

Revised 11/20/96  
Revised 4/23/98  
Revised 9/19/98  
Revised 7/26/99  
Revised 12/19/99



Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

### SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other QPQASU Consolidated Battery No. 3

2. Name of Operator  
Mewbourne Oil Company

3. Address and Telephone No.  
P. O. Box 7698, Tyler, Texas 75711 (903) 561-2900

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Point of Disposition:  
1980' FSL & 330' FEL of Section 21, T18S-R32E

5. Lease Designation and Serial No.  
NM-59044

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
NMNM91005X

8. Well Name and No.

9. API Well No.

10. Field and Pool, or Exploratory Area  
Querecho Plains Queen

11. County or Parish, State  
Lea Co., New Mexico

### 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

#### TYPE OF SUBMISSION

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

#### TYPE OF ACTION

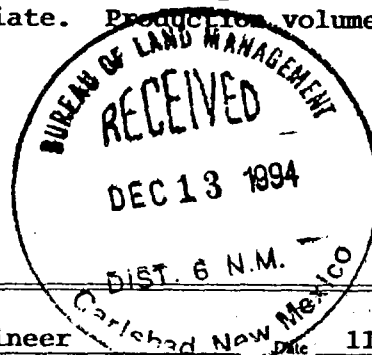
- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Off Lease Storage

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Operator requests approval for Off Lease Storage of production from 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 (O/W/G).



4. I hereby certify that the foregoing is true and correct

Signed Kevin Mayhew Title Project Engineer

(This space for Federal or State office use)

Approved by Adam Salameh Title Petroleum Engineer

Conditions of approval, if any:

Date 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.

\*See Instruction on Reverse Side

(rev. 2/25/93)

BUREAU OF LAND MANAGEMENT  
CARLSBAD RESOURCE AREA

Off Lease Storage/Measurement

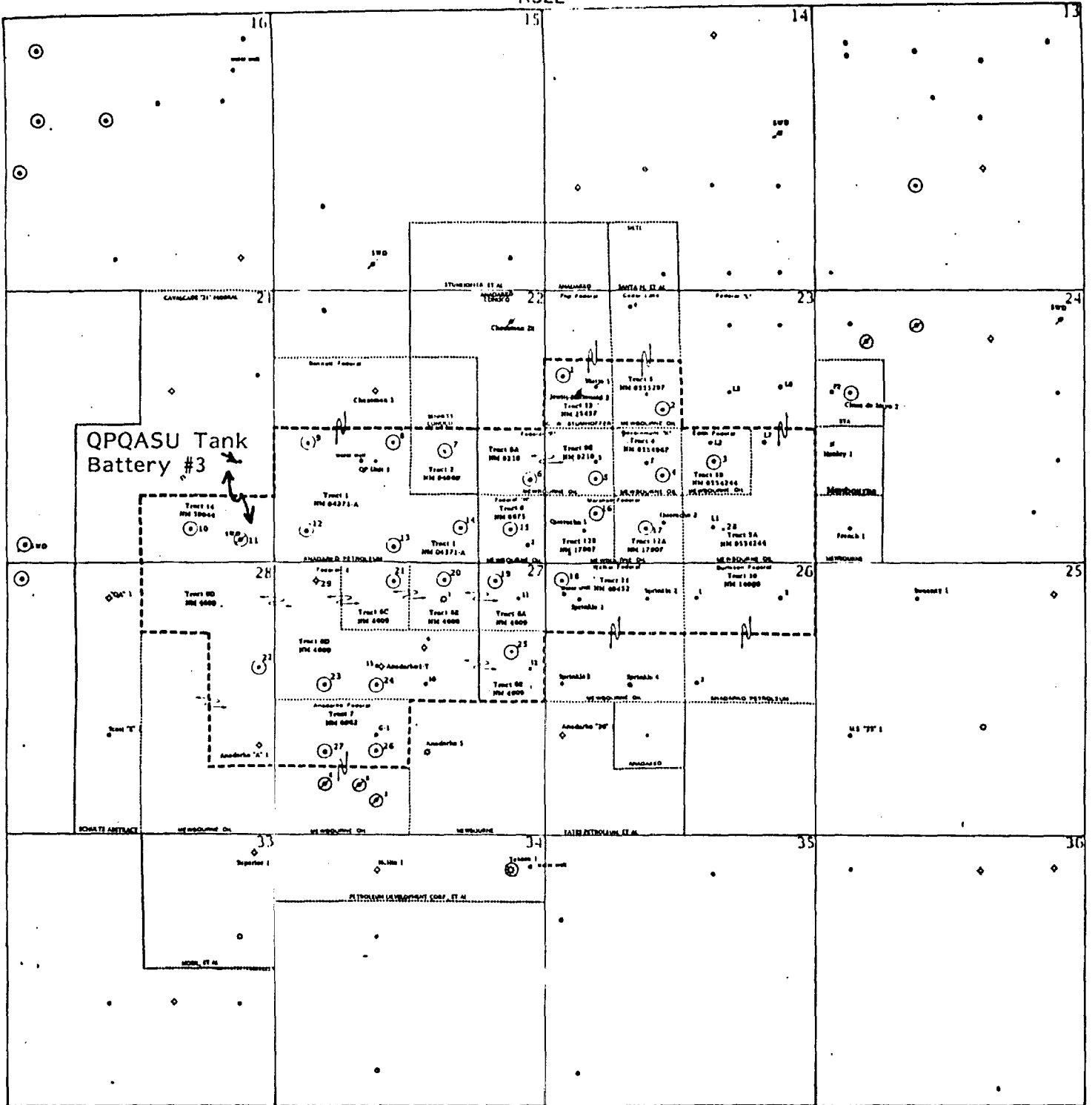
Conditions of Approval

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.

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MOC

**Mewbourne Oil Company**  
Tyler, Texas

**EXHIBIT "A"**

○ Wells With Queen Production

**QUERCHO PLAINS QUEEN**  
**ASSOCIATED SAND UNIT**  
**Unit Boundary and Tracts**

Revised 11/26/94  
 Deleted 4/21/94  
 Deleted 9/15/91  
 Deleted 7/18/91  
 Deleted 11/15/91

# QUERECHO PLAINS QUEENS FLOOD

## EQUIPMENT INVENTORIES & VALUES

WELL NAME: CAVALCADE "21" #1 PRODUCER

ITEM	SUGGESTED VALUE	QUANTITY	TOTAL
<u>WELLBORE BELOW GROUND</u>			
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
<u>WELLHEAD ASSEMBLIES</u>			
8 5/8" DRILLING HEAD	\$800.00	1	\$800.00
2 3/8" TUBING HEAD	\$600.00	1	\$600.00
<u>PUMPING UNITS</u>			
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		
<u>PRIME MOVERS</u>			
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
<u>PRODUCTION EQUIPMENT</u>			
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		
<u>STORAGE TANKS</u>			
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
<u>FLOWLINES</u>			
2" & 2 1/2" STEEL LINES	\$0.30		
2" POLY LINES	\$0.25	2000	\$500.00
3" POLY LINES	\$0.40	3500	\$1,400.00
<u>INJECTION PUMP</u>			
323 J-60TRIPLEX W/ 30HP MTR	\$5,000.00		
TOTAL			\$18,880.00

045-174

N.M. DE CON. COMMISSION  
P.O. BOX 1980  
NEW MEXICO 88240Form 3160-5  
(June 1990)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
DIST. 6 N.M. 8 52FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other QPQASU Consolidated Battery No. 32. Name of Operator  
Mewbourne Oil Company3. Address and Telephone No.  
P. O. Box 7698, Tyler, Texas 75711 (903) 561-2900

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Point of Disposition:

1980' FSL &amp; 330' FEL of Section 21, T18S-R32E

5. Lease Designation and Serial No.

NM-59044

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NMNM91005X

8. Well Name and No.

9. API Well No.

10. Field and Pool, or Exploratory Area

Querecho Plains Queen

11. County or Parish, State

Lea Co., New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

- ☐
- Notice of Intent
- 
- ☐
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

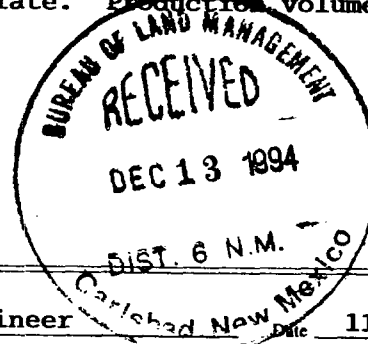
## TYPE OF ACTION

- ☐
- Abandonment
- 
- ☐
- Recompletion
- 
- ☐
- Plugging Back
- 
- ☐
- Casing Repair
- 
- ☐
- Altering Casing
- 
- ☒
- Other Off Lease Storage
- 
- ☐
- Change of Plans
- 
- ☐
- New Construction
- 
- ☐
- Non-Routine Fracturing
- 
- ☐
- Water Shut-Off
- 
- ☐
- Conversion to Injection
- 
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Operator requests approval for Off Lease Storage of production from 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 (O/W/G).



14. I hereby certify that the foregoing is true and correct

Signed Kevin Mayne  
(This space for Federal or State office use)Title Project EngineerDate 11/29/94Approved by Orig. Signed by Adam Salameh  
Conditions of approval, if any:Title Permitting EngineerDate 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.

\*See Instruction on Reverse Side

(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:

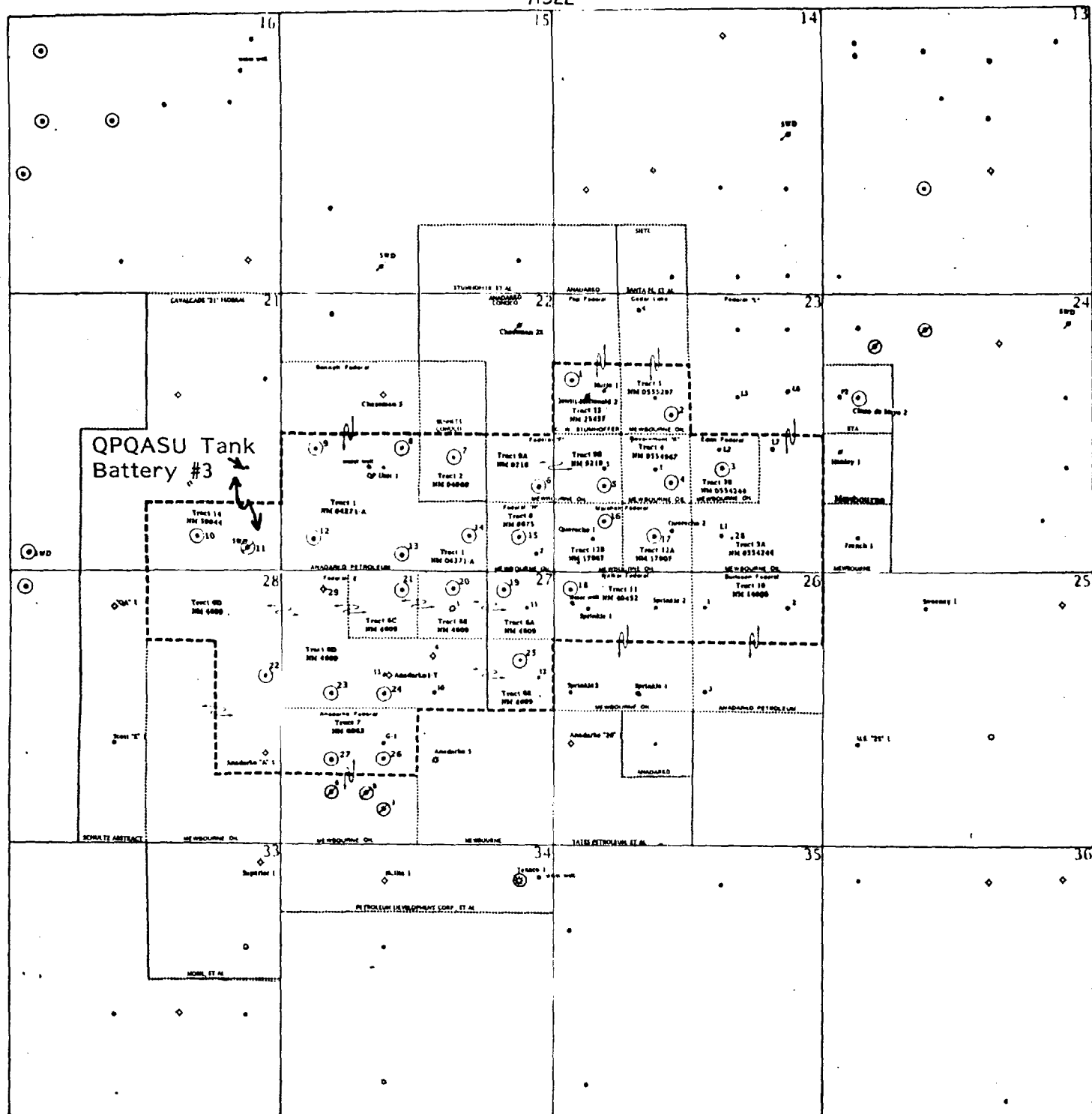
1. This agency be notified of any change in your sales method or location of the sales meter.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may 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.

**RECEIVED**

JUN 30 1985

W. HOBBS  
OFFICE

T-185



MOC Mewbourne Oil Company  
Tyler, Texas

EXHIBIT "A"

OWells With Queen Production  
QUERECHO PLAINS QUEEN  
ASSOCIATED SAND UNIT  
Unit Boundary and Tracts

SEVEN MAPS 18



QUERRECHO PLAINS QUEENS FLOOD  
EQUIPMENT INVENTORIES & VALUES

WELL NAME: CAVALCADE "21" #1 PRODUCER

ITEM	SUGGESTED VALUE	QUANTITY	TOTAL
<u>WELLBORE BELOW GROUND</u>			
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
<u>WELLHEAD ASSEMBLIES</u>			
8 5/8" DRILLING HEAD	\$800.00	1	\$800.00
2 3/8" TUBING HEAD	\$600.00	1	\$600.00
<u>PUMPING UNITS</u>			
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		
<u>PRIME MOVERS</u>			
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
<u>PRODUCTION EQUIPMENT</u>			
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		
<u>STORAGE TANKS</u>			
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
<u>FLOWLINES</u>			
2" & 2 1/2" STEEL LINES	\$0.30		
2" POLY LINES	\$0.25	2000	\$500.00
3" POLY LINES	\$0.40	3500	\$1,400.00
<u>INJECTION PUMP</u>			
323 J-60TRIPLEX W/ 30HP MTR	\$5,000.00		
TOTAL			\$18,880.00

**RECEIVED**

JAN 09 1995

OCD HOBBS  
OFFICE

MS Owners

P 669 427 807



**Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

ANADARKO PETROLEUM  
ATT: RICHARD ROWE  
P. O. BOX 1330  
HOUSTON, TX 77251-1330

QPQ

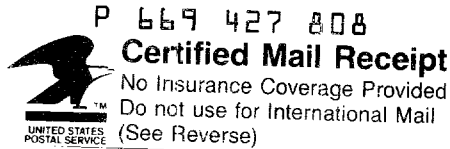
PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark for Date	

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><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 we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  ANADARKO PETROLEUM ATT: RICHARD ROWE P. O. BOX 1330 HOUSTON, TX 77251-1330  QPQ		4a. Article Number P 669 427 807	
5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent)		7. Date of Delivery SEP 22 1994	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

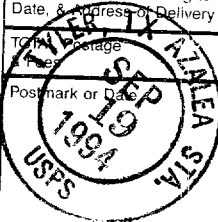


LARRY ARNOLD  
P. O. BOX 2253  
HOBBS, NM 88241-2253

QPQ

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
Postmark or Date	\$

PS Form 3800, June 1990



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LARRY ARNOLD  
P. O. BOX 2253  
HOBBS, NM 88241-2253

4a. Article Number

P 669 427 808

4b. Service Type

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

7. Date of Delivery

9/30

5. Signature (Addressee)

QPQ Larry Arnold

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 669 427 809



# Certified Mail Receipt

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

ASSOCIATED PARTNERS 1986  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005

PPQ

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ASSOCIATED PARTNERS 1986  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005

PPQ

5. Signature (Addressee)

6. Signature (Agent)

JP

4a. Article Number

P 669 427 809

4b. Service Type

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

7. Date of Delivery

SEP 22 1994

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

Thank you for using Return Receipt Service.

P 028 722 401



**Receipt for  
Certified Mail**

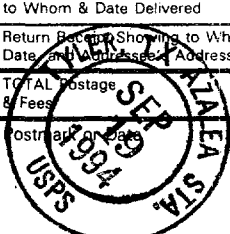
No Insurance Coverage Provided

CARROLL BELLAH, ET UX  
C/O PAT BELLAH  
P. O. BOX 100  
ARTESIA, NM 88210

QPQ

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmaster's Mark	

PS Form 3800, June 1991



Is your RETURN ADDRESS completed on the reverse side?

**SENDER**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

CARROLL BELLAH, ET UX  
C/O PAT BELLAH  
P. O. BOX 100  
ARTESIA, NM 88210

4a. Article Number

P 028 722 401

4b. Service Type

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

7. Date of Delivery

9-23-94

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 028 722 402



# Receipt for Certified Mail

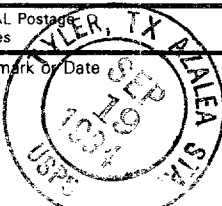
No Insurance Coverage Provided  
Do not use for International Mail

PHILIP R. BISHOP  
500 WEST 7TH STREET  
SUITE 1800  
FT. WORTH, TX 76102-4700

QPP

PS Form 3800, 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 Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Is your RETURN ADDRESS completed on the reverse side?

## SENDER:

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- Complete items 3, and 4a & b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

### 3. Article Addressed to:

PHILIP R. BISHOP  
500 WEST 7TH STREET  
SUITE 1800  
FT. WORTH, TX 76102-4700

QPP

### 5. Signature (Addressee)

### 6. Signature (Agent)

*[Signature]*

### 4a. Article Number

P028 722 402

### 4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

### 7. Date of Delivery

SEP 21 1994

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

Thank you for using Return Receipt Service.

P 669 427 824



# **Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

**GENE FULMER**  
**212 LEE STREET**  
**WICHITA FALLS, TX 76801**

QPQ

PS Form 3800, June 1990	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Address of Delivery	
	TOTAL Postage & Fees	\$
	Postmark or Date	

Is your RETURN ADDRESS indicated 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 we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

**GENE FULMER**  
**212 LEE STREET**  
**WICHITA FALLS, TX 76801**

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 669 427 824

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

SEP 23 1994

5. Signature (Addressee)

6. Signature (Agent)

*Gene Fulmer*

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

Thank you for using Return Receipt Service.



Z 157 460 473



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for international Mail

**RAY FULMER  
212 LEE STREET  
WICHITA FALLS, TX 76801**

PS Form 3811

QPQ

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark	

TX SEP 19 1994

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

**3. Article Addressed to:**

**RAY FULMER  
212 LEE STREET  
WICHITA FALLS, TX 76801**

**4a. Article Number**

**QPQ Z 157 460 473**

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

**SEP 21 1994**

**5. Signature (Addressee)**

QPQ  
*[Signature]*

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

**6. Signature (Agent)**

*[Signature]*

Thank you for using Return Receipt Service.

Z 157 460 474



**Receipt for  
Certified Mail**

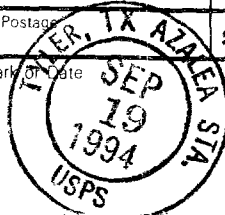
No Insurance Coverage Provided  
Do not use for International Mail

PS Form 3811, March 1993

**DEBRA JOHNSON HEAD  
1400 RANKIN HIGHWAY  
SUITE 28  
MIDLAND, TX 79701**

QPQ

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**DEBRA JOHNSON HEAD  
1400 RANKIN HIGHWAY  
SUITE 28  
MIDLAND, TX 79701**

QPQ

**4a. Article Number**

**Z 157 460 474**

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9/21

**5. Signature (Addressee)**

*[Signature]*

**6. Signature (Agent)**

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

Thank you for using Return Receipt Service.

Z 157 460 475



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

**HILLSIDE SYNDICATE  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005**

QPCQ

PS Form 3801

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN Addressee 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**HILLSIDE SYNDICATE  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005**

QPCQ

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

**Z 157 460 475**

4b. Service Type

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

7. Date of Delivery

**SEP 22 1991**

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

Thank you for using Return Receipt Service.

Z 157 460 476

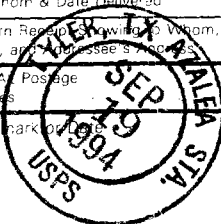


**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

PS Form 3800, March 1993

DEMAR JOHNSON HOPSON 1400 RANKIN HIGHWAY SUITE 28 MIDLAND, TX 79701 QPQ	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark of Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

DEMAR JOHNSON HOPSON  
1400 RANKIN HIGHWAY  
SUITE 28  
MIDLAND, TX 79701  
QPQ

5. Signature (Addressee)

6. Signature (Agent)

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**4a. Article Number**

Z 157 460 476

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9/21

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

Thank you for using Return Receipt Service.

Z 157 460 477



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**F. KIRK JOHNSON III  
P. O. BOX 2742  
ABILENE, TX 79604-2742**

QPQ

PS Form 3801

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
**F. KIRK JOHNSON III  
P. O. BOX 2742  
ABILENE, TX 79604-2742**

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

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

4a. Article Number  
**Z 157 460 477**

- 4b. Service Type
- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery  
**SEP 21 1991**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

Z 157 460 478



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Postage for International Mail

**JOYRAN CORPORATION  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005**

QPQ

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

**JOYRAN CORPORATION  
C/O MIDDLEBURG MANAGEMENT  
63 WALL STREET, 23RD. FLOOR  
NEW YORK, NY 10005**

QPQ  
5. Signature (Addressee)

6. Signature (Agent)

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

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

Consult postmaster for fee.

**4a. Article Number**

Z 157 460 478

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

SEP 22 1994

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

Thank you for using Return Receipt Service.

Z 157 460 479



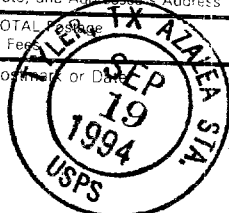
**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**HAROLD LOBLEY  
5698 KUVARIK ROAD  
WICHITA FALLS, TX  
76310-1226**

PS Form 3811

Certified Fee	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☒ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**HAROLD LOBLEY  
5698 KUVARIK ROAD  
WICHITA FALLS, TX 76310-1226**  
QPQ

4a. Article Number  
**Z 157 460 479**

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

7. Date of Delivery  
**09-21-94**

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service

Z 157 460 480



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**THE MANSOR LIVING TRUST**  
**U/T/D 8-26-91**  
**1400 8TH STREET**  
**WICHITA FALLS, TX 76301**

**MANSUR**  
**P.O. BOX 8106**  
**76307-8106**

PS Form 3800  
QPC

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark of Date	

22 Sept 91

**HARL D MANSUR JR**  
**EVELYN L MANSUR TRS**  
**THE HARL D JR AND EVELYN L OWENS**  
**MANSUR LIVING TRUST U/A 08-26-91**  
**P.O. BOX 8106**  
**WICHITA FALLS TX 76307-8106**

**TAX ID NO. 446-09-9575**

Is your RETURN ADDRESS handwritten 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 we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

**THE MANSOR LIVING TRUST**  
**U/T/D 8-26-91**  
**1400 8TH STREET**  
**WICHITA FALLS, TX 76301**

QPC

**5. Signature (Addressee)**

**6. Signature (Agent)**

*X La Dale Scheller*

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

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

Consult postmaster for fee.

**4a. Article Number**

**Z 157 460 480**

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

**SEP 22 1991**

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

Thank you for using Return Receipt Service.



Z 157 460 481



**Receipt for  
Certified Mail QPQ**

No Insurance Coverage Provided  
Mail

ANN MCREYNOLDS (CONS)  
C/O JOHN MCREYNOLDS  
THIRTY-TWO HUNDRED  
2001 BRYAN TOWER

DALLAS, TX 75201

PS Form 380

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

**3. Article Addressed to:**

ANN MCREYNOLDS (CONS)  
C/O JOHN MCREYNOLDS  
THIRTY-TWO HUNDRED  
2001 BRYAN TOWER  
DALLAS, TX 75201

**4a. Article Number**

Z 157 460 481

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-21-94

**5. Signature (Addressee)**

**6. Signature (Agent)**

*[Signature]*

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

QPQ

Thank you for using Return Receipt Service.

Z 157 460 482



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

**MURJO OIL & ROYALTY CO.  
ATT: BETTYE DAVIS  
BOX 121818  
FT. WORTH, TX 76121-1818**

QQQ

PS Form 380C

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark Date TX AZALEA STA SEP 19 1994	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:  
**MURJO OIL & ROYALTY CO.  
ATT: BETTYE DAVIS  
BOX 121818  
FT. WORTH, TX 76121-1818**

4a. Article Number  
**Z 157 460 482**

- 4b. Service Type
- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 157 460 483



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
For International Mail

OXY USA INC.  
ATT: TERRY LINDQUIST  
P. O. BOX 50250  
MIDLAND, TX 79710

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS 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 we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

OXY USA INC.  
ATT: TERRY LINDQUIST  
P. O. BOX 50250  
MIDLAND, TX 79710

4a. Article Number

Z 157 460 483

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9-21-94

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Z 157 460 484



**Receipt for  
Certified Mail**

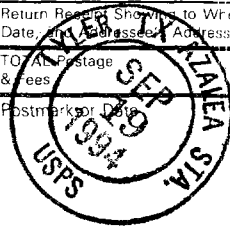
No Insurance Coverage Provided

**CLARENCE STUMHOFFER**  
**P. O. BOX 100416**  
**FT. WORTH, TX 76185-0416**

QPPQ

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**CLARENCE STUMHOFFER**  
**P. O. BOX 100416**  
**FT. WORTH, TX 76185-0416**

QPPQ

**5. Signature (Addressee)**

*C.W. Stumhoffer*

**6. Signature (Agent)**

**4a. Article Number**

**Z 157 460 484**

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

**9-22-94**

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

Thank you for using Return Receipt Service.

Z 157 460 485



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**FRIEDA TIPTON STUMHOFFER**  
**P. O. BOX 100416**  
**FT. WORTH, TX 76185-0416**

APQ

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fee	\$
Postmark on Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

**FRIEDA TIPTON STUMHOFFER**  
**P. O. BOX 100416**  
**FT. WORTH, TX 76185-0416**

**4a. Article Number**

Z 157 460 485

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-22-94

**5. Signature (Addressee)**

**6. Signature (Agent)**

*F. W. Stumhoff*

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

Thank you for using Return Receipt Service.

Z 157 460 487

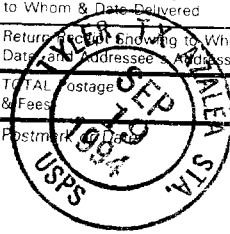


**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse) **QPP**

PS Form 3800, March 1993

Sent to <b>Toombs Trust</b>	
Street and No. <b>11216 Pinehurst Drive</b>	
P.O., State and ZIP Code <b>Austin, TX 78747</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee Address	
TOTAL Postage & Fees	\$
Postmark Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**Toombs Trust**  
**11216 Pinehurst Drive**  
**Austin, TX 78747**

4a. Article Number  
**Z157 460 487**

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service.

Z 157 460 486



**Receipt for  
Certified Mail**

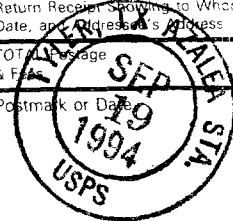
No Insurance Coverage Provided

PEGGY S. TAYLOR (BERNARD)  
P. O. BOX 25005  
HOUSTON, TX 77265-5005

QPG

PS Form 3811

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

PEGGY S. TAYLOR (BERNARD)  
P. O. BOX 25005  
HOUSTON, TX 77265-5005

**4a. Article Number**

Z 157 460 486

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

SEP 23 1994

**5. Signature (Addressee)**

*Peggy S Taylor*

**6. Signature (Agent)**

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

Thank you for using Return Receipt Service.

Z 157 460 488



# Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

QPPQ

C. DANIEL WALKER  
6729 BRANTS LANE  
FT. WORTH, TX 76116-7201

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees, TX	\$
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

### 3. Article Addressed to:

C. DANIEL WALKER  
6729 BRANTS LANE  
FT. WORTH, TX 76116-7201

### 4a. Article Number

Z 157 460 488

### 4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

### 7. Date of Delivery

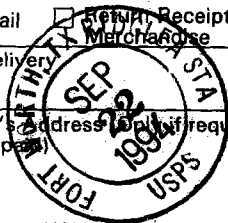
### 8. Addressee's Address (only if requested and fee is paid)

### 5. Signature (Addressee)

### 6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT



Thank you for using Return Receipt Service.



RG  
Owners

Sue Hearon

QPA Z 157 460 458  
RI



Receipt for  
Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, March 1993

Sent to	
Anadarko Petroleum	
Attn: Richard Pratt	
P.O. Box 1330	
Houston, TX 77251-1330	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Anadarko Petroleum Attn: Richard Pratt P.O. Box 1330 Houston, TX 77251-1330	4a. Article Number Z 157 460 458
5. Signature (Addressee) QPA RI	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent) C. J. [Signature]	7. Date of Delivery SEP 22 1994
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

Thank you for using Return Receipt Service.

Sue Heaton  
Z 157 460 456



Receipt for **QPR**  
**Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, March 1993

Sent to	
Bureau of Land Management	
Street No.	
1717 W. Second	
City, State and Zip Code	
Roswell, NM 88201	
Attn: Mr. Tony Ferguson	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

TYLER TX 10/11/93

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Bureau of Land Management  
1717 W. Second  
Roswell, NM 88201  
Attn: Mr. Tony Ferguson

4a. Article Number

Z 157 460 456

4b. Service Type

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured                        |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9-27-94

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

5. Signature (Addressee)

Roswell, NM

6. Signature (Agent)

Thank you for using Return Receipt Service.

Z 157 460 489



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

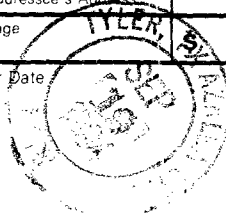
**L. E. BEARDEN, JR.  
2525 RIGEMAR  
FORT WORTH, TX 76116**

QPQ

RI

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



Z 157 460 490



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

PS Form 3800, March 1993

**GARY L. BENNETT, ET UX  
CANDACE JO BENNETT  
P. O. BOX 16844  
LUBBOCK, TX 79490**

QPO

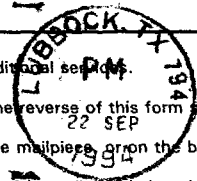
RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional service.
- 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.
- The Return Receipt will show to whom the article was delivered and the date delivered.



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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**GARY L. BENNETT, ET UX  
CANDACE JO BENNETT  
P. O. BOX 16844  
LUBBOCK, TX 79490**

QPO

RI

**4a. Article Number**

Z 157 460 490

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-21-94

**5. Signature (Addressee)**

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

**6. Signature (Agent)**

*Billy M. Scarborough*

Thank you for using Return Receipt Service.

Z 157 460 491



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

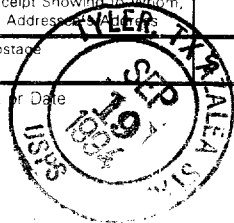
**O. H. BERRY  
ONE MARIENFIELD PLACE  
SUITE 188  
MIDLAND, TX 79702**

PS Form 3800 March 1992

QPQ

RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address	
TOTAL Postage & Fees	
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

**O. H. BERRY  
ONE MARIENFIELD PLACE  
SUITE 188  
MIDLAND, TX 79702**

QPQ RI

5. Signature (Addressee)  
*B. Roberts*

6. Signature (Agent)

4a. Article Number  
**Z 157 460 491**

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

7. Date of Delivery  
**9/21**

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

Thank you for using Return Receipt Serv

Z 157 460 492



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

PS Form 3800, March 1993

**VIRGINIA BERRY  
ONE MARIENFIELD PLACE  
SUITE 188  
MIDLAND, TX 79702**

QPO

RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**VIRGINIA BERRY  
ONE MARIENFIELD PLACE  
SUITE 188  
MIDLAND, TX 79702**

QPO

RI

4a. Article Number

Z 157 460 492

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

9/21

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Z 157 460 493



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**MARGARET L. BEUCK  
1107 ROARING SPRINGS ROAD  
FORT WORTH, TX 76114-4417**

PS Form 380

QPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	
Postmark or Date	

USPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**MARGARET L. BEUCK  
1107 ROARING SPRINGS ROAD  
FORT WORTH, TX 76114-4417**

**4a. Article Number**

Z 157 460 493

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-22-94

**5. Signature (Addressee)**

QPQ RI  
*Margaret L. Beuck*

**6. Signature (Agent)**

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

Thank you for using Return Receipt Service.

Z 157 460 494



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**JOHN O. BORG III  
324 HENKEL LANE  
MESA, AZ 85201-6201**

PS Form 3800 March 1993

Postage	RI	\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees		\$
Postmark or Date		

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**JOHN O. BORG III  
324 HENKEL LANE  
MESA, AZ 85201-6201**

**4a. Article Number**

Z 157 460 494

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-21-94

**5. Signature (Addressee)**

**6. Signature (Agent)**

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

Thank you for using Return Receipt Service.



Z 157 460 495



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Postage for International Mail

ELIZABETH SUE BORGAARD ESTATE  
RICHARD D. BORGAARD, EXECUTOR  
P. O. BOX 9220  
BEND, OR 97708

QPQ RI

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS 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 we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELIZABETH SUE BORGAARD ESTATE  
RICHARD D. BORGAARD, EXECUTOR  
P. O. BOX 9220  
BEND, OR 97708

4a. Article Number

Z 157 460 495

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9/26/94

5. Signature (Addressee)

*[Signature]*

6. Signature (Agent)

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

Is your RETURN ADDRESS on the reverse side?

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 157 460 496



**Receipt for  
Certified Mail**

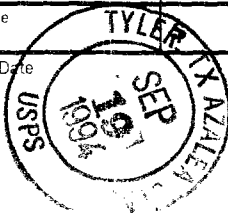
No Insurance Coverage Provided  
Postmaster: For International Mail

PS Form 3800, March 1993

**RICHARD D. BORGAARD  
P. O. BOX 9220  
BEND, OR 97708**

OPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt: Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**RICHARD D. BORGAARD  
P. O. BOX 9220  
BEND, OR 97708**

OPQ RI

**5. Signature (Addressee)**

**6. Signature (Agent)**

**4a. Article Number**

Z 157 460 496

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9/26/94

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

Thank you for using Return Receipt Service.

Z 157 460 497



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

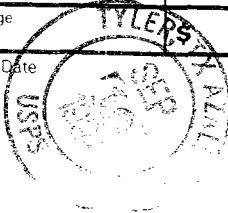
**PAMELA BROOKS  
2545 TYLER ST.  
EUGENE, OR 97405-2266**

QPOQ

RI

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**PAMELA BROOKS  
2545 TYLER ST.  
EUGENE, OR 97405-2266**

**4a. Article Number**

Z 157 460 497

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-22-94

**5. Signature (Addressee)**

**6. Signature (Agent)**

*P. Brooks*

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

Thank you for using Return Receipt Service.

Z 157 460 498



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

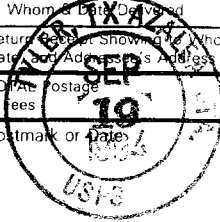
**BUREAU OF LAND MANAGEMENT  
ROSWELL DISTRICT OFFICE  
1717 WEST SECOND STREET  
ROSWELL, NM 88201-2019**

QPQ

RI

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
Total Postage & Fees	\$
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**BUREAU OF LAND MANAGEMENT  
ROSWELL DISTRICT OFFICE  
1717 WEST SECOND STREET  
ROSWELL, NM 88201-2019**

**4a. Article Number**

Z 157 460 498

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-22-94

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

**5. Signature (Addressee)**

*[Handwritten Signature]*

**6. Signature (Agent)**

*[Handwritten Signature]*

Thank you for using Return Receipt Service.

Z 157 460 499



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**LEWIS BURLESON  
P. O. BOX 2479  
MIDLAND, TX 79701-2479**

PS Form 3801

QPQ RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SEP 19 1991

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

**LEWIS BURLESON  
P. O. BOX 2479  
MIDLAND, TX 79701-2479**

QPQ RI

**4a. Article Number**

**Z 157 460 499**

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

**9-22-91**

**5. Signature (Addressee)**

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

**6. Signature (Agent)**

**Bonnie Atwater**

Thank you for using Return Receipt Service.

Z 157 460 500



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

**STEVE BURLESON  
P. O. BOX 2479  
MIDLAND, TX 79701-2479**

QPQ

RI

PS Form 3800

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	\$
Postmark or Date	

SEP 19 1994  
USPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

**STEVE BURLESON  
P. O. BOX 2479  
MIDLAND, TX 79701-2479**

**4a. Article Number**

**Z 157 460 500**

**4b. Service Type**

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

**7. Date of Delivery**

**9-22-94**

**5. Signature (Addressee)**

**6. Signature (Agent)**

**Bonnie Oetters**

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

Thank you for using Return Receipt Service.

Z 157 460 501



Receipt for  
Certified Mail **QPO RI**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Back)

KATHLEEN CAPPS, TRUSTEE OF  
P. O. BOX 51311  
MIDLAND, TX 79710-1311

PS Form 3800, M

P.O., State and ZIP Code

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 22 1991

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

KATHLEEN CAPPS, TRUSTEE OF THE  
HEATHER E. CAPPS &  
NICHOLETE M. CAPPS TR  
P. O. BOX 51311  
MIDLAND, TX 79710-1311

4a. Article Number

**Z 157 460 501**

4b. Service Type

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

7. Date of Delivery **SEP. 22 1991**

5. Signature (Addressee)

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

6. Signature (Agent)

*Debra Karman*

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 157 460 502



**Receipt for  
Certified Mail**

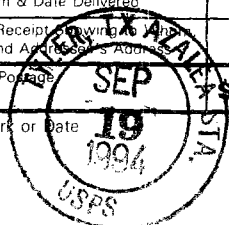
No Insurance Coverage Provided  
\*Mail

PS Form 3800, March 1993

**CAVALCADE HOLDINGS  
ATT: JOE CONNER  
6901 QUAKER AVENUE  
LUBBOCK, TX 79413**

QPG RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**CAVALCADE HOLDINGS  
ATT: JOE CONNER  
6901 QUAKER AVENUE  
LUBBOCK, TX 79413**

QPG RI

**5. Signature (Addressee)**

**6. Signature (Agent)**

**4a. Article Number**

Z 157 460 502

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9/21/94

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

Thank you for using Return Receipt Service.



Z 157 460 503



ADRIAN E. CLOUTHIER  
P. O. BOX 295  
WAGON MOUND, NM 87752-0295

PS Form 3800, May 1991

OPQ RI

P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date, and Address of Addressee	
TOTAL Postage & Fees	
Postmark of Date	

Is your RETURN ADDRESS 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 we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
ADRIAN E. CLOUTHIER  
P. O. BOX 295  
WAGON MOUND, NM 87752-0295

4a. Article Number  
Z 157 460 503

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

7. Date of Delivery  
9/22/94

5. Signature (Addressee)  
OPQ RI

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Z 157 460 504



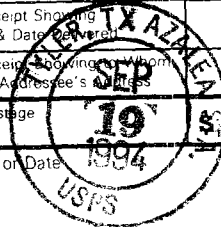
**Receipt for  
Certified Mail**

No Insurance Coverage Provided

**CHARLES & GWEN CLOUTHIER  
1901 CAMINO RIO  
FARMINGTON, NM 87401-8049**

QPQ RI

PS Form 3811	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom Date, and Addressee's Address	
	TOTAL Postage & Fees	
	Postmark of Date	



Is your RETURN AL

**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.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

**CHARLES & GWEN CLOUTHIER  
1901 CAMINO RIO  
FARMINGTON, NM 87401-8049**

**4a. Article Number**

**Z 157 460 504**

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

**9/22/94**

**5. Signature (Addressee)**

**6. Signature (Agent)**

QPQ RI  
*Charles Clouthier*

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

Thank you for using Return Receipt Service.

P 542 186 545

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

**ROBERT L. CLOUTHIER**  
**1832 W. BRIARWOOD**  
**LITTLETON, CO 80120-3637**

★ U.S.G.	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing Date, and Address	
	TOTAL Postage and Fees	
PS Form 3800, Feb. 1982	Postmark or Date	

QPO RI

SEP 19 1994

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

**ROBERT L. CLOUTHIER**  
**1832 W. BRIARWOOD**  
**LITTLETON, CO 80120-3637**

5. Signature (Addressee)

6. Signature (Agent)

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

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

Consult postmaster for fee.

**4a. Article Number**

② P 542 186 545

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

22 SEP 1994

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

Thank you for using Return Receipt Service.

P 542 186 546

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

CLUB OIL & GAS  
2300 S. TOWER  
600 17TH STREET  
DENVER, CO 80202

QPD 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 of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

CLUB OIL & GAS  
2300 S. TOWER  
600 17TH STREET  
DENVER, CO 80202

QPD RI

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P 542 186 546

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9-22-94

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

Thank you for using Return Receipt Service.

P 542 186 547

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

JAMES J. COLE  
P. O. DRAWER K  
MESILLA, NM 88046

QPQ 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 of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

PS Form 3800, Feb. 1982

SEP 19 1994  
USPS  
MESILLA, N.M.

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:  JAMES J. COLE P. O. DRAWER K MESILLA, NM 88046  QPQ RI	4a. Article Number P 542 186 547
5. Signature (Addressee) X J J Cole	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent)	7. Date of Delivery 9/22/94
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

P 542 186 548

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

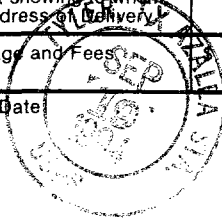
(See Reverse)

**JAMES J. COLE, PERSONAL REP  
FOR JIMMIE COLE  
P. O. DRAWER K  
MESILLA, NM 88046**

QPQ

RI

★ U.S.G.I. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	
Postmark or Date		



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

**JAMES J. COLE, PERSONAL REPR  
FOR JIMMIE COLE  
P. O. DRAWER K  
MESILLA, NM 88046**

4a. Article Number

P 542 186 548

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

SEP 22 1984

5. Signature (Addressee)

JJ Cole

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 549

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

**KATHERINE CREWS**  
**P. O. BOX 352**  
**PECOS, TX 79772**

★ U.S.G.P.O. FORM 3800, FEB. 1982

PS Form 3800, Feb. 1982

QPG

RI

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

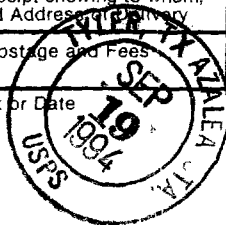
Return Receipt Showing  
to whom and Date Delivered

Return receipt showing to whom,  
Date, and Address of delivery

TOTAL Postage and Fees

\$

Postmark or Date



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

**KATHERINE CREWS**  
**P. O. BOX 352**  
**PECOS, TX 79772**

QPG

RI

**5. Signature (Addressee)**

**6. Signature (Agent)**

*Gloria Hanson*

**4a. Article Number**

P 542 186 549

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-22-94

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

Thank you for using Return Receipt Service.

P 542 186 550

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1003-402-517

SUSIE CREWS  
6604 SHADOW VALLEY DR.  
AUSTIN, TX 78731

DPQ 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 of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, Feb. 1982

SEP 19 1994  
AUSTIN, TEXAS  
USPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:  SUSIE CREWS 6604 SHADOW VALLEY DR. AUSTIN, TX 78731	4a. Article Number P 542 186 550
5. Signature (Addressee) DPQ RI Susan Crews	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent)	7. Date of Delivery 9-21-94
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



P 542 186 523

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

WILLIAM R. CROW  
5007 CANTERBURY DRIVE  
MIDLAND, TX 79705

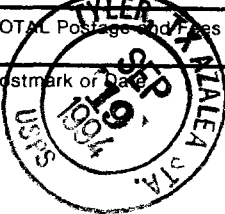
★ U.S.G.P.O. FORM 3800, FEB. 1982

QPO

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 of Delivery	
TOTAL Postage and Fees	\$

Postmark or Date



Is your 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 that we can return this card to you
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

WILLIAM R. CROW  
5007 CANTERBURY DRIVE  
MIDLAND, TX 79705

**4a. Article Number**

P 542 186 523

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-21-90

**5. Signature (Addressee)**

Shelly Barron

**6. Signature (Agent)**

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

Thank you for using Return Receipt Service.

P 542 186 524

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

THOMAS CURRAN  
1582 SINGLETON  
WICHITA FALLS, TX 76302

QPO RI

★ U.S.G.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark or Date		

SEP 19 1994  
USPS  
WICHITA FALLS, TX

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><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 we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
3. Article Addressed to:  THOMAS CURRAN 1582 SINGLETON WICHITA FALLS, TX 76302		4a. Article Number P 542 186 524	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise		7. Date of Delivery 9/21/94	
5. Signature (Addressee) Sally K. Curran		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

Thank you for using Return Receipt Service

P 542 186 525

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

ESTATE OF J. WALTER DUNCAN,  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

PS Form 3800, Feb. 1982

★ 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	
	TOTAL Postage and Fees	\$
	Postmark or Date	

QPP RI

SEP 19 1996

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 we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

ESTATE OF J. WALTER DUNCAN, SR.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

4a. Article Number

P 542 186 525

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

Is your RETURN ADD?

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 542 186 529

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

JOAN R. DUNCAN  
P. O. BOX 24267  
DENVER, CO 80224-0267

PPQ RI

★ 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	
	TOTAL Postage and Fees	\$
Postmark or Date		

PS Form 3800, Feb. 1982

WELLSTON, OH SEP 28 1994

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
JOAN R. DUNCAN  
P. O. BOX 24267  
DENVER, CO 80224-0267

4a. Article Number  
P 542 186 529

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

7. Date of Delivery

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

PPQ RI

5. Signature (Addressee)  
Joan R. Duncan

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 542 186 531

**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.P.O. PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmark or Date	

QPO RI

SEP 10 1991

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

J. WALTER DUNCAN, JR.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

**4a. Article Number**

P 542 186 531

**4b. Service Type**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured                        |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 532

**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	
	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		

PS Form 3800, Feb. 1982

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressee to:

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

5. Signature (Addressee)

6. Signature (Agent)

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

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

Consult postmaster for fee.

4a. Article Number

P 542 186 532

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9-21-94

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

Thank you for using Return Receipt Service.

P 542 186 533

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

**WILLIAM GREEN**  
**P. O. BOX 1465**  
**MIDLAND, TX 79702-1465**

QPQ RI

★ U.S.G.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	
	Postmark or Date	

SEP 19 1994  
MIDLAND, TX

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><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 we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		I also wish to receive the following services (for an extra fee): <ul style="list-style-type: none"><li>1. <input type="checkbox"/> Addressee's Address</li><li>2. <input type="checkbox"/> Restricted Delivery</li></ul> Consult postmaster for fee.	
3. Article Addressed to: <b>WILLIAM GREEN</b> <b>P. O. BOX 1465</b> <b>MIDLAND, TX 79702-1465</b>		4a. Article Number <b>P 542 186 533</b>	
4b. Service Type <ul style="list-style-type: none"><li><input type="checkbox"/> Registered</li><li><input checked="" type="checkbox"/> Certified</li><li><input type="checkbox"/> Express Mail</li><li><input type="checkbox"/> Insured</li><li><input type="checkbox"/> COD</li><li><input type="checkbox"/> Return Receipt for Merchandise</li></ul>		7. Date of Delivery <b>SEP 22 1994</b>	
5. Signature (Addressee) <i>William Green</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>William Green</i>			

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 542 186 556

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

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

QPOQ RI

★ U.S.G.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark or Date		

SEP 19 1994

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 542 186 556

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

9-22-94

5. Signature (Addressee)

6. Signature (Agent)

Bonnie Ottwater

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

Thank you for using Return Receipt Service.



P 542 186 559

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

CHARLES HEYNE  
3820 WEST ALABAMA STREET  
SUITE 100  
HOUSTON, TX 77027-5291

★ U.S.G.P	Postage	\$
	Certified Fee	
	Special Delivery Fee	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

CHARLES HEYNE  
3820 WEST ALABAMA STREET  
SUITE 100  
HOUSTON, TX 77027-5291

4a. Article Number

P 542 186-559

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9-21-94

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

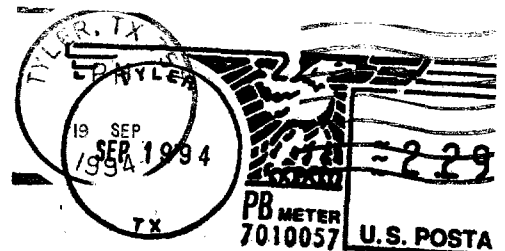
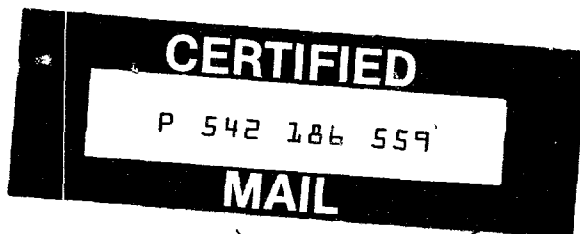
★U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

WBOURNE OIL COMPANY

P. O. BOX 7698

TYLER, TEXAS 75711



CHARLES HEYNE  
3820 WEST ALABAMA STREET  
SUITE 100  
HOUSTON, TX 77027-5291

**INSUFFICIENT ADDRESS**

**RETURNED TO SENDER**  
**ATTEMPTED, NOT KNOWN**

Not at this address  
270162

P 542 186 560

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

**F. HEYNE (HEYNE OIL & GAS)**  
**3820 WEST ALABAMA STREET**  
**SUITE 100**  
**HOUSTON, TX 77027-5291**

★ U.S.G. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
	Postmark or Date	

QPO RI

SEP 19 1991

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

**F. HEYNE (HEYNE OIL & GAS)**  
**3820 WEST ALABAMA STREET**  
**SUITE 100**  
**HOUSTON, TX 77027-5291**

5. Signature (Addressee)

6. Signature (Agent)

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

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

Consult postmaster for fee.

**4a. Article Number**

P 542 186 560

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-21-91

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

Thank you for using Return Receipt Service.

P 542 186 561

**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.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	
	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	Postmark or Date	

SULLIVAN STATION  
SEP 19 1994  
DENVER, CO 80237

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:  
PATRICIA HOWARD  
4162 QUEBEC ST.  
DENVER, CO 80237-2129

4a. Article Number  
P 542 186 561

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

Date of Delivery

5. Signature (Addressee)  
Patricia Howard

6. Signature (Agent)

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

SULLIVAN STATION  
SEP 22 1994  
DENVER, CO 80237

Thank you for using Return Receipt Service.

P 542 186 562

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

JEANETTE HUBBARD  
403 LA CIMA ROAD  
GALLUP, NM 87301-5736

★ U.S.G.P

PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmaster's Date	

QPO RI

SEP 19 1991

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

JEANETTE HUBBARD  
403 LA CIMA ROAD  
GALLUP, NM 87301-5736

5. Signature (Addressee)

6. Signature (Agent)

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

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

Consult postmaster for fee.

4a. Article Number

P 542 186 562

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9-22-91

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

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 542 186 563

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

JACK HUFF  
P. O. BOX 50190  
MIDLAND, TX 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	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	Postmark or Date	SEP 19 1991

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

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

SEP 21 1991

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 565

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MICHAEL R. HYDEN  
D/B/A NAPA RESOURCES CO.  
1104 NORTH SHORE DRIVE  
CARLSBAD, NM 88220

QPO RI

★ U.S.G.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark or date		

NEW ALABAMA  
SEP 19 1994  
LSPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL R. HYDEN  
D/B/A NAPA RESOURCES CO.  
1104 NORTH SHORE DRIVE  
CARLSBAD, NM 88220

4a. Article Number

P 542 186 565

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9-23-94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 542 186 566

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

LUCY SIMPSON JAMES  
1219 ELM STREET  
PUEBLO , CO 81004-2955

\* U.S.G.

PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmark or Date	SEP 19 1994

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, 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. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  LUCY SIMPSON JAMES 1219 ELM STREET PUEBLO , CO 81004-2955		4a. Article Number P 542 186 566	
5. Signature (Addressee) Lucy Simpson James		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) [Signature]		7. Date of Delivery Reed 9/23/94	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

P 542 186 568

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

COURTENAY C. JOHNSON  
ROUTE 3, BOX 1340  
GEORGETOWN, TX 78626

QPO RI

★ U.S.G.	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	
	TOTAL Postage and Fees	\$
Postmark for Date		

PS Form 3800, Feb. 1982

SEP 19 1994  
USPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

COURTENAY C. JOHNSON  
ROUTE 3, BOX 1340  
GEORGETOWN, TX 78626

4a. Article Number

P 542 186 568

4b. Service Type

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

7. Date of Delivery

9/21/94

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service.



P 542 186 569

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

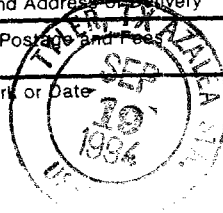
(See Reverse)

JWD III, INC.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

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	
TOTAL Postage and Fees	\$
Postmark or Date	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

JWD III, INC.  
1777 S. HARRISON ST.  
PENTHOUSE ONE  
DENVER, CO 80210

4a. Article Number

P 542 186 569

4b. Service Type

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

7. Date of Delivery

22

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address Only if requested

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 542 186 607

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MICHAEL J. LEVENSON  
86 NORTH ROAD  
NEW MILFORD, CT 06776

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmark or Date	

QPO RI

SEP 19 1994  
USPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL J. LEVENSON  
86 NORTH ROAD  
NEW MILFORD, CT 06776

QPO

RI

4a. Article Number

P 542 186 607

4b. Service Type

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

7. Date of Delivery

9/21/94

5. Signature (Addressee)

*Michael J. Levenson*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 609

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

ANNE B. LITTLE  
P. O. BOX 82277  
ALBUQUERQUE, NM 87198-2277

QPO RI

★ U.S.G.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fee	\$
Postmark or Date		

SEP 19 1994  
ALBUQUERQUE STA.

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

ANNE B. LITTLE  
P. O. BOX 82277  
ALBUQUERQUE, NM 87198-2277

4a. Article Number

P 542 186 609

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 542 186 610

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 RIC

★ U.S.G.I. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
	Postmark or Date	

SEP 21 1984

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 542 186 610

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

9-21-84

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

5. Signature (Addressee)

Marjorie A. Little

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 542 186 611

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

PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmark or Date	

SEP 19 1984

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

RAE I. LITTLE (DECEASED)  
C/O JOYE RIX  
916 NINTH STREET  
KENEDY, TX 78119

OPQ RI  
5. Signature (Addressee)  
6. Signature (Agent)

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

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

Consult postmaster for fee.

4a. Article Number

P 542 186 611

4b. Service Type

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

7. Date of Delivery

9-21-84

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

Thank you for using Return Receipt Service.

P 542 186 612

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

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

QPQ RI

★ U.S.G.	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	
	TOTAL Postage and Fees	
	Postmark or Date	

PS Form 3800, Feb. 1982

SEP 19 1994  
USPS  
FARMINGTON, NM

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

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

4a. Article Number  
P 542 186 612

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)  
6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 542 186 613

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.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark or Date		

U.S. POSTAL SERVICE  
DALLAS, TEXAS  
JAN 21 1991

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

JAMES E. MAKINS, JR.  
7107 HUNTERS RIDGE DRIVE  
DALLAS, TX 75248-5205

4a. Article Number

P 542 186 613

4b. Service Type

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

7. Date of Delivery

Jan 21

5. Signature (Addressee)

6. Signature (Agent)

QPQ RI  
James E. Makins

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

Thank you for using Return Receipt Service.

P 542 186 615

**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**

QPO RI

★ U.S.G.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark & Date		

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

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

QPO RI  
5. Signature (Addressee)

6. Signature (Agent)

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

Thank you for using Return Receipt Service.



P 542 186 616

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

**MICHAEL W. MAKINS**  
**P. O. BOX 820665**  
**DALLAS, TX 75382-0665**

QPO RI

★ U.S.G.F.	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	
	TOTAL Postage and Fees	\$

PS Form 3800, Feb. 1982

Postmaster Date  
SEP 19 1994  
DALLAS, TX  
USPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

**MICHAEL W. MAKINS**  
**P. O. BOX 820665**  
**DALLAS, TX 75382-0665**

**4a. Article Number**

P 542 186 616

**4b. Service Type**

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

**7. Date of Delivery**

9-22-94

**5. Signature (Addressee)**

QPO RI  
Michael Makins

**6. Signature (Agent)**

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

Thank you for using Return Receipt Service.

P 542 186 617

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

QPP RI

★ U.S.G.	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	
	TOTAL Postage and Fees	\$
	Postmark or Date	

PS Form 3800, Feb. 1982

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 542 186 617

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

5. Signature (Addressee)

QPP RI

Patrick C. Makins

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

P 542 186 634

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SCOTT MAKINS  
2703 WINGATE  
COLLEGE STATION, TX 77840-3

QPQ RI

★ 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	
	TOTAL Postage and Fees	\$
	Postmark or Date	

PS Form 3800, Feb. 1982

SEP 19 1994  
USPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

SCOTT MAKINS  
2703 WINGATE  
COLLEGE STATION, TX  
77840-3837

4a. Article Number

P 542 186 634

4b. Service Type

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

7. Date of Delivery

9/21/94

5. Signature (Addressee)

Scott Makins

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

P 542 186 618

**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. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	
Postmark or Date		

SEP 19 1991  
MIDLAND TX

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><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 we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		I also wish to receive the following services (for an extra fee): <ul style="list-style-type: none"><li>1. <input type="checkbox"/> Addressee's Address</li><li>2. <input type="checkbox"/> Restricted Delivery</li></ul> Consult postmaster for fee.
3. Article Addressed to:  <b>MARSHALL &amp; WINSTON</b> <b>P. O. BOX 50880</b> <b>MIDLAND, TX 79710-0880</b>	4a. Article Number <b>P 542 186 618</b>	
5. Signature (Addressee) <i>Sam Suttles</i>	4b. Service Type <ul style="list-style-type: none"><li><input type="checkbox"/> Registered <input type="checkbox"/> Insured</li><li><input type="checkbox"/> Certified <input type="checkbox"/> COD</li><li><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</li></ul>	
6. Signature (Agent)	7. Date of Delivery <b>9-22-91</b>	
	8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

P 542 186 619

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

MARGARET JOHNSON MCCURDY, TF  
2525 RIDGEWAY BLVD.  
ROOM 300  
FORT WORTH, TX 76116

QPG RI

★ U.S.G.F	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	
	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	Postmark or Date	

SEP 19 1994  
FBI - KANSAS CITY

Is your RETURN ADDRESS printed 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 we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:  
  
MARGARET JOHNSON MCCURDY,  
2525 RIDGEWAY BLVD.  
ROOM 300  
FORT WORTH, TX 76116

4a. Article Number  
P 542 186 619

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

7. Date of Delivery  
M.S. 9/21/94

QPG RI  
5. Signature (Addressee)

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

6. Signature (Agent)  
Milla Ellis

Thank you for using Return Receipt Service.

P 542 186 620

RECEIPT FOR CERTIFIED MAIL

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	
	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	

PS Form 3800, Feb. 1982

Is your RETURN ADDRESS stated 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 we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number  
P 542 186 620

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery  
9-20

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

5. Signature (Addressee)  
QPQ RI

6. Signature (Agent)  
[Signature]

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 542 186 621

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

MOBIL PRODUCING  
TEXAS & NEW MEXICO  
P. O. BOX 101383  
ATLANTA, GA 30392-1383

★ U.S.G.P.C.

PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmark or Date	

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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

MOBIL PRODUCING  
TEXAS & NEW MEXICO  
P. O. BOX 101383  
ATLANTA, GA 30392-1383

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

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

Postmaster for fee.

4. Article Number

542 186 621

5. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

6. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

P 542 186 622

**RECEIPT FOR CERTIFIED MAIL**

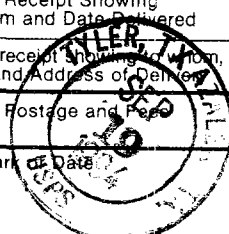
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

NATIONS BANK, N.A. TRUSTEES I  
DAVID B. TRAMMELL  
P. O. DRAWER 848703  
DALLAS, TX 75284

QPQ RI

★ U.S.G.P. Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark or Date		



**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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

NATIONS BANK, N.A. TRUST  
DAVID B. TRAMMELL  
P. O. DRAWER 848703  
DALLAS, TX 75284

**4a. Article Number**

P 542 186 622

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

SEP 21 1994

**5. Signature (Addressee)**

**6. Signature (Agent)**

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



P 542 186 623

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

QPG RI

★ U.S.G.I. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark or Date		

SEP 1982

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.
- The Return Receipt fee will provide you the signature of the person delivered to and the date of delivery.

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

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

Consult postmaster for fee.

3. Article Addressed to:

NATIONS BANK, N.A. TRUST  
MILDRED M. TRAMMELL  
P. O. DRAWER 848703  
DALLAS, TX 75284

4a. Article Number

P 542 186 623

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

P 542 186 624

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

DIANA OCHTERBECK  
724 LEE DRIVE  
LAS VEGAS, NM 87701-4912

QPO RI

★ U.S.G.F	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	
	TOTAL Postage and Fees	\$
	Postmark or Date	

PS Form 3800, Feb. 1982

SEP 19 1994

**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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

Consult postmaster for fee.

3. Article Addressed to:

DIANA OCHTERBECK  
724 LEE DRIVE  
LAS VEGAS, NM 87701-4912

4a. Article Number  
P542 186 624

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

Date of Delivery  
SEP 23 1994

5. Signature (Addressee)

6. Signature (Agent)

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

P 542 186 625

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

GREGORY P. PANOS  
P. O. BOX 520311  
SALT LAKE CITY, UT 84152

PS Form 3800, Feb. 1982

★ 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	
TOTAL Postage and Fees	\$
Postmark or Date	

SEP 2 6 1994

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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

Consult postmaster for fee.

3. Article Addressed to:

GREGORY P. PANOS  
P. O. BOX 520311  
SALT LAKE CITY, UT 84152

4a. Article Number

P 542 186 625

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

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)

P 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**

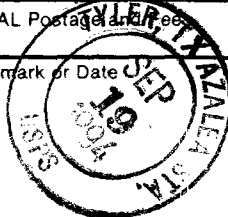
QPQ

RI

★ U.S.G.F.

PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmark or Date	



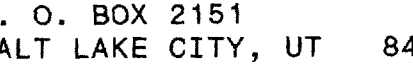
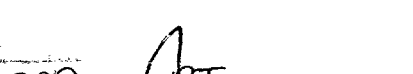
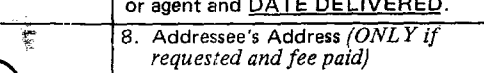
PANOS INVESTMENT  
P. O. BOX 2151  
SALT LAKE CITY, UT 84110

★ U.S.G.F.	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	
	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. The return receipt fee will provide you the name of the person delivered to and the date of delivery. 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  
                        ↑(Extra charge)↑                                         ↑(Extra charge)↑

3. Article Addressed to:  <b>PANGS INVESTMENT P. O. BOX 2151 SALT LAKE CITY, UT      84110</b>	4. Article Number <u>P 542 186 628</u> <hr/> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee  X	Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>
6. Signature — Agent  X	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )  
7. Date of Delivery  	

## RETURN RECEIPT

P 542 186 627

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PETRO ATLAS CORP.  
ATT: JAMES L. HARDEN, III  
999 18TH ST., SUITE 2590  
DENVER, CO 80202-2440

PS Form 3800, Feb. 1982

★ 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	
	TOTAL Postage and Fees	\$
	Postmark or Date	

QPO RI

USPS

SEP 19 1982

TYLER TX MAIL

● **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. The return receipt fee will provide you the name of the person delivered to and the date of delivery. 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  
↑(Extra charge)↑

3. Article Addressed to:  PETRO ATLAS CORP. ATT: JAMES L. HARDEN, III 999 18TH ST., SUITE 2590 DENVER, CO 80202-2440  QPO RI	4. Article Number P 542 186 627  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature — Addressee X	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>J L Harden III</i>	
7. Date of Delivery	

★ 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	
	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	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. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. ↑(Extra charge)↑	2. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑
--	---

<p>3. Article Addressed to:</p> <p><b>RAFAELITA SIMPSON PITTMAN</b>  <b>1135 W. MERRILL AVE.</b>  <b>PORTERVILLE, CA 93258-1015</b></p> <p><i>QPO RE</i></p>	<p>4. Article Number <b>P 542 186 629</b></p> <hr/> <p>Type of Service:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td></td> </tr> </table> <hr/> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail							
<p>5. Signature — Addressee <b>X</b></p> <hr/> <p>6. Signature — Agent <b>X</b> <i>Mrs Pittman by Ann Fox</i></p> <hr/> <p>7. Date of Delivery <i>9-23-84</i></p>	<p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>						

J. CECIL RHODES  
3905 BELMONT PART DR. #8  
AUSTIN, TX 78746-1168

★ 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	
	TOTAL Postage and Fees	\$
	Postmark or Date	

<b>SENDER:</b> 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 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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery †(Extra charge)†                                         †(Extra charge)†	
3. Article Addressed to:  <p><b>J. CECIL RHODES</b>  <b>3905 BELMONT PART DR. #8</b>  <b>AUSTIN, TX 78746-1168</b></p>	4. Article Number <p>P 542 186 630</p> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee <p>X J. Cecil Rhodes</p>	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .  8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
6. Signature — Agent <p>X</p>	
7. Date of Delivery <p>9-26-94</p>	



P 542 186 631

**RECEIPT FOR CERTIFIED MAIL**

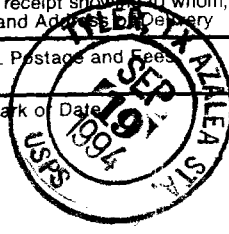
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

ROSS FAMILY TRUST  
VEE K. ROSS, TRUSTEE  
P. O. BOX 86  
MIDLAND, TX 79702-0086

QPO RI

★ U.S.G.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark or Date		



**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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

Consult postmaster for fee.

3. Article Addressed to:

ROSS FAMILY TRUST  
VEE K. ROSS, TRUSTEE  
P. O. BOX 86  
MIDLAND, TX 79702-0086

4a. Article Number

P 542 186 631

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

VEE K. ROSS

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

PS Form 3811, November 1990 ★ U.S. GPO: 1994-1-107-086

**DOMESTIC RETURN RECEIPT**

P 486 162 840

RECEIPT FOR CERTIFIED MAIL

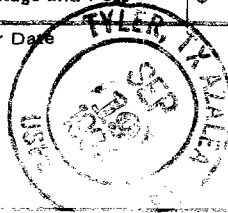
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

LITA SIMPSON SABONIS  
RETURNED TO SENDER 7/7/94  
3032 N. ELBRIDGE  
CHICAGO, IL 60618-6722

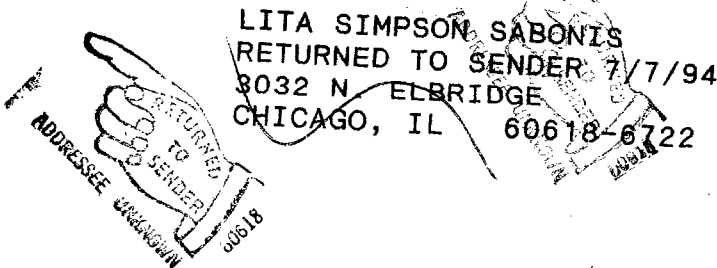
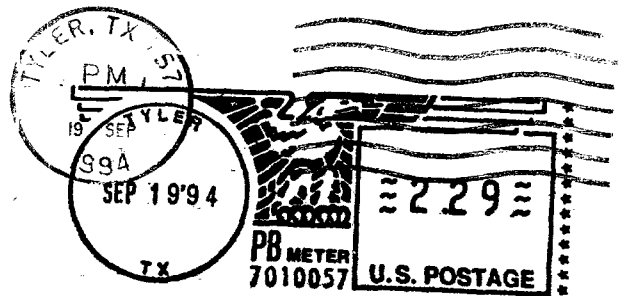
QPO RI

PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmark or Date	



OIL COMPANY  
OX 7698  
EXAS 75711



LITA SIMPSON SABONIS  
RETURNED TO SENDER 7/7/94  
3032 N. ELBRIDGE  
CHICAGO, IL 60618-6722

ANK  
1856  
9-26  
1st Notice 10.3  
2nd Notice  
Return

P 486 162 831

RECEIPT FOR CERTIFIED MAIL

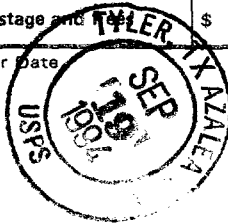
NO INSURANCE COVERAGE PROVIDED--  
NOT FOR INTERNATIONAL MAIL

GLADYS SHANNON  
1101 CLARA STREET  
FORT WORTH, TX 76102

QPQ RT

PS Form 3800, Feb. 1982

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	
TOTAL Postage and Fees	\$
Postmark or Date	



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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
GLADYS SHANNON  
1101 CLARA STREET  
FORT WORTH, TX 76102

4a. Article Number  
P 486 162 831

- 4b. Service Type
- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery  
9/23/94

5. Signature (Addressee)  
*Gladys Shannon*

6. Signature (Agent)

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

P 542 186 632

**RECEIPT FOR CERTIFIED MAIL**

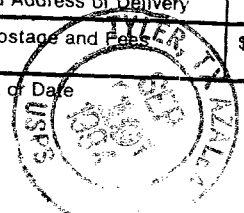
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

FRANK L. SHOGRIN  
P. O. BOX 229  
HYGIENE, CO 80533-0229

QPO RI

★ U.S.G.P. PS Form 3800, Feb. 1982	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	
	TOTAL Postage and Fees	\$
Postmark or Date		



**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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FRANK L. SHOGRIN  
P. O. BOX 229  
HYGIENE, CO 80533-0229

4a. Article Number

0 P542 186 632

4b. Service Type

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

7. Date of Delivery

9-22-94 ds

5. Signature (Addressee)

6. Signature (Agent)

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

P 373 246 546



**Receipt for  
Certified Mail**

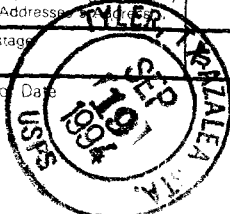
No Insurance Coverage Provided  
Do not use for International Mail

**ADELE SIMPSON**  
**2345 ALA WAI BLVD., #1817**  
**HONOLULU, HI 96815-2905**

QPO RI

PS Form 3800, 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 Address of Addressee	
TOTAL Postage & Fees	
Postmark or Date	



**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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

**ADELE SIMPSON**  
**2345 ALA WAI BLVD., #1817**  
**HONOLULU, HI 96815-2905**

**4a. Article Number**

P 373 246 546

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9/27/94

**5. Signature (Addressee)**

**6. Signature (Agent)**

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

P 373 246 547



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

PETER F. SIMPSON, JR.  
1816 N. MEADOWLARK DRIVE  
FLAGSTAFF, AZ 86001-1329

QPP RI

PS Form 3800, June 1991

Postage	\$
Certification Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	\$
Postmark or Date	

SEP 19 1994  
USPS

**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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

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

Consult postmaster for fee.

**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**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-22-94

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

**5. Signature (Addressee)**

**6. Signature (Agent)**

P 373 246 548



**Receipt for  
Certified Mail**

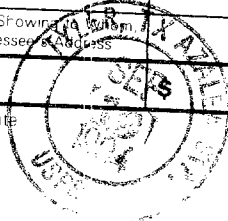
No Insurance Coverage Provided  
Do not use for International Mail

**ROLAND G. SIMPSON  
536 GERONA AVENUE  
SAN GABRIEL, CA 91775-2221**

QPD RI

PS Form 3800, 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 Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



**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.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**ROLAND G. SIMPSON  
536 GERONA AVENUE  
SAN GABRIEL, CA 91775-2228**

QPD RE  
5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P 373 246 548

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9/22/91

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

P 373 246 549



**Receipt for  
Certified Mail**

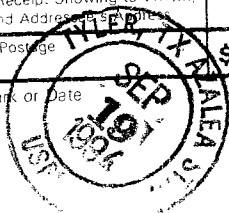
No Insurance Coverage Provided  
Do not use for International Mail

**SAMMY LU SIMPSON**  
12646 N. 81ST ST.  
SCOTTSDALE, AZ 85260-5232

QPO RI

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address	
TOTAL Postage & Fees	
Postmark or Date	

PS Form 3800, June 1991



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**SAMMY LU SIMPSON**  
12646 N. 81ST ST.  
SCOTTSDALE, AZ 85260-5232

4a. Article Number  
**P 373 246 549**

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

7. Date of Delivery  
**SEP 19 1991**

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

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 U.S. GPO: 1992-323-502

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



P 373 246 550



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for international mail

JOE K. SMITH  
STAR ROUTE  
CARBON, TX 78435

PS Form 3800, 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 Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

*QPO RI*

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**3. Article Addressed to:**

JOE K. SMITH  
STAR ROUTE  
CARBON, TX 78435

**4a. Article Number**

P 373 246 550

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

9-29-94

**5. Signature (Addressee)**

*Joe K. Smith*

**6. Signature (Agent)**

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

Thank you for using Return Receipt Service.

P 373 246 551



**Receipt for  
Certified Mail**

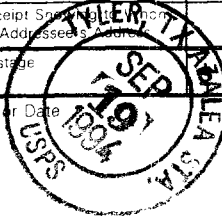
No Insurance Coverage Provided  
Do not use for International Mail

**ELEANOR FERRIS-SPIESS  
1531 W. BIRCHWOOD  
CHICAGO, IL 60626**

OPQ RI

PS Form 3800, June 1991

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing Date, and Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	



Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**ELEANOR FERRIS-SPIESS  
1531 W. BIRCHWOOD  
CHICAGO, IL 60626**

4a. Article Number  
**P 373 246 551**

- 4b. Service Type
- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery  
**9/27/94**

5. Signature (Addressee)  
*Eleanor Ferris-Spiess*

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

P 373 246 552



**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

QPO RI

PS Form 3800, 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 Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

**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 ☐ Return Receipt for Merchandise

**7. Date of Delivery**

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

**5. Signature (Addressee)**

**6. Signature (Agent)**

QPO RI  
*Joseph S. Sprinkle*

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 373 246 553



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**CAROL DAVID TRAMMELL**  
**P. O. BOX 5081**  
**WALNUT CREEK, CA 94596**

QPO RI

PS Form 3800, June 1991

Postage	\$
Certified	
Special Delivery	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

TYLER, TX 75404  
19 SEP 1991  
USPS

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

**CAROL DAVID TRAMMELL**  
**P. O. BOX 5081**  
**WALNUT CREEK, CA 94596**

4a. Article Number

P 373 246 553

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 151 907 782



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail

**OLIVIA S. WOOD**  
**2345 ALA WAI BLVD., #1817**  
**HONOLULU, HI 96815-2905**

QPO RI

PS Form 3800, 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 Addressee's Address	
TOTAL Postage & Fees	\$
Postmark Date	

Is your 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 that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**OLIVIA S. WOOD**  
**2345 ALA WAI BLVD., #1817**  
**HONOLULU, HI 96815-2905**

4a. Article Number

P 151 907 782

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

9/27/91

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.