

EEL: VED

607 10th Street, Suite 208 Golden, Colorado 80401 (303) 278-7505 FAX (303) 278-7520

## April 21, 1995

P.O. Box 338 Ignacio, Colorado 81137 (303) 563-4000 FAX (303) 563-4116

State of New Mexico Energy, Minerals & Natural Resources Dept. Oil Conservation Division P.O. Box 2088 Santa Fe, NM 87504

Attn: Mr. Michael Stogner

RE: Application for Non-Standard Proration Units Township 26 North, Range 13 West Sections 18 and 19 San Juan County, New Mexico

Dear Mr. Stogner:

Per our letter dated March 16, 1995, regarding the captioned application, enclosed for your files and information please find copies of the certified return receipts and returned envelopes attached to a copy of our letter dated March 16, 1995, to the surrounding half section working interest owners and offset operators.

If you have any questions or need anything further, please do not hesitate to contact me at the Golden telephone number shown above.

Sincerely,

MARALEX RESOURCES, INC.

Jennifer A. Ritcher,

Land Manager

Enclosures



607 10th Street, Suite 208 Golden, Colorado 80401 (303) 278-7505 FAX (303) 278-7520 P.O. Box 338 Ignacio, Colorado 81137 (303) 563-4000 FAX (303) 563-4116

## March 16, 1995

### CERTIFIED MAIL - RETURN RECEIPT REQUESTED

TO: All Working Interest Owners and Operators (See Attached Address List)

> RE: Application for Non-Standard Proration Unit T26N-R13W Sections 18 and 19 San Juan County, New Mexico

TO WHOM IT MAY CONCERN:

You are hereby notified that on March 16, 1995, Maralex Resources, Inc. filed an Application for Non-Standard Proration Unit with the New Mexico Oil Conservation Division for administrative approval of non-standard proration units for Sections 18 and 19, T26N-R13W, San Juan County, New Mexico (copy enclosed).

You are further notified that in the event no protest is received by the Director of the New Mexico Oil Conservation Division within thirty (30) days of receipt of this letter, the Director may grant administrative approval to the application.

If you have any questions or need anything further, please do not hesitate to contact me at the Golden address shown above.

Sincerely,

MARALEX RESOURCES, INC.

hew CC Jennifer A. Ritcher, CPL Land Manager

Enclosures

Pendragon Resources L.P. 1600 Broadway, Suite 1950 Denver, CO 80202

r

Robert L. Bayless P.O. Box 168 Farmington, NM 87499

Norcen Explorer, Inc. Attn: Dianne L. Adiska 200 Westlake Park Blvd., Suite 800 Houston, TX 77079-2653

Bureau of Land Management lew Mexico State Office ".O. Box 27115 Banta Fe, NM 87502-7115

# Section 18-T26N-R13W Operators and Offset Operators

Giant Exploration & Production Company Attn: Steven K. Smith P.O. Box 2810 Farmington, NM 87499-2810

Union Pacific Resources Company Attn: Paul Dowden P.O. Box 7 Fort Worth, TX 76101-0007

Merrion Oil & Gas Corporation Attn: Crystal Williams P.O. Box 840 Farmington, NM 87499

Apache Corporation 1700 Lincoln, Suite 2000 Denver, CO 80203-4520 Texaco Exploration and Production P.O. Box 2100 Denver, CO 80201

Key Production Company, Inc. Attn: David R. Dix 1700 Lincoln St., Suite 2000 Denver, CO 80203-4520

J. K. Edwards Associates, Inc. 1401 17th Street, Suite 1401 Denver, CO 80202

Bureau of Indian Affairs Navajo Area Office P.O. Box M Window Rock, AZ 86515 Edna Ione Hall Living Trust P.O. Box 1355 Roswell, NM 88201

Giant Exploration & Production Company Attn: Steven K. Smith P.O. Box 2810 Farmington, NM 87499-2810

(ey Production Company, Inc. \ttn: David R. Dix 1700 Lincoln St., Suite 2000 'enver, CO 80203-4520

arry Doehla 50 Central Park South ew York, NY

uth Sorensen 424 SW Ave. ioux Falls, SD

iniza Prod. Co. .0. Box 2810 armington, NM 87499

inifred Chumney Meaden ) NE Loop 410 an Antonio, TX 78216

ob and Edna Mae Bear 308 N. Main oswell, NM

niversal Resources Corp. .O. Box 11070 alt Lake City, UT 84147

ary Sue Douthit and W. L. Douthit 405 Harvard Dr. *idland, TX* 

# Section 19-T26N-R13W Operators and Offset Operators

Bureau of Land Management State of New Mexico P.O. Box 27115 Santa Fe, NM 87502-7115

Robert L. Bayless P.O. Box 168 Farmington, NM 87499

Norcen Explorer, Inc. Attn: Dianne L. Adiska 200 Westlake Park Blvd., Suite 800 Houston, TX 77079-2653

Rodney P. Calvin 202 Patterson Building Denver, CO 80202

Howard Hall Address Unknown

R. P. Brewer III Estate
200 Mercantile Nat. Bank Bldg.
40 NE Loop 410
San Antonio, TX 78216

Elizabeth H. Chumney 40 NE Loop 410 San Antonio, TX 78216

W. T. Chumney Jr. Trust 40 NE Loop 410 San Antonio, TX 78216

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

Bureau of Indian Affairs Navajo Area Office P.O. Box M Window Rock, AZ 86515 R. P. Brewer Estate 40 NE Loop 410 San Antonio, TX 78216

Union Pacific Resources Company Attn: Paul Dowden P.O. Box 7 Fort Worth, TX 76101-0007

Frank O. Elliott Living Trust P.O. Box 1355 Roswell, NM 88201

Natalie Bergman 130 E. 63rd St. New York, NY

East Side Service Adress Unknown

.

India B. Chumney de Marigny 40 NE Loop 410 San Antonio, TX 78216

Ameritrust Texas NA, Trustee Fleming Rev. Trust Agreement P.O. Box 33400 San Antonio, TX 78265

MIrust Corp., Trustee for Elizabeth Hixon P.O. Box 900 San Antonio, TX 78293

Brookhaven Oil Co. P.O. Box 644 Albuquerque, NM

Betty Brewer Chumney 200 Mercantile Nat. Bank Bldg. 40 NE Loop 410 San Antonio, TX 78216



607 10th Street, Suite 208 Golden, Colorado 80401 (303) 278-7505 FAX (303) 278-7520

P.O. Box 338 Ignacio, Colorado 81137 (303) 563-4000 FAX (303) 563-4116

March 16, 1995

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

State of New Mexico Energy, Minerals & Natural Resources Dept. Oil Conservation Division P.O. Box 2088 Santa Fe, NM 87504

Attn: Mr. Michael Stogner

RE: Application for Non-Standard Proration Units Township 26 North, Range 13 West Sections 18 and 19 San Juan County, New Mexico

Dear Mr. Stogner:

Maralex Resources, Inc. (Maralex) hereby requests administrative approval for four (4) non-standard proration units in Sections 18 and 19, T26N-R13W, San Juan County, New Mexico. Maralex requests the designated proration units for its proposed four (4) Fruitland coal wells in Sections 18 and 19, T26N-R13W be as follows:

The N/2 of Sections 18 and 19 be Lots 1, 2, 5, 6, and the NE/4 (320 acres). The S/2 of Sections 18 and 19 be Lots 7, 8, 11, 12 and the SE/4 (320 acres).

The non-standard unit and the unorthodox size is necessitated by a variation in the legal subdivision of the U. S. Public Land Surveys (see attached copy of OG plat).

Attached is a list of the names of the affected offset operators and all operators owning interests in Sections 18 and 19, T26N-R13W. These operators have been sent a copy of this application by certified mail and advised to notify the Commission of any objections within thirty days. If you have any questions or need anything further, please do not hesitate to contact me at the Golden telephone number shown above.

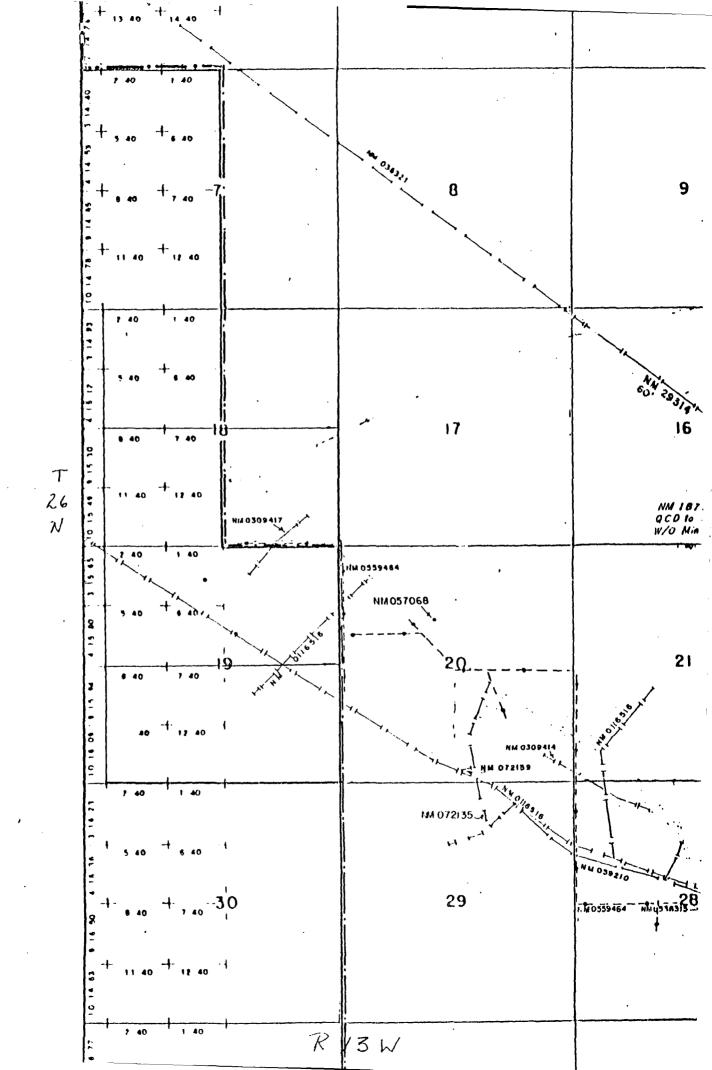
Sincerely,

MARALEX RESOURCES, INC.

Iteken. maiter ac

Jennifer A. Ritcher, CPL Land Manager

Enclosures



	SEN	
;	or or or or or or or or or or	ve the າextra
	<ul> <li>Prin</li> <li>return</li> <li>Attach this form to the front of the meilpiece, or on the back</li> <li>does not permit</li> </ul>	if space   I. L Addressee s Address
	<ul> <li>does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the art</li> </ul>	ticle number. 2 Restricted Delivery
	5 delivered.	Consult postmaster for fee.
	<ul> <li>3. Article Addressed to:</li> <li>State of New Mexico</li> <li>Energy, Minerals &amp; Natural</li> <li>Resources Department</li> </ul>	4a. Article Number
	Energy, Minerals & Natural	4b. Service Type
		☐ Registered ☐ Insured ☐ Certified ☐ COD
	M Ull Conservation Division Attn: Mr. Michael Stogner R.D. Box 2088	Express Mail December for Merchandise
	Santa Fe, NM 87504	7. Date of Delivery
	5. Signature (Addressed)	8. Addressee's Address (Only if requested
	5. Signature (Addressed) 	and fee is pàid)
	> PS Form 3811, December 1991 +U.S. GPO: 1983-352	DOMESTIC RETURN RECEIPT
	SENDER: • Complete items 1 and/or 2 for additional services.	I also wish to receive the
	<ul> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so the</li> </ul>	at we can fee):
	<ul> <li>return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back i does not permit.</li> </ul>	
	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article</li> <li>The Return Receipt will show to whom the article was delivered a</li> </ul>	
	6 delivered.	4a. Article Number Demail NS, Seco
	Bureau of Indian Affairs Navajo Area Office	P159-437-095 18+19
	<b>5</b> Navajo Area Office	4b. Service Type
	Natural Resources	Contified COD
	Signatural Resources P.O. Box 1060, Mail Code 400 Gallup, NM 87305-1060	Express Mail Return Receipt for Merchandise
	AD ,	3431-95
	5. Signature (Addressee) 6. Signature (Agent)	<ol> <li>Addressee's Address (Only if requested and fee is paid)</li> </ol>
	,6. Signature (Agent)	
	g	
	5 50 F 2011 5 1 1001	
	> PS Form <b>3811</b> , December 1991 +U.S. GPO: 1993-352	DOMESTIC RETURN RECEIPT
	<u> </u>	DOMESTIC RETURN RECEIPT
	SENDER: • Complete items 1 and/or 2 for additional services.	I also wish to receive the
	SENDER: • Complete items 1 and/or 2 for additional services.	I also wish to receive the
	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> </ul>	I also wish to receive the
-	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article vas delivered and</li> </ul>	I also wish to receive the
-	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article</li> <li>The Return Receipt Requested" on the article was delivered an delivered.</li> </ul>	I also wish to receive the
-	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article</li> <li>The Return Receipt Requested" on the article was delivered an delivered.</li> </ul>	I also wish to receive the
-	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article of the Return Receipt Requested" on the article was delivered and delivered.</li> <li>Article Addressed to:</li> <li>W. T. Chumney Jr. Trust 40 NE Loop 410</li> </ul>	t we can space t we can space t also wish to receive the following services (for an extra fee): 1. $\Box$ Addressee's Address 2. $\Box$ Restricted Delivery Consult postmaster for fee. 4a. Article Number $NS$ for Seca $P_1S_9 - H_{32} - 0.84$ 18+19 4b. Service Type Begistered $\Box$ Insured
-	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article of the Return Receipt Requested" on the article was delivered and delivered.</li> <li>Article Addressed to:</li> <li>W. T. Chumney Jr. Trust 40 NE Loop 410</li> </ul>	t we can space t we can space t also wish to receive the following services (for an extra fee): 1. $\Box$ Addressee's Address 2. $\Box$ Restricted Delivery Consult postmaster for fee. 4a. Article Number $NS$ for Seca $P_1S_9 - H_{32} - 0.84$ 18+19 4b. Service Type Begistered $\Box$ Insured
-	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article of the Return Receipt Requested" on the article was delivered and delivered.</li> <li>Article Addressed to:</li> <li>W. T. Chumney Jr. Trust 40 NE Loop 410</li> </ul>	t we can space t we can space t also wish to receive the following services (for an extra fee): 1. $\Box$ Addressee's Address 2. $\Box$ Restricted Delivery Consult postmaster for fee. 4a. Article Number $NS$ for Seca $P_1S_9 - H_{32} - 0.84$ 18+19 4b. Service Type Begistered $\Box$ Insured
	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article the Return Receipt will show to whom the article was delivered and delivered.</li> <li>Article Addressed to:</li> <li>W. T. Chumney Jr. Trust 40 NE Loop 410 San Antonio, TX 78216</li> </ul>	t we can space t we can space t also wish to receive the following services (for an extra fee): 1. $\Box$ Addressee's Address 2. $\Box$ Restricted Delivery Consult postmaster for fee. 4a. Article Number $NS$ for Seca $P_1S_9 - H_{32} - 0.84$ 18+19 4b. Service Type Begistered $\Box$ Insured
	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article the Return Receipt will show to whom the article was delivered and delivered.</li> <li>Article Addressed to:</li> <li>W. T. Chumney Jr. Trust 40 NE Loop 410 San Antonio, TX 78216</li> </ul>	t we can space t we can space t also wish to receive the following services (for an extra fee): 1. $\Box$ Addressee's Address 2. $\Box$ Restricted Delivery Consult postmaster for fee. 4a. Article Number $NS$ for Seca $P_1S_9 - H_{32} - 0.84$ 18+19 4b. Service Type Begistered $\Box$ Insured
	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article the return the receipt will show to whom the article was delivered and delivered.</li> <li>Article Addressed to:</li> <li>W. T. Chumney Jr. Trust 40 NE Loop 410 San Antonio, TX 78216</li> </ul>	I also wish to receive the following services (for an extra fee):space1. $\Box$ Addressee's Addresscle number. d the date2. $\Box$ Restricted Delivery Consult postmaster for fee.4a. Article NumberNS 655 Seca P159-432-0844b. Service Type $\Box$ RegisteredInsuredAccertifiedCOD $\Box$ ConsultExpress MailReturn Receipt for Merchandise7. Date of Delivery $\Im - QO - QS$ 8. Addressee's Address (Only if requested

-----

· ·

;

SIC .		4
	ENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the
	Complete items 3, and 4a & b.	that we can be that w
D ret	Print your name and address on the reverse of this form so turn this card to you.	
8	Attach this form to the front of the mailpiece, or on the bac	ck if space 1. Addressee's Address
<u>ר</u> יי פ	es not permit. Write "Return Receipt Requested" on the mailpiece below the	article number. 2.
	The Return Receipt will show to whom the article was delivered	d and the date Consult postmaster for fee.
•	livered.	4a. Article Number NS Secs /8
00	3. Article Addressed to:	
10		1-159-957-060 19
	Edna Ione Hall Living Trust	4b. Service Type
Ö '		Registered
ומ	P.O. Box 1355	
ו ה	Roswell, NM 88201	Express Mail Hill Return Receipt for
۲Ì		7. Date of Delivery
ō		1005
직 		8. Addressee's Address (Only if requested
둔 5	. Signature (Addressee)	and fee is paid)
2		88201
# 6	. Sigpature Agent)	
لمار من الم	HAINAL	
ຊັ 🚍	S Form 3811, December 1991 #U.S. GPO: 1993-	352-714 DOMESTIC RETURN RECEIPT
S F	S FOIN SOTT, December 1991 40.0. or of the	
		·
	ENDER:	
	Complete items 1 and/or 2 for additional services.	I also wish to receive the
	Complete items 3, and 4a & b. Print your name and address on the reverse of this form so t	following services (for an extra that we can fool)
ret	urn this card to you.	1867.
• do	Attach this form to the front of the mailpiece, or on the bac es not permit.	k if space 1. 🗋 Addressee's Address
	Write ''Return Receipt Requested'' on the mailpiece below the a	article number. 2.
•	The Return Receipt will show to whom the article was delivered	d and the date
	livered. 3. Article Addressed to:	4a. Article Number
i J		
2		P159-437-071
	Frank O. Elliott Living Trust	4b. Service Type
}	P.O. Box 1355	L Registered L Insured
2		Certified
	Roswell, NM 88201	Express Mail Return Receipt for
5		7. Date of/Delivery
2		201
,	Signature (Addressee)	8. Addressee's Address (Only if requested
	Signature (Addressee)	
5I		and fee is paid)
2		and fee is paid)
2 1 6.	Signature (Agent)	and fee is paid)
6.	Signatore (Agent)	and fee is paid)
; 	Signature (Agent)	. 88201
	afterpone	88203
	afterpone	. 88201
PS PS	ENDER: Complete items 1 and/or 2 for additional services.	B52-714 DOMESTIC RETURN RECEIPT
PS SI	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	AS2-714 DOMESTIC RETURN RECEIPT I also wish to receive the following services (for an extra
PS SI	ENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the following services (for an extra
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so t urn this card to you. Attach this form to the front of the mailpiece, or on the bac	that we can l also wish to receive the following services (for an extra fee):
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit.	that we can k if space
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a	that we can k if space article number:
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so the urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered livered.	352-714       DOMESTIC RETURN RECEIPT         that we can       I also wish to receive the following services (for an extra fee):         k if space       1. □ Addressee's Address         article number. d and the date       2. □ Restricted Delivery Consult postmaster for fee.
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered	As Article Number
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so the urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered livered.	As Article Number
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so the urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered livered. 3. Article Addressed to:	As Article Number
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so the urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered livered.	352-714       DOMESTIC RETURN RECEIPT         that we can       I also wish to receive the following services (for an extra fee):         k if space       1. □ Addressee's Address         article number. d and the date       2. □ Restricted Delivery Consult postmaster for fee.
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. Print your name and address on the reverse of this form so the urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered livered. 3. Article Addressed to:	Associated and the date of the service service of the service services and the date of the service ser
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered ivered. B. Article Addressed to: Universal Resources Corp. P.O. Box 11070	352-714       DOMESTIC RETURN RECEIPT         that we can       I also wish to receive the following services (for an extra fee):         k if space       1. □ Addressee's Address         article number       2. □ Restricted Delivery         d and the date       2. □ Restricted Delivery         4a. Article Number       N S for Secce         4b. Service Type       □ Insured         Ab. Service Type       □ Insured         Actified       □ COD
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered ivered. 3. Article Addressed to: Universal Resources Corp. P.O. Box 11070	Associated and the date of the service service of the service services and the date of the service ser
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered ivered. B. Article Addressed to: Universal Resources Corp. P.O. Box 11070	As Article Number NS for Sec. 4a. Article Number NS for Sec. (1) Service Type Begistered Insured (2) Certified COD (2) Consult Destination for fee. (3) Certified COD (4) Certified COD (5) Consult Destination for fee. (4) Service Type (5) Consult Destination for fee. (4) Service Type (5) Consult Destination for fee. (5) Consult Dest
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered ivered. B. Article Addressed to: Universal Resources Corp. P.O. Box 11070	Associate the second se
	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered ivered. B. Article Addressed to: Universal Resources Corp. P.O. Box 11070	352-714       DOMESTIC RETURN RECEIPT         that we can that we can k if space       I also wish to receive the following services (for an extra fee):         1       □ Addressee's Address         article number d and the date       1. □ Addressee's Address         2. □ Restricted Delivery Consult postmaster for fee.         4a. Article Number       N S for Sec.         4b. Service Type □ Registered       □ Insured         W Certified       □ COD         □ Express Mail       □ Return Receipt for Merchandise         7. Date of Delivery S - J. C. J. G. C.       S. J. G. S. C.
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Universal Resources Corp. P.O. Box 11070 Salt Lake City, UI 84147	Associate the second se
PS SI Contraction of the second secon	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered livered. 3. Article Addressed to: Universal Resources Corp. P.O. Box 11070 Salt Lake City, UT 84147 Signature (Addressee)	As Article Number NS for Second 4a. Article Number NS for Second (1. Service Type Registered Insured (2. Service Type (3. Service Typ
PS PS	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so to urn this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Universal Resources Corp. P.O. Box 11070 Salt Lake City, UI 84147	As Article Number NS for Second 4a. Article Number NS for Second (1. Service Type Registered Insured (2. Service Type (3. Service Typ

•

•

÷

	I also wish to receive the
ENDER: Complete items 1 and/or 2 for additional services.	following services (for an extra
Complete items 3, and 4a & b. Print your name and address on the reverse of this form	m so that we can fee):
turn this card to you. Attach this form to the front of the mailpiece, or on th	
pes not permit.	w the article number   2   Restricted Delivery
Write "Return Receipt Requested" on the maliplece below The Return Receipt will show to whom the article was de	elivered and the date Consult postmaster for fee.
elivered.	4a. Article Number NS for seco.
3. Article Addressed to:	4a. Article Number 105 $67422$ . P159-437-091 18+19 4b. Service Type
Bureau of Land Management	
New Mexico State Office	Di Corrilion COD
P.O. Box 27115	Return Receipt for
Santa Fe, NM 87502-7115	111010110110
	7. Date of Delivery 20 1995
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
5. Signature ( terrer	
6. Signature (Agent), / )	14
1 miles and	1993-352-714 DOMESTIC RETURN RECEIPT
PS Form 3811, December 1991 +U.S. GPO	1993-352-714 DOMESTIC RETURN RECEIPT
	I also wish to receive the
• Complete items 1 and/or 2 for additional services.	following services (for an extra
<ul> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this f</li> </ul>	form so that we can fee):
<ul> <li>Attach this form to the front of the maliplece, or on</li> </ul>	and buck a spece
<ul> <li>does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece being and the article was</li> </ul>	delivered and the date
<ul> <li>Write "Return Receipt Maguested" on the manpioe 20</li> <li>The Return Receipt will show to whom the article was delivered.</li> </ul>	Consult postmaster for ree.
a A data A data and to:	4a. Article Number NS for se DIS9-437-087 18+19
Dugan Production Corp. P.O. Box 420	
Dugan Production Corp.	4b. Service Type
P.O. Box 420	Di Cartified D COD
	Return Receipt for
Fariningcon, in contra	7. Date of Delivery
Farmington, NM 87499	7. Date of Denver
	8. Addressee's Address (Only if request
5. Signature (Addressee)	arid fee is paid)
6. Signature (Autressee)	
	X
	O: 1993-352-714 DOMESTIC RETURN RECEIP
PS Form 3011, December Feet	Donied ne
PS Form 3811, December 1991 &U.S. GP	
	· · · · · · · · · · · · · · · · · · ·
2 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	I also wish to receive the
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this	I also wish to receive the following services (for an extra
2 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this return this card to you. • Attach this form to the front of the mailpiece, or or	I also wish to receive the following services (for an extra fee):
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write 'Commit.</li> </ul>	I also wish to receive the following services (for an extra fee): n the back if space 1.
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was</li> </ul>	I also wish to receive the following services (for an extra fee): n the back if space elow the article number. s delivered and the date
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was delivered.</li> </ul>	I also wish to receive the following services (for an extra fee): n the back if space below the article number, s delivered and the date I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was delivered.</li> </ul>	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was delivered.</li> </ul>	I also wish to receive the following services (for an extra fee): In the back if space relow the article number. s delivered and the date 4a. Article Number $NS = 6-7 Sac P/S9-437-D69 18+19$
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was delivered.</li> </ul>	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was delivered.</li> <li>Article Addressed to:</li> </ul>	I also wish to receive the following services (for an extra fee): n the back if space below the article number. s delivered and the date 4a. Article Number NS 6-7 Sac P/S9-437-D69 18+19 4b. Service Type Registered Insured
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was delivered.</li> <li>Article Addressed to:</li> </ul>	I also wish to receive the following services (for an extra following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number NS 6-5 Sec 1/59-437-069 184-19 4b. Service Type Registered Insured X Certified COD Fyriess Mail
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was delivered.</li> <li>Article Addressed to:</li> </ul>	I also wish to receive the following services (for an extra following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number NS 6-5 Sac P/S9-437-D69 184-19 4b. Service Type Registered Insured X Certified COD Express Mail Return Receipt for Merchandise
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this return this card to you.</li> <li>Attach this form to the front of the mailpiece, or or does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece b</li> <li>The Return Receipt will show to whom the article was delivered.</li> <li>Article Addressed to:</li> </ul>	I also wish to receive the following services (for an extra following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number NS 6-5 Sec 1/59-437-069 184-19 4b. Service Type Registered Insured X Certified COD Fyrress Mail
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this return this card to you. • Attach this form to the front of the mailpiece, or or does not permit. • Write "Return Receipt Requested" on the mailpiece b • The Return Receipt Will show to whom the article was delivered. 3. Article Addressed to: Merrion Oil & Gas Corporation Attn: Crystal Williams P.O. Box 840 Farmington, NM 87499	I also wish to receive the following services (for an extra fee): 1. Addressee's Address Pelow the article number s delivered and the dete 4a. Article Number 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 2. Insured 2. Restricted Delivery Consult postmaster for fee. 4b. Service Type Registered 1sured Certified CoD Express Mail 7. Date of Delivery
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this return this card to you. • Attach this form to the front of the mailpiece, or or does not permit. • Write "Return Receipt Requested" on the mailpiece b • The Return Receipt Will show to whom the article was delivered. 3. Article Addressed to: Merrion Oil & Gas Corporation Attn: Crystal Williams P.O. Box 840 Farmington, NM 87499	I also wish to receive the following services (for an extra fee): n the back if space elow the article number s delivered and the date 4a. Article Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 1. Addressee's Address 4b. Service Type Registered 1. Beturn Receipt for Merchandise 7. Date of Delivery 8. Addressee's Address (Only if requested
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this return this card to you. • Attach this form to the front of the mailpiece, or or does not permit. • Write "Return Receipt Requested" on the mailpiece b • The Return Receipt Will show to whom the article was delivered. 3. Article Addressed to: Merrion Oil & Gas Corporation Attn: Crystal Williams P.O. Box 840 Farmington, NM 87499 5. Signature (Addressee)	I also wish to receive the following services (for an extra fee): 1. Addressee's Address Pelow the article number s delivered and the date 4a. Article Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4b. Service Type Registered 1. Consult postmaster for fee. 4b. Service Type Registered 1. Consult postmaster for fee. 1. Consult postm
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this return this card to you. • Attach this form to the front of the mailpiece, or or does not permit. • Write "Return Receipt Requested" on the mailpiece b • The Return Receipt Will show to whom the article was delivered. 3. Article Addressed to: Merrion Oil & Gas Corporation Attn: Crystal Williams P.O. Box 840 Farmington, NM 87499	I also wish to receive the following services (for an extra fee): n the back if space relow the article number s delivered and the date 4a. Article Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 1. Addressee's Address 4b. Service Type Registered 1. Insured 1. Consult postmaster for fee. 1. Consult postmaster fore

.

•

	SENDER:		I also wish to receive the
	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> </ul>		following services (for an extra
C	<ul> <li>Print your name and address on the reverse of this form so the</li> </ul>	at we can	fee):
T	eturn this card to you. • Attach this form to the front of the mailpiece, or on the back	f space	1. 🗌 Addressee's Address
	does not permit.		
•	• Write "Return Receipt Requested" on the mailpiece below the art	icle number.	2. 🗋 Restricted Delivery
	<ul> <li>The Return Receipt will show to whom the article was delivered a delivered.</li> </ul>	no the date	Consult postmaster for fee.
2	3. Article Addressed to:	4a. Art	icle Number NS for Sec
		P150	7.426-942 18419
		4h Ser	vice Type
9	Betty Brewer Chumney	Regi	
	200 Mercantile Nat. Bank Bldg.	Cert	_
S			ress Mail Return Receipt for
	40 NE Loop 410 San Antonio, TX 78216	i i	Merchandise
	San Antonio, TX 78216	7. Date	e of Delivery
đ		5	-20-95
	5. Signature (Addressee)	8. Add	ressee's Address (Only if requeste
	Air William NT	and	fee is paid)
	Cinetia (Anoni)	4	
	6. Signature (Agent)		
200			OMESTIC RETURN RECEIP
n N	PS Form <b>3811</b> , December 1991 <b>*</b> U.S. GPO: 1993-35		UNESTIC RETORN RECEIP
; '	SENDER	·····	Τ
	Complete items 1 and/or 2 for additional services.		I also wish to receive the
>	<ul> <li>Complete items 3, and 4a &amp; b.</li> </ul>		following services (for an extra
) 	<ul> <li>Print your name and address on the reverse of this form so the return this card to you.</li> </ul>	et we can	fee):
5	• Attach this form to the front of the mailpiece, or on the back	if space	1. 🗋 Addressee's Address
)	<ul> <li>does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the art</li> </ul>	icle number	
	· The Return Receipt will show to whom the article was delivered a		Z. LI Heathered Denvery
•	delivered.		Consult postmaster for fee.
5	3. Article Addressed to:	48. Art	icle Number NS fn Socs
novordinoo		P.D.	7-437-066 18+17
	Union Pacific Resources Company		
}	Attn: Paul Dowden	1 C 2 -	stered Insured
2	_	K Cert	
	P.O. Box 7		ess Mail  Return Receipt for Merchandise
5	Fort Worth, TX 76101-0007	7. Date	e of Delivery
Į,			MAR 2 0 1995
	5. Signature (Addressee)	8. Add	ressee's Address (Only if requested
		l and	fee is paid)
5			
5	6 Signature (Agant)		
5	6. Signature (Agent)		
	6. Signature (Agent) PS Form <b>3811</b> , December 199 RU.S. GPO: 1993-35		OMESTIC RETURN RECEIPT
is your ner U			
	PS Form <b>3811</b> , December 199 4U.S. GPO: 1993-35		OMESTIC RETURN RECEIP
and is long uniter of	PS Form <b>3811</b> , December 199 AU.S. GPO: 1993-35. <b>SENDER:</b> • Complete items 1 and/or 2 for additional services.		OMESTIC RETURN RECEIP
	PS Form 3811, December 199 AU.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	2-714 D	OMESTIC RETURN RECEIPT I also wish to receive the following services (for an extra
	PS Form <b>3811</b> , December 199 AU.S. GPO: 1993-35. <b>SENDER:</b> • Complete items 1 and/or 2 for additional services.	2-714 D	OMESTIC RETURN RECEIPT I also wish to receive the following services (for an extra fee):
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back	2-714 D	OMESTIC RETURN RECEIPT I also wish to receive the following services (for an extra
	PS Form 3811, December 199 AU.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit.	2-714 D at we can if space	OMESTIC RETURN RECEIPT I also wish to receive the following services (for an extra fee): 1.
	PS Form 3811, December 199 & U.S. GPO: 1993-35 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt will show to whom the article was delivered a	2-714 Dr at we can if space ticle number	OMESTIC RETURN RECEIP I also wish to receive the following services (for an extra fee): 1.
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt will show to whom the article was delivered a delivered.	2-714 Do at we can if space ticle number and the date	OMESTIC RETURN RECEIPT
	PS Form 3811, December 199 & U.S. GPO: 1993-35 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt will show to whom the article was delivered a	2-714 Do at we can if space ticle number and the date	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Sec.
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt will show to whom the article was delivered a delivered.	2-714 Do at we can if space ticle number and the date	OMESTIC RETURN RECEIPT
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt will show to whom the article was delivered a delivered.	at we can if space incle number and the date 4a. Art P./S.9 4b. Ser	I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Sec.         -437-080       18→19
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Elizabeth H. Chumney	at we can if space iicle number and the date 4a. Art P/S9 4b. Ser Bregi	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       /8419         rvice Type       Insured
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt Requested" on the mailpiece below the art • The Return Receipt Will show to whom the article was delivered a delivered. 3. Article Addressed to: Elizabeth H. Chumney 40 NE Loop 410	at we can if space incle number and the date 4a. Art P./S.9 4b. Ser	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       18419         rvice Type       Insured         ified       COD
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Elizabeth H. Chumney	at we can if space ticle number and the date 4a. Art P/S9 4b. Ser Regi	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       18419         rvice Type       Insured         ified       COD         ress Mail       Return Receipt for
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt Requested" on the mailpiece below the art • The Return Receipt Will show to whom the article was delivered a delivered. 3. Article Addressed to: Elizabeth H. Chumney 40 NE Loop 410	at we can if space ind the date 4a. Art P/S9 4b. Ser Regi Regi Cert Expr	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       18419         rvice Type       Insured         ified       COD         ress Mail       Return Receipt for Merchandise
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt Requested" on the mailpiece below the art • The Return Receipt Will show to whom the article was delivered a delivered. 3. Article Addressed to: Elizabeth H. Chumney 40 NE Loop 410	at we can if space ind the date 4a. Art P/S9 4b. Ser Regi Regi Cert Expr	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       18419         rvice Type       Insured         ified       COD         ress Mail       Return Receipt for
	PS Form 3811, December 199 AU.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the ard • The Return Receipt Will show to whom the article was delivered a delivered. 3. Article Addressed to: Elizabeth H. Chumney 40 NE Loop 410 San Antonio, TX 78216	at we can if space icle number and the date 4a. Art P/S 4b. Ser Regi Ab. Ser Regi Cert Expr 7. Date	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       18+19         rvice Type       Insured         ified       COD         ess Mail       Return Receipt for Merchandise         of Delivery       9.5
	PS Form 3811, December 199 & U.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the art • The Return Receipt Requested" on the mailpiece below the art • The Return Receipt Will show to whom the article was delivered a delivered. 3. Article Addressed to: Elizabeth H. Chumney 40 NE Loop 410	at we can if space iicle number and the date 4a. Art 4b. Ser 4b. Ser Regi X Cert Expr 7. Date 8. Add	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       /8419         rvice Type       Insured         ified       COD         ess Mail       Return Receipt for Merchandise         of Delivery       9 5         ressee's Address (Only if requested)
VDDUEDO COMBINICION ON MILE LOADIDE DINE: 12 JOIN UELO	PS Form <b>3811</b> , December 199 <b>AU.S. GPO: 1993–35</b> <b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the arti- • The Return Receipt Requested" on the mailpiece below the arti- • Write "Return Receipt Will show to whom the article was delivered a delivered. 3. Article Addressed to: El izabeth H. Chumney 40 NE Loop 410 San Antonio, TX 78216 5. Signature (Addressee) <i>Current Mathematical Stressee</i>	at we can if space iicle number and the date 4a. Art 4b. Ser 4b. Ser Regi X Cert Expr 7. Date 8. Add	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       18+19         rvice Type       Insured         ified       COD         ess Mail       Return Receipt for Merchandise         of Delivery       9.5
	PS Form 3811, December 199 AU.S. GPO: 1993-355 SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the arti- • The Return Receipt Will show to whom the article was delivered a delivered. 3. Article Addressed to: Elizabeth H. Chumney 40 NE Loop 410 San Antonio, TX 78216	at we can if space iicle number and the date 4a. Art 4b. Ser 4b. Ser Regi X Cert Expr 7. Date 8. Add	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       N S for Second         -437-080       /8419         rvice Type       Insured         ified       COD         ess Mail       Return Receipt for Merchandise         of Delivery       9 5         ressee's Address (Only if requested)

	·		
	• Sender: • Complete items 1 and/or 2 for additional services.		l also wish to receive the
	• Complete items 3, and 4a & b.		following services (for an extra
	<ul> <li>Print your name and address on the reverse of this form so</li> <li>return this card to you.</li> </ul>	that we can	fee):
	Attach this form to the front of the mailpiece, or on the ba	ck if space	following services (for an extra fee): 1. $\Box$ Addressee's Address 2. $\Box$ Restricted Delivery Consult postmaster for fee. ticle Number NS for Seco. 59-437-078 18+19 prvice Type
	• Write //Deturn Reseint Requested'/ on the mailnings helpsy the	article number	2, C Restricted Delivery
	The Return Receipt will show to whom the article was delivered		Consult postmaster for fee.
	5 delivered. 3. Article Addressed to:	4a. Ar	ticle Number NS for Seco.
		1	-437-078 18×19 5
	eld		rvice Type
	5 India B. Chumney de Marigny		istered 🛛 Insured
	0 40 NE Loop 410	Cert	tified COD
	San Antonio, TX 78216		ress Mail 🔲 Return Receipt for 🕱
	NO CONTRACTOR OF	7 Dat	Merchandise 5
		1. 20	-90-90
	3. Article Addressed to: India B. Chumney de Marigny 40 NE Loop 410 San Antonio, TX 78216 5. Signature (Addressee) <u>Wwwwwwwwwwwwwwww</u> 6. Signature (Agent)		istered ☐ Insured tified ☐ COD ress Mail ☐ Return Receipt for Merchandise e of Delivery - 20 - 95 Iressee's Address (Only if requested fee is paid)
	5. Signature (Addressee)	and	fee is paid)
	E Clore Wallamon		a L
	6. Signature (Agent)		F
	PS Form 3811, December 1991 +U.S. GPO: 1993-	-352-714 D	OMESTIC RETURN RECEIPT
3	SENDER:	<u> </u>	
Cobio 2	Complete items 1 and/or 2 for additional services.		I also wish to receive the
Ş	<ul> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so the second se</li></ul>	bat we can	following services (for an extra
0040104	return this card to you.	1	fee):
		if space	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Cle Number NS Seco 18 2-437-062 919 vice Type
ļ	Write "Return Receipt Requested" on the mailpiece below the a		2. 🗋 Restricted Delivery
	<ul> <li>The Return Receipt will show to whom the article was delivered delivered.</li> </ul>	and the date	Consult postmaster for fee.
	3. Article Addressed to:		cle Number NS Seco 18 a
		P-15	1-437-062 219 5
	R. P. Brewer Estate	4b. Serv	vice Type
Ş	40 NE Loop 410	Regis	tered ( (nsured
ç	San Antonio, TX 78216	K Certif	iied 🗆 COD .c
ant an lotod an the		Expre	fied COD Constant Con
ğ		7. Date	of Delivery
		1 3	-20.95
• 2	5. Şignature (Addresşeş)	8. Addr	essee's Address (Only if requested 👱 🗉
Ē	ALL WITAMSON	and f	ee is paid)
Ĩ	6. Signature (Agent)	-1	Ē.
-	PS Form 3811, December 1991 +U.S. GPO: 1993-3	52-714 DC	MESTIC RETURN RECEIPT
'			
~			
side?	SENDER: • Complete items 1 and/or 2 for additional services.		I also wish to service the
0	<ul> <li>Complete items 3, and 4a &amp; b.</li> </ul>	4	l also wish to receive the following services (for an extra 👷
ers	<ul> <li>Print your name and address on the reverse of this form so the return this card to you.</li> </ul>		
reverse	<ul> <li>Attach this form to the front of the mailpiece, or on the back i</li> </ul>		1. Addressee's Address
Ð	<ul> <li>does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article of the second seco</li></ul>	1	
Ę	The Return Receipt will show to whom the article was delivered a	nd the date	2. 🗌 Restricted Delivery
lon	delivered. 3. Article Addressed to:		Consult postmaster for fee.
Ĕ	5. Article Addressed (0.	4a. Article	e Number IVS GOI Sees
ple		1134-	Image: Consult postmaster for fee.         Point postmaster for fee.         Image: Consult postmast
Ę	Winifred Chumney Meaden	4b. Servic	се Туре
8	40 NE Loop 410		
SS	San Antonio, TX 78216	Certifie	
E		Expres	s Mail  Return Receipt for  Merchandise
0		7. Date of	f Delivery
<b>RETURN ADDRESS</b> completed	•	2-5	ad     COD     Constant       s Mail     Return Receipt for Merchandise     Second Secon
E	5. Signature (Addressee)	8. Addres	see's Address (Only if requested
P	(Dre Williamson)	and fee	e is paid)
2	6. Signature (Agent)	I	– 두
your			
s yc	PS Form 3811, December 1991 ±U.S. GPO: 1993-352-	714 DOM	MESTIC RETURN RECEIPT

.

•

, ,

2	SENDER			-
, Pic	• Complete items 1 and/or 2 for additional services.		I also wish to receive the	
		that we can	following services (for an extra	ice.
	return this card to you.	-1. 16		Se
		ск и space	1. L Addressee's Address	Ŝ
4	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the</li> <li>The Return Receipt will show to whom the article was delivered</li> </ul>	article number	2. 🗌 Restricted Delivery	eip
			following services (for an extra fee): 1.	_ õ
7	<b>3.</b> Article Addressed to:	4a. Art	ticle Number NS Seco 189	$\mu_{\rm E}$
-		P-1-	59-437-061 19	Ē,
	Pendragon Resources L.P.	4b. Se   □_Reg	rvice Type istered 🛛 Insured	Re
	al 1600 Broadway, Suite 1950	Cert		βΰ
č	Denver, CO 80202		ress Mail Return Receipt for	usi
Ĩ		7 Det	Merchandise	- <u>5</u>
ġ		7. Date	e of Delivery	3
	delivered. 3. Article Addressed to: Pendragon Resources L.P. 1600 Broadway, Suite 1950 Denver, CO 80202 5. Signature (Addressee) 6. Signature (Addressee)	8 644	istered Insured ified COD ress Mail Return Receipt for Merchandise e of Delivery ressee's Address (Only if requested fee is paid)	- 2
	5. Signature (Addressee)	and	fee is paid)	, Å
	6. Signetuce (Agent)	{		Ţ
				-
	PS Form 3811, December 1991 +U.S. GPO: 1993-	352.714 D	OMESTIC RETURN RECEIPT	Ē
` <u></u> ^			OWESTIC RETORN RECEIP	I 
side?	SENDER:		I also wish to receive the	••
	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> </ul>			ġ
arse	· Print your name and address on the reverse of this form so the	hat we can	fee):	2
reverse	return this card to you. • Attach this form to the front of the mailpiece, or on the back	if space	1. 🛛 Addressee's Address	Ser
	<ul> <li>does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the ar</li> </ul>	rticle number		Ĕ.
n the	• The Return Receipt will show to whom the article was delivered		2. Restricted Delivery	Return Receipt Service
ADDRESS completed on	delivered. 3. Article Addressed to:	4a Artic	Consult postmaster for fee.	н Н
tec			1.421-177 184-19	Ē
eld		4b. Serv		etr
E	R. P. Brewer III Estate	C Regis	tered i insured	
s S	200 Mercantile Nat. Bank Bldg.	🕅 Certif	ied 🗍 COD .	<u>g</u> ng
ES.	40 NE Loop 410	Expre	ss Mail 🔲 Return Receipt for	SU
Б	San Antonio, TX 78216	7. Date	Merchandise of Delivery	for using
A		3-	90-95	you
Ž	5. Signature (Addressee)	8. Addre	essee's Address (Only if requested	ž
5	5. Signature (Addressee)		ee is paid)	lan
Ш Ш	6. Signature (Agent)	1	·	Ē
your RETUR		}		
×	PS Form 3811, December 1991 +U.S. GPO: 1993-3	52-714 DO	MESTIC RETURN RECEIPT	
side?	SENDER:			
sic	<ul> <li>Complete items 1 and/or 2 for additional services.</li> </ul>		I also wish to receive the	
rse .	<ul> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that</li> </ul>		ollowing services (for an extra estra est	
୍ତା	eturn this card to you. • Attach this form to the front of the mailpiece, or on the back in		1. 🛛 Addressee's Address	
e ce	loes not permit.		collowing services (for an extra ge):         1.       Addressee's Address         2.       Restricted Delivery         consult postmaster for fee.         Number         437-065	
· •• •	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the arti</li> <li>The Return Receipt will show to whom the article was delivered and</li> </ul>	cle number.	2. 🛛 Restricted Delivery	•
5 9	elivered.		onsult postmaster for fee.	
ted	3. Article Addressed to:	4a. Article	Number	
plet			437-065	
Ĩ	Robert L. Bayless	4b. Servic	red 🗍 Insured	
ŭ	P.O. Box 168	Certifie	d COD	)
ESS	Farmington, NM 87499	Express	()	
DRI			Merchandise 5	
ADDRESS completed on		7. Date of		
· · · · · ·	. Signatura (Addiestee)		see's Address (Only if requested a spaid)	•
۳Ľ,	5. Signature (Addiestee)		see's Address (Only if requested	
	Suparure (Anenit	,	L Participation of the second s	
Your RETURN	5. Sygnaturé (Agent)	-	-	
NO A	S Form <b>3811</b> , December 1991 ★U.S. GPO: 1993-352-	714 DOM	MESTIC RETURN RECEIPT	
~ '			NESTIC RETURN RECEIPT	

•

· · ·

-

side	• Complete items 1 and/or 2 for additional services.		I also wish to receive th following services (for an extr
Se -	<ul> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this myso</li> </ul>	thet we can	fee):
			🔹 1. 🗌 Addressee's Address
	Attach this form to the front of the mailpiece, and the bac does not permit.		· · · · ·
~	we we have been start been start on the mailplace wow und	artillenumber	2. C Restricted Delivery
- <del>-</del> -	<ul> <li>The Return Receipt will show to whom the article was delivered</li> </ul>		Consult postmaster for fee.
••••	delivered. 3. Article Addressed to:	4a. Art	icle Number NE for Sec
completed	3. Allicie Addiesood ter	$\rho_{l}$	59-427-076 18+
let		4b. Se	rvice Type
đ	Ciniza Prod. Co.	Reg	
ō	P.O. Box 2810	X Cert	
ŝ			Result Receipt to
ADDRESS	Farmington, NM 87499	HID EXP	
B		7. Dat	e of Delivery 21 0
8			100r 1
	5. Signature (Addressee)	8. Add	iressee's Address (Only if reques
URN	5. Signature (Addressee)	and and	fee is paid.
Ē			
RET	6. Signatura (Agent)		
our	Trilly somew		AND
2	PS Form 3811, December 1991 #U.S. GPO: 1993-	-352-714	OMESTIC RETURN RECE
Ś			
6	SENDER:		
ä.	<ul> <li>Complete items 1 and/or 2 for additional services.</li> </ul>		I also wish to receive th
	<ul> <li>Complete items 3, and 4a &amp; b.</li> </ul>	that we can	following services (for an extr
510	<ul> <li>Print your name and address on the reverse of this form so return this card to you.</li> </ul>		fee):
reverse	<ul> <li>Attach this form to the front of the mailpiece, or on the bac</li> </ul>	k if space	1. 🗋 Addressee's Address
	<ul> <li>does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the second seco</li></ul>	erticle number.	
the	<ul> <li>Write "Return Receipt nequested" on the maliplece below measurement of th</li></ul>	d and the date	
5 :	delivered.		Consult postmaster for fee.
ADDRESS completed on	3. Article Addressed to:	4a. Art	icle Number NS for Se
et.		P154	1-437-081 18419
Ĕ.	Ameritrust Texas NA, Trustee		vice Type
50	Ameritrust lexus int or a	🛛 🗌 Regi	stered 🛛 Insured
0	Fleming Rev. Trust Agreement	Cert	ified 🗌 COD
ŝ	P.O. Box 33400		ess Mail 🛛 Return Receipt for
	San Antonio, TX 78265		Merchandise
		7. Date	of Delivery 3-21-9
4		TC	t thuree_
	5. Signature (Addressee)		
	5. Signature (Addressee)		ressee's Address (Unly if request fee is paid)
	<ol> <li>Signature (Addressee)</li> <li>Signature (Agent)')</li> </ol>		
RETUI	6. Signature (Agent)		
our <u>RETUI</u>	6. Signature (Agent)	and	fee is paid)
our <u>RETUI</u>	6. Signature (Agent)	and	fee is paid)
your RETUI	6. Signature (Agent)	and	fee is paid)
Is your RETUI	6. Signature (Agent) PS Form 3811, December 1991 #U.S. GPO: 1993-	and	fee is paid)
Is your RETUI	6. Signature (Agent) PS Form 3811, December 1991 #U.S. GPO: 1993-	and	fee is paid) OMESTIC RETURN RECEI
e side? Is your RETUI	6. Signature (Agent) PS Form 3811, December 1991 #U.S. GPO: 1993-	and	fee is paid) OMESTIC RETURN RECEI
e side? Is your RETUI	6. Signature Agent) PS Form 3811, December 1991 ±U.S. GPO: 1993- SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & U. () • Print your name and address on the reverse of this form so	and 352-714 D	fee is paid) OMESTIC RETURN RECEI
e side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U.G. 1</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> </ul>	and 352-714 D	fee is paid) OMESTIC RETURN RECEI I also wish to receive the following services (for an extra fee):
reverse side? Is your RETU	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 ±U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. 7, 7</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac does not permit.</li> </ul>	and 352-714 D that we can k if space	fee is paid) OMESTIC RETURN RECEI I also wish to receive the following services (for an extra
he reverse side? Is your RETU	<ul> <li>6. Signature Agent, Signature Agent, Score and Score and</li></ul>	and 352-714 D that we can k if space article number.	fee is paid) OMESTIC RETURN RECEI
the reverse side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. (and 1)</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bacdoes not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the attract the service of the se</li></ul>	and 352-714 D that we can k if space article number.	fee is paid) OMESTIC RETURN RECEI I also wish to receive the following services (for an extra fee): 1.
the reverse side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U.c.<sup>1</sup></li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bacdoes not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the to the the article was delivered delivered.</li> </ul>	and 352-714 D that we can k if space article number. d and the date	fee is paid) OMESTIC RETURN RECEI I also wish to receive the following services (for an extra fee): 1.
the reverse side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. (and 1)</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bacdoes not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the attract the service of the se</li></ul>	and 352-714 D that we can k if space article number. d and the date	fee is paid) OMESTIC RETURN RECEI I also wish to receive the following services (for an extra fee): 1.
the reverse side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 ±U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U.7.<sup>3</sup></li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the attack of the Return Receipt will show to whom the article was delivered delivered.</li> <li>Article Addressed to:</li> </ul>	that we can k if space article number. d and the date 4a. Arti	fee is paid) OMESTIC RETURN RECEIN I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I S for Sec 9 - 437-068 18+19
the reverse side? Is your RETUI	<ol> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ()</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bacdoes not permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach environment.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attaches and the second permit.</li> <li>Article Addressed to:</li> <li>Norcen Explorer, Inc.</li> </ol>	that we can k if space article number. d and the date 4a. Arti	fee is paid) OMESTIC RETURN RECEIN I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I also wish to receive the fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I also Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I also Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I also Addressee's Address I also Addressee's Addressee's Address I also Addressee's Ad
the reverse side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ()</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac does not permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt will show to whom the article was delivered delivered.</li> <li>3. Article Addressed to:</li> <li>Norcen Explorer, Inc.</li> <li>Attac: Dianne L. Adiska</li> </ul>	that we can k if space article number. d and the date 4a. Arti 4b. Ser Regis	fee is paid) OMESTIC RETURN RECEIN I also wish to receive the following services (for an extra fee): 1.
the reverse side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ()</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac does not permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt will show to whom the article was delivered delivered.</li> <li>3. Article Addressed to:</li> <li>Norcen Explorer, Inc.</li> <li>Attac: Dianne L. Adiska</li> </ul>	that we can k if space article number d and the date 4a. Arti 4b. Ser Regis	fee is paid) OMESTIC RETURN RECEI I also wish to receive th following services (for an extr fee): 1.
the reverse side? Is your RETU	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ()</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bacdees not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the text of the text of the service of the service</li></ul>	that we can k if space article number d and the date 4a. Arti 4b. Ser Regis	fee is paid) OMESTIC RETURN RECEIN I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number NS for Sec 9-437-068 18+19 vice Type stered Insured fied COD ess Mail Return Receipt for
the reverse side? Is your RETU	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ()</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac does not permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attack the second permit.</li> <li>Write 'Return Receipt will show to whom the article was delivered delivered.</li> <li>3. Article Addressed to:</li> <li>Norcen Explorer, Inc.</li> <li>Attac: Dianne L. Adiska</li> </ul>	and 352-714 D that we can k if space article number. d and the date 4a. Arti Ab. Ser Regis X Certi Expression	fee is paid) OMESTIC RETURN RECEIN I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I also wish to receive the fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I also wish to receive the fee is paid I also wish to receive the I also wish to receive the Addressee's Address I also wish to receive the Addressee's Address I also wish to receive the I also wish to recei
the reverse side? Is your <u>RETUI</u>	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ()</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bacdees not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the text of the text of the service of the service</li></ul>	and 352-714 D that we can k if space article number. d and the date 4a. Arti Ab. Ser Regis X Certi Expression	fee is paid) OMESTIC RETURN RECEIN I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number NS for Sec 9-437-068 18+19 vice Type stered Insured fied COD ess Mail Return Receipt for
ADDRESS completed on the reverse side? Is your RETU	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ?, ?</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac does not permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>S. Article Addressed to:</li> <li>Norcen Explorer, Inc.</li> <li>Attn: Dianne L. Adiska 200 Westlake Park Blvd., Suite 800 Houston, TX 77079-2653</li> </ul>	that we can k if space article number. d and the date 4a. Arti 4b. Ser Regis X Certi Expro 7. Date	fee is paid) OMESTIC RETURN RECEI I also wish to receive th following services (for an extr fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number NS for Sec 9-437-068 /8+19 vice Type stered Insured fied COD ess Mail Return Receipt for Merchandise
ADDRESS completed on the reverse side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ()</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bacdees not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the text of the text of the service of the service</li></ul>	that we can k if space article number d and the date 4a. Arti 4b. Ser Regis A Certi Expro 7. Date 8. Addi	fee is paid) OMESTIC RETURN RECEI I also wish to receive th following services (for an extr fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. I also wish to receive the fee is paid I also wish to receive the fee is paid I also wish to receive the fee is paid I also wish to receive the Addressee's Address I also wish to receive the I also wish to receive the fee is paid I also wish to receive the I also w
ADDRESS completed on the reverse side? Is your RETUI	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U.A. 1</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the attached the second permit.</li> <li>Write "Return Receipt will show to whom the article was delivered delivered.</li> <li>3. Article Addressed to:</li> <li>Norcen Explorer, Inc. Attn: Dianne L. Adiska 200 Westlake Park Blvd., Suite 800 Houston, TX 77079-2653</li> <li>5. Signature (Addressee)</li> </ul>	that we can k if space article number d and the date 4a. Arti 4b. Ser Regis A Certi Expro 7. Date 8. Addi	fee is paid) OMESTIC RETURN RECEIN I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number NS for 200 9437-068 /8+19 vice Type stered Insured fied COD ess Mail Return Receipt for Merchandiso
TURN ADDRESS completed on the reverse side? Is your RETU	<ul> <li>6. Signature (Agent)</li> <li>PS Form 3811, December 1991 #U.S. GPO: 1993-</li> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; U. ?, ?</li> <li>Print your name and address on the reverse of this form so return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac does not permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested' on the mailpiece below the attach the second permit.</li> <li>Write 'Return Receipt Requested'.</li> <li>Article Addressed to:</li> <li>Norcen Explorer, Inc.</li> <li>Attn: Dianne L. Adiska 200 Westlake Park Blvd., Suite 800 Houston, TX 77079-2653</li> </ul>	that we can k if space article number d and the date 4a. Arti 4b. Ser Regis A Certi Expro 7. Date 8. Addi	I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         Consult postmaster for fee.         icle Number       NS for Soc         9437-068       18+19         vice Type       Insured         fied       COD         ess Mail       Return Receipt for Merchandise         of/Delivery       Soc

`

.

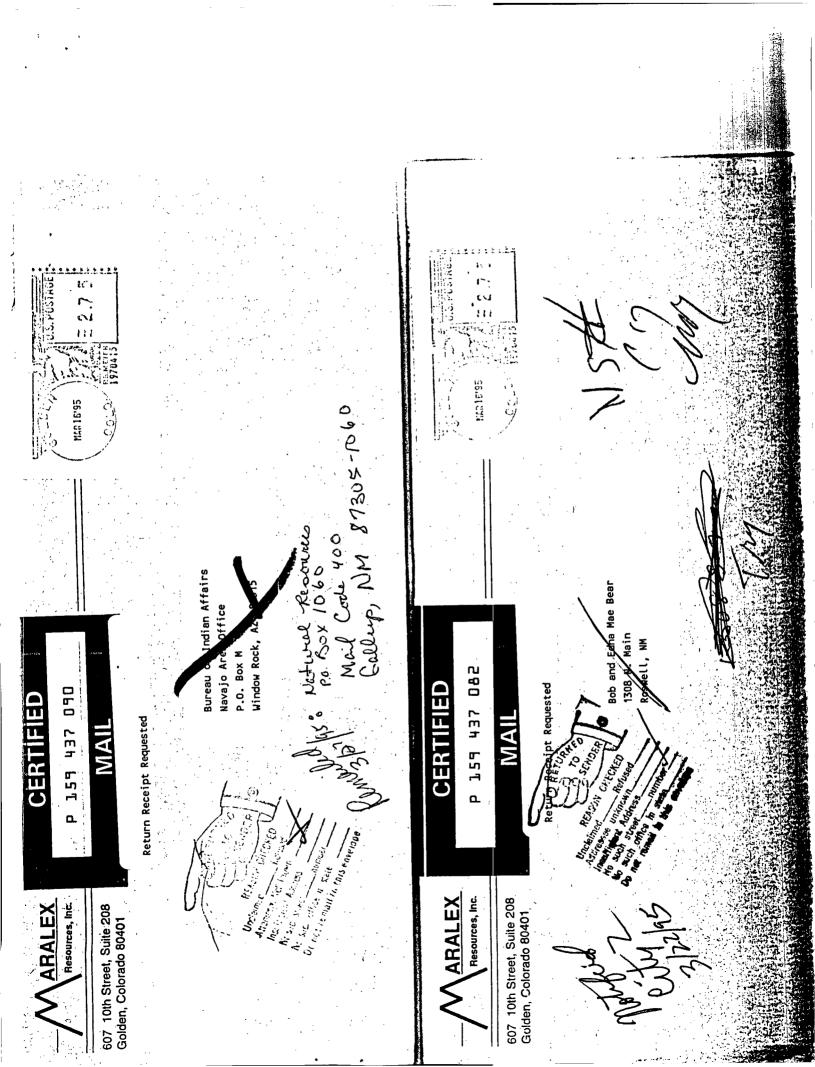
SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         5       Signature (Addressee)       I also wish to receive the following services (fo	Receipt Service. I II mank you for using Return Receipt Service.
<ul> <li>Complete items 3, and a &amp; b.</li> <li>Point your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space delivered.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>Write "Return Receipt will show to whom the article was delivered and the date delivered.</li> <li>Article Addressed to:</li> <li>MI rust Corp., Trustee for elivered for elivered.</li> <li>B. Addressee's Address in the reverse of this form so that we can return this card to you.</li> <li>Signature (Addressee)</li> <li>Addressee's Address (Only if requester and fee is path)</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece below the article number.</li> <li>Addressee's Addresse's Addre</li></ul>	Receipt Service.
<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space</li> <li>Write 'Return Receipt Requested'' on the mailpiece below the article number.</li> <li>Write 'Return Receipt Requested' on the mailpiece below the article number.</li> <li>Article Addressed to:</li> <li>The Return Receipt Requested to:</li> <li>Article Addressed to:</li> <li>Addressee's Address</li> <li>Addressee's Address (Only if requested and fee is paidl.</li> <li>Article Addressee)</li> <li>Signature (Addressee)</li> <li>Addressee's Address (Only if requested and fee is paidl.</li> <li>Article Addressee)</li> <li>Addressee's Address (for an extra fee):</li> <li>Attach this form to the front of the mailpiece, or on the back if space</li> <li>Addressee's Address</li> <li>Addressee</li></ul>	Receipt Service.
<ul> <li>a return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>a. Attach this form to the front of the mailpiece below the article number.</li> <li>b. Mite "Return Receipt Requested" on the mailpiece below the article number.</li> <li>c. B. Restricted Delivery Consult postmaster for fee.</li> <li>d. Signature (Addressee)</li> <li>b. Signature (Addressee)</li> <li>c. Signature (Addressee)</li> <li>c. Signature (Addressee)</li> <li>d. Attach this form to the front of the mailpiece, or on the back if space</li> <li>d. Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>d. Attach this form to the front of the mailpiece below the article number.</li> <li>d. Attach this form to the front of the mailpiece below the article number.</li> <li>d. Attach this form to the front of the mailpiece below the article number.</li> <li>d. Attach this form to the front of the mailpiece below the article number.</li> <li>d. Addressee's Address 2. [] Restricted Delivery Consult postmaster for fee.</li> <li>d. Addressee's Address 2. [] Restricted Delivery Consult postmaster for fee.</li> </ul>	Receipt Service.
Write "Return Receipt Requested" on the meilpiece below the article number: The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: Wirte "Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: Wirte "Return Receipt Requested" on the meilpiece below the article number: Article Addressed to: 48. Article Number: Article Number: Article Addressed to: 9.0. Box 900 9.0. Box 900 San Antonio, TX 78293 5. Signature (Addressee) 8. Addressee's Address (Only if requester and fee is paid) 9. Service (Addressee) 8. Addressee's Address (Only if requester and fee is paid) 9. Storm 3811, December 1991 xUS. GPO: 1993–352-714 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Write "Return Receipt Requested" on the meilpiece, or on the back if space does not permit. 9. Write "Return Receipt Requested" on the meilpiece below the article number. 1. Addressee's Addresse's Address 2. Restricted Delivery 1. Addressee's Address 2. Restricted Delivery 1. Addressee's Address 2. Restricted Delivery 2. Restricted Delivery 3. Article items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional service	Receipt Service.
Withe "Return Receipt Requested" on the meilpiece below the article number: The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: 48. Article Tumber: Article Addressed to: 48. Article Tumber: Article Addressed to: 48. Article Tumber: Association of the second and the date delivered. 5. Signature (Addressee) 5. Signature (Addressee) 8. Addressee's Address (Only if requested and fee is paid) 7. Date of Delivery 7. Date of Delivery 7. Date of Delivery 7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid) 9. Sport 3811, December 1991 xUS. GPO: 1993–352-714 9. OMESTIC RETURN RECEIP 1. also wish to receive the following services (for an extra fee): 1. Addressee's Addresse's Address 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Complete items 1 and/or 2 for additional services. 9. Write "Return Receipt Requested" on the meilpiece, or on the back if space does not permit. 9. Write "Return Receipt Requested" on the article was delivered and the date delivered. 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
The Return Receipt will show to whom the article was delivered. The Return Receipt will show to whom the article was delivered and the date Consult postmaster for fee. Pison Sec. Pis	Receipt Service.
3. Article Addressed to:       48. Article Number NS for Sec.         3. Article Addressed to:       9159-437-085       18410         41. Service Type       18410         42. Article Number NS for Sec.       18410         43. Article Number NS for Sec.       18410         44. Service Type       18410         44. Service Type       18410         45. Service Type       18410         5. Signature (Addressee)       18410         5. Signature (Addressee)       8. Addressee's Address (Only if requeste and fee is paidle         6. Signature (Agent)       191         45. Service Type       18410         46. Signature (Addressee)       8. Addressee's Address (Only if requeste and fee is paidle         5. Signature (Address on the reverse of this form so that we can return this card to you.       1         6. Stroplete items 1 and/or 2 for additional services.       1         7. Dete this form to the front of the mailpiece, or on the back if space does not permit.       1         8. Addressee's Address on the reverse of this form so that we can return theceipt Requested'' on the	Receipt Service. Thank you for using Return
3. Article Addressed to: <i>P</i> 159-437-085	Receipt Service.
Signature (Addressee) 5. Signature (Addressee) 6. Signature (Addressee) 7. Date of Delivery 7. Date of Delivery 7. Date of Delivery 8. Addressee's Address (Only if requestered and fee is paid) 9. Form 3811, December 1991 ±U.S. GPO: 1993–352-714 9. SENDER: <ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt Requested" on the mailpiece below the article number.</li> <li>Consult postmaster for fee.</li> </ul>	Receipt Service.
Signature (Addressee)       B. Addressee's Address (Only if requeste and fee is paid)         6. Signature (Addressee)       8. Addressee's Address (Only if requeste and fee is paid)         7. Date of Delivery       9.0. Box 900         8. Addressee's Address (Only if requeste and fee is paid)       9.1. Post of Delivery         9. Signature (Addressee)       1. I also wish to receive the following services (for an extra fee):         9. Complete items 1 and/or 2 for additional services.       1. also wish to receive the following services (for an extra fee):         9. Attach this form to the front of the mailpiece, or on the back if space does not permit.       1. Addressee's Address         9. Write "Return Receipt Requested" on the mailpiece below the article number.       1. Addressee's Address         9. Write "Return Receipt Requested" on the mailpiece below the article number.       2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
Signature (Addressee)       B. Addressee's Address (Only if requeste and fee is paid)         6. Signature (Addressee)       8. Addressee's Address (Only if requeste and fee is paid)         7. Date of Delivery       9.0. Box 900         8. Addressee's Address (Only if requeste and fee is paid)       9.1. Post of Delivery         9. Signature (Addressee)       1. I also wish to receive the following services (for an extra fee):         9. Complete items 1 and/or 2 for additional services.       1. also wish to receive the following services (for an extra fee):         9. Attach this form to the front of the mailpiece, or on the back if space does not permit.       1. Addressee's Address         9. Write "Return Receipt Requested" on the mailpiece below the article number.       1. Addressee's Address         9. Write "Return Receipt Requested" on the mailpiece below the article number.       2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
P.O. Box 900         San Antonio, TX 78293         Date of Delivery         7. Date of Delivery         6. Signature (Addressee)         8. Addressee's Address (Only if requeste and fee is paid)         9. Senders         8. Addressee's Address (Only if requeste and fee is paid)         9. Complete items 1 and/or 2 for additional services.         9. Complete items 1 and/or 2 for additional services.         9. Complete items 1 and/or 2 for additional services.         9. Complete items 3, and 4a & b.         9. Print your name and address on the reverse of this form so that we can return this card to you.         9. Attach this form to the front of the mailpiece, or on the back if space does not permit.         9. Write "Return Receipt Requested" on the mailpiece below the article number.         9. Write "Return Receipt will show to whom the article was delivered and the date delivered.	Receipt Service.
<ul> <li>5. Signature (Addressee)</li> <li>6. Signature (Agent)</li> <li>7. PS Form 3811, December 1991 ±U.S. GPO: 1993–352-714</li> <li>7. Complete items 1 and/or 2 for additional services.</li> <li>7. Complete items 3, and 4a &amp; b.</li> <li>7. Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>7. Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>7. Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested on the article was delivered and the date delivered.</li> </ul>	Receipt Service.
<ul> <li>5. Signature (Addressee)</li> <li>6. Signature (Agent)</li> <li>7. PS Form 3811, December 1991 ±U.S. GPO: 1993–352-714</li> <li>7. Complete items 1 and/or 2 for additional services.</li> <li>7. Complete items 3, and 4a &amp; b.</li> <li>8. Addressee's Address (Only if requested re</li></ul>	Receipt Service.
<ul> <li>5. Signature (Addressee)</li> <li>6. Signature (Agent)</li> <li>7. Signature (Agent)</li> <li>8. Addressee's Address (Only if requester and fee is paid)</li> <li>8. Addressee's Address (Only if requester and fee is paid)</li> <li>9. PS Form 3811, December 1991 ±U.S. GPO: 1993–352-714</li> <li>7. SENDER:</li> <li>9. Complete items 1 and/or 2 for additional services.</li> <li>9. Complete items 3, and 4a &amp; b.</li> <li>9. Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>9. Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>9. Write "Return Receipt Requested" on the meilpiece below the article number.</li> <li>9. The Return Receipt Requested" on the meilpiece below the article number.</li> <li>9. The Return Receipt Requested" on the meilpiece below the article number.</li> <li>9. The Return Receipt Requested" on the meilpiece below the article number.</li> <li>9. The Return Receipt Requested" on the meilpiece below the article number.</li> <li>9. The Return Receipt Requested" on the meilpiece below the article number.</li> <li>9. The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	Receipt Service.
<ul> <li>5. Signature (Addressee)</li> <li>6. Signature (Agent)</li> <li>7. PS Form 3811, December 1991 ±U.S. GPO: 1993–352-714</li> <li>7. Complete items 1 and/or 2 for additional services.</li> <li>7. Complete items 3, and 4a &amp; b.</li> <li>7. Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>7. Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>7. Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested" on the mailpiece below the article number.</li> <li>7. The Return Receipt Requested on the article was delivered and the date delivered.</li> </ul>	Receipt Service.
<ul> <li>5. Signature (Addressee)</li> <li>6. Signature (Agent)</li> <li>78 Form 3811, December 1991 ±U.S. GPO: 1993–352-714</li> <li>79 Form 3811, December 1991 ±U.S. GPO: 1993–352-714</li> <li>70 DOMESTIC RETURN RECEIP</li> <li>71 also wish to receive the following services (for an extra fee):</li> <li>71 Addressee's Address of the mailpiece, or on the back if space does not permit.</li> <li>71 Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>71 The Return Receipt Requested" on the mailpiece below the article number.</li> <li>75 The Return Receipt Will show to whom the article was delivered and the date delivered.</li> </ul>	Receipt Service.
and fee is paid! and fee is paid! and fee is paid! and fee is paid! and fee is paid! PS Form 3811, December 1991 ±U.S. GPO: 1993–352-714 DOMESTIC RETURN RECEIP SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.	Receipt Service.
PS Form 3811, December 1991 ±U.S. GPO: 1993–352-714     DOMESTIC RETURN RECEIP     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, and 4a & b.     Print your name and address on the reverse of this form so that we can return this card to you.     Attach this form to the front of the mailpiece, or on the back if space does not permit.     Write "Return Receipt Requested" on the mailpiece below the article number.     The Return Receipt Requested" on the mailpiece below the article number.     The Return Receipt will show to whom the article was delivered and the date	Receipt Service.
PS Form 3811, December 1991 ±U.S. GPO: 1993–352-714 DOMESTIC RETURN RECEIP SENDER: <ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	Receipt Service.
PS Form 3811, December 1991 ±U.S. GPO: 1993–352-714       DOMESTIC RETURN RECEIP         SENDER:       • Complete items 1 and/or 2 for additional services.       • I also wish to receive the following services (for an extra 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.         • Write "Return Receipt will show to whom the article was delivered and the date delivered.       • Consult postmaster for fee.	Receipt Service.
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.	Receipt Service.
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> <li>I also wish to receive the following services (for an extra fee):</li> <li>1. Addressee's Address</li> <li>2. Restricted Delivery</li> <li>Consult postmaster for fee.</li> </ul>	Receipt Service.
<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> <li>I also wish to receive the following services (for an extra fee): <ol> <li>Complete items 1.</li> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ol> </li> </ul>	Receipt Service.
<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> <li>I also wish to receive the following services (for an extra fee): <ol> <li>Complete items 1.</li> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ol> </li> </ul>	Receipt Service.
<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> <li>I also wish to receive the following services (for an extra fee): <ol> <li>Complete items 1.</li> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ol> </li> </ul>	Receipt Service.
<ul> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> <li>Consult postmaster for fee.</li> </ul>	Receipt Servic
<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	Receipt Servic
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     Consult postmaster for fee.	Receipt .
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     Consult postmaster for fee.	Receipt .
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     Consult postmaster for fee.	s † Receipt
5 delivered. Consult postmaster for fee.	s   Rece
	- B
Apache Corporation $4a$ . Article Number $35$ $br = 22$ Apache Corporation $4b$ . Service Type Registered $\Box$ locured	<i>a</i>
Apache Corporation $\begin{array}{c} PIS 9 - 437 - 083 & 78779 \\ 4b. Service Type \\ Begietered \\ Desured \\ \hline \end{array}$	ν.Ε
4b. Service Type	
Apache Corporation	Return
n 1700 Lincoln, Suite 2000	using
Denver, CO 80203-4520	isn
Merchandise	- 2
7. Date of Delivery	N.Č
	24 \Z.
and fee is paid)	
	iner!
E 6. Signature (Agent)	27
PS Form 3811 December 1991 #US GPO: 1993-352-714 DOMESTIC DETLIDN DECEMD	7
PS Form 381 December 1991 #U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT	и Т
	1
· · · · · · · · · · · · · · · · · · ·	<u>1</u> ,
<u> </u>	
SENDER:         I also wish to receive the           • Complete items 1 and/or 2 for additional services.         I also wish to receive the	
. Print your name and address on the reverse of this form as that we are	الم الكريد الح
g return this card to you.	- <u>2</u>
Attach this form to the front of the mailpiece, or on the back if space 🔬 1. 🗌 Addressee's Address	Z
<ul> <li>does not permit.</li> <li>Write "Return Receipt Requested" on the meilpiece below the article number.</li> <li>2 Bestricted Delivery</li> </ul>	E.
• The Return Receipt will show to whom the article was delivered and the diffe	t Servi
<u>delivered</u> Consult postmaster for fee.	t Servi
	t Servi
3. Article Addressed to: 4a. Article Number P 159 - 437-063 4b. Service Type Registered Insured	t Servi
	Receipt SerV
Giant Exploration & Production Company 4b. Service Type	Receipt SerV
Attn: Steven K. Smith	t Servi
	Return Receipt Serve
P.O. Box 2810	Return Receipt Serve
P.0. Box 2810	Return Receipt Serve
Farmington, NM 87499-2810	using Return Receipt Service
Farmington, NM 87499-2810 GO 7. Date of Delivery	for using Return Receipt Service
Farmington, NM 87499-2810 7. Date of Delivery ( 7. Date of Deliver) ( 7. Date of Deliver	for using Return Receipt Service
	you for using Return Receipt Service
	pp
5. Signature (Addressee) 8. Addressee's Address (Only if requests and fee is paid)	pp
5. Signature (Addressee) 6. Signature (Agent) 8. Addressee's Address (Only if requests and fee is paid)	you for using Return Receipt Service
5. Signature (Addressee) 8. Addressee's Address (Only if requests and fee is paid)	pp

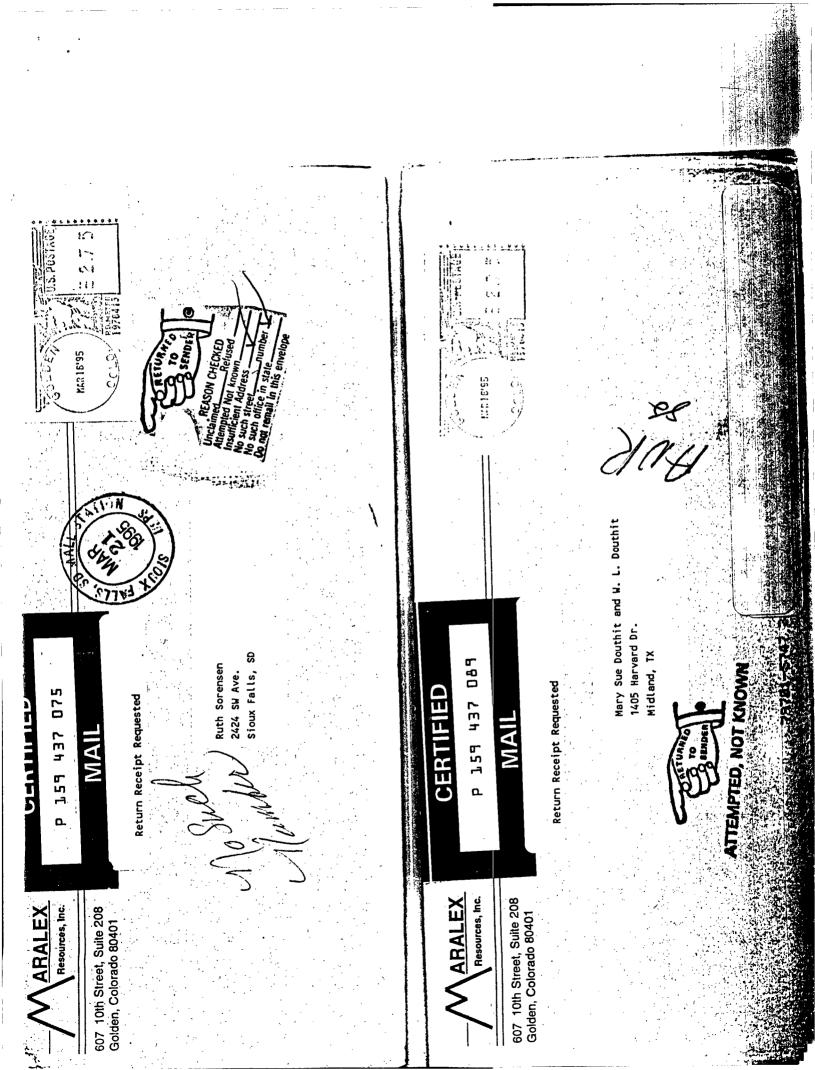
•

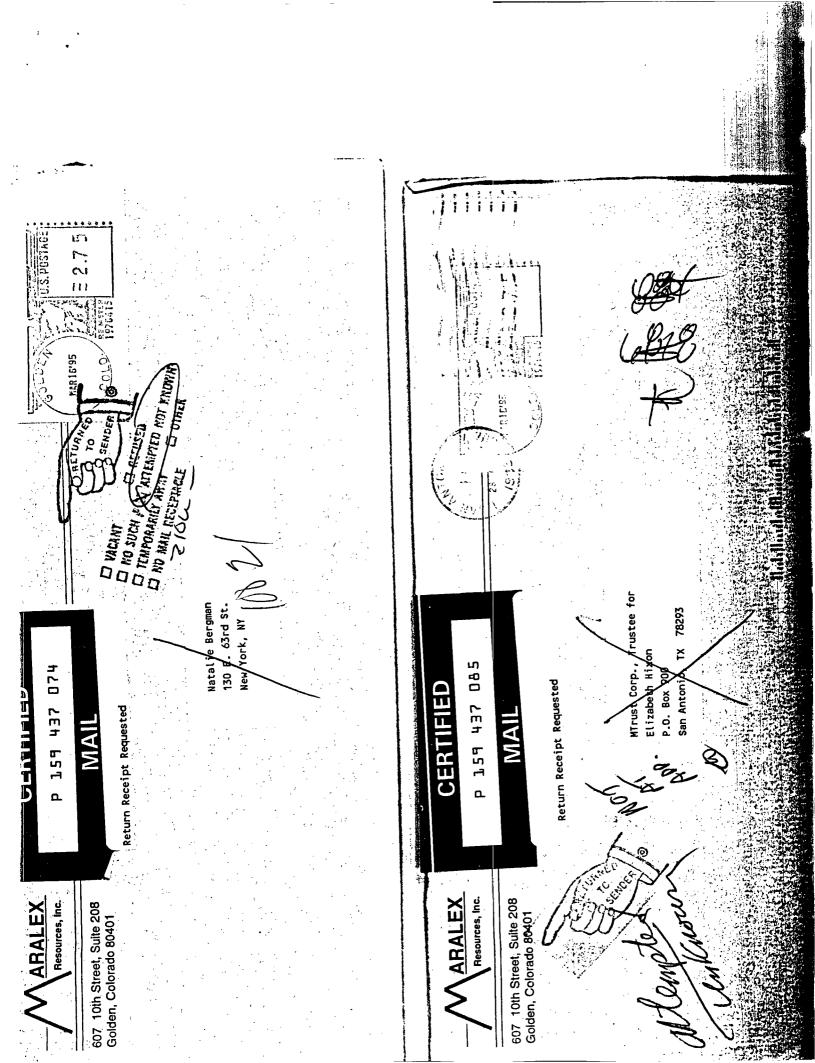
SEND	EB.		I also wish to receive the
· Comp	plete items 1 and/or 2 for additional services. plete items 3, and 4a & b.		following services (for an extra
• Print	your name and address on the reverse of this form so that	t we can	f = 1. "
a • Attac	his card to you. In this form to the front of the mailpiece, or on the back if how are the second	f space	1. Addressee's Address
	t permit. "Return Receipt Requested" on the mailpiece below the arti	cle number.	
G delivered	Return Receipt will show to whom the article was delivered at d.		Consult postmaster for fee.
	rticle Addressed to:	4a. Arti	icle Number NS 607 Sec. a.
ete		P15	9-45-1-070 10-11 2
2. A	J. K. Edwards Associates, Inc.	4b. Ser   🔲 Regi	atorod Dinsured
Ö,	1401 17th Street, Suite 1401	Cert	
SS	Denver, CO 80202	1 7 7	ress Mail  Return Receipt for
			Merchanolse
ADDRESS		1	
	gnature (Addressee)	8. Add	ressee's Address (Only if requested y fee is paid)
	onna Carpenter	and	fee is paid)
	gnature (Agent)	1	F
	Justice (, goilt)		
PS Fo	orm 3811, December 1991 +U.S. GPO: 1993-35:	2-714 D	OMESTIC RETURN RECEIPT
	in an		
			I also wish to receive the
	plete items 1 and/or 2 for additional services. plete items 3, and 4a & b.		
9 • Print	tyour name and address on the reverse of this form so the	at we can	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. ticle Number NS Seco /8 59-437-064 +19
Atta	ch this form to the front of the mailpiece, or on the back	if space	1. 🗌 Addressee's Address
	ot permit. e ''Return Receipt Requested'' on the mailpiece below the art	icle number	2. C Restricted Delivery
➡ • The i ⊆ delivere	Return Receipt will show to whom the article was delivered and	and the date	Consult postmaster for fee.
0 <u>delivere</u> 0 3. A	Article Addressed to:	4a. Art	ticle Number NS Seco 18
ete		P-1	59-437-064+19
ďu .	Texaco Exploration and Production		rvice Type
202	P.O. Box 2100		istered Unsured
SS	Denver, CO 80201	Cert	C Datum Dataint for
			Merchandise
ADDRESS completed on		7. Date	G Delivery
2 5. Sig	gnature (Addressee)		ressee's Address (Only if requested 👱
		and	fee is paid)
	gnature (Agent)	].	F
	<u> </u>		
ng PS Fo		<u> </u>	
<u> </u>	orm <b>3811</b> , December 1991 &U.S. GPO: 1993-35	2-714 D	OMESTIC RETURN RECEIPT
×		2-714 D	OMESTIC RETURN RECEIPT
	DER:	2-714 D	OMESTIC RETURN RECEIPT
	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b.		I also wish to receive the
	DER: plete items 1 and/or 2 for additional services.		I also wish to receive the
• Com • Print • Print • Attac	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the his card to you. ch this form to the front of the mailpiece, or on the back i	at we can	I also wish to receive the
• Com • Print • Print • Attac does no • Write	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the this card to you. ch this form to the front of the meilpiece, or on the back is to permit. e ''Return Receipt Requested'' on the meilpiece below the art	at we can if space icle number	I also wish to receive the
• Com • Print • Print • Attac does no • Write • The f	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the this card to you. ch this form to the front of the mailpiece, or on the back of permit. e ''Return Receipt Requested'' on the mailpiece below the art Return Receipt will show to whom the article was delivered a	at we can if space icle number	I also wish to receive the
• Com • Print • Print • Attac does no • Write • The f	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the this card to you. ch this form to the front of the mailpiece, or on the back of permit. e ''Return Receipt Requested'' on the mailpiece below the art Return Receipt will show to whom the article was delivered a	at we can if space icle number ind the date	I also wish to receive the following services (for an extra fee): 1.
• Com • Print • Print • Attac does no • Write • The f	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the this card to you. ch this form to the front of the mailpiece, or on the back is of permit. e ''Return Receipt Requested'' on the mailpiece below the art Return Receipt will show to whom the article was delivered a od.	at we can if space icle number ind the date	I also wish to receive the following services (for an extra fee): 1.
• Com • Print • Print • Attac does no • Write • The f	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the this card to you. ch this form to the front of the mailpiece, or on the back is of permit. e "Return Receipt Requested" on the mailpiece below the art Return Receipt will show to whom the article was delivered a ad. urticle Addressed to:	at we can if space icle number ind the date 4a. Art 4b. Sei	I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee. icle Number NS for Seco. 9-437-067 18+19 prvice Type
• Com • Print • Print • Attac does no • Write • The f	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the this card to you. ch this form to the front of the mailpiece, or on the back is of permit. e ''Return Receipt Requested'' on the mailpiece below the art Return Receipt will show to whom the article was delivered a od.	at we can if space icle number and the date 4a. Art 25 4b. Set B. Set Regi	I also wish to receive the following services (for an extra fee): 1. $\Box$ Addressee's Address 2. $\Box$ Restricted Delivery Consult postmaster for fee. icle Number $NS$ for Second 9 - 437 - 067 $18 + 19price TypeStered \Box Insured$
• Com • Print • Print • Attac does no • Write • The f	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the this card to you. ch this form to the front of the mailpiece, or on the back is of permit. e "Return Receipt Requested" on the mailpiece below the art Return Receipt will show to whom the article was delivered a ad. Article Addressed to: ey Production Company, Inc.	at we can if space ind the date 4a. Art 4b. Set Regi	I also wish to receive the following services (for an extra fee): 1. $\Box$ Addressee's Address 2. $\Box$ Restricted Delivery Consult postmaster for fee. icle Number $NS$ for Second 9-437-067 $18+19rvice Typeistered \Box Insuredified \Box COD$
• Com • Print • Print • Attac does no • Write • The f	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so the this card to you. ch this form to the front of the mailpiece, or on the back is of permit. a "Return Receipt Requested" on the mailpiece below the art Return Receipt will show to whom the article was delivered a ad. Article Addressed to: ey Production Company, Inc. ttn: David R. Dix	at we can if space icle number and the date 4a. Art 4b. Ser Regi X Cert Expr	I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee. icle Number NS for Seco 9-437-067 18+19 rvice Type istered □ Insured ified □ COD ress Mail □ Return Receipt for Merchandise
• Com • Com • Com • Print • Print • Attac does no • Write • The F	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so that this card to you. ch this form to the front of the mailpiece, or on the back is ot permit. e "Return Receipt Requested" on the mailpiece below the art Return Receipt will show to whom the article was delivered a ad. Article Addressed to: ey Production Company, Inc. ttn: David R. Dix 700 Lincoln St., Suite 2000	at we can if space icle number and the date 4a. Art 2 15 4b. Ser Regi X Cert Expr	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Addressee's Address 9-437-067 18+19 rvice Type istered Insured ified COD ress Mail Return Receipt for Merchandise
Commission of the contract of the contrac	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so that this card to you. ch this form to the front of the mailpiece, or on the back is ot permit. e "Return Receipt Requested" on the mailpiece below the art Return Receipt will show to whom the article was delivered a ad. Article Addressed to: ey Production Company, Inc. ttn: David R. Dix 700 Lincoln St., Suite 2000 enver, CO 80203-4520	at we can if space icle number and the date 4a. Art 4b. Ser Ab. Ser Regi X Cert Expr 7. Date	I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee. icle Number NS for Seco 9-437-067 18+19 rvice Type istered □ Insured ified □ COD ress Mail □ Return Receipt for Merchandise
Common events on the cevers of the ceve	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so that this card to you. ch this form to the front of the mailpiece, or on the back is ot permit. e "Return Receipt Requested" on the mailpiece below the art Return Receipt will show to whom the article was delivered a ad. Article Addressed to: ey Production Company, Inc. ttn: David R. Dix 700 Lincoln St., Suite 2000	at we can if space icle number and the date 4a. Art 4b. Ser Regi X Cert Expr 7. Date 8. Add	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery Consult postmaster for fee. Address for Second 9-437-067 18+19 rvice Type istered Insured ified COD ress Mail Return Receipt for Merchandise of Delivery Consult for Second Return Receipt for Merchandise Address (Only if requested for an extra 1. Addressee's Address (Only if requested for an extra 1. Addressee's Address (Only if requested for an extra 1. Return Receipt for an extra 1. Addressee's Address (Only if requested for an extra 1. Addressee's Address (Only if requested for an extra 1. Return Receipt for an
• Commission Commissi Commission Commission Commission Commission Commission Commission	DER: plete items 1 and/or 2 for additional services. plete items 3, and 4a & b. your name and address on the reverse of this form so that this card to you. ch this form to the front of the mailpiece, or on the back is ot permit. e "Return Receipt Requested" on the mailpiece below the art Return Receipt will show to whom the article was delivered a ad. Article Addressed to: ey Production Company, Inc. ttn: David R. Dix 700 Lincoln St., Suite 2000 enver, CO 80203-4520	at we can if space icle number and the date 4a. Art 4b. Ser Regi X Cert Expr 7. Date 8. Add	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number NS for Second 9-437-067 18+19 rvice Type istered Insured ified COD ress Mail Return Receipt for Merchandise of Delivery ressee's Address (Only if requested

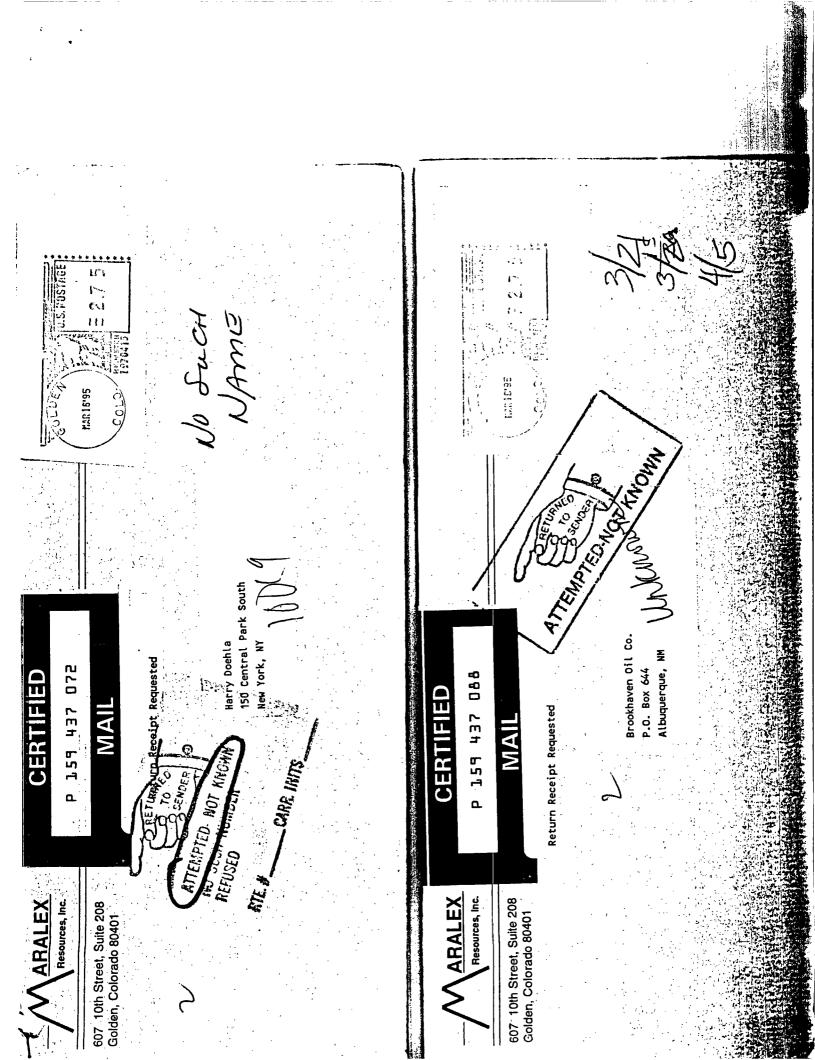
د ¢

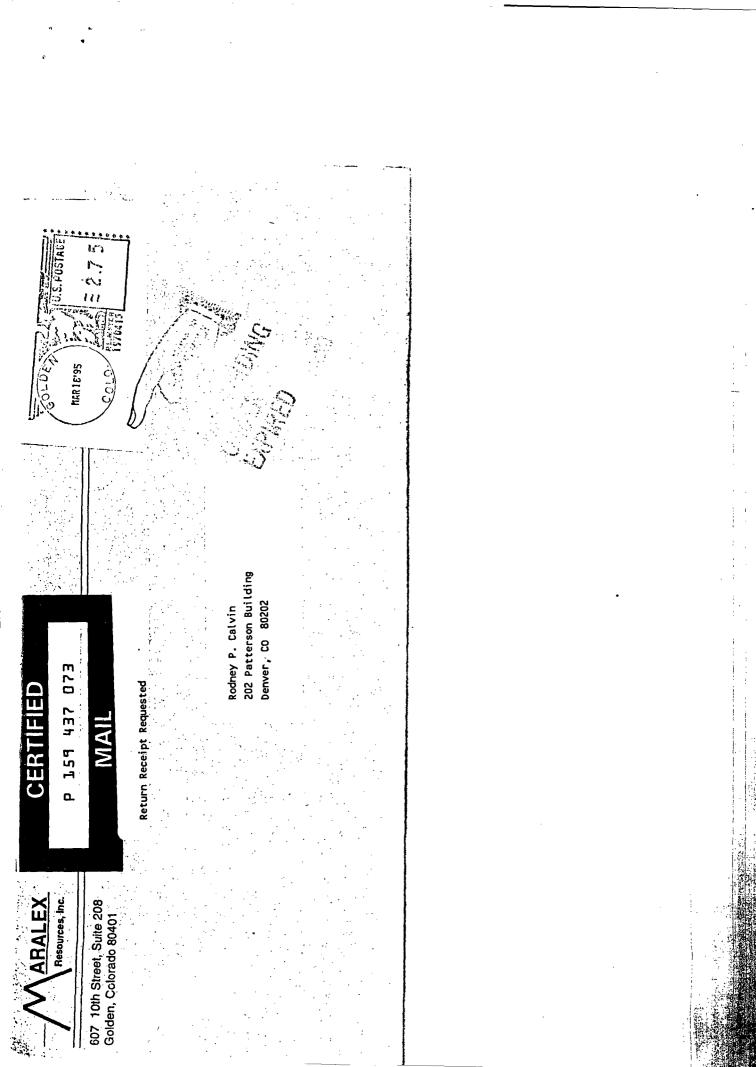
-











	•		hТ
			atc
	- <b>-</b> -		<u>م</u> ـ

l

#### STATE OF NEW MEXICO



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

**OIL CONSERVATION DIVISION** 2040 S. PACHECO SANTA FE, NEW MEXICO 87505 (505) 827-7131

April 27, 1995

Maralex Resources, Inc. 607 10th Street - Suite 208 Golden, Colorado 80401

Attention: Jennifer A. Ritcher

RE:

Applications for four Non-Standard Basin Fruitland Coal Gas Pool Spacing/Proration Units Section 18 and 19, Township 26 North, Range 13 West, NMPM, San Juan County, New Mexico.

Dear Ms. Ritcher:

Reference is made to your letter of application dated March 16, 1995 requesting administrative approval for four non-standard gas spacing units due to a variation in the legal subdivision of the U.S. Public Lands Survey. I have conferred with Mr. Frank Chaves, Supervisor of the Aztec District Office of the Division on this matter, and it would appear that the initial purpose of this application is to omit acreage which might otherwise have been interpreted as being included in a standard unit. Such an omission has in the past served to create confusion and caused the formation of numerous odd-shaped units to assure the orderly development of production.

I can assure you that four over-sized unorthodox gas spacing and proration units can be more easily obtained through the Division's administrative process that includes those small tracts of land to the west than the creation of the subject tracts.

Please reconsider including the deleted acreage and renewing this request accordingly. Thank you for your cooperation in this matter so as to avoid a possible situation that could be interpreted as violating correlative rights in the future.

Should you have any additional questions or comments concerning this matter, please contact me at (505) 827-8185.

Sincerely,

Michael E. Stogner Chief Hearing Officer/Engineer

MES/kv

Oil Conservation Division - Aztec cc: William J. LeMay, Director - OCD, Santa Fe U. S. Bureau of Land Management · Farmington



OL CONSERVE ON DIVISION RECEVED

# 95 MA A FM P F

607 10th Street, Suite 208 Golden, Colorado 80401 (303) 278-7505 FAX (303) 278-7520

## May 3, 1995

P.O. Box 338 Ignacio, Colorado 81137 (303) 563-4000 FAX (303) 563-4116

State of New Mexico Energy, Minerals and Natural Resources Dept. Oil Conservation Division 2040 S. Pacheco Santa Fe, New Mexico 87505 Attn: Michael E. Stogner Chief Hearing Officer/Engineer

RE: Application for four non-standard Basin Fruitland Coal Gas Pool Spacing/Proration Units Sections 18 and 19, T26N-R13W San Juan County, New Mexico

Dear Mr. Stogner:

Reference is made to your letter of April 27, 1995 concerning the captioned applications and to our subsequent telephone conversation of this date. Please be advised that the Lots located on the western side of Sections 18 and 19 in T26N-R13W, are unleased federal minerals with Navajo Tribal surface ownership. We have nominated these Lots several times for Federal lease sales during the past two years. We have been told by the BLM that the Navajo Nation will not grant approval for these Lots to be placed on a sale.

Therefore, we are requesting that the proration units be approved, excluding the Lots.

Should you have any questions, please contact me at the captioned Golden phone number.

Sincerely,

Jennifer A. Ritcher Land Manager

cc: Oil Conservation Division, Aztec, NM Frank Chavez

-

· .

#### STATE OF NEW MEXICO



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION 2040 S. PACHECO SANTA FE, NEW MEXICO 87505 (505) 827-7131

May 11, 1995

Maralex Resources, Inc. 607 10th street - Suite 208 Golden, Colorado 80401

Attention: Jennifer A. Ritcher

RE: Application for four Non-Standard Basin-Fruitland Coal Gas Pool Spacing/Proration Units Sections 18 and 19, Township 26 North, Range 13 West, NMPM, San Juan County, New Mexico.

Dear Ms. Ritcher:

. .

So that I may begin processing the subject application please submit, if available, copies of the APD's for the four wells which are to be dedicated to the four subject units.

Should you have any additional questions or comments concerning this matter, please contact me at (505) 827-8185.

Sincerely,

Michael E. Stogner Chief Hearing Officer/Engineer

MES/kv

cc: Oil Conservation Division - Aztec William J. LeMay, Director - OCD, Santa Fe U. S. Bureau of Land Management - Farmington