BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHI ENERGY, INC. FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 13,248**

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of April, 2004, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 7

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (PHONE)
(505) 660-6612 (CELL)
(505) 982-2151 (FAX)

jamesbruc@aol.com

March 22, 2004

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc., regarding the S½ of Section 3, Township 22 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, April 15, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, April 9, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for Chi Energy, Inc.

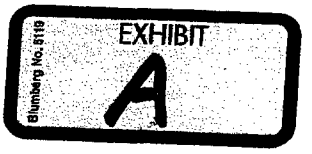

EXHIBIT A

Paulina Morales
3909 Jones Street
Carlsbad, NM 88220

Leo B. Estrada III and
wife Vickie Estrada
607 South 11th
Carlsbad, NM 88220

C.L. Thacker and wife
Annie M. Thacker
711 North Happy Valley Road
Carlsbad, NM 88220

Robert L. Graves and wife
Yolanda H. Graves
109 South Abner
Carlsbad, NM 88220

Juan Rascon and wife
Adela Rascon
603 Boyd Drive
Carlsbad, NM 88220

Emma Loftis, a widow
2312 Parsifal NE
Albuquerque, NM 87112

Ruth E. Davis
805 Hueco Street
Carlsbad, NM 88220

Roy B. Laney and
wife Barbara L. Laney
4001 Jones Street
Carlsbad, NM 88220

H. Davis Holt
10145 Monaco
El Paso, TX 79925

Ruby N. Holt Estate
c/o H. Davis Holt
10145 Monaco
El Paso, TX 79925

Roy G. Barton, Jr., as
separate property
1919 North Turner
Hobbs, NM 88240

E.L. Latham Co.
P.O. Box 1392
Hobbs, NM 88241

Bennie P. Grant
P.O. Box 128
Santa Cruz, NM 87562

Marion Lee Smith
719 El Alhambra Circle NW
Albuquerque, NM 87107

7003 1010 0002 5586 5997

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OFFICIAL USE

HOBBS, NM 88241

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		Clerk: ARV14X
Total Postage & Fees	$ 4.65	03/24/04

MAR 24 2004 Postmark Here

Sent To: E.L. Latham Co.
Street, Apt. No.; or PO Box No.: P.O. Box 1392
City, State, ZIP+4: Hobbs, NM 88241

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ruby N. Holt Estate
c/o H. Davis Holt
10145 Monaco
El Paso, TX 79925

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Mary D. Holt ☐ Agent ☐ Addressee

B. Received by (Printed Name): Mary Holt C. Date of Delivery: 03.26.04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7003 1010 0002 5586 6017

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

E.L. Latham Co.
P.O. Box 1392
Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X E.L. Latham ☐ Agent ☐ Addressee

B. Received by (Printed Name): E.L. LATHAM C. Date of Delivery: 3/27/04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)*: 7003 1010 0002 5586 5997

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1010 0002 5586 6017

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EL PASO, TX 79925

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		Clerk: ARV14X
Total Postage & Fees	$ 4.65	03/24/04

SANTA FE NM 87501 Postmark Here MAR 24 2004

Sent To: Ruby N. Holt Estate
Street, Apt. No.; or PO Box No.: c/o H. Davis Holt
10145 Monaco
City, State, ZIP+4: El Paso, TX 79925

PS Form 3800, June 2002 — See Reverse for Instructions

7003 1010 0002 5586 6482

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CARLSBAD, NM 88220

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
USPS
FERM 87
Clerk: KRUGX
03/24/04
SANTA FE NM

Sent To: Robert L. Graves and wife
Yolanda H. Graves
Street, Apt. No.; or PO Box No.: 109 South Abner
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

H. Davis Holt
10145 Monaco
El Paso, TX 79925

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Mary Holt ☐ Agent ☐ Addressee

B. Received by (Printed Name): Mary Holt — C. Date of Delivery: 03-26-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 1010 0002 5586 6024

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

Clr-WC?

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert L. Graves and wife
Yolanda H. Graves
109 South Abner
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Yolanda H Graves ☐ Agent ☐ Addressee

B. Received by (Printed Name): Yolanda H Graves — C. Date of Delivery: 03-31-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 1010 0002 5586 6482

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

Clr-WC?

7003 1010 0002 5586 6024

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EL PASO, TX 79925

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
USPS
SANTA FE NM 87501
Clerk: 14X
03/24/04

Sent To: H. Davis Holt
Street, Apt. No.; or PO Box No.: 10145 Monaco
City, State, ZIP+4: El Paso, TX 79925

PS Form 3800, June 2002 — See Reverse for Instructions

7003 1010 0002 5586 6475

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CARLSBAD, NM 88220

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 05XX
Postmark Here
SANTA FE NM 87501
MAR 24 2004
Clerk: KRV14
03/24/04

Sent To: Juan Rascon and wife Adela Rascon
Street, Apt. No.; or PO Box No.: 603 Boyd Drive
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Reatha E. Davis
4230 Jones St.
Carlsbad, NM
88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☒ Addressee
B. Received by (Printed Name): [illegible] C. Date of Delivery: MAR 29 2004
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☒ Yes

2. Article Number (Transfer from service label): 7003 1010 0002 5586 6529

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Juan Rascon and wife
Adela Rascon
603 Boyd Drive
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name): ARTURO RASCON C. Date of Delivery: MAR 29 2004
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 1010 0002 5586 6475

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1010 0002 5586 6529

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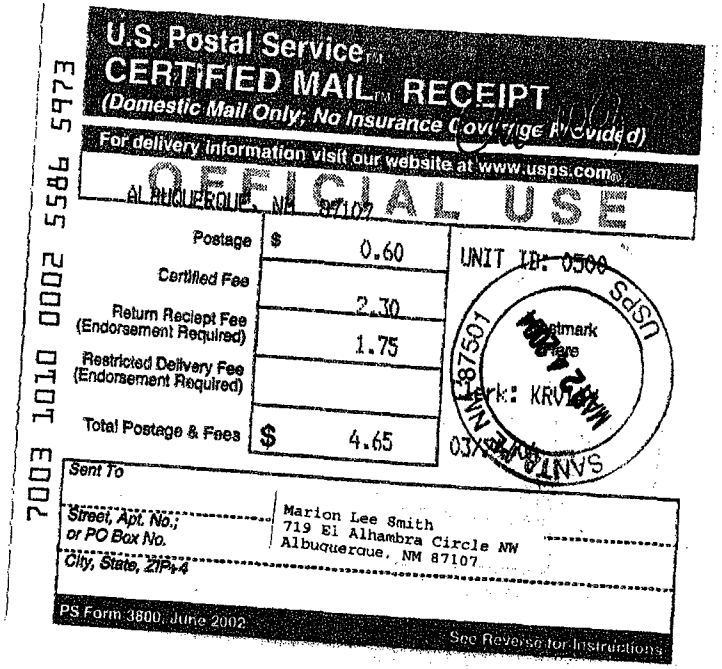
Postage	$
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

SANTA FE NM 87501-9998
APR
Postmark Here
2004
USPS

Sent To: Reatha E. Davis
Street, Apt. No.; or PO Box No.: 4230 Jones St.
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions



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ALBUQUERQUE, NM 87107

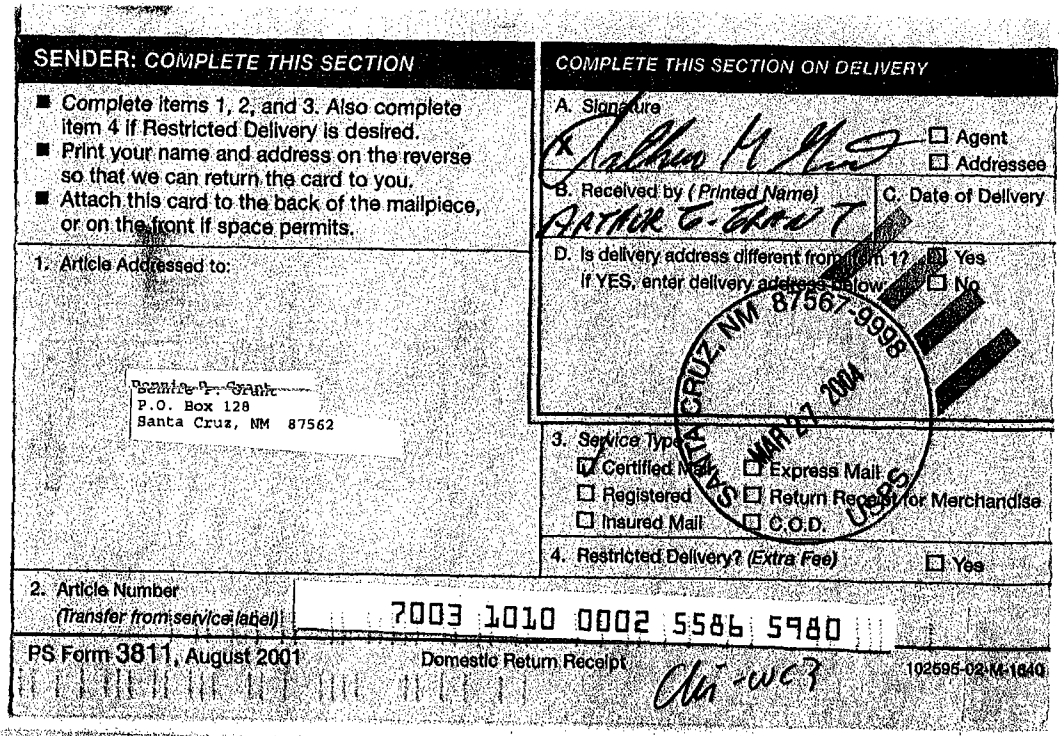
Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
MAR 24 2004
USPS
SANTA FE, NM 87501
Clerk: KRV
03/24/04

7003 1010 0002 5586 5973

Sent To
Marion Lee Smith
Street, Apt. No.; or PO Box No. 719 El Alhambra Circle NW
City, State, ZIP+4 Albuquerque, NM 87107

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bennie P. Grant
P.O. Box 128
Santa Cruz, NM 87562

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) ARTHUR G. GRANT C. Date of Delivery

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

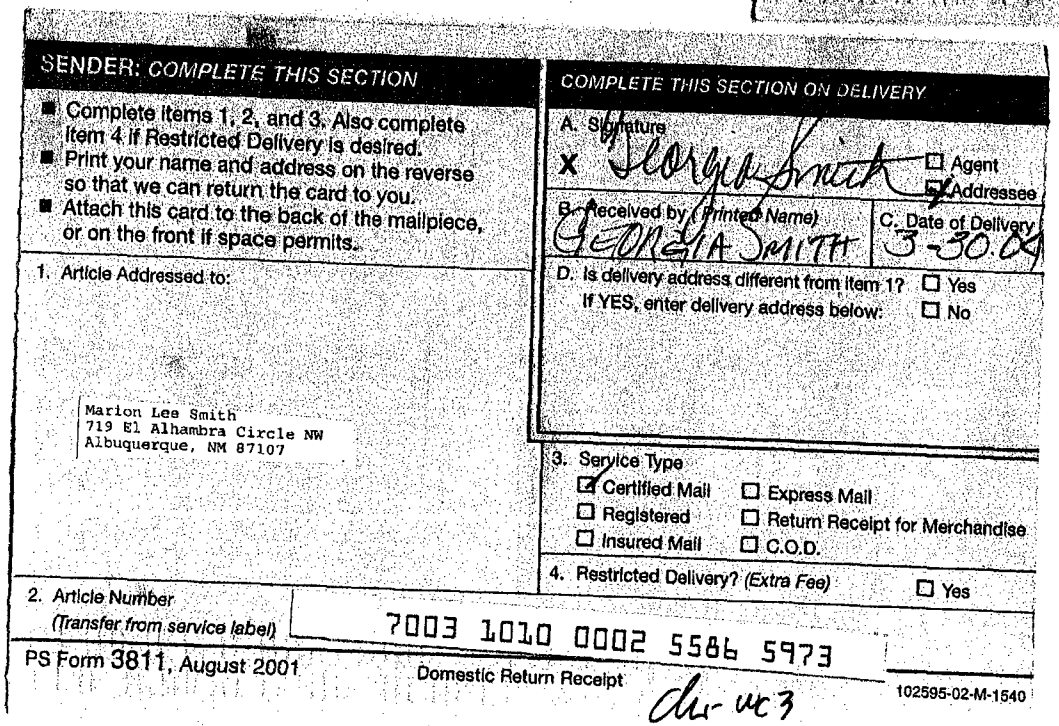
SANTA CRUZ, NM 87567-9998 MAR 27 2004 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 1010 0002 5586 5980

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marion Lee Smith
719 El Alhambra Circle NW
Albuquerque, NM 87107

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) GEORGIA SMITH C. Date of Delivery 3-30-04

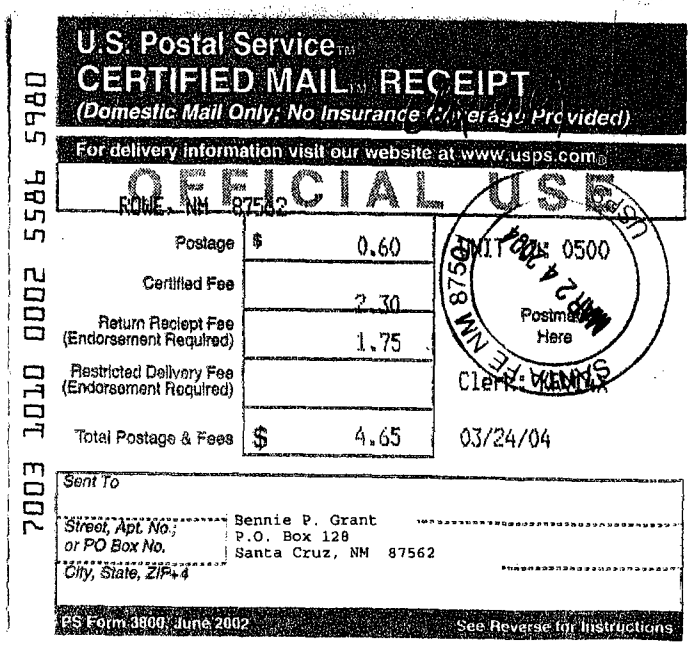
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 1010 0002 5586 5973

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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ROSWELL, NM 88202

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
MAR 24 2004
USPS
SANTA FE, NM 87501
Clerk: KRV
03/24/04

7003 1010 0002 5586 5980

Sent To
Bennie P. Grant
Street, Apt. No.; or PO Box No. P.O. Box 128
City, State, ZIP+4 Santa Cruz, NM 87562

PS Form 3800, June 2002 See Reverse for Instructions

7003 1010 0002 5586 6468

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ALBUQUERQUE, NM 87112

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	03/24/04

USPS ALBUQUERQUE NM 87107 MAR 24 2004 SANTA FE NM

Sent To: Emma Loftis, a widow
Street, Apt. No.; or PO Box No.: 2312 Parsifal NE
City, State, ZIP+4: Albuquerque, NM 87112

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roy B. Laney and
wife Barbara L. Laney
4001 Jones Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Paul Lowery ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

CARLSBAD NM 88220 MAR 25 2004

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 1010 0002 5586 6031

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1840

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Emma Loftis, a widow
2312 Parsifal NE
Albuquerque, NM 87112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): James Loftis | C. Date of Delivery: 3/26

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 1010 0002 5586 6468

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1010 0002 5586 6031

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CARLSBAD, NM 88220

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	03/24/04

USPS CARLSBAD NM 88220 MAR 25 2004

Sent To: Roy B. Laney and wife Barbara L. Laney
Street, Apt. No.; or PO Box No.: 4001 Jones Street
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Roy G. Barton, Jr., as
separate property
1919 North Turner
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received (Printed Name) [illegible] C. Date of Delivery 5-16-04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7003 1010 0002 5586 6000

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

Am-WC 3

7003 1010 0002 5586 6000

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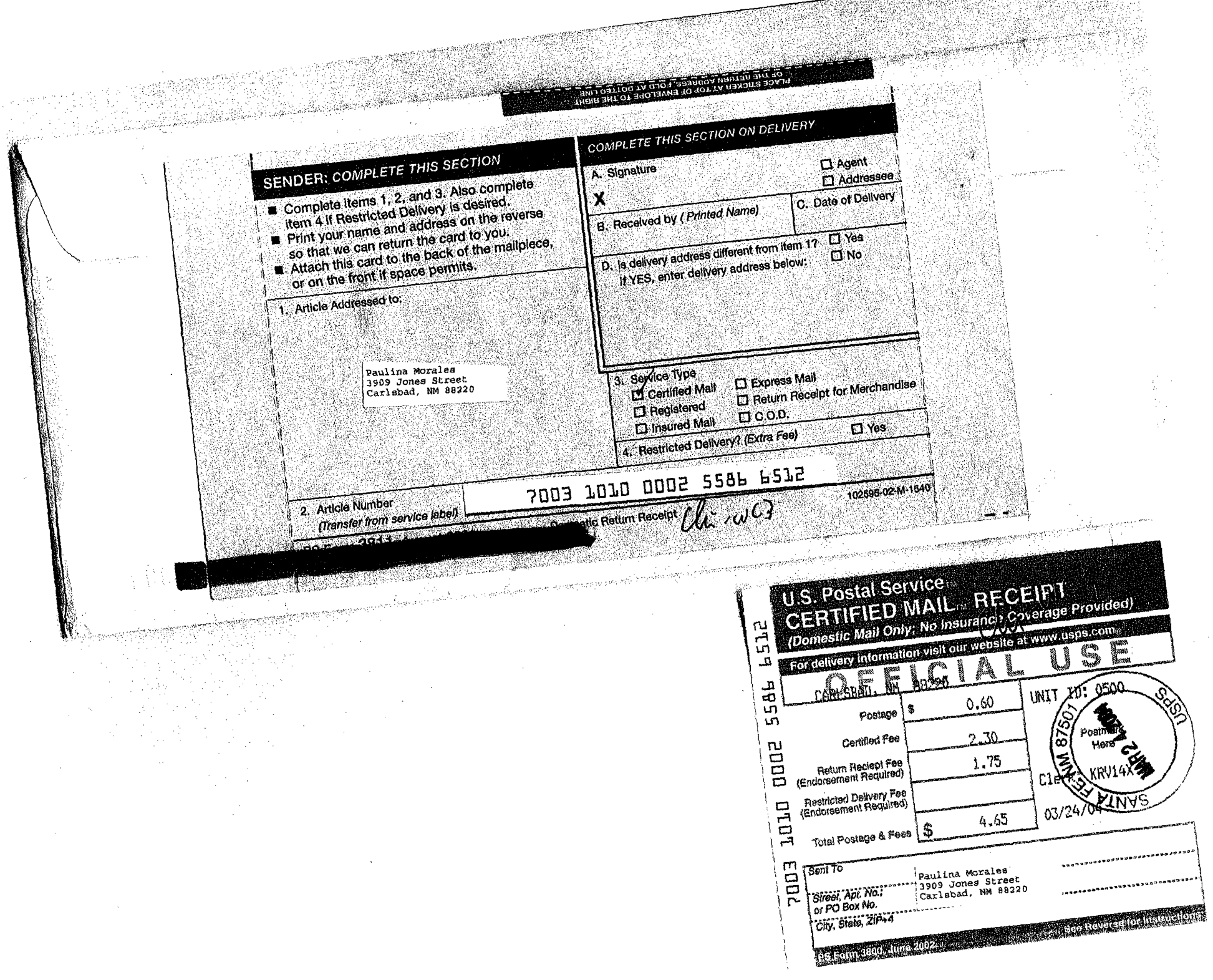
Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk's Initials
Total Postage & Fees	$ 4.65	03/24/04

HOBBS, NM 88240 MAR 24 2004 SANTA FE NM 87501 USPS

Sent To
Roy G. Barton, Jr., as
separate property
Street, Apt. No.; or PO Box No. 1919 North Turner
City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Paulina Morales
3909 Jones Street
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 1010 0002 5586 6512

PS Form 3811, July 1999 Domestic Return Receipt 102595-02-M-1540

7003 1010 0002 5586 6512

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

OFFICIAL USE

CARLSBAD, NM 88220

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
SANTA FE NM 87501
USPS
MAR 24 2004
KRV14X
Clerk
03/24/04

Sent To: Paulina Morales
Street, Apt. No.; or PO Box No.: 3909 Jones Street
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

APR 01 2004

1ST NOTICE APR 01 2004
2ND NOTICE
RETURN

CERTIFIED MAIL™

7003 1010 0002 5586 6048

RETURN RECEIPT
REQUESTED

UNITED STATES POSTAL SERVICE
9264

U.S. POSTAGE
PAID
SANTA FE, NM
87501
MAR 24 04
AMOUNT
$4.65
00028788-09

Ruth E.
805 Hueco
Carlsbad

X 30

FORWARD TIME EXP RTN TO SEND
DAVIS RUTH E
4230 JONES ST
CARLSBAD NM 88220-2720
RETURN TO SENDER

88220+5584 5586/1054

7003 1010 0002 5586 6048

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
CARLSBAD, NM 88220

OFFICIAL USE

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

SANTA FE NM 87501
UNIT ID: 0500
MAR 24 2004
Postmark Here
Clerk: KRUIZ/USPS

03/24/04

Sent To
Ruth E. Davis
Street, Apt. No.; or PO Box No. 805 Hueco Street
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002

7003 1010 0002 5586 6505

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

CARLSBAD, NM 88220

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
USPS SANTA FE NM 87501
2004
Postmark Here
Clerk: KRV143
03/24/04

Sent To

Street, Apt. No.; or PO Box No.: Leo B. Estrada III and wife Vickie Estrada, 607 South 11th

City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

7003 1010 0002 5586 6499

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

CARLSBAD, NM 88220

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
USPS SANTA FE NM 87501
2004
Postmark Here
Clerk: KRV143
03/24/04

Sent To

Street, Apt. No.; or PO Box No.: C.L. Thacker and wife Annie M. Thacker, 711 North Happy Valley Road

City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions