



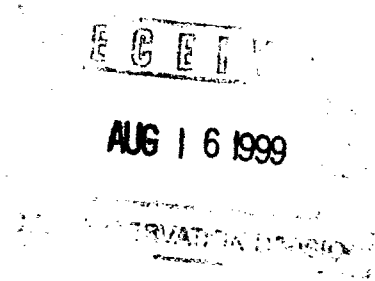
Home-Stake Oil & Gas Company

15 East 5th Street, Suite 2800
Tulsa, Oklahoma 74103-4311

(918) 583-0178
(800) 677-0178
FAX - (918) 583-0237
Internet - www.home-stake.com

August 10, 1999

Mr. Mark Ashley
New Mexico Oil Conservation Division
2040 S. Pacheco Street
Santa Fe, NM 87505



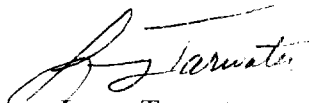
RE: Application for Permission to Commingle
Sarah Johnston #1 and #2
UL "O" and "J" Sec 22-22S-37E
Lea County, New Mexico
L1711020W

Dear Mr. Ashley:

As discussed yesterday, Home-Stake notified all royalty owners in the Sarah Johnston #1 and #2 wells of our intention to surface commingle the production. Enclosed are copies of the return receipt cards signifying their receipt of the enclosed letter. (Fax verifications are inclosed for the 2 parties who did not pick up their registered mail.)

Please notify us as soon as approval of our application is granted. I can be reached at (918) 583-0178 ext. 17 or by fax at (918) 583-0237. Thank you.

Sincerely,


Larry Tarwater
Production Engineer

encl



Home-Stake Oil & Gas Company

15 East 5th Street, Suite 2800
Tulsa, Oklahoma 74103-4311

(918) 583-0178
(800) 677-0178
FAX - (918) 583-0237
Internet - www.home-stake.com

July 13, 1999

CERTIFIED LETTER
RETURN RECEIPT REQUESTED

TO ALL ROYALTY OWNERS

RE: Sarah Johnston #2
UL "J" Section 22-22S-37E
Lea County, New Mexico
L1711020W

Ladies and Gentlemen:

Please be advised that Home-Stake Oil & Gas Company, operator of the Sarah Johnston #1 and #2, has applied to the New Mexico Oil Conservation Division for permission to surface commingle the production from both wells into a common production facility. Monthly production will be allocated according to regular well tests.

Any comments should be directed to:

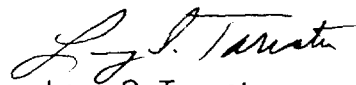
Mr. Ben Stone
New Mexico Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
Telephone No.: 505/827-7131

If we have not heard from you within seven (7) days of your receipt of this letter we will assume that you have no objections to our application.

Should you have any questions, please contact the undersigned at 918/583-0178, extension 17.

Thank you for your time.

Very truly yours,


Larry S. Tarwater
Petroleum Engineer

LST:elm

Pacific Enterprises ABC Corp
Post Office Box 513929
Los Angeles, CA 90051-3929

Cathie Cone McCowen
Post Office Box 658
Dripping Spring, TX 78620-0658

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702-8310

S. E. Cone, Jr.
Post Office Box 10321
Lubbock, TX 79408-3321

Clifford Cone
Post Office Box 1629
Lovington, NM 88260

John Allen III
4053 Bayshire Road
Sarasota, FL 34234

Zula Moore
Post Office Box 658 ZM
Milledgeville, GA 31061

Jane A. Burnett
810 Country Club Drive
Greensboro, NC 27406

Natalie Neihuss Kaplan
49 Case Mountain Road
Manchester, CT 06040

Carol Ellison Hartman
Box 93
608 Gunnison Avenue
Lake City, CO 81235

Fern Trevino Niehuss
2041 N. Dayton
Chicago, IL 60614

David Leon Cox
GTE-Romania
65 High Ridge Road, Box 66
Stamford, CT 06905-3606

John E. Cox
1110 South Delphia Avenue
Park Ridge, IL 60060

William A. Cox III
1241 Independence Avenue SE
Washington, DC 20003

Betty J. Cox
203 E. Blithedale, Suite D
Mill Valley, CA 97941

Lelia Lynch
205 Fairway Drive
Pass Christian MS 39571

John Wayne Ellison, Jr.
211 Woods Road
Greer, SC 29650

Connie Ellison Polsinelli
3205 Heather Road
Ann Arbor, MI 48108

Marjorie Cone Kastman
Post Office Box 5930
Lubbock, TX 79408-5930

Katherine Cone Keck
1801 Avenue of the Stars
Suite 446
Los Angeles, CA 90067-5906

Ann E. Kinney
5 Pristine Drive
Greer, SC 29650

Paul Stevenson Oles
Post Office Box 840738
Dallas, TX 75284-0736

Thomas R. Cone
Post Office Box 778
Jay, OK 74346

Exxon Corporation
Accounts Receivable - Oil
Post Office Box 951027
Dallas, TX 75395-1027

Paul Lewis
3501 Gulf
Midland, TX 79707

Celeste Fasken & NW Bank Texas
Successor Trustees
40 N.E. Loop, Suite 410
San Antonio, TX 78216-5861

NW Bank Texas Trustee
Celeste Fasken Mgmt. Trust
40 N.E. Loop, Suite 410
San Antonio, TX 78216-5861

Union Planters Bank of Northwest
Mississippi
Trustee for James Ellison Cox
P. O. Box 1059
Clarksdale, Mississippi 38614

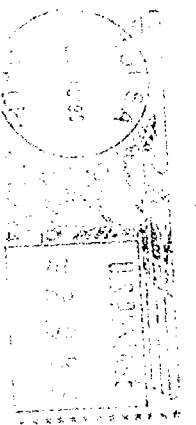
Paul Stevenson Oles
Trust Agency 4030
Bank of America Agent
P. O. Box 830308
Dallas, TX 75284-0308



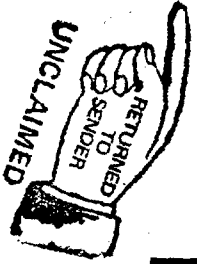
Home-Stake Oil & Gas Company

15 East 5th Street, Suite 2800
Tulsa, Oklahoma 74103-4311

P 417 611 721



MAIL



LN
1st Notice 7/23/99
2nd Notice 7/23/99
Return 7/23/99

Celeste Fasken, NW Bank Texas
Successor Trustees
40 N.E. Loop, Suite 410
San Antonio, TX 78216-5861

CERTIFIED

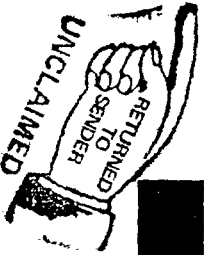


Home-Stake Oil & Gas Company

15 East 5th Street, Suite 2800
Tulsa, Oklahoma 74103-4311

P 417 611 722

MAIL



LN
1st Notice 7-23-99
2nd Notice 7-23-99
Return 7-31-99

NW Bank Texas Trustee
Celeste Fasken, Trust
40 N.E. Loop, Suite 410
San Antonio, TX 78216-5861

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4253
 CONNECTION TEL 12108565147
 SUBADDRESS
 CONNECTION ID NORWEST BANK
 ST. TIME 08/06 11:02
 USAGE T 00'41
 PGS. 1
 RESULT OK



Home-Stake Oil & Gas Company

15 East 5th Street, Suite 2800
 Tulsa, Oklahoma 74103-4311

(918) 583-0178
 (800) 677-0178
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 Internet - www.home-stake.com

July 13, 1999

CERTIFIED LETTER **RETURN RECEIPT REQUESTED**

TO ALL ROYALTY OWNERS

RE: Sarah Johnston #2
 UL "J" Section 22-22S-37E
 Lea County, New Mexico
 L1711020W

Norwest Bank Texas San Antonio

Post-it® Fax Note	7671	Date	8-6-99	# of pages	1
To	Karin Hoch	From	LYONE Mills		
Co./Dept.	96 Margaret Christal	Co.	Home-Stake O&G		
Phone #	210-856-5065	Phone #	918-583-0178 x29		
Fax #	210-856-5147	Fax #	918-583-0237		

Ladies and Gentlemen:

Please be advised that Home-Stake Oil & Gas Company, operator of the Sarah Johnston #1 and #2, has applied to the New Mexico Oil Conservation Division for permission to surface commingle the production from both wells into a common production facility. Monthly production will be allocated according to regular well tests.

Any comments should be directed to:

Mr. Ben Stone
 New Mexico Oil Conservation Division
 2040 South Pacheco Street
 Santa Fe, New Mexico 87505
 Telephone No.: 505/827-7131

If we have not heard from you within seven (7) days of your receipt of this letter we will assume that you have no objections to our application.

Should you have any questions, please contact the undersigned at 918/583-0178, extension

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

L1711020W

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:

Pacific Enterprises ABC Corp
Post Office Box 513929
Los Angeles, CA 90051-3929

4a. Article Number

P-417-611-720

4b. Service Type

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

7. Date of Delivery

7-16-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

L1711020W

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:

Cathie Cone McCowen
Post Office Box 658
Dripping Spring, TX 78620-0658

4a. Article Number

P-417-611-711

4b. Service Type

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

7. Date of Delivery

7/16/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Cathie McCowen*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

L1711020W

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:

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702-8310

4a. Article Number

P-417-611-703

4b. Service Type

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

7. Date of Delivery

JUL 23 1999
USPS

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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L1711020W

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:

S. E. Cone, Jr.
Post Office Box 10321
Lubbock, TX 79408-3321

4a. Article Number

P-417-611-719

4b. Service Type

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

7. Date of Delivery

JUL 23 1999
USPS

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
L1711020W
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
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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:
Clifford Cone
Post Office Box 1629
Lovington, NM 88260

4a. Article Number
P-417-611-710

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

7. Date of Delivery

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
L1711020W
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
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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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
John Allen III
4053 Bayshire Road
Sarasota, FL 34234

4a. Article Number
P-417-611-702

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

7. Date of Delivery
7-15-99

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
L1711020W
Complete items 1 and/or 2 for additional services.
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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:
Zula Moore
Post Office Box 658 ZM
Milledgeville, GA 31061

4a. Article Number
P-417-611-718

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

7. Date of Delivery
7-19-99

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
L1711020W
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
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Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

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:
Jane A. Burnett
810 Country Club Drive
Greensboro, NC 27406

4a. Article Number
P-417-611-709

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

7. Date of Delivery
7-21-99

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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:

Natalie Neihuss Kaplan
49 Case Mountain Road
Manchester, CT 06040

4a. Article Number

P-417-611-701

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

NATALIE KAPLAN

6. Signature: (Addressee or Agent)

X Natalie Kaplan

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
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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 Ellison Hartman
Box 93
608 Gunnison Avenue
Lake City, CO 81235

4a. Article Number

P-417-611-717

4b. Service Type

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

7. Date of Delivery

7/19/99

5. Received By: (Print Name)

Carol Ellison Hartman

6. Signature: (Addressee or Agent)

X Carol Ellison Hartman

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Fern Trevino Niehuss
2041 N. Dayton
Chicago, IL 60614

4a. Article Number

P-417-611-708

4b. Service Type

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

7. Date of Delivery

7-16-99

5. Received By: (Print Name)

Fern Trevino Niehuss

6. Signature: (Addressee or Agent)

X Fern Trevino Niehuss

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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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:

David Leon Cox
GTE-Romania
65 High Ridge Road, Box 66.
Stamford, CT 06905-3606

4a. Article Number

P-417-611-700

4b. Service Type

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

7. Date of Delivery

7-19-99

5. Received By: (Print Name)

David Leon Cox

6. Signature: (Addressee or Agent)

X David Leon Cox

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services. **L1711020W**
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
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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:

John E. Cox
1110 South Delphia Avenue
Park Ridge, IL 60060

4a. Article Number

P-417-611-716

4b. Service Type

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

7. Date of Delivery

JUL 7 9 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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 - Write "Return Receipt Requested" on the mailpiece below the article number.
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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:

William A. Cox III
1241 Independence Avenue SE
Washington, DC 20003

4a. Article Number

P-417-611-707

4b. Service Type

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

7. Date of Delivery

7/21/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services. **L1711020W**
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Betty J. Cox
203 E. Blithedale, Suite D
Mill Valley, CA 97941

4a. Article Number

P-417-611-699

4b. Service Type

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

7. Date of Delivery

7-20-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services. **L1711020W**
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Lelia Lynch
205 Fairway Drive
Pass Christian MS 39571

4a. Article Number

P-417-611-715

4b. Service Type

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

7. Date of Delivery

7/19/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services. **L1711020W**
 Complete items 3, 4a, and 4b.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 John Wayne Ellison, Jr.
 211 Woods Road
 Greer, SC 29650

4a. Article Number
P-417-611-706

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

7. Date of Delivery
7-17

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Shirley D. Ellison*

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services. **L1711020W**
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 Connie Ellison Polsinelli
 3205 Heather Road
 Ann Arbor, MI 48108

4a. Article Number
P-417-611-698

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

7. Date of Delivery
7-14

5. Received By: (Print Name)
Keneth M. Kienka

6. Signature: (Addressee or Agent)
X

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services. **L1711020W**
 Complete items 3, 4a, and 4b.
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.
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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):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Marjorie Cone Kastman
 Post Office Box 5930
 Lubbock, TX 79408-5930

4a. Article Number
P-417-611-714

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

7. Date of Delivery
7-14

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Minda B. Bates*

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services. **L1711020W**
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

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 Cone Keck
 1801 Avenue of the Stars
 Suite 446
 Los Angeles, CA 90067-5906

4a. Article Number
P-417-611-705

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

7. Date of Delivery
7-16

5. Received By: (Print Name)
Phyllis W. Keck

6. Signature: (Addressee or Agent)
X *Phyllis W. Keck*

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

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

Thank you for using Return Receipt Service.

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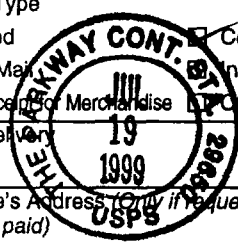
I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to: Ann E. Kinney 5 Pristine Drive Greer, SC 29650	4a. Article Number P-417-611-697
5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) 	7. Date of Delivery JUL 19 1999
8. Addressee's Address (Only if requested and fee is paid)	

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



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:** L1711020W
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 - Complete items 3, 4a, and 4b.
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 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to: Union Planters Bank of Northwest Mississippi Trustee for James Ellison Cox P. O. Box 1059 Clarksdale, Mississippi 38614	4a. Article Number P-417-611-723
5. Received By: (Print Name) APTS	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X	7. Date of Delivery JUL 20 1999
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

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 - Complete items 3, 4a, and 4b.
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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):

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

Consult postmaster for fee.

3. Article Addressed to: Paul Stevenson Oles Post Office Box 840738 Dallas, TX 75284-0736	4a. Article Number P-417-611-713
5. Received By: (Print Name) Eduardo Veloz	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X	7. Date of Delivery JUL 19 1999
8. Addressee's Address (Only if requested and fee is paid)	

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

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Is your RETURN ADDRESS completed on the reverse side?

- SENDER:** L1711020W
- Complete items 1 and/or 2 for additional services.
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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: Paul Stevenson Oles Trust Agency 4030 Bank of America Agent P. O. Box 830308 Dallas, TX 75284-0308 Attn: Paul Barnes	4a. Article Number P-417-611-724
5. Received By: (Print Name) Tim Newsom	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X	7. Date of Delivery JUL 19 1999
8. Addressee's Address (Only if requested and fee is paid)	

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

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

L1711020W

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:

Thomas R. Cone
Post Office Box 778
Jay, OK 74346

4a. Article Number

P-417-611-704

4b. Service Type

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

7. Date of Delivery

JUL 2 1999

5. Received By: (Print Name)

Tom Cone

6. Signature: (Addressee or Agent)

X

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

102595-97-B-0179

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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L1711020W

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:

Exxon Corporation
Accounts Receivable - Oil
Post Office Box 951027
Dallas, TX 75395-1027

4a. Article Number

P-417-611-696

4b. Service Type

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

7. Date of Delivery

JUL 15 1999

5. Received By: (Print Name)

BOYCE

6. Signature: (Addressee or Agent)

X

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

102595-97-B-0179

PS Form 3811, December 1994

Domestic Return Receipt

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

L1711020W

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:

Paul Lewis
3501 Gulf
Midland, TX 79707

4a. Article Number

P-417-611-712

4b. Service Type

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

7. Date of Delivery

7-16-99 JPL

5. Received By: (Print Name)

PAUL LEWIS

6. Signature: (Addressee or Agent)

X

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

102595-97-B-0179

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.