

June 25, 2002

Ms. Lori Wrotenbery  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505

Re: Dugan Production's 06-03-02 Application  
to Consolidate Two Gathering Systems  
State Com No. 1 and State Com No. 2 CDPs  
San Juan County, New Mexico

Dear Ms. Wrotenbery:

Attached for your consideration of the subject application is a copy of the return receipt cards for 20 of the 22 interest owners having interest in one or more of the five wells connected to the subject gas gathering systems. In addition, I have attempted to contact by phone the two interest owners for which return receipts have not been received.

On 06-21-02 I was able to confirm by phone (615-665-2863) that Mr. John W. Baringer has received the copy of our 06-03-02 application mailed to him and that he had no objection.

On three separate days, 06-20-02, 06-21-02 and 06-25-02, I placed calls to Dr. JoAnne Callan at her home (858-481-1094) and her office (858-457-3713). Messages were left on her office answering machine. I have had no response from Dr. Callan and am of the belief that she is out of town. I know her address to be good and have visited with her by phone on prior applications. Her overriding royalty interest represents 0.044% in two wells (State Com No. 2 and State Com No. 90R).

Thus, with the attached return receipt cards, plus my phone calls, we have evidence that interest owners representing 99.96% of the State Com No. 2 and 90R wells, plus 100% of the State Com No. 1, 1A and 91 wells have received our 06-03-02 letter of notice regarding Dugan's application to consolidate the subject gas gathering systems.

When Dr. Callan responds to my phone calls or returns the "return receipt", I will forward to you.

Should you have questions, please let me know.

Sincerely,

*John D. Roe*

John D. Roe  
Engineering Manager

JDR:sh

Attachments

06/27/02 11:24  
06/27/02 11:24

**INTEREST OWNERS  
DUGAN PRODUCTION'S STATE COM WELLS  
NO. 1, 1A & 91**

Well Name	Pool	Location	Spacing Unit
State Com #1	Blanco Mesaverde	SESW 16, T-32N, R12W	S/2 - 320A
State Com #1A	Blanco Mesaverde	SESE 16, T-32N, R12W	S/2 - 320A
State Com #91	Basin FR Coal	SWSW 16, T-32N, R12W	S/2 - 320A

**INTEREST OWNER**

	STATE COM #1, #1A & #91 INTEREST%	
	Gross	Net

Working Interest

Dugan Production Corp. 87.500000 72.812500

✓ St. John's Operating #1, LP 12.500000 10.937500

Royalty

✓ State of New Mexico 0.000000 12.500000

Overriding Royalty Interest

✓ Ronald I. Albin 0.000000 0.083325

✓ Energen Resources Corp. 0.000000 1.375000

✓ EOG Resources 0.000000 1.375000

✓ Francine Sue Gold 0.000000 0.083325

✓ Rene Lippman 0.000000 0.083325

✓ Rene Parmet 0.000000 0.166680

✓ Jay Silverman 0.000000 0.083325

✓ Benjamin Stern 0.000000 0.083330

✓ Harold Stern 0.000000 0.166680

✓ Steven Stern 0.000000 0.083330

✓ Roxanne Tuerk 0.000000 0.166680

**TOTAL WELL**

100.000000 100.000000

Addresses:

✓ Ronald I. Albin  
627 Sea Pine Way (D-2)  
West Palm Beach, FL 33415

✓ Dugan Production Corp.  
P. O. Box 420  
Farmington, NM 87499-0420

✓ Energen Resources Corp.  
605 Richard Arrington, Jr. Blvd. North  
Birmingham, AL 35203-2707

✓ EOG Resources, Inc.  
P. O. Box 4362  
Houston, TX 77210-4362

✓ Francine Sue Gold  
64 Westminster Road  
Yorktown Heights, NY 10598

✓ Rene Lippman  
899 Jeffery Street 111-1  
Boca Raton, FL 33487

✓ New Mexico State Land Office  
P. O. Box 1148  
Santa Fe, NM 87504-1148

✓ Rene Parmet  
2409 Appaloosa Circle 811  
Sarasota, FL 34240

✓ Jay Silverman  
899 Jeffery St. 111-1  
Boca Raton, FL 33487

✓ St. John's Operating #1, LP  
General Partner of Merchant Resources  
16800 Greenspoint Park Drive, Suite 380-S  
Houston, TX 77060

✓ Benjamin Stern  
27 Congress, Apt. 7  
Nashua, NH 03062

✓ Harold Stern  
800 Bell Trace Circle, Apt. 160  
Bloomington, IN 47408-4412

✓ Steven Stern  
226 Arrowhead Ct.  
Johnstown, PA 15905-2960

✓ Roxanne Tuerk (last known address)  
14700 N. Beckley Square  
Davie, FL 33325

✓ = Return Receipt  
card Received  
by Dugan Production  
+ is Attached  
Received 13 of 13

Address is Good

## 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:

Ronald J. Albin  
627 Sea Pine Way (D-2)  
West Palm Beach, FL  
33415

2. Article Number

7001 1940 0003 1548 3745

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☒ Agent ☐ Addressee  
B. Received by (Printed Name)  C. Date of Delivery 6/7

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

## 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:

Ed B Resonance, Inc.  
P.O. Box 4362  
Houston, TX 77210-4362

2. Article Number

7001 1940 0003 1548 3769

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

## 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:

Emergen Services Corp.  
605 Richard Arington, Jr. Blvd. North  
Birmingham, AL 35203-2707

2. Article Number

7001 1940 0003 1548 3752

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☒ Agent ☐ Addressee  
B. Received by (Printed Name)  C. Date of Delivery 6/10/01

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

## 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:

Francine Sue Bold  
64 Westmunster Road  
Spoktun-Heights, NY 10598

2. Article Number

7001 1940 0003 1548 3776

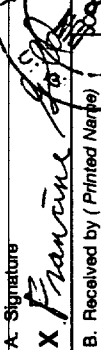
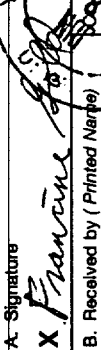
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☒ Agent ☐ Addressee  
B. Received by (Printed Name)  C. Date of Delivery 6/10/01

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

COMPLETE THIS SECTION ON DELIVERY

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:

*Gene Lippman*  
 899 Jeffery St. 111-1  
 Boca Raton, FL 33487

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6-5-02*  
 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 ☐ No

2. Article Number (Transfer from service label) **7001 1940 0003 1548 3806**  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

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:

*Gene Lippman*  
 2409 Applebloss Circle 811  
 Sarasota, FL 34240

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *Gene Lippman* C. Date of Delivery *6/5/02*  
 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 ☐ No

2. Article Number (Transfer from service label) **7001 1940 0003 1548 3783**  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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 Land Office*  
*P.O. Box 1148*  
*Santa Fe, NM 87504-1148*

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6-5-02*  
 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 ☐ No

2. Article Number (Transfer from service label) **7001 1940 0003 1548 3707**  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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:

*Jay Silverman*  
 899 Jeffery St. 111-1  
 Boca Raton, FL 33487

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *JAY SILVERMAN* C. Date of Delivery *6-18-02*  
 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 ☐ No

2. Article Number (Transfer from service label) **7001 1940 0003 1548 3790**  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6-5-02*  
 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 ☐ No

2. Article Number (Transfer from service label) **7001 1940 0003 1548 3707**  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *JAY SILVERMAN* C. Date of Delivery *6-18-02*  
 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 ☐ No

2. Article Number (Transfer from service label) **7001 1940 0003 1548 3790**  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Benjamin Stern, 27 Congress, Apt. 7, Nashua, NH 03062

2. Article Number: 7001 1940 0003 1548 3813

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

4. Restricted Delivery? (Extra Fee)

5. Signature: [Signature]

6. Received by (Printed Name): Benjamin Stern

7. Date of Delivery: 6-10

8. Is delivery address different from item 1? Yes No

9. If YES, enter delivery address below:

10. PS Form 3811, August 2001

11. Domestic Return Receipt

12. 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): Benjamin Stern

C. Date of Delivery: 6-10

D. Is delivery address different from item 1? Yes No

E. If YES, enter delivery address below:

F. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D., Restricted Delivery? (Extra Fee)

G. Restricted Delivery? (Extra Fee)

H. PS Form 3811, August 2001

I. Domestic Return Receipt

J. 102595-01-M-2509

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: St. John's Operation, 16800 Burnside, Suite 300, Houston, TX 77060

2. Article Number: 7001 1940 0003 1548 3691

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

4. Restricted Delivery? (Extra Fee)

5. Signature: [Signature]

6. Received by (Printed Name): Kathleen Montz

7. Date of Delivery: 6-7-02

8. Is delivery address different from item 1? Yes No

9. If YES, enter delivery address below:

10. PS Form 3811, August 2001

11. Domestic Return Receipt

12. 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): Kathleen Montz

C. Date of Delivery: 6-7-02

D. Is delivery address different from item 1? Yes No

E. If YES, enter delivery address below:

F. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D., Restricted Delivery? (Extra Fee)

G. Restricted Delivery? (Extra Fee)

H. PS Form 3811, August 2001

I. Domestic Return Receipt

J. 102595-01-M-2509

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Steven Stern, 226 Greenhead Ct., Johnstown, PA 15905-2960

2. Article Number: 7001 1940 0003 1548 3837

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

4. Restricted Delivery? (Extra Fee)

5. Signature: [Signature]

6. Received by (Printed Name): John Bee

7. Date of Delivery: [Date]

8. Is delivery address different from item 1? Yes No

9. If YES, enter delivery address below:

10. PS Form 3811, August 2001

11. Domestic Return Receipt

12. 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): John Bee

C. Date of Delivery: [Date]

D. Is delivery address different from item 1? Yes No

E. If YES, enter delivery address below:

F. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D., Restricted Delivery? (Extra Fee)

G. Restricted Delivery? (Extra Fee)

H. PS Form 3811, August 2001

I. Domestic Return Receipt

J. 102595-01-M-2509

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Harold Stern, 800 Bell Hall Circle, Apt. 204, Bloomington, IN 47408-4401

2. Article Number: 7001 1940 0003 1548 3620

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

4. Restricted Delivery? (Extra Fee)

5. Signature: [Signature]

6. Received by (Printed Name): [Name]

7. Date of Delivery: 6-8-02

8. Is delivery address different from item 1? Yes No

9. If YES, enter delivery address below:

10. PS Form 3811, August 2001

11. Domestic Return Receipt

12. 102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): [Name]

C. Date of Delivery: 6-8-02

D. Is delivery address different from item 1? Yes No

E. If YES, enter delivery address below:

F. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D., Restricted Delivery? (Extra Fee)

G. Restricted Delivery? (Extra Fee)

H. PS Form 3811, August 2001

I. Domestic Return Receipt

J. 102595-01-M-2509

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:

Roxanne Turk  
14700 N. Beckley Square  
Davie, FL 33325

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent  
*Roxanne Turk* ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*ROXANNE TURK* *6/21/00*
- 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

(Transfer from service label)

7001 1540 0003 1548 3684

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

**INTEREST OWNERS  
DUGAN PRODUCTION'S STATE COM WELLS  
WELLS NO. 2, 90 & 90R**

Well Name	Pool	Location	Spacing Unit
State Com #2	Blanco Mesaverde	SWNE 16, T-32N, R-12W	N/2 - 320A
State Com #90	Basin Fruitland Coal	SENE 16, T-32N, R12W	N/2 - 320A
State Com #90R	Basin Fruitland Coal	NWNE 16, T-32N, R12W	N/2 - 320A

INTEREST OWNER	STATE COM #2 INTEREST%		STATE COM #90 & #90R INTEREST%	
	Gross	Net	Gross	Net
<u>Working Interest</u> <i>Not Needed</i> Dugan Production Corp.	50.000000	43.375000	87.500000	74.937500
✓ Paul T. Griffin Trust	12.500000	10.937500	12.500000*	10.937500*
✓ Williams Production Co.	37.500000	32.812500	0.000000	0.000000
<u>Royalty</u> State of New Mexico	0.000000	12.500000	0.000000	12.500000
<u>Overriding Royalty Interest</u>				
✓ W.H. Atkins	0.000000	0.026367	0.000000	0.026381
✓ Lewis T. Barringer, Jr.	0.000000	0.140625	0.000000	0.765600
* John W. Barringer	0.000000	0.140625	0.000000	0.765600
** JoAnne Callan	0.000000	0.043945	0.000000	0.043969
✓ Megan Callan	0.000000	0.011719	0.000000	0.011725
✓ Lynn Shaw	0.000000	0.011719	0.000000	0.011725
<b>TOTAL WELL</b>	<b>100.000000</b>	<b>100.000000</b>	<b>100.000000</b>	<b>100.000000</b>

\*Interest owner elected to go non-consent and is being carried by Dugan Production during payout

**Addresses**

✓ W. H. Atkins 2209 N. Parkwood Harlingen, TX 78550	✓ Lynn Shaw 1490 Memory Lane Kalispell, MT 59901-5103
* John W. Barringer 1054 Lynnwood Blvd. Nashville, TN 37215	✓ State of New Mexico P. O. Box 1148 Santa Fe, NM 87504-1148
✓ Lewis T. Barringer, Jr. 192 Sayre Drive Princeton, NJ 08540	✓ Williams Production Co. P. O. Box 58900 Salt Lake City, UT 84158-0900
** JoAnne Callan 1028 Santa Florencia Solano Beach, CA 92075	
✓ Megan Callan 3578 Seahorn Circle San Diego, CA 92130	
✓ Dugan Production Corp. <i>Not Needed</i> P. O. Box 420 Farmington, NM 87499-0420	
✓ Paul T. Griffin Trust Charles E. Griffin, Trustee 732 Bison Ave. Escondido Beach, CA 92660	

✓ = Return Receipt  
Paid Received  
by Dugan Prodo.  
+ is Attached.  
Received 7 of 9 mailed

\* - Phone conversation 6/21/02  
615-665-2863 -  
confirmed Mr. Barringer had  
Received 6-3-02 Notice

\*\* Phone calls 6/20, 6/21 + 6/25/02  
home - 858-481-1094  
office - 858-457-3713  
Left message on office  
Answer Machine.  
No Response AS  
of 6/25/02

COMPLETE THIS SECTION ON DELIVERY

- 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:**

W.H. Atkins  
2209 N. Parkwood  
Hawthorne, TX 78550

Article Number  
(Transfer from s

**S Form 3811, August 2001**

# Domestic Return Receipt

102585-01-M-2509

## 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:

Lewis J. Banninger, Jr.  
192 Sage Drive  
Pinecreek, 719 08540

2. Article Number  
Transfer from:

**Article Number**  
*Transfer from service label*

7001 1940 0003 1548 3912

IRS Form 3811, August 2001

# Domestic Return Receipt

102595-01-M-2508

COMPLETE THIS SECTION ON DELIVERY

Signature \_\_\_\_\_

B. Received by (Printed Name)  
Lad. S. / Jan. 1971

Open ☒ Agent ☐  
C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 17? ☒ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
-------------------------------------	------------------------------

102595-01-M-2508

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only: No Insurance Coverage Provided)

# OFFICIAL COPY

Postage	\$ 1.10
---------	---------

Certified Fee

Return Receipt Fee  
Endorsement Required!

**Restricted Delivery Fee**

Endorsement Required)

**Sent To**

Street, Apt. No.,  
or PO Box No. 1054 Lynwood Blvd.  
City, State, ZIP+4 Nashville TN 37215

PS Form 3800, January 2001  
See Reverse for Instructions

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

# OFFICIAL USE

**Postage**

**Certified Fee**

**Return Receipt Fee**

**Restricted Delivery Fee**  
**(Endorsement Required)**

(Endorsement Required)

**Sent To**

Street, Apt. No.,  
or PO Box No. 1022 Santa Monica  
City, State, ZIP+4 Santa Monica, CA 90407

PS Form 3800, January 2001  
See Reverse for Instructions

—



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:  
Megan Callan  
3579 Siskahn Circle  
San Diego, CA 92130

Article Number (Transfer from service label): 7001 1940 0003 1548 3899

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

1. Article Addressed to:  
Megan Callan  
3579 Siskahn Circle  
San Diego, CA 92130

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3899

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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

4. Restricted Delivery? (Extra Fee)  
☐ Yes  
☐ No

Article Addressed to:  
Megan Callan  
3579 Siskahn Circle  
San Diego, CA 92130

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3899

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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:  
Lyn M Shaw  
1490 Memory Lane  
Kalispell, MT 59901-5108

Article Number (Transfer from service label): 7001 1940 0003 1548 3905

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

1. Article Addressed to:  
Lyn M Shaw  
1490 Memory Lane  
Kalispell, MT 59901-5108

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3905

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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

4. Restricted Delivery? (Extra Fee)  
☐ Yes  
☐ No

Article Addressed to:  
Lyn M Shaw  
1490 Memory Lane  
Kalispell, MT 59901-5108

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3905

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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:  
Paul J. Buffin Trust  
Charles E. Buffin, Trustee  
732 Bison Ave.  
Newport Beach, CA 92660

Article Number (Transfer from service label): 7001 1940 0003 1548 3868

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

1. Article Addressed to:  
Paul J. Buffin Trust  
Charles E. Buffin, Trustee  
732 Bison Ave.  
Newport Beach, CA 92660

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3868

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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

4. Restricted Delivery? (Extra Fee)  
☐ Yes  
☐ No

Article Addressed to:  
Paul J. Buffin Trust  
Charles E. Buffin, Trustee  
732 Bison Ave.  
Newport Beach, CA 92660

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3868

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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 Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

Article Number (Transfer from service label): 7001 1940 0003 1548 3707

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

1. Article Addressed to:  
State of New Mexico  
State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3707

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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

4. Restricted Delivery? (Extra Fee)  
☐ Yes  
☐ No

Article Addressed to:  
State of New Mexico  
State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3707

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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:  
Paul J. Buffin Trust  
Charles E. Buffin, Trustee  
732 Bison Ave.  
Newport Beach, CA 92660

Article Number (Transfer from service label): 7001 1940 0003 1548 3868

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

1. Article Addressed to:  
Paul J. Buffin Trust  
Charles E. Buffin, Trustee  
732 Bison Ave.  
Newport Beach, CA 92660

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3868

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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

4. Restricted Delivery? (Extra Fee)  
☐ Yes  
☐ No

Article Addressed to:  
Paul J. Buffin Trust  
Charles E. Buffin, Trustee  
732 Bison Ave.  
Newport Beach, CA 92660

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3868

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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 Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

Article Number (Transfer from service label): 7001 1940 0003 1548 3707

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

1. Article Addressed to:  
State of New Mexico  
State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3707

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

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

4. Restricted Delivery? (Extra Fee)  
☐ Yes  
☐ No

Article Addressed to:  
State of New Mexico  
State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

2. Article Number (Transfer from service label): 7001 1940 0003 1548 3707

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

**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:

*Williams Production Co.*

*P.O. Box 58900*

*Salt Lake City, UT 84158-0900*

2. Article Number

*(Transfer from service label)*

*7001 1940 0003 1548 3851*

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>X [Signature]</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Nash Conston</i>	C. Date of Delivery <i>6/16/02</i>	
D. Is delivery address different from item 1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, enter delivery address below:		

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	