

dugan production corp.

August 24, 2001

FAX No. 505-476-3462

Mr. David Catanach  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505

Re: Dugan's Application dated 8-14-01  
Add nine wells to Dugan's Tabor Gathering System

Dear Mr. Catanach:

In response to your letter of 8-22-01, attached is a completed Administrative Application Checklist for the subject application.

As indicated on the checklist, our 8-14-01 application included copies of Dugan's letters transmitting notice to the working interest owners (Attachment No. 7), royalty interest owners (Attachment No. 8 for fee royalty owners and the 8-14-01 application for federal and state royalty) and the overriding royalty interest owners (Attachment No 9) all of which were sent by "certified return-receipt" mail. We have now received the return receipt cards for all working and royalty interest plus 17 of the 21 overriding royalty interest owners. Attached are copies of these receipts as "proof of notice".

In addition, attached are copies of three envelopes sent to overriding royalty interest owners Edward & Juanita Lopez, Martin Moe, Jr. plus Harper & Nellie Proctor, each owning 0.375% interest in Dugan's Stella Needs A Com No. 2. All three were mailed using the best address information available and were returned undelivered. At this time we have no contact with these three overriding royalty interest owners.

Also, overriding royalty interest owner Dorothy Ann Kenny (1.0% ORRI in Dugan's Mayre No. 4R) died on 7-28-01. She was a sister-in-law to Mr. Dugan and in light of her recent death, Mr. Dugan has assumed the responsibility of representing her interest. Thus it is our belief that we have provided the necessary notice to all interest owners involved with this application.

Should you have questions or need additional information regarding our application, please let me know. For expediency, I'm faxing this letter and will also send by regular mail so that your file will contain the original.

Sincerely,

John D. Roe  
Engineering Manager

JDR/tmf

attachments

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.
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ABOVE THIS LINE FOR DIVISION USE ONLY

## NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



### ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

#### Application Acronyms:

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

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

[A] Location - Spacing Unit - Simultaneous Dedication

☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☐ DHC ☐ CTB ☒ PLC ☐ PC ☐ OLS ☒ OLM

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

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify \_\_\_\_\_

#### [2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or ☐ Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO  
 U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above. Proof of Notification or Publication is Attached, and/or. \*

[F] ☐ Waivers are Attached

\* - Copies of letters providing Notice are included in the application as Attachments No. 7, 8 & 9. Upon receiving the "Certified Return Receipts", copies will be provided as "Proof of Notice".

#### [3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

John D. Roe  
 Print or Type Name

*John D. Roe*  
 Signature

Engineering Manager  
 Title

8/24/01  
 Date

dugan@cptnet.com

01 AUG 27 PM 1:55  
 OIL CONSERVATION DIV

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

bf  
Attn: Guest Interest Manager  
200 Energy Court  
Jarrowington, NM 87401

Article Number (Copy from service label)  
7099-3400-0020-0904-2310

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Jim + Mary Sue Becker  
Jarrowington NM 87401  
3505 Pleasant Ave.

Article Number (Copy from service label)  
7099-3400-0020-0904-2180

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Jessica R. Becker  
B. Date of Delivery 8-15  
C. Signature  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Jim + Mary Sue Becker  
B. Date of Delivery  
C. Signature  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:



3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Patricia Halber  
c/o Marilyn Adnaga  
6401 Bendona Drive NE  
Albuquerque, NM 87109-3620

Article Number (Copy from service label)  
7099-3400-0020-0904-2197

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Paul D. + Cindy M. Mueck  
Jarrowington NM 87403-0779  
P.O. Box 779

Article Number (Copy from service label)  
7099-3400-0020-0904-2135

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Patricia Halber  
B. Date of Delivery 8/15  
C. Signature  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Paul D. + Cindy M. Mueck  
B. Date of Delivery  
C. Signature  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:



3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Division of Food Management  
1235 La Plata Highway  
Farmington, NM 87401  
Attn: Steve Hinkle

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
WILLIAM WILSON 8-15-94

C. Signature  
X W. WILSON Agent

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label)  
7099-3400-0030-0904-2111  
S Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0852

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

State of New Mexico  
State Board Office  
Attn: File Monitoring  
P.O. Box 1148  
Santa Fe, NM 87504-1148

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X [Signature] Agent

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099-3400-0030-0904-2128  
PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0852

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

341 + Prairie Carpenter  
P.O. Box 608  
Sawlake, TX 77659-0608

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X [Signature] Agent

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label)  
7099-3400-0030-0904-3026  
PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0852

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Conoco Inc.  
Attn: San Juan Asset Mgmt  
P.O. Box 2197  
Houston, TX 77252-2197

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X [Signature] Agent

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099-3400-0030-0904-3026  
PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0852

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

J. K. + Mary D. Chase Living Trust  
J. K. + Mary D. Chase, Trustees  
5203 Ridge  
Farmington, NM 87401

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

F. L. CHASE

8/13/01

## C. Signature

J. K. Chase

☐ Agent  
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:



## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

☐ Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number (Copy from service label)

7099-3400-0020-0904-3013

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Manda Henderson Davis  
2905 N. Montana Ave. #3024  
Albany, MO 64601

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

## C. Signature

Manda Henderson

☐ Agent  
☒ Addressee
D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number (Copy from service label)

7099-3400-0020-0904-3019

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Manda M. Davis  
40 Cleida M. Pope  
5029 Kiowa Road  
Bethesda, MD 20816

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

Robert T. Henderson

8/13/01

## C. Signature

Robert T. Henderson

☐ Agent  
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number (Copy from service label)

7099-3400-10020-0904-3002

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Tyrone Lee  
851st Edit Ave  
Glennview, MO 63031

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

Tyrone Lee

8/13/01

## C. Signature

Tyrone Lee

☐ Agent  
☒ Addressee
D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number (Copy from service label)

7099-3400-0020-0904-3003

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Joanne Odain McDougall-Hedley  
236 Huff Road  
Cedar Point, NC 28584

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

8-17-91

## C. Signature

*Robert J. Henderson*

## D. Is delivery address different from item 1?

Yes

No

## 3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

No

## 2. Article Number (Copy from service label)

7099-3400-0020-0904-2949

PS Form 3811, July 1999

102595-00-M-0952

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Robert S. Henderson  
7611 Maple Ave. Apt. #811  
Silver Spring, MD 20912

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

8/13/01

## C. Signature

*Robert S. Henderson*

## D. Is delivery address different from item 1?

Yes

No

## 3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

No

## 2. Article Number (Copy from service label)

7099-3400-0020-0904-2272

PS Form 3811, July 1999

102595-00-M-0952

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Robert J. Henderson  
5028 River Road  
Bethesda, MD 20816

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

8/13/01

## C. Signature

*Robert J. Henderson*

## D. Is delivery address different from item 1?

Yes

No

## 3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

## 4. Restricted Delivery? (Extra Fee)

Yes

No

## 2. Article Number (Copy from service label)

7099-3400-0020-0904-2265

PS Form 3811, July 1999

102595-00-M-0952

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Robert J. Henderson  
5028 River Road  
Bethesda, MD 20816

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

8/13/01

## C. Signature

*Robert J. Henderson*

## D. Is delivery address different from item 1?

Yes

No

## 3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

## 4. Restricted Delivery? (Extra Fee)

Yes

No

## 2. Article Number (Copy from service label)

7099-3400-0020-0904-2258

PS Form 3811, July 1999

102595-00-M-0952

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Bruce McDougall  
1000 SW Santa Fe Lake Road  
Beverly, KS 67144-9213

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Robert Bruce McDougall** B. Date of Delivery **8-16-01**
- C. Signature *Robert Bruce McDougall* ☐ Agent ☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles Allen McDougall  
7928 Koolhaug Court  
Raleigh, NC 27615

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Charles A. McDougall** B. Date of Delivery **8/16/01**
- C. Signature *Charles A. McDougall* ☐ Agent ☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Bruce McDougall  
1608 Perry Lane  
Bartlesville, OK 74006

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Robert Bruce McDougall** B. Date of Delivery **8/14/01**
- C. Signature *Robert Bruce McDougall* ☐ Agent ☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles M. Pope  
5028 River Road  
Bartlesville, MD 20916

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Robert T. Henderson** B. Date of Delivery **8/13/01**
- C. Signature *Robert T. Henderson* ☐ Agent ☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Return Receipt

102595-00-M-0852

2. Article Number (Copy from service label)  
7099-3400-0920-0904-227

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-

dp dugan production corp.  
P. O. BOX 420  
FARMINGTON, NEW MEXICO 87499-0420



7099 3400 0020 0904 2166

U.S. POSTAGE  
03.940 AUG 10 2001  
MAILED FROM ZIP CODE 87401

VACANT  
TCS  
Wink

EDWARD A & JUANITA S. SPOZ  
782 NORTH ROAD STREET  
SAN LUIS OBISPO CA 93401

**CERTIFIED MAIL**

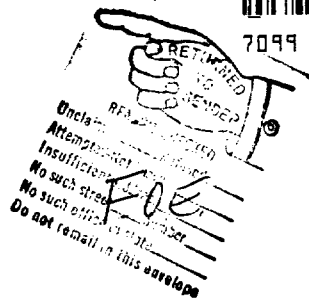
dp dugan production corp.  
P. O. BOX 420  
FARMINGTON, NEW MEXICO 87499-0420



7099 3400 0020 0904 2159

PITNEY BOWES  
U.S. POSTAGE  
1250 PB5523035  
03.940 AUG 10 2001  
MAILED FROM ZIP CODE 37401

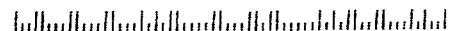
1st Notice  
2nd Notice  
Return



MARTIN A MOE, JR.  
660 PALM BLVD  
WESTON FL 33326

For 2611  
8-14

33326+3302 11



**CERTIFIED MAIL**

dp dugan production corp.  
P. O. BOX 420  
FARMINGTON, NEW MEXICO 87499-0420



7099 3400 0020 0904 2142

PITNEY BOWES  
U.S. POSTAGE  
1250 PB5523035  
03.940 AUG 10 2001  
MAILED FROM ZIP CODE 37401

1st Notice  
2nd Notice  
Return

HARPER L & NELLIE A. PROCTOR  
402 MASONIC TEMPLE BUILDING  
JACKSONVILLE FL

NO DELIVERABLE  
ADDRESS  
NO FORWARD

220 Ocean St

**U.S. Postal Service**

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0904 2172

*Jabor CDP App. 8/10/01*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 3.94</b>

Postmark  
Here  
*8/10/01*

Recipient's Name (Please Print Clearly) (to be completed by mailer)  
*Doretha Ann Kenny*  
 Street, Apt. No.: or PO Box No.  
*2518 Wimbly Drive*  
 City, State, ZIP+4  
*St. Louis, MO 63125-3617*

PS Form 3800, February 2000

See Reverse for Instructions

*Doretha Ann Kenny  
 Holds A 1.0% DREI  
 in Dusan's Mayra #4R  
 Mrs Kenny died 7-28-01  
 Mr Tom Dusan is her  
 Brother-in-law & has  
 Assumed Responsibility for  
 Her interest.  
 John B. Roe*

**(Note: Only as a last resort & only after repeated attempts by the Division to obtain the necessary information to process the application)**