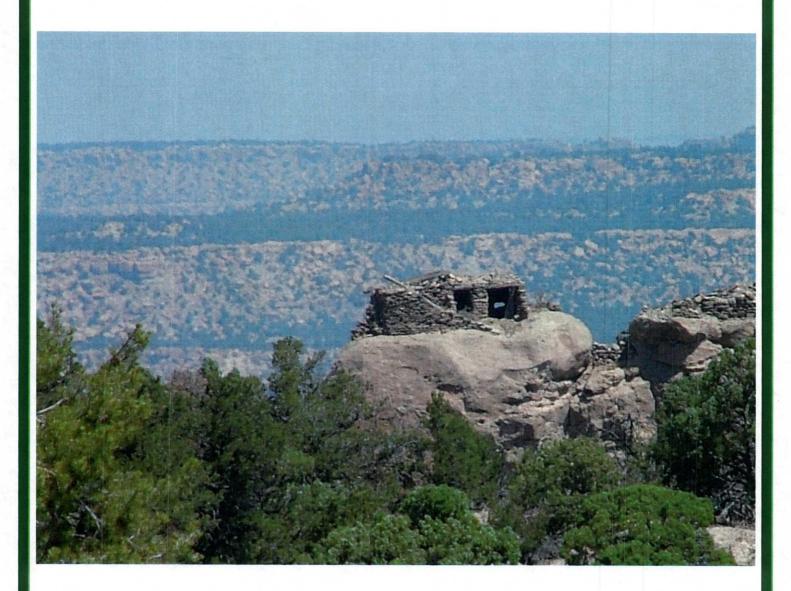
#### **Burlington Resources Oil and Gas Company LP**



New Mexico Oil Conservation Division Case # 13314 August 8, 2004

## Application

### KELLAHIN & KELLAHIN Attorney at Law

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W. Thomas Kellahin Recognized Specialist in the Area of Natural Resources-oil and gas law-New Mexico Board of Legal Specialization

P.O. Box 2265 Santa Fe, New Mexico 87504 117 North Guadalupe Santa Fe, New Mexico 87501

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#### July 13, 2004

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

### TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO OIL CONSERVATION DIVISION CASE:

### Re: Application of Burlington Resources Oil & Gas Company LP for surface commingling, San Juan County, New Mexico

On behalf of Burlington Resources Oil & Gas Company LP, please find enclosed a copy of our referenced application, which will be heard by the New Mexico Oil Conservation Division Examiner on August 5, 2004. The hearing will be held at the Division hearing room located in the Pinon Building, 1220 South St. Francis Drive, Santa Fe, New Mexico, 87502 (phone 505-472-3458).

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. You are not required to attend this hearing, but failure to appear at the hearing and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 1208.B, you are further notified that if you desire to appear in this case, then you are required to file a Pre-Hearing Statement with the Division not later than 4:00 case, then you are required to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, July 30, 2004, with a copy delivered to the undersigned. This statement must include: the names of the parties and attorneys; a concise statement of your position in this case; include: the names of all witnesses you will call to testify at the hearing; the approximate time you will the names of all witnesses you will call to testify at the hearing; the approximate time you will need to the hearing. If you have any question for Burlington, you may call Mr. Alan Alexander (505) 326-9757.



# **Application Continued**

### STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

APPLICATION OF BURLINGTON RESOURCES OIL & GAS COMPANY LP FOR SURFACE COMMINGLING, SAN JUAN COUNTY, NEW MEXICO.

CASE NO.

## FIRST AMENDED A P P L I C A T I O N

Comes now Burlington Resources Oil & Gas Company LP ("Burlington") by its attorneys, Kellahin & Kellahin, and applies to the New Mexico Oil Conservation Division for an order granting an exception to Rule 303.A and, in accordance with Rule 303.B (4), approving surface commingling of oil production as a "pre-approved" allocation and measurement method other than individual well/lease metering for the following described wells/leases:

- (a) San Juan 29-7 Unit #191 Well NWSE Section 22-T29N-R7W
   Basin Fruitland Coal and Blanco Pictured Cliffs Pools
- (b) San Juan 29-7 Unit #65A Well NWSE Section 22-T29N-R7W Basin Dakota and Blanco Mesaverde Pools
- (c) San Juan 29-7 Unit #193 Well SESE Section 36-T29N-R7W Blanco PC South Pool
- (d) San Juan 29-7 Unit #55A Well SESE Section 36-T29N-R7W Blanco Mesaverde Pool

which shall be stored and measured at its centralized facilities located on each of the production pads located on the sections listed above. If the Division approves this application, then the Applicant intends to utilize this approved method for other wells and areas.

# **Application Continued**

NMOCD Application Burlington Resources Oil & Gas Company LP Page 2

In support states:

1. Burlington is the operator of the above described wells being produced from the Basin Fruitland Coal, Blanco PC South, Blanco Pictured Cliffs, Blanco Mesaverde and Basin Dakota Pools all within Township 29 North, Range 7 West.

2. Burlington proposes to operate a centralized facility in the NWSE (Unit J) of Section 22-T29N-R7W and the SENE (Unit P) of Section 36-T29N-R7W for the gathering of oil production from these wells.

3. Effective April 1, 2003, See Order R-11972, Division Rule303.B (4) provided:

"Specific Requirements and Provisions for Commingling of leases, Pool or Leases and Pools with Diverse Ownership. (a) Measurement and Allocation Methods. Where there is diversity of ownership between two or more leases, two or more pools, or between different pools and leases, the surface commingling of production there from shall be permitted only if production from each of such pools or leases is accurately metered, or determined by other methods specifically approved by the Division, prior to such commingling."

4. Burlington is the operator of the San Juan 29-7 Unit 65A gas well which is approved for downhole-commingled production from the Blanco Mesaverde Pool and the Basin Dakota Pool. See DHC-1875. The San Juan 29-7 Unit 191 well is approved for downhole-commingled production from the Blanco Pictured Cliffs Pool and the Basin Fruitland Coal Pool. See DHC-1403AZ. The San Juan 29-7Unit 193 is a stand alone Basin Blanco PC South Pool well. The San Juan 28-6 Unit 55A is a stand alone Basin Blanco PC South Pool well. The San Juan 28-6 Unit 55A is a stand alone Blanco Mesaverde Pool well.

5. In addition to gas production, these wells also produce oil at the daily rate of 10 barrels/day or less.

6. Burlington seeks approval to establish an allocation for oil production as

follows:

# **Application Continued**

NMOCD Application Burlington Resources Oil & Gas Company LP Page 3

- (a) within 30-days after first delivery of oil from a well, Burlington will take a direct measurement of the oil volume from the tanks for each well and then will utilize that volume to allocate all prior and future production to each well;
- (b) any well's allocated oil production that is excess of an average yearly production of 10 BOPD shall have a separate oil tank installed and measured under current methods.

7. This proposed allocation/measurement method will be for a 5-year period or until wells are added or plugged at which time the allocation will be recalculated. 8. Any gas production will continue to be separately and continually metered or measured in accordance with previously approved down-hole commingling orders.

9. As a result of different ownership, the ownership of the proposed commingled production is not identical in terms of parties or interest.

10. In accordance with Division Rule 1207.A and Rule 303.B(d) applicant has sent a copy of this application and notice for hearing to be held on August 5, 2004 to all the proper parties entitled to said notice. See Exhibit "A"

Accordingly, Burlington requests that this application be set for hearing before a Division Examiner and that after notice and hearing, the Division grant an exception to Division Rule 309-A and Rule 303-A to permit surface commingling, and storage of Blanco Measverde and Basin Dakota Pool production from its San Juan 29-7 Unit #68N and #65A wells and its San Juan 29-7 Unit #193 and #55A wells and associated leases all in Section 22-T29N-R7W and Section 36-T29N-R7W respectively, which shall be stored and measured at its centralized facilities located in Unit J and Unit H of the sections listed above.

Santa Fe, New Mexico 87504 Thomas Kellahin Kellahin & Kellahin P. O. Box 2265 ₿

Notification

#### INTEREST OWNERS San Juan 29-7 Unit

**BP AMERICA PRODUCTION COMPANY** CLAUDIA MARCIA LUNDELL GILMER A W RUTTER JR ALAN G ENGBERG BONANZA CREEK MINERALS LLC BUREAU OF LAND MANAGEMENT CAROLYN J ROSS DECLARATION BETTY S PETTUS LIFE ESTATE **ALVIN JERMAN FAMILY TRUST** BANK OF AMERICA NA AGENT BARBARA N KOONS TRUSTEE AMCORE BANK N A TRUSTEE CL NORDSTROM FAMILY LLC AMCORE BANK NA TRUSTEE CONOCOPHILLIPS COMPANY BETTY T JOHNSTON/LYLE E BLANCHE DANSBY ESTATE BARBARA WALL JOHNSON CAROLYNN CLARK WIGGIN A W RUTTER JR TRUSTEE **BEN HOWELL LANGFORD** BRIAN DOWNING GIBSON ANDREW J HOMBURGER BEN DANSBY JR ESTATE C W BOLIN PROPERTIES **BOLACK MINERALS CO** BEN R HOWELL TRUST BILL AND JANICE LANE BOW PETROLEUM INC CATHY J WALL POUND ATKO PARTNERS LTD BHCH MINERAL LTD ATNA/SJFC 1993-A **BETSY H BRYANT** BETTY LOU LONG **BARBARA EVANS** CHARLES W GAY **BRYAN E JENKS** CARYN JEFFREY DAVID A PIERCE BRUCE H C HILL DENNIS R STAAL ATNA/SJ 1993-A DAVID SCHMIDT CROFF OIL CO D PHIL BOLIN DAN H BOLIN BOLIN PATS ALICE RAINS

JAMES J RUBOW & NICKOLA A RUBOW JT NITIAL CO-TRSTEES JAFFA D WAHLBERG EVELYN BLANCHE SIMMONS TRSTEE GARY A JERMAN & SUSAN J JERMAN HARRIET M BUCHENAU LIVING TRUST DUGAN PRODUCTION CORPORATION ELIZABETH H LUND ROYALTY TRUST HOWELL GRANDCHILDRENS TRUST EMILIE M HARDIE ROYALTY TRUST **GERALD G & ALTA JANE WILLIAMS** FOUR STAR OIL & GAS COMPANY elizabeth white family trust JAMES R PAYNE & JEAN PAYNE JAMES BEATTY NOLAND AND R JEAN WORTHINGTON BENNETT FLORENCIA EXPLORATION INC JANE MANNING PITKIN ESTATE DOUGLAS CAMERON MCLEOD EULA MAY JOHNSTON TRUST NTERNAL REVENUE SERVICE JANE BARBARA BAER TRUST GURDON RANSON MILLER III **DIRK VANHORN REEMTSMA** HAROLD RICHARD COOPER JANET PATRICIA BRANNEN EST GEORGE ANN BERGH EILEEN MEDINA GARRIDO **JAY GOTTSTEIN TRUSTEE** HORIZON ROYALTIES LLC **DOLORES BOLIN TRUSTS** EDGAR CLAY GRIFFIN JR GORDON L GOTTSTEIN GENEVA T JOHNSON JAMES HOHENSTEIN EMILY D GRAMBLING J & M RAYMOND LTD DONALD S IRONSIDE ETHELYNN Y CLARK JOANNE C LORENCE DR JOHN F PETTUS JERRY J ANDREW **JEAN F LOEPKEY** GREGORY WALL DA O HANCOCK DORA PARKER GARY L SMITH JOE E LOPEZ JILL SOENS

MEREDITH INGRAM GARTNER TRUSTEE MABELLE H SOWERS ROYALTY TRUST MANSFIELD FAMILY 2001 REV TRUST MEDICINE BOW LAND COMPANY LLC JUDITH DIANNE DUFF LEACH TRTEE JOHN PATRICK WILLIAMS TRUSTEE ELAND STANFORD JR UNIVERSITY MURIEL ANDREWS BOSSERT LIFE JOHN C DAWSON JR & ROBBIN R KATHLYN NORA BLACK-TRUSTEE LINDA JEANNE LUNDELL LINDSEY WILLIAM L MADSEN OR SARAH S LINDA JANE WILLIAMS TRUSTEE MITZI ANN HENDERSON EASLEY **NELLIE JOHNSON LIFE ESTATE** MERLAND EUGENE BUTTOLPH LOLA I ODENDAHL PRESIDENT NELLIE JUANITA RUTHERFORD **MRS MARGARITA ARCHULETA** LINDA STROBEL LIFE ESTATE MARGARET E HOUSER-SILVA KENNETH ROBERT SCHMIDT LESLIE HARDWICK OSHEA MIRIAM WASHBURN TRUST JOSEPH C JASTRZEMBSKI MAP 1992-A PARTNERS LP K & W GAS PARTNERS LP LINDA MARIE MCCARTNEY MELODIE GIGER TOOHEY LORRAYN GAY HACKER MARY ESTHER BROWN MAYDELL MILLER MAST **MICHAEL A WILLIAMS &** MCCORMICK & CO INC MCKAY OIL & GAS LLC MICHAEL W HOUSTON MOORE LOYAL TRUST VILLIAM W BRAMLETT **IOHN A GRAMBLING** MARIE A SCHAEFER MILDRED I BERTSCH MICHAEL D BROWN ANCE REEMTSMA KIM MCKIM DUNN JOHN S CATRON DENNIS R STAAL AURA DICHTER LORIE GORDON MARY J MILLER KENN SCHMIDT LINDA L WHITE . KEITH WAYT JOHN A WALL MILO D SMITH

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| MARGARET E HOUSER-SILVA<br>9729 CAMINO DEL SOL NE  |  |                     |
|  | 3. Service Type  | Certified           |
| ALBUQUERQUE, ALBUQUERQUE 8   | 71 <del>11-1599</del>  |                     |
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| PS Form 3811 Domestic Re   | turn Receipt   |                     |
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| 2: Article Number  | COMPLETE THIS SECTION ON   | (DELIVERY)          |
|  | A. Signature   // C 11/  |                     |
|  | x. W. Wall. Now  | Agent D Addressee   |
| \$<br>, 7110 4605 9590 0008 8517   | B. Received by (firinted Name)   | C. Date of Delivery |
|  | MICHAE WITTANS   | 7/26/4              |
| 1. Article Addressed to:   | D. Is delivery address different from it<br>If YES enter delivery address belo                                 |                     |
|  |  |                     |
| MICHAEL A WILLIAMS &   |  |                     |
| GLORIA WILLIAMS TRUSTEES   |  |                     |
| MICHAEL A AND GLORIA WILLIAMS  | N/   |                     |
| LIVING TRUST<br>114 N 7TH ST   | 3. Service Type  | Certified           |
| BLOOMFIELD, BLOOMFIELD 87413   | 4. Restricted Delivery? (Extra Fee)  |                     |
| 7/22/2004 9:11 AM  |  | Yes                 |
| Code: San Juan 29-7 Unit 65A   |  |                     |
| PS Form 3811   |  |                     |
| Domestic Retu  | rn Receipt   | · ·                 |
|  |  |                     |
| 2. Article Number  | COMPLETE THIS SECTION ON D   | ELIVERY             |
|  | A. Signature   |                     |
|  | Tugalio anch   | Li La Addressee     |
| 7110 6605 9590 0008 8593   | B Received by (Printed Name)   | C. Date of Delivery |
|  | D. is delivery address different from iten   |                     |
| 1. Article Addressed to:   | If YES enter delivery address below:   | D No                |
|  |  |                     |
|  |  |                     |
| MRS MARGARITA ARCHULETA  |  |                     |
| 636 CR 4599  | 3. Service Type  | ertified            |
| BLANCO, BLANCO 87412   |  |                     |
|  | 4. Restricted Delivery? (Extra Fee)  | Yes                 |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A  |  |                     |
| Oue. San Juan 23-1 Onic USA  |  |                     |

|  | GOLDULATERIUS STERIO   | dt                                       | 2011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   |
|--|--|--|--|
| TENEY DE LE CONTRACTOR DE<br>L'ENTRE DE LE CONTRACTOR DE | A. Signature   | uniter linear                            |  |
| Line and the second   | X & Alleline   | 1:49                                     | Agent  |
| 7110 6605 9590 0008 9019   | B. Received by (Rrinted Name)  | 1  | C. Date of Delivery  |
|  | Mawfrd   |  | 7/21   |
| 1. Article Addressed to:   | D. Is delivery address different   |  |  |
|  | If YES enter delivery addres   | s below:                                 | 🖾 No   |
|  |  |  |  |
| THOMAS N & LOUISE D MANDRY TRA<br>THOMAS N & LOUISE D MANDRY TRA   |  |  |  |
| 1011 LOS JARDINES CIR  | R I  |  | مى يېرىنى خانىپ قىلىكى ئىزىكى ئىزىكى ئىزىكى ئىزىكى يېرىكى يېرىكى يېرىكى يېرىكى يېرىكى يېرىكى يېرىكى يېرىكى يېر<br>يېرى يېرىكى يېرىكى يېرىكى ئىزىكى ئىزىكى ئىزى يېرىكى ئېرىكى يېرىكى يېرىكى يېرىكى يېرىكى يېرىكى يېرىكى يېرىكى يېرى |
|  | 3. Service Type  | X Ce                                     | ertified   |
| EL PASO, EL PASO 79912   |  |  |  |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra   | : Fee)                                   | Yes  |
| Code: San Juan 29-7 Unit 191   |  |  |  |
|  | an a   |  | -Ooline and an and a second second second  |
| PS Form 3811 Domestic Return   | m Receipt  |  |  |
| · . · · · · · · · · · · · · · · · · · ·  | · • • • • • • • • • • • • • • • • • • •  |  |  |
| 2 Article Number   | COMPLETE THIS SECTIO   | NOND                                     | ELIVERY  |
|  | A. Signature   | •  | Agent  |
|  | X(165.601  | l  | Addressed  |
| 7110 6605 9590 0008 8999   | B. Received by (Printed Name)  |  | C. Date of Deliver   |
| L.,  | T.B.CATRO  |  |  |
| 1. Article Addressed to:   | D. is delivery address different<br>If YES enter delivery address  |  | 17 🛛 Yes   |
|  | 1. The second se |  |  |
| THOMAS B CATRON III & JUNE   | JUL 2 3 2014   |  |  |
| ELLIS CATRON TRUST   |  |  |  |
| C/O CATRON CATRON & POTTOW   |  |  |  |
| PO BOX 788   | 3. Service Type  |  | ertified   |
| SANTA FE, SANTA FE 87504   | 4. Restricted Delivery? (Extra   | a Fee)                                   | TT Yes   |
| 7/22/2004 9:11 AM  | A. Hestilded Delivery (LAR   | 2100/                                    |  |
| Code: San Juan 29-7 Unit 191   |  |  |  |
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|  | eren han bernande en en bernande en be   | an a |  |
| PS Form 3811 Domestic Retu   | m Receipt  | um dadiği - aştı                         |  |
| PS Form 3811 Domestic Retu   | im Receipt   | - markatiljele - est                     |  |
| PS Form 3811 Domestic Retu   |  | OX ON                                    | D-HIVE X   |
| Domestic Retu  | m Receipt<br>COJHIASSA≣JUISSIGOI<br>A. Signatups∕/   | O'IONI                                   | Delivery   |
| Domestic Retu  | CouplerEnnisGeori  | OXIONI                                   | Agent  |
| Domestic Retu  | COLIZE TANSCICI<br>A. Signature<br>X. March  | }  | Agent<br>Address   |
| Domestic Retu  | A. Signature<br>B. Received by (Printed Name   |  | C. Date of Delive  |
| Domestic Retu  | A. Signature<br>B. Received by (Printed Name<br>D. is delivery address differen  | e)                                       | C. Date of Delive<br>7.24-34   |
| ZPArticle Number<br>7130 6605 9590 0008 8722   | A. Signature<br>B. Received by (Printed Name   | e)                                       | C. Date of Delive<br>7.24-34,  |
| Domestic Return       Provide Number       7110 6605 9550 0008 8722       1. Article Addressed to:   | A. Signature<br>B. Received by (Printed Name<br>D. is delivery address differen  | e)                                       | C. Date of Delive<br>7.24-34   |
| 7110 LLOS 9510 0008 8722<br>1. Article Addressed to:<br>PHILIP G DEMEREE   | A. Signature<br>B. Received by (Printed Name<br>D. is delivery address differen  | e)                                       | C. Date of Delive<br>7.24-34   |
| 7110 6605 9550 0008 8722<br>1. Article Addressed to:<br>PHILIP G DEMEREE<br>SEPARATE PROPERTY  | A. Signature<br>B. Received by (Printed Name<br>D. is delivery address differen  | e)                                       | C. Date of Delive<br>7.24-34   |
| 22AHIGONUMERCE<br>7110 G DEMEREE<br>SEPARATE PROPERTY<br>7561 VIA CAMELLO DEL SUR  | A. Signature<br>B. Received by (Printed Name<br>D. is delivery address differen  | e)<br>nt from ite<br>ess below           | ☐ Agent<br>☐ Address<br>C. Date of Delive<br>7.2.4.34,<br>m 1? ☐ Yes<br>: ☐ No   |
| Domestic Return       22/AHIGIC Number       7110 6605 9550 0008 8722       1. Article Addressed to:       PHILIP G DEMEREE       SEPARATE PROPERTY  | A. Signature<br>A. Signature<br>B. Received by (Printed Name<br>D. is delivery address different<br>If YES enter delivery address  | e)<br>nt from ite<br>ess below           | C. Date of Delive<br>7.24-34   |
| 22AHIGONUMERCE<br>7110 G DEMEREE<br>SEPARATE PROPERTY<br>7561 VIA CAMELLO DEL SUR  | A. Signature<br>A. Signature<br>B. Received by (Printed Name<br>D. is delivery address different<br>If YES enter delivery address  | e)<br>nt from itel<br>ess below          | ☐ Agent<br>☐ Address<br>C. Date of Delive<br>7.2.4.34,<br>m 1? ☐ Yes<br>: ☐ No   |

PS Form 3811

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| 7110 LL05 950 0008 9132<br>1. Article Addressed to:  | A. Signature<br>X (A. A. A   |
|--|---|
| WILLIAM B HARDIE SR ROYALTY TR<br>JANE HARDIE TRUSTEE<br>1065 LOS JARDINES                                       | ST<br>3. Service Type <b>Certified</b>  |
| EL PASO, EL PASO 79912<br>7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 191   | ·   |
| PS Form 3811 Domestic Retu   | m Receipt   |
| · · · · · · · · ·  |   |
| 22.ArticleINumber  | COMPLETE THIS SECTION ON DELIVERY   |
|  | $\begin{array}{c} \underline{COMPUTATEMENTSElectronomontosterveny} \\ A. Signature \\ X \\ \hline A. \\ \hline A. \\ \hline O \\ \hline C \\ \hline A \\ \hline Addressee \end{array}$  |
| 22:Article(Number<br>7110 6605 9550 0008 9095  | A. Signature<br>X Z. A., GOLL Addressee<br>B. Received by (Painted Name)<br>E. J. GOLL<br>C. Date of Delivery   |
|  | A. Signature<br>X A. Intervention of the second |
| 22 Article Mundest<br>7110 LL05 950 000A 9095<br>1. Article Addressed to:<br>VIRGINIA M WALL GORET<br>PO BOX 282 | Goldick a definition of the second of the                                   |
| 22 ARTICLE MUNIEST<br>7110 LL05 9550 0004 9095<br>1. Article Addressed to:<br>VIRGINIA M WALL GORET              | Golder B ad Builts Securic Rock of 144 Wass         A. Signature         X       A. Golder B         B. Received by (Pointed 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  |

PS Form 3811

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Domestic Return Receipt

| 2. Article Number                                 | COMPLETE THIS SECTION   | ON DELIVERY                               |
|---|---|---|
|   | A. Signature  | Agent                                     |
|   | XCVICALLE   | Addressee                                 |
| 7110 LLOS 9590 0008 720L                          | B. Received by (Printed Name)   | C. Date of Delivery<br>2 6 JUL            |
| 1. Article Addressed to:                          | D. Is delivery address different fr<br>If YES enter delivery address  |   |
| ALVIN JERMAN FAMILY TRUST                         |   |   |
| GARY A JERMAN SUCCESSOR TRUS                      |   |   |
| 1645 COURT PLACE STE 326                          | 3. Service Type   |   |
| DENVER, DENVER 80202                              | 4. Restricted Delivery? (Extra  | Fee) Yes                                  |
| 7/22/2004 9:08 AM                                 |   |   |
| Code: San Juan 29-7 Unit 191                      |   |   |
| PS Form 3811 Domestic Retu                        | m Receipt   |   |
| 2. Article Number                                 | COMPLETE THIS SECTION   | ION DELIVERY                              |
|   | A. Signature //   |   |
|   | x/II 47W  | 、 🗖 Agent<br>🔲 Addressee                  |
| 7110 6605 9590 0008 7213                          | B. Received by (Printed Name)<br>MILCE DRH 66   | 6 C. Date of Delivery                     |
| . Article Addressed to:                           | D. Is delivery address different f<br>if YES enter delivery address   | rom item 1?  Yes below: No                |
|   |   | . '                                       |
|   |   | . i                                       |
| AMCORE BANK N A TRUSTEE<br>& A C ANDERSON TRUST 2 |   |   |
| PO BOX 4599                                       |   |   |
|   | 3. Service Type   | Certified                                 |
| ROCKFORD, ROCKFORD 61110-4599                     |   |   |
| 7/22/2004 9:08 AM                                 | 4. Restricted Delivery? (Extra  | Fee) Yes                                  |
| Code: San Juan 29-7 Unit 191                      |   |   |
| PS Form 3811 Domestic Retu                        | ım Receipt  |   |
|   |   |   |
| 2. Article Number                                 | COMPLETE THIS SECTION   | N ON DELIVERY                             |
|   | x Month   | Agent Addressee                           |
| 7110 6605 9590 0008 7220                          | B. Received by (Printed Name)   | / C. Date of Delivery                     |
|   | Anto Magabe   |   |
| 1. Article Addressed to:                          |   | (() 2.2/./<br>from item 1? □ Yes          |
| 1. Article Addressed to:                          | D. Is delivery address different f<br>If YES enter delivery address   | (0) 7.2/./<br>from item 1? □ Yes          |
| AMCORE BANK NA TRUSTEE                            | D. Is delivery address different f  | (0) 7.2/./<br>from item 1? □ Yes          |
| AMCORE BANK NA TRUSTEE<br>& A C ANDERSON TRUST 1  | D. Is delivery address different f<br>If YES enter delivery address   | (0) 7.2/./<br>from item 1? □ Yes          |
| AMCORE BANK NA TRUSTEE                            | D. Is delivery address different f<br>If YES enter delivery address   | trom item 1? ☐ Yes<br>s below: ☐ No       |
| AMCORE BANK NA TRUSTEE<br>& A C ANDERSON TRUST 1  | Anth     Dran 60       D. Is delivery address different f       If YES enter delivery address       3. Service Type | (() 2) 2/ / / / / / / / / / / / / / / / / |
| & A C ANDERSON TRUST 1<br>PO BOX 4599             | Anth     Dran 60       D. Is delivery address different f       If YES enter delivery address       3. Service Type | from item 1?    Yes<br>s below:    No     |

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| Signature       Agent         Jbbunburgh       Addressee         Received by (Printed Name)       C. Date of Delivery         Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         Service Type       Certified         Restricted Delivery? (Extra Fee)       Yes |
|--|
| Received by (Printed Name) C. Date of Delivery is delivery address different from item 1? Yes If YES enter delivery address below: No Service Type Certified   |
| s delivery address different from Item 1? Yes<br>If YES enter delivery address below: No<br>Service Type Certified   |
| If YES enter delivery address below: INO   |
| Service Type   |
|  |
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| Restricted Delivery? (Extra Fee) Yes   |
| Restricted Delivery? (Extra Fee) Yes   |
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| MPLETE THIS SECTION ON DELIVERY  |
| Signature  |
| A.Vasquez  |
| A. V d3 q d 2 Addressed<br>Received by (Printed Name) C. Date of Deliver   |
| 11: 0 9 <b>2004</b>  |
| Is delivery address different from item 1?   |
| If YES enter delivery address below: INO   |
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| Service Type Certified   |
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| Restricted Delivery? (Extra Fee) Yes   |
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| OMPLETE THIS SECTION ON DELIVERY   |
| Signature  |
| Addresse   |
| Received by (Printed Name) C. Date of Deliver  |
| Is delivery address different from item 1?   |
| If YES enter delivery address below:   |
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|  |
| Service Type Certified   |
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| Restricted Delivery? (Extra Fee)   |
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| 2: Article Number  | COMPLETE THIS SECTION  | ON ON DELIVERY   |
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|  | X  | Agent  |
| A LOCAL DESCRIPTION OF THE DESCR | B. Received by (Printed Name   | C. Date of Delivery  |
| 7110 6605 959 <u>0 0008 7312</u>   | SLORER SCOT  |  |
|  | D. is delivery address differen  |  |
| 1. Article Addressed to:   | If YES enter delivery addre  |  |
|  |  |  |
| BEN HOWELL LANGFORD  |  |  |
| C/O EDI FINANCIAL INC  |  |  |
| 415 N MESA ST STE 207  |  | K ZI   |
|  | 3. Service Type  |  |
| EL PASO, EL PASO 79901-1244  |  |  |
| 7/22/2004 9:10 AM  | 4. Restricted Delivery? (Extr  | ra Fee) Yes  |
| Code: San Juan 29-7 Unit 191   | . I  | استخدادی<br>منطقی بنان برای میکند.<br>   |
|  |  |  |
| PS Form 3811 Domestic Retu   | m Receipt  | <u></u>  |
|  |  |  |
| 2: Article Number  | COMPLETE THIS SECTIO   | N ON DELIVERY  |
|  | A. Signature   |  |
| L Daniel Brancher Hard State Barrier Harden Harden   | 4  | 🥣 🗖 Agent  |
| A manufacture of the second  | * Betty L.   | Long Addressee   |
| 7110 6605 9590 0008 7343   | B. Received by (Printed Name   | C. Date of Delivery  |
|  | D. Is delivery address differen  | titizim item 1? 🖸 Yes  |
| 1. Article Addressed to:   | If YES enter delivery addre  |  |
|  |  |  |
|  |  |  |
| BETTY LOU LONG   |  |  |
| 1685 BERKLEY CT  |  | 57   |
|  | 3. Service Type  |  |
| DEERFIELD, DEERFIELD 60015-2030  |  |  |
| 7/22/2004 9:10 AM  | 4. Restricted Delivery? (Extr  | ra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A   | ······   |  |
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|  |  |  |
| PS Form 3811 Domestic Retu   | rn Receipt   |  |
| PS rorm 3811 Domestic Retu   | rn Receipt   |  |
|  |  |  |
| 2. Article Number  | COMPLETE THIS SECTION  | ON ON DELIVERY   |
|  | COMPLETE THIS SECTI<br>A. Signature  | Agent  |
| 22. Article: Number  | COMPLETE THIS SECTION<br>A. Signature<br>X   | Agent<br>Addressee   |
| Domestic Retu  | COMPLETE THIS SECTI<br>A. Signature  | Agent Addressee  |
| Domestic Retu<br>2: Article Number<br>7ЪЪО ББО5 9550 0008 7404   | COMPLETE THIS SECTI<br>A. Signature<br>X   | Agent<br>Addressee<br>a) C. Date of Delivery<br>tfrom item 1? Yes  |
| 22. Article: Number  | COMPLETE THIS SECTION<br>A. Signature<br>X. J. J. J. J. M.<br>B. Received by (Printed Name   | Agent<br>Addressee<br>a) C. Date of Delivery<br>tfrom item 1? Yes  |
| Domestic Retu<br>2: Article Number<br>7ЪЪО БЬО5 9550 0008 7404   | COMPLETE THIS SECTI<br>A. Signature<br>X   | Agent<br>Addressee<br>a) C. Date of Delivery<br>tfrom item 1? Yes  |
| Domestic Retu<br>2. Article Number<br>7ЪЪО ББО5 9550 0008 7404   | COMPLETE THIS SECTI<br>A. Signature<br>X   | Agent<br>Addressee<br>a) C. Date of Delivery<br>tfrom item 1? Yes  |
| 2. Article Number<br>7330 4605 950 0008 7404<br>1. Article Addressed to:<br>BOLACK MINERALS CO<br>ATTN TOMMY BOLACK  | COMPLETE THIS SECTI<br>A. Signature<br>X   | Agent<br>Addressee<br>a) C. Date of Delivery<br>tfrom item 1? Yes  |
| 22 Article Number<br>7330 4605 950 0008 7404<br>1. Article Addressed to:<br>BOLACK MINERALS CO<br>ATTN TOMMY BOLACK<br>3901 BLOOMFIELD HWY   | COMPLETE THIS SECTI<br>A. Signature<br>X   | Agent<br>Addressee<br>a) C. Date of Delivery<br>t from item 1? Yes<br>ess below: No                              |
| 229 Article Number<br>7330 4605 950 0008 7404<br>1. Article Addressed to:<br>BOLACK MINERALS CO<br>ATTN TOMMY BOLACK<br>3901 BLOOMFIELD HWY<br>RT 3 BOX 47   | COMPLETE THIS SECTI<br>A. Signature<br>X   | Agent<br>Addressee<br>a) C. Date of Delivery<br>tfrom item 1? Yes  |
| 22 Article Number<br>7330 4605 950 0008 7404<br>1. Article Addressed to:<br>BOLACK MINERALS CO<br>ATTN TOMMY BOLACK<br>3901 BLOOMFIELD HWY   | COMPLETETHIS SECTION<br>A. Signature<br>X. M. M. M.<br>B. Received by (Printed Name<br>D. Is delivery address differentiation of the second of the sec | Agent<br>Addressee<br>Addressee<br>C. Date of Delivery<br>t from item 1? Yes<br>ess below: No<br>No<br>Certified |
| 2. Article Number<br>7110 6605 9590 0008 7404<br>1. Article Addressed to:<br>BOLACK MINERALS CO<br>ATTN TOMMY BOLACK<br>3901 BLOOMFIELD HWY<br>RT 3 BOX 47   | COMPLETE THIS SECTI<br>A. Signature<br>X   | Agent<br>Addressee<br>Addressee<br>C. Date of Delivery<br>t from item 1? Yes<br>ess below: No<br>No<br>Certified |

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| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
|  | A. Signature   |
|  | X / MACRY // LICEL DAddressee  |
| 7110 6605 9590 0008 7459   | B. Received by (Printed Name)C. Date of DeliveryMANICH (NOB)7.23.04                          |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No |
| BRIAN DOWNING GIBSON   |  |
| 66C ARROYO HONDO TRL   | 3. Service Type Certified  |
| SANTA FE, SANTA FE 87505   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A                        |  |
| PS Form 3811 Domestic Ret  | urn Receipt  |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|  | A Signature Agent  |
| 7110 6605 9590 0008 7473   | B. Received by (Printed Name) C. Pate of Delivery  |
| . Article Addressed to:  | D. Is delivery address different from item 1?  Yes If YES enter delivery address below: No   |
| BRYAN E JENKS  |  |
| 20940 W 124TH ST<br>OLATHE, OLATHE 66061                                 | 3. Service Type Certified  |
| 7/22/2004 9:10 AM  | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A   |  |
| PS Form 3811 Domestic Ref  | turn Receipt   |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|  | X leva Agent   |
| 7110 6605 9590 0008 7480   | B. Received by (Printed Name)C. Date of DeliveryVERABEE7/26/04-                              |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?  |
|  | If YES enter delivery address below: INO   |
| BUREAU OF LAND MANAGEMENT  | IT YES enter delivery address below:   |
| BUREAU OF LAND MANAGEMENT<br>FARMINGTON DIST OFFICE<br>1235 LA PLATA HWY | 3. Service Type  |
| BUREAU OF LAND MANAGEMENT<br>FARMINGTON DIST OFFICE                      |  |

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| 2. Article Number  | COMPLETE THIS SECTI   | ON ON DELIVERY   |
|--|---|--|
|  | A. Signature  | Agent  |
|  | ▲ 19.46 M 4112  | Addressee  |
| 7110 6605 9590 0008 7503   | B. Received by (Printed Name<br>Care IVII T. T.   | 55 7/26/04   |
| 1. Article Addressed to:   | D. Is delivery address different<br>If YES enter delivery addre   |  |
| CAROLYN J ROSS DECLARATION   |   |  |
| OF TRUST DTD 10/24/91  |   |  |
| CAROLYN J ROSS TRUSTEE PO BOX 94   | 3. Service Type   |  |
| MONMOUTH, MONMOUTH 61462   | S. Service Type   | Certified  |
|  | 4. Restricted Delivery? (Ext  | ra Fee) Yes  |
| 7/22/2004 9:10 AM  |   |  |
| Code: San Juan 29-7 Unit 65A PS Form 3811  |   |  |
| PS Form 3811 Domestic Retu   | rn Receipt  |  |
| 2. Article Number  | COMPLETE THIS SECTI   | ON ON DELIVERY   |
|  | A. Signature  | Agent  |
| The second se  | * 75 Millippin  | Addressee  |
| 7330 6605 959 <mark>0 0008 7534</mark>   | B. Received by (Printed Name  | e) C. Date of Delivery   |
| 1. Article Addressed to:   | D. Is delivery address differen   |  |
|  | If YES enter delivery addre   | ess below: 🖸 No  |
| · (3) - 43   |   |  |
|  |   |  |
| CATHY J WALL POUND   | 4   |  |
|  | . • · · ·   |  |
| Contraction of the second s  | 3. Service Type   | X Certified  |
| SOCORRO, SOCORRO 87801   | 3. Service Type   |  |
|  | 3. Service Type<br>4. Restricted Delivery? (Ext   |  |
| SOCORRO, SOCORRO 87801<br>7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191  |   |  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811  | 4. Restricted Delivery? (Ext  |  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191  | 4. Restricted Delivery? (Ext  | <u> </u>   |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811  | 4. Restricted Delivery? (Ext  | ra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu   | 4. Restricted Delivery? (Ext<br>m Receipt   | VICON DELLIVERY  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu   | 4. Restricted Delivery? (Ext<br>m Receipt<br>COMPLETE THIS SECTI<br>A. Signature<br>X / Sob Ward  | Tra Fee)     Yes       Yes       ON ON DELIVERY       Ymp       Addressee  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu   | 4. Restricted Delivery? (Ext<br>m Receipt<br>COMPLETE THIS SECTI<br>A. Signature  | Tra Fee)     Yes       Yes       ON ON DELIVERY       Ymp       Addressee  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu   | 4. Restricted Delivery? (Ext<br>m Receipt<br>A. Signature,<br>X / Sob Uaud<br>B. Received by (Printed Name<br>13ub Valder,<br>D. Is delivery address differer   | Tra Fee)     Yes       ON ON DELIVERY       < |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>2: Article Number<br>7110 6605 9590 0008 7541   | 4. Restricted Delivery? (Ext<br>m Receipt<br>COMPLETE THIS SECTI<br>A. Signature<br>X / Sob Dawd<br>B. Received by (Printed Name<br>IBub Valder   | Tra Fee)     Yes       ON ON DELIVERY       < |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>2: Article Number<br>7110 LL05 9550 0008 7541<br>1. Article Addressed to:   | 4. Restricted Delivery? (Ext<br>m Receipt<br>A. Signature,<br>X / Sob Uaud<br>B. Received by (Printed Name<br>13ub Valder,<br>D. Is delivery address differer   | Tra Fee)     Yes       ON CON DELIVERY       ON CON DELIVERY       Yes   |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Comestic Retu<br>2. Article Number<br>7110 LL05 959<br>0 0008 7541<br>1. Article Addressed to:<br>CHARLES W GAY   | 4. Restricted Delivery? (Ext<br>m Receipt<br>A. Signature,<br>X / Sob Uaud<br>B. Received by (Printed Name<br>13ub Valder,<br>D. Is delivery address differer   | Tra Fee)     Yes       ON CON DELIVERY       ON CON DELIVERY       Yes   |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu<br>2. Article Ntimber<br>7110 LL05 95900008 7541<br>1. Article Addressed to:<br>CHARLES W GAY<br>C/O JAMES M RAYMOND-POA                    | 4. Restricted Delivery? (Ext<br>m Receipt<br>A. Signature,<br>X / Sob Uaud<br>B. Received by (Printed Name<br>13ub Valder,<br>D. Is delivery address differer   | Tra Fee)     Yes       ON ON DELIVERY       Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu<br>2. Article Number<br>7110 LL05 959<br>0 0008 7541<br>1. Article Addressed to:<br>CHARLES W GAY   | 4. Restricted Delivery? (Ext<br>m Receipt<br>COMPLEAS THISSECTI<br>A. Signature,<br>X / Sob Dawd<br>B. Received by (Printed Name<br>IBub Valder,<br>D. Is delivery address different<br>If YES enter delivery addre | Tra Fee)     Yes       ON CON DELIVERY       ON CON DELIVERY       Yes       ON CON DELIVERY       Yes       C. Date of Delivery       Yes   |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu<br>2. Article Ntimber<br>7110 LL05 95900008 7541<br>1. Article Addressed to:<br>CHARLES W GAY<br>C/O JAMES M RAYMOND-POA                    | 4. Restricted Delivery? (Ext<br>m Receipt<br>A. Signature,<br>X / Sob Uaud<br>B. Received by (Printed Name<br>13ub Valder,<br>D. Is delivery address differen   | Tra Fee)     Yes       ON ON DELIVERY       Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu<br>2: Article Number<br>7 1 10 6605 9590 0008 7541<br>1. Article Addressed to:<br>CHARLES W GAY<br>C/O JAMES M RAYMOND-POA<br>PO BOX 291445 | 4. Restricted Delivery? (Ext<br>m Receipt<br>COMPLEAS THISSECTI<br>A. Signature,<br>X / Sob Dawd<br>B. Received by (Printed Name<br>IBub Valder,<br>D. Is delivery address different<br>If YES enter delivery addre | ra Fee)       Yes         OM (ON DELIVERY         OM (ON DELIVERY         Yes         OM (ON DELIVERY         Yes         C. Date of Delivery         Yes         Ye   |

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| 2. Article Number                                 | COMPLESTETHIS SECTION ON D   | ELIVERY             |
|---|--|---------------------|
|   | X 60/2 Ser   | Agent<br>Addressee  |
| 7110 LLOS 9590 0008 7558                          | B. Received by (Printed Name)  | C. Date of Delivery |
| 1. Article Addressed to:                          | D. Is delivery address different from item<br>If YES enter delivery address below: | 1? 🛛 Yes<br>🔲 No    |
| CL NORDSTROM FAMILY LLC<br>1645 COURT PL STE 326  |  |                     |
| DENVER, DENVER 80202                              |  | ertified            |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191 | 4. Restricted Delivery? (Extra Fee)  | Yes                 |
| PS Form 3811                                      |  |                     |
| Domestic Ret                                      | um Receipt   |                     |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DI  | LIVERY              |
|   | A. Signature   | Agent Addressee     |
| 7110 6605 959 <mark>0 0008 7589</mark>            | Kolk Thomas  | C. Date of Delivery |
| 1. Article Addressed to:                          | D. Is delivery address different from item<br>If YES enter delivery address below: | 17 🔲 Yes<br>🗍 No    |
|   |  |                     |
| CROFF OIL CO<br>621 17TH ST STE 830               |  | - 142 0             |
| DENVER, DENVER 80293                              |  | ertified            |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191 | 4. Restricted Delivery? (Extra Fee)  | Yes                 |
|   |  |                     |
| PS Form 3811 Domestic Re                          | tum Receipt  |                     |
| 2: Article:Number                                 | COMPLETE THIS SECTION ON D   | ELIVERY             |
|   | A Signature  | Agent<br>Addressee  |
| 7110 6605 9590 0008 7619                          | B. Received by Printed Name)   | C. Date of Delivery |
| 1. Article Addressed to:                          | D. Is delivery address different from iten<br>If YES enter delivery address below: |                     |
| DAVID A PIERCE<br>CITIZENS BANK AGENT FOR         |  |                     |
| PO BOX 4140<br>FARMINGTON, FARMINGTON 87499       | 3. Service Type  | ertified            |
| 7/22/2004 9:10 AM                                 | 4. Restricted Delivery? (Extra Fee)  | Yes                 |
| Code: San Juan 29-7 Unit 191                      |  |                     |

|        | 2. Article Number   | COMPLETENTITS SECTION ON DELIVERY  |
|--------|---|--|
|        |   | Agent  |
|        |   | A Addree<br>B. Received by (Printed Name) C. Date of Del   |
|        | 7 <b>1</b> 10 6605 959 <u>0 0008 7664</u>   |  |
|        | 1. Article Addressed to:  | D. Is delivery address different from item 1?  |
|        | 1. Anacie Addressed to:   | If YES enter delivery address below: 🔲 No  |
|        |   |  |
|        |   |  |
|        | DONALD S IRONSIDE   |  |
|        | 3300 DARBY RD APT 1312  | 3. Service Type Certified  |
|        | HAVERFORD, HAVERFORD 19041-   |  |
|        | 7/02/0204 0:44 AM   | 4. Restricted Delivery? (Extra Fee) Yes  |
|        | 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   |  |
|        | Code. San Juan 23-7 Onit 191  |  |
|        |   |  |
|        | PS Form 3811 Domestic   | Return Receipt   |
|        |   |  |
|        | 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY  |
|        |   | A-Signature  |
|        |   | Contra Mary 1 Addres   |
|        | 7110 6605 9590 0008 7688  | B. Received by (Frinted Name) C. Date of Dell  |
|        |   | Toncia Marriell, 1260  |
|        | 1. Article Addressed to:  | D. Is delivery address different from item 1? 	Yes<br>If YES enter delivery address below: 	No   |
|        |   |  |
|        |   |  |
|        | DOUGLAS CAMERON MCLEOD  |  |
| .*•• · | 518 17TH ST STE 1455  |  |
|        |   | 3. Service Type Certified  |
|        | DENVER, DENVER 80202  | 4. Restricted Delivery? (Extra Fee) Yes  |
|        | 7/22/2004 9:11 AM   |  |
|        |   |  |
|        | Code: San Juan 29-7 Unit 191  |  |
|        |   |  |
|        | PS Form 3811  | Return Receipt   |
|        | PS Form 3811  | Return Receipt   |
|        | PS Form 3811  | Return Receipt   |
|        | PS Form 3811 Domestic   | COMPLETE THIS SECTION ON DELIVERY  |
|        | PS Form 3811 Domestic   | COMPLETE THIS SECTION ON DELIVERY  |
|        | PS Form 3811<br>2: Article Number   | COMPLIATE THIS SECTION ON DELIVERY   |
|        | PS Form 3811 Domestic   | A. Signature<br>X A. Signature<br>Complete the state of Delivery<br>A. Signature<br>A Agent<br>Addree<br>B. Received by (Printed Name)<br>C. Date of Delivery<br>C. Date of Delivery   |
|        | PS Form 3811<br>2: Article Number   | COMPLETE THIS SECTION ON DELIVERY         A. Signature         X         B. Received by (Printed Name)         C. Date of Del         D. is delivery address different from item 1?  |
|        | PS Form 3811<br>2. Article Number<br>7110 6605 959 0008 7695  | COMPLETE THIS SECTION ON DELIVERY         A. Signature         X         B. Received by (Printed Name)         C. Date of Del         D. is delivery address different from item 1?         Y YES         If YES enter delivery address below:   |
|        | PS Form 3811<br>2. Article Number<br>7110 6605 959 0008 7695  | COMPLETE THIS SECTION ON DELIVERY         A. Signature         X         B. Received by (Printed Name)         C. Date of Del         D. is delivery address different from item 1?         YES enter delivery address below:         No   |
|        | PS Form 3811<br>2. Article Number<br>7110 6605 9540 0008 7695<br>1. Article Addressed to:   | COMPLETE THIS SECTION ON DELIVERY         A. Signature         X         B. Received by (Printed Name)         C. Date of Del         D. Is delivery address different from item 1?         YES enter delivery address below:         No         If YES enter delivery address below:         If YES enter delivery address below:   |
|        | PS Form 3811<br>2. Article Number<br>2. Article Number<br>7.1.0 6605 95 0 0008 7695<br>1. Article Addressed to:<br>DR JOHN F PETTUS   | A. Signature<br>X A. Signature<br>X A. Signature<br>B. Received by (Printed Name)<br>C. Date of Del<br>C. Date of Del<br>C |
|        | PS Form 3811<br>2: Article Number<br>7110 6605 95 0 0008 7695<br>1. Article Addressed to:<br>DR JOHN F PETTUS<br>800 S CAMINO DEL RIO   | COMPLESTETHIS SECTION ON DELIVERY         A. Signature         X       Agent         B. Received by (Printed Name)       C. Date of Del         D. is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         Q       JUL         JUL       Q         JUL       Q         S. Service       Type  |
|        | PS Form 3811<br>2. Article Number<br>2. Article Number<br>7.1.0 6605 95 0 0008 7695<br>1. Article Addressed to:<br>DR JOHN F PETTUS   | COMPLETE THIS SECTION ON DELIVERY         A. Signature         X         B. Received by (Printed Name)         C. Date of Del         Out         D. Is delivery address different from item 1?         YES enter delivery address below:         No         QT         OUL  |
|        | PS Form 3811<br>2. Article Number<br>2. Article Number<br>7110 6605 950 0008 7695<br>1. Article Addressed to:<br>DR JOHN F PETTUS<br>800 S CAMINO DEL RIO<br>DURANGO, DURANGO 81301   | COMPLESTETHIS SECTION ON DELIVERY         A. Signature         X       Agent         B. Received by (Printed Name)       C. Date of Del         D. is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         Q       JUL         JUL       Q         JUL       Q         S. Service       Type  |
|        | PS Form 3811<br>2: Article Number<br>7110 6605 95 0 0008 7695<br>1. Article Addressed to:<br>DR JOHN F PETTUS<br>800 S CAMINO DEL RIO   | COMPLETE THIS SECTION ON DELLIVERY<br>A. Signature<br>X Addree<br>B. Received by (Printed Name)<br>C. Date of Del<br>C.    |
|        | PS Form 3811<br>2. Article Number<br>2. Article Number<br>7110 LL05 950 0008 7L95<br>1. Article Addressed to:<br>DR JOHN F PETTUS<br>800 S CAMINO DEL RIO<br>DURANGO, DURANGO 81301<br>7/22/2004 9:11 AM  | COMPLETE THIS SECTION ON DELLIVERY<br>A. Signature<br>X Addree<br>B. Received by (Printed Name)<br>C. Date of Del<br>C.    |
|        | PS Form 3811<br>2. Article Number<br>2. Article Number<br>7.1.10 6605 95 0 0008 7695<br>7.1.10 6605 95 0 0008 7695<br>1. Article Addressed to:<br>DR JOHN F PETTUS<br>800 S CAMINO DEL RIO<br>DURANGO, DURANGO 81301<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A | COMPLETE THIS SECTION ON DELIVERY      A. Signature     X  |

| 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
|   | A Signature  |
|   | X Charles Addres   |
| 7110 6605 959 <mark>0 0008 7718</mark>  | B. Received by (Printed Name) C. Date of Del<br>CUARL C STUPPED 7 He   |
|   | D. Is delivery address different from item 1?  |
| 1. Article Addressed to:  | If YES enter delivery address below: 🔲 No  |
|   |  |
|   |  |
| EDGAR CLAY GRIFFIN JR<br>5422 MAPLE ST  |  |
|   | 3. Service Type Certified  |
| BELLAIRE, BELLAIRE 77401-4705   |  |
| 7/22/2004 9:11 AM   | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191  |  |
|   | . The Barry  |
| PS Form 3811 Domestic R   | leturn Receipt   |
| 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature   |
|   | X Car Acres Addre  |
| 7110 6605 9590 0008 7725  | B. Received by (Printed Name) C. Date of Del   |
|   | El'Icen Gerrieles 7-24-1   |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? U Yes<br>If YES enter delivery address below: U No   |
|   |  |
|   |  |
| <b>EILEEN MEDINA GARRIDO</b>  |  |
| 14545 N FRANK LLOYD WRIGHT AI   | 3. Service Type  |
| SCOTTSDALE, SCOTTSDALE 8526   |  |
| 7/22/2004 9:11 AM   | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191  |  |
| i.  | <u> </u>   |
| PS Form 3811 Domestic F   | tetum Receipt  |
|   |  |
| 2. Article Number   |  |
|   | A. Signature   |
| and the second se |  |
|   | X / DOR Y OUC Addre  |
| 7130 6605 9590 0008 7787  | X / DUR Y CC D Addre   |
| 7130 6605 9590 0008 7787  | X       // Oifl W / Cit/C       I Address         B. Received by (Printed Name)       C. Date of De         D. Is delivery address different from item 1?       Yes  |
| J   | X     // Diff W / Cit     In Address       B. Received by (Printed Name)     C. Date of Degrees  |
| 1. Article Addressed to:  | X       // Oifl W / Cit/C       I Address         B. Received by (Printed Name)       C. Date of De         D. Is delivery address different from item 1?       Yes  |
| 1. Article Addressed to:<br>ETHELYNN Y CLARK  | X       // Oifl W / Cit in Address         B. Received by (Printed Name)       C. Date of De         D. Is delivery address different from item 1?       Yes   |
| 1. Article Addressed to:  | X       // Oifl W / Cit in Address         B. Received by (Printed Name)       C. Date of De         D. Is delivery address different from item 1?       Yes   |
| 1. Article Addressed to:<br>ETHELYNN Y CLARK<br>(EDYTHE M CLARK)  | X       // Oifl W / Cit in Address         B. Received by (Printed Name)       C. Date of De         D. Is delivery address different from item 1?       Yes   |
| 1. Article Addressed to:<br>ETHELYNN Y CLARK<br>(EDYTHE M CLARK)<br>1187 COAST VILLAGE RD   | X       Diff W       C. Date of De         B. Heceived by (Printed Name)       C. Date of De         D. is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         3. Service Type       Certified |
| 1. Article Addressed to:<br>ETHELYNN Y CLARK<br>(EDYTHE M CLARK)<br>1187 COAST VILLAGE RD<br>STE ONE-495  | B. Freceived by (Printed Name) C. Date of De<br>D. is delivery address different from item 1?<br>If YES enter delivery address below: No<br>3. Service Type Certified  |

| 2. Article Number<br>7110 6605 9590 0008 7831                                   | A. Signature     A. Signature       X. MABANA AND MARKED Agent       B. Received by (Printed Name)       C. Date of Delivery       7 |
|---|--|
| 1. Article Addressed to:  | D. Is delivery address different from item 1? Types<br>If YES enter delivery address below: No                                       |
| GARY A JERMAN & SUSAN J JERM/<br>JT TENANTS<br>4194 S VALENTIA ST               |  |
| DENVER, DENVER 80237  | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes  |
| Code: San Juan 29-7 Unit 191  |  |
| Domestic Ro   | etum Receipt   |
| 2. Article Number   | A. Stepature   |
|   | Sting Hours have   |
| 7 <b>)</b> 10 6605 9590 0008 7862   | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? / D Yes /<br>If YES enter delivery address below: D No                                 |
| GERALD G & ALTA JANE WILLIAMS<br>TRUSTEES U/T/A DATED 9-12-91<br>315 N CLARK DR |  |
| AZTEC, AZTEC 87410  | 3. Service Type  |
| 7/22/2004 9:11 AM   | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A  |  |
| PS Form 3811 Domestic R   | Return Receipt   |
| 2. Article Number   | A. Signature   |
|   | X 71 arig-Uni Yos H < Addressee  |
| 7110 6605 9590 0008 7879  | B. Received by (Printed Name) C. Date of Delivery  |
|   | 1 7-26   |
| 1. Article Addressed to:  |  |
|   | D. Is delivery address different from item 1?<br>Yes If YES enter delivery address below: No   |
| 1. Article Addressed to:<br>GORDON L GOTTSTEIN                                  | D. Is delivery address different from item 1? 	Yes   |
| 1. Article Addressed to:<br>GORDON L GOTTSTEIN<br>9433 NORTH EAST 14TH          | D. Is delivery address different from item 1?<br>If YES enter delivery address below: No   |

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| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
|   | A. Signature  |
|   | X Childer Coope Agent   |
| 7110 6605 959 <u>0 0008 7909</u>                  | B. Received by (Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No  |
|   |   |
| HAROLD RICHARD COOPER<br>9013 FOREST DR           |   |
|   | 3. Service Type Certified   |
| FAIRVIEW HEIGHTS, FAIRVIEW HEIGH                  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191 |   |
|   |   |
| PS Form 3811 Domestic Return                      | n Daaslast  |
|   |   |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY   |
|   | A. Signature  |
|   | X UMAUM/// Addressee  |
| JIJO PPO2 4240 0009 2453                          | B. Received by (Printed Name) C. Date of Delivery,<br>KDN WDK N//- 1-4-44                     |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? Tyes<br>If YES enter delivery address below: No |
|   |   |
|   |   |
| HORIZON ROYALTIES LLC<br>1490 W CANAL CT STE 3000 | <b>K</b> 2  |
| LITTLETON, LITTLETON 80120                        | 3. Service Type   |
|   | 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191 |   |
|   |   |
| PS Form 3811 Domestic Retur                       |   |
|   |   |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY   |
|   | X/505 Waldery Addressee   |
| 7110 6605 95 <u>40 0008</u> 7978                  | B. Received by (Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? . Yes   |
|   | If YES enter delivery address below: 2-No-  |
| J & M RAYMOND LTD                                 |   |
| RAYMOND & SONS I LLC GEN PART                     | ER  |
| PO BOX 291445                                     | 3. Service Type Certified   |
| KERRVILLE, KERRVILLE 78029-1445                   |   |
| 7/22/2004 9:11 AM                                 | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 191                      |   |

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| 2. Article Number                                     | COMPLETE THIS SECTION ON DELIVERY.   |
|---|--|
|   | A. Signature<br>X  |
| 7110 6605 9590 0008 8005                              | B, Received by (Printed Name) C. Date of Deliver   |
|   | Archila A Kubis 7-26-4   |
| 1. Article Addressed to:                              | D. Is delivery address different from item 1?  Yes ' If YES enter delivery address below: No                   |
|   | If YES enter delivery address below: INO   |
|   |  |
| JAMES J RUBOW & NICKOLA A RUE                         | TL WOR   |
| 200 MAIN ST   |  |
| AZTEC, AZTEC 87410                                    | 3. Service Type  |
|   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191     |  |
| Code. San Juan 23-7 Unit 191                          |  |
| PS Form 3811  |  |
| PS Form 3611 Domestic Ref                             | tum Receipt  |
|   | en se verse en sen angen en se verse name en sen angen sen en anderen sen angen en angen en se se se se sen an |
| 2. Article Number                                     | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature   |
|   | X UN AUR Addresse  |
| 7110 6605 <b>9590 0008 8012</b>                       | B. Received by (Printed Name) C. Date of Delive  |
|   | D. Is delivery address different from the day ? D Yes  |
| 1. Article Addressed to:                              | If YES enter delivery address below:   |
|   | 20   |
|   | E  |
| JAMES Ř PAYNE & JEAN PAYNE<br>614 PASEO DEL BOSQUE NW |  |
|   | 3. Service Type Certified  |
| ALBUQUERQUE, ALBUQUERQUE 8                            |  |
| 7/22/2004 9:11 AM                                     | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A                          |  |
|   |  |
| PS Form 3811 Domestic Re                              | atum Receipt   |
| •   |  |
| 2. Article Number                                     | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature /   |
|   |  |
| 7110 6605 9590 0008 8029                              | B. Received by (Printed Name) C. Date of Delive  |
|   | MITTER   |
| 1. Article Addressed to:                              | D. Is delivery address different from Item 1? Yes  |
|   | If YES enter delivery address below:   |
|   |  |
| JANE BARBARA BAER TRUST<br>WELLS FARGO OGM C7300-07D  |  |
| PO BOX 5383   |  |
|   | 3. Service Type Certified  |
| DENVER, DENVER 80217                                  |  |
|   |  |
| 7/22/2004 9:11 AM                                     | 4. Restricted Delivery? (Extra Fee) Yes  |

|  | COMPLEXICATING   |  |
|--|--|--|
| 2. Article Number  | A. Signature   |  |
|  | X  | Agent  |
| 7110 6605 9590 0008 8043   | B. Received by (Printed Nat  |  |
|  | Jauro Fra  | <u>/</u>   |
| 1. Article Addressed to:   | D. Is delivery address differ  | ent from item 1? 🛄 Yes<br>Iress below: 🛄 No  |
|  | JUL Jes  | Λ  |
|  |  | 10   |
| JANET PATRICIA BRANNEN<br>1761 E SECOND  | Ver protection   | <u>m</u>   |
|  | 3. Service Type  | Certified  |
| DURANGO, DURANGO 81301   |  |  |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (E   | ktra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A   |  |  |
| PS Form 3811   |  |  |
|  | Return Receipt   | · · · · · · · · · · · · · · · · · · ·  |
|  |  | TA 11. IT STORES AND ANT ANT A THE PARTY AND A   |
| 2. Article Number  | COMPLETE THIS SECT   | ION ON DELIVERY  |
|  | A. Signature   | SHUS Addresse  |
| 7110 6605 9590 0008 8098   | B-Received by (Printed National States)  |  |
|  | Jill M Sor   |  |
| 1. Article Addressed to:   | D. Is delivery address differ<br>If YES enter delivery add   |  |
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| JILL SOENS<br>728 E 4TH AVE  |  |  |
|  | 3. Service Type  | Certified  |
| DURANGO, DURANGO 81301   |  |  |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (E   | xtra Fee) Yes  |
|  |  |  |
| Code: San Juan 29-7 Unit 191   |  | <u> </u>   |
| PS Form 3811   |  |  |
| PS Form 3811   | Return Receipt   |  |
| PS Form 3811 Domestic  |  |  |
| PS Form 3811   | COMPLETE THIS SECT   |  |
| PS Form 3811 Domestic  |  | TION ON DELIVERY   |
| PS Form 3811 Domestic  | A. Signature   | TION ON DELIVERY   |
| PS Form 3811<br>2. Article Number  | COMPLETE THIS SEC<br>A. Signature<br>X. Signature<br>D. Received by (Printed Na<br>Science) August                                       | nion on DELIVERY<br>Agent<br>Address<br>me)<br>C. Date of Delive<br>7-210-0  |
| PS Form 3811<br>2. Article Number  | A. Signature   | TION ON DELIVERY<br>☐ Agent<br>☐ Address<br>me)<br>C. Date of Deliv<br>?~21,~2<br>ent from item 1? ☐ Yes   |
| PS Form 3811<br>2. ArticlesNumber<br>7110 6605 9550 0008 8104  | A. Signature<br>X. Signature<br>B. Received by (Printed Na<br>Scinny Acc.<br>D. Is delivery address differ                               | TION ON DELIVERY<br>☐ Agent<br>☐ Address<br>me)<br>C. Date of Deliv<br>?~21,~2<br>ent from item 1? ☐ Yes   |
| PS Form 3811<br>2. Article Number<br>7110 LL05 9550 0008 8104<br>1. Article Addressed to:  | A. Signature<br>X. Signature<br>B. Received by (Printed Na<br>Scinny Acc.<br>D. Is delivery address differ                               | TION ON DELIVERY<br>☐ Agent<br>☐ Address<br>me)<br>C. Date of Deliv<br>?~21,~2<br>ent from item 1? ☐ Yes   |
| PS Form 3811<br>2. Article Number<br>2. Article Number<br>7110 LL05 9570 0008 8104<br>1. Article Addressed to:<br>JOANNE C LORENCE                             | A. Signature<br>X. Signature<br>B. Received by (Printed Na<br>Scinny Acc.<br>D. Is delivery address differ                               | TION ON DELIVERY<br>Agent<br>☐ Address<br>me)<br>C. Date of Delive<br>?~21.~C<br>ent from item 1? ☐ Yes  |
| PS Form 3811<br>Domestic<br>2: Article Numbor<br>2: Article Numbor<br>7110 LL05 9590 0008 8104<br>1. Article Addressed to:<br>JOANNE C LORENCE<br>520 CHESTNUT | A. Signature<br>X. Signature<br>B. Received by (Printed Na<br>Scinny Acc.<br>D. Is delivery address differ                               | me) C. Date of Delive  |
| PS Form 3811<br>2. Article Number<br>2. Article Number<br>7110 LL05 95 0 0008 8104<br>1. Article Addressed to:<br>JOANNE C LORENCE                             | COMPLETERHISSEC<br>A. Signature<br>X. Signature<br>X. Signature<br>D. Is delivery address differ<br>If YES enter delivery address differ | IONION DELIVERY         Image: Address         me)       C. Date of Delive         Image: C. Date o |

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| A. Signature  | <u></u>   |
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| B. Received by (Printed Name) C. Date of D  | elivery   |
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| If YES enter delivery address below:  |   |
| CO NM BAN   |   |
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| 3. Service Type   |   |
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| 4. Restricted Delivery? (Extra Fee)   |   |
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| B Received by (Printed Name) C. Date of De  | alivery   |
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| If YES enter delivery address below:  |   |
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| 3. Service Type   |   |
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| 4. Restricted Delivery? (Extra Fee) Yes   |   |
| 4. Restricted Delivery? (Extra Fee) Yes   |   |
| 4. Restricted Delivery? (Extra Fee) Yes   |   |
| 4. Restricted Delivery? <i>(Extra Fee)</i> Yes  |   |
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| A. Signature  | nt  |
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| A. Signature  | ressee  |
| sturn Receipt         A. Signature         X. Austration for the second state of th | iressee<br>Delivery   |
| atum Receipt         COMPLETENTINS SECTION ON DELIVERY         A. Signature         X. Auson And B. Received by (Printed Name)         C. Date of D         Scan Sand Sand Sand   | iressee<br>Delivery   |
| sturn Receipt         A. Signature         X. Austration for the second state of th | iressee<br>Delivery   |
| sturn Receipt         A. Signature         X. Austan Array         B. Received by (Printed Name)         C. Date of D         Stand Array         D. Is delivery address different from them 1?         Yes         If YES enter delivery address below:  | iressee<br>Delivery   |
| Sturn Receipt         A. Signature         X. Auson And Add         B. Received by (Printed Name)         C. Date of D         Scan Source         D. Is delivery address different from them 1?         Yes         If YES enter delivery address below:   | iressee<br>Delivery   |
| sturn Receipt         A. Signature         X. Austan Array         B. Received by (Printed Name)         C. Date of D         Stand Array         D. Is delivery address different from them 1?         Yes         If YES enter delivery address below:  | iressee<br>Delivery   |
| atum Receipt         COMPLIENTS SECTION ON DELIVERY         A. Signature         X. Auson And         B. Received by (Printed Name)         C. Date of D         Scan         D. Is delivery address different from them 1?         Yes         If YES enter delivery address below:         No         3. Service Type   | lressee<br>Delivery   |
|   | B. Received by (Printed Name)       C. Date of D         D. Is delivery address different from item 1?       Yes         Image: Service Type       Image: Service Type         Service Type       Image: Service Type         Service Type       Image: Service Type         A. Restricted Delivery? (Extra Fee)       Yes         Market Service Type       Image: Service Type         A. Restricted Delivery? (Extra Fee)       Yes         Market Service Type       Image: Service Type         Market Service Type       Image: Service Type         A. Restricted Delivery? (Extra Fee)       Yes         Market Service Type       Image: Service Type         Market Service Type       Image: Service Type         A. Sanatare       Image: Service Type         Delivery address different from Item 1?       Yes         D. Is delivery address different from Item 1?       Yes         If YES enter delivery address below:       No         FUST       Image: Service Type       Image: Service Type |

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| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY   |
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| I HOWARDALL PART ARE REAL THE THE THE PART AND THE PARTY AND THE   | A. Signature  |
|  | Addresse<br>B. pad The for the former of Addresse   |
| 7110 6605 959 <u>0 0008 8197</u>   | RONNIE RICHAROSON AL. 27 203  |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No  |
| K & W GAS PARTNERS LP  |   |
| C/O CHASE MANHATTAN BANK   |   |
| DALLAS, DALLAS 75391-0864  | 3. Service Type Certified   |
|  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A  |   |
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| 2.'Article Number  | COMPLETE THIS SECTION ON DELIVERY   |
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| 7310 6605 9590 0008 8203   | B, Heceived by (Printed Name) C. Date of Delive   |
|  | X Tom BIACK   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?  Yes If YES enter delivery address below: No  |
|  |   |
| KATHLYN NORA BLACK-TRUSTEE   |   |
| MABEL GLENN HAM REVOC TRUST  |   |
| 921 GRECIAN NW   | 3. Service Type Certified   |
| ALBUQUERQUE, ALBUQUERQUE 87  |   |
|  |   |
| 7/22/2004 0:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A  | 4. Restricted Delivery? (Extra Fee) Yes   |
|  | 4. Restricted Delivery? (Extra Fee) Yes   |
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| Code: San Juan 29-7 Unit 65A   |   |
| Code: San Juan 29-7 Unit 65A   |   |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret   | COMPLETE THIS SECTION ON DELIVERY   |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret   | COMPLETESTINS SECTIONION DELIVERY   |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number   | A. Signature<br>X<br>B. Received by (Printed Name)<br>C. Date of Delive   |
| Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>2: Article Number<br>7110 6605 95 0 0008 8210  | A. Signature<br>X. Ling Official Mane<br>B. Received by (Printed Name)<br>KENIN-SCH HI OT   |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number   | A. Signature<br>X<br>B. Received by (Printed Name)<br>C. Date of Delive   |
| Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>2: Article Number<br>7110 6605 950 0008 8210   | um Receipt         A. Signature         X       Agent         A. Signature         X       Address         B. Flecelved by (Printed Name)       C. Date of Delived         KE-NIV-SCH HIDT         D. Is delivery address different from item 1?       Yes  |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number 7.1.10 6605 95 0 0008 8210 1. Article Addressed to:   | um Receipt         A. Signature         X       Agent         A. Signature         X       Address         B. Flecelved by (Printed Name)       C. Date of Delived         KE-NIV-SCH HIDT         D. Is delivery address different from item 1?       Yes  |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number 7.1.10 6605 95-0 0008 8210 1. Article Addressed to: KENN SCHMIDT                            | um Receipt         A. Signature         X       Agent         A. Signature         X       Address         B. Flecelved by (Printed Name)       C. Date of Delived         KE-NIV-SCH HIDT         D. Is delivery address different from item 1?       Yes  |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number 7.1.10 6605 95-0 0008 8210 1. Article Addressed to:   | um Receipt         A. Signature         X       Agent         A. Signature         X       Address         B. Flecelved by (Printed Name)       C. Date of Delived         KE-NIV-SCH HIDT         D. Is delivery address different from item 1?       Yes  |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number 7.1.10 6605 95-0 0008 8210 1. Article Addressed to: KENN SCHMIDT                            | um Receipt         A. Signature         X       Address         B. Received by (Printed Name)       C. Date of Delived         V. S. H. MI of         D. Is delivery address different from flam 1?       Yes         If YES enter delivery address below:       No         3. Service Type       X Certified |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Return 2. Article Number 7.1.10 6605 9590 0008 8210 1. Article Addressed to: KENN SCHMIDT 930 N PALM AVE APT #244 | um Receipt         A. Signature         X       Address         B. Received by (Printed Name)       C. Date of Delived         V. S. H. MI of         D. Is delivery address different from flam 1?       Yes         If YES enter delivery address below:       No         3. Service Type       X Certified |

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| 2. Article Number<br>7110 LL05 9590 0008 829L<br>1. Article Addressed to:   | A. Signature       Agent         X. Junio Julia |
|---|---|
| LINDA JANE WIL'LIAMS TRUSTEE<br>LINDA JANE WILLIAMS LIVING TRUS<br>802 BAIRD CIR<br>AZTEC, AZTEC 87410<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A | 3. Service Type Certified<br>4. Restricted Delivery? (Extra Fee) Yes  |
| PS Form 3811 Domestic Ref   | turn Receipt  |
| 2. Article Number<br>7110 6605 9590 0008 8333   | COMPLETENTINS SECTION ON DELIVERY         A. Signature         X       Image: Completence         B. Received by Printed Name)       C. Date of Delivery         MMA       Strong         D. is delivery address different from item 1?       Yes         If YES enter delivery address below:       No   |
| LINDA STROBEL LIFE ESTATE<br>12872 GLEN CIRCLE RD<br>POWAY, POWAY 92064   | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   |   |
| PS Form 3811 Domestic Ret   | urn Receipt   |
| 2: Article Number<br>1<br>7 110 6605 7970 0008 8357<br>1. Article Addressed to:   | A. Signature       Agent         X       Agent         A. Signature       Agent         X       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   |
| LORIE GORDON<br>10858 E BERRY PL<br>ENGLEWOOD, ENGLEWOOD 80111  | 3. Service Type   |
|   | 4. Restricted Delivery? (Extra Fee) Yes   |

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| Addressed to:       Addressed to:         1. Article Addressed to:       Paint Addressed to:         MAYDELL MILLER MAST<br>C/O JAMES M RAYMOND<br>PO BOX 291445       B. Begehrig by (Pinned Jemy)       Data of Delivery         NATHOR Addressed to:       P. Box Paint Context from Item 17       P Yes         MAYDELL MILLER MAST<br>C/O JAMES M RAYMOND<br>PO BOX 291445       B. Bereine Context from Item 17       P Yes         No       MAYDELL MILLER KERRVILLE 78029-1445       B. Bereine Context from Item 17       P Yes         7/202004 9:11 AM       Code: San Juan 29-7 Unit 191       P Second Paint Context from Item 17       P Yes         7/202004 9:11 AM       Code: San Juan 29-7 Unit 191       Context at attrict of Context from Item 17       P Yes         7/202004 9:11 AM       Context at attrict of Context from Item 17       P Yes       P Yes         7/222004 9:11 AM       Code: San Juan 29-7 Unit 65A       Sarvice Type       Context at attricted Delivery? (Extra Fee)       P Yes         1. Article Addressed to:       MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738       Sarvice Type       Contriled       Addressee<br>R Feeroly? (Extra Fee)       Yes         7/22004 9:11 AM       Code: San Juan 29-7 Unit 65A       Sarvice Type       Contriled       Addressee<br>R Feeroly? (Extra Fee)       Yes         7/10 Lbbs 15 15 (0 D0006 8477)       Deneetic Return Receive       Sa   | 2. Article Number   | COMPLETE THIS SECT   | ION ON I  | DELIVERY  |
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| 1. Article Addressed to:       1. Article Addressed to:         MAYDELL MILLER MAST<br>C/O JAMES M RAYMOND<br>PO BOX 291445       2. Is delivery address below:       1. West<br>Maydet address below:         1. Article Addressed to:       3. Service Type       Certified         7/222004 9:11 AM<br>Code: Sen Juan 29-7 Unit 191       3. Service Type       Certified         6. Restricted Delivery? (Extra Fee)       1. Ves       1. Article Addressed to:         7/310 bb05 95 (0 0006 844-3)       0. Service Type       Code: Certified         1. Article Addressed to:       Code: Sen Juan 29-7 Unit 191       Code: Sen Juan 29-7 Unit 191         Demestic Return Receipt       C. Dete of Delivery?       C. Dete of Delivery?         1. Article Addressed to:       Code: Sen Juan 29-7 Unit 65A         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738       Service Type       Certified         ALBUQUERQUE, ALBUQUERQUE 871       Service Type       Certified         1. Article Addressed to:       Service Type       Certified         7.222004 9:11 AM<br>Code: Sen Juan 29-7 Unit 65A       Service Type       Certified         7.222004 9:11 AM<br>Code: Sen Juan 29-7 Unit 65A       Service Type       Certified         1. Article Addressed to:       Received to grant Maperi       C. Date of Delivery?         7.10 bL0.5 15 (10 000.6 Att???       P. Service Type       Ce  |   | 1 // la lange  | wy  |   |
| 1. Article Addresses to:       If YEB enter delivery address below:       Ino         MAYDELL MILLER MAST<br>C/O JAMES M RAYMOND<br>PO BOX 291445       Service Type       Certified         1. Article Addresses to:       I. Restricted Delivery? (Extra Fee)       Yes         722/2004 9:11 AM       Code: San Juan 29-7 Unit 191         PS Form 3811       Demeste Return Receipt         7.1.10 6.605 15*[0.000.8.4463       Control of Printy Amountain Control of Printy Amountain Control of Polymory<br>2.1.10 6.605 15*[0.000.8.4463         1. Article Addressed to:       B. Received by Printy Amountain Control of Polymory<br>2.1.10 6.605 15*[0.000.8.4463         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738       B. Service Type         ALBUQUERQUE, ALBUQUERQUE 871       Service Type         7.1.20 6.605 15*[0.000.8.41713       Service Type         7.222004 9:11 AM       Service Type         Code: San Juan 29-7 Unit 85A       Service Type         7.222004 9:11 AM       Service Type         Code: San Juan 29-7 Unit 85A       Service Type         PS Form 3811       Demestic Return Receivt         Article Addressed to:       MEDICINE BOW LAND COMPANY LLE<br>PO BOX 838         MEDICINE BOW LAND COMPANY LLE<br>PO BOX 838       Service Type         MEDICINE BOW LAND COMPANY LLE<br>PO BOX 838       Service Type         LITTLETON, LITTLETON 80160-0888 <td< td=""><td>7110 6605 9590 0008 8449</td><td></td><td>ne)<br/>far</td><td></td></td<>  | 7110 6605 9590 0008 8449  |  | ne)<br>far  |   |
| C/O JAMES M RAYMOND<br>PO BOX 291445         KERRVILLE, KERRVILLE 78029-1445         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Denestic Return Receipt         733.0 66.05 9540 D00.8 8463         1. Article Addressed to:         MCCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871<br>1. Article Addressed to:         MCCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871<br>14-4728         ALBUQUERQUE, ALBUQUERQUE 871<br>14-4728         7.310 66.05 9550 D00.6 8470         MCCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871<br>14-4728         ALBUQUERQUE, ALBUQUERQUE 871<br>14-4728         ALBUQUERQUE, ALBUQUERQUE 871<br>14-4728         Received belivery? (Extra Fee)         Yes         Yau bebb 95510 D00.6 8470         1. Article Addressed to:         MEDICINE BOW LAND COMPANY LL<br>PO BOX 8888         LITTLETON, LITTLETON 80160-0888         3. Service Type         Certified         4. Restricted Delivery? (Extra Fee)         Yes   | 1. Article Addressed to:  |  |   |   |
| PO BOX 291445   KERRVILLE, KERRVILLE 78029-1445   7/22/2004 9:11 AM   Code: San Juan 29-7 Unit 191   PS Form 3811   Densetic Return Receipt     71310 LL05 9540 D00A 8453   1. Article Addressed to:   MCKAY OIL & GAS LLC   6012 ROYAL OAK ST NE   PO BOX 14738   ALBUQUERQUE, ALBUQUERQUE 871   95 Form 3811   Densetic Return Receipt     3. Service Type     Certified     9 Sorvice Type     Certified     9 Sorvice Type     Certified     9 Sorvice Type     9 Sorvice Type </td <td></td> <td></td> <td></td> <td></td>   |   |  |   |   |
| KERRVILLE, KERRVILLE 78029-1445         7/222004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Demestic Beturn Receipt         7110 6505 95-0 0008 846.9         1. Article Addressed to:         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871         ALBUQUERQUE, ALBUQUERQUE 871         1. Article Number         ALBUQUERQUE, ALBUQUERQUE 871         1. Article Number         Code: San Juan 29-7 Unit 65A         PS Form 3811         Demestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Demestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Demestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Demestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Demestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Demestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Demestic Return Receipt         Code: San Juan 29-7 Unit 65A   |   |  | K Ø   |   |
| 7/22204 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Donnestic Return Receipt         A Signature         713.0 6L05 9540 D0D8 84L3         1. Article Addressed to:         MCKAY OIL & GAS LLC         6012 ROYAL OAK ST NE         PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871         2.2 Attricte Number         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         Service Type         Aldressed to:         MCKAY OIL & GAS LLC         6012 ROYAL OAK ST NE         PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871         Altricte Number         7.22/2004 9:11 AM         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         1. Article Addressed to:         N. Addressed to:         MEDICINE BOW LAND COMPANY LLL         D Is bidikyery address discort from them 11 P Yes         No         MEDICINE BOW LAND COMPANY LLL         D Is bidikyery address discort from lithem  | KERRVILLE, KERRVILLE 78029-1445   | 3. Service Type  | X   | ertified  |
| PS Form 3811       Domestic Return Receipt         2: Article Number       Agent X         7:1:0 bbD5 95*0 0000 8 84b3       Agent X         1. Article Addressed to:       X         MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738       Dis dolvery address different from item 1?         ALBUQUERQUE, ALBUQUERQUE 871       Service Type         7:2:2004 9:11 AM       Service Type         Code: San Juan 29-7 Unit 65A       Service Type         PS Form 3811       Domestic Return Receipt         2: Article Number       Code: San Juan 29-7 Unit 65A         PS Form 3811       Domestic Return Receipt         2: Article Number       Code: San Juan 29-7 Unit 65A         PS Form 3811       Domestic Return Receipt         1. Article Addressed to:       Received therm Receipt         1. Article Addressed to:       Domestic Return Receipt         MEDICINE BOW LAND COMPANY LLI PO BOX 888       Service Type         LITTLETON, LITTLETON 80160-0888       Service Type   |   | 4. Restricted Delivery? (Ex  | tra Fee)  | Yes   |
| Domestic Return Receipt         24 Atticle Mumber         7130 LL05 9550 D008 844-3         1. Article Addressed to:         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871<br>91-4738         ALBUQUERQUE, ALBUQUERQUE 871<br>91-4738         ALBUQUERQUE, ALBUQUERQUE 871<br>91-4738         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         2 Atticle Number         Paint Labor 9550 D008 8470         1. Article Addressed to:         MEDICINE BOW LAND COMPANY LLL<br>PO BOX 888         LITTLETON, LITTLETON 80160-0888   |   |  |   | ·····   |
| A Signature X W/W/W Addressed to:<br>A Addressed to:<br>MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738<br>ALBUQUERQUE, ALBUQUERQUE 871<br>1. Article Addressed to:<br>MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738<br>ALBUQUERQUE, ALBUQUERQUE 871<br>1. Article Addressed to:<br>MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738<br>ALBUQUERQUE, ALBUQUERQUE 871<br>1. Article Addressed to:<br>No<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Return Receipt<br>COMPLEX Field Delivery? (Extra Fee)<br>COMPLEX Field Number<br>7110 LLDS 7570 D000 84470<br>1. Article Addressed to:<br>MEDICINE BOW LAND COMPANY LL<br>PO BOX 888<br>LITTLETON, LITTLETON 80160-0888<br>4. Restricted Delivery? (Extra Fee)<br>Service Type<br>Complex field Number<br>C. Date of Delivery<br>C. Date of Delivery<br>MEDICINE BOW LAND COMPANY LL<br>PO BOX 888<br>LITTLETON, LITTLETON 80160-0888<br>4. Restricted Delivery? (Extra Fee)<br>Service Type<br>C. Date of Delivery<br>C. Date of Delivery | PS Form 3811 Domestic Return  | m Receipt  |   |   |
| 7130 6605 9550 0008 8463         7130 6605 9550 0008 8463         1. Article Addressed to:         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871<br>1. Article Addressed to:         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871<br>1. Article Addressed to:         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871<br>1. Article Addressed to:         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871<br>1. Article Addressed to:         MCCA: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         Control = 1 a tills SECTION ON DELIVERY<br>(A Signature<br>7110 EE05 9550 0008 8470)         1. Article Addressed to:         MEDICINE BOW LAND COMPANY LL<br>PO BOX 888         LITTLETON, LITTLETON 80160-0888         4. Restricted Delivery? (Extra Fee)         Yes   | 2. Article Number   | COMPLETE THIS SECT   | ιοη οη ι  | DELIVERY  |
| 1. Article Addressed to: <ul> <li>MCKAY OIL &amp; GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738</li> <li>ALBUQUERQUE, ALBUQUERQUE 871</li> <li>Service Type</li> <li>Certified</li> </ul> 3. Service Type         Certified           7/22/2004 9:11 AM         3. Service Type         Yes           Code: San Juan 29-7 Unit 65A         Yes         Yes           PS Form 3811         Domestic Return Receipt <ul> <li>Addressed to:</li> <li>Article Addressed to:</li> <li>Article Addressed to:</li> <li>Article Addressed to:</li> </ul> <ul> <li>Columber</li> <li>Signature</li> <li>Agent</li> <li>Addressed to:</li> <li>Service Type</li> <li>Control Agent</li> <li>Addressed to:</li> </ul> <ul> <li>MEDICINE BOW LAND COMPANY LLL</li> <li>PO BOX 888</li> <li>Service Type</li> <li>Ser</li></ul>  |   | I SMALL  | n)  |   |
| 1. Article Addressed to:       If YES enter delivery address below:       In No         MCKAY OIL & GAS LLC<br>6012 ROYAL OAK ST NE<br>PO BOX 14738       3. Service Type       Certified         ALBUQUERQUE, ALBUQUERQUE 871       4. Restricted Delivery? (Extra Fee)       Yes         7/22/2004 9:11 AM       4. Restricted Delivery? (Extra Fee)       Yes         Code: San Juan 29-7 Unit 65A       Sector Return Receipt       Yes         PS Form 3811       Domestic Return Receipt       Agent         A. Signature       X       Addressed to:       Addressed to:         1. Article Addressed to:       Domestic Return Receipt       C. Date of Delivery?         MEDICINE BOW LAND COMPANY LLL       Delivery address different fon them 1?       Yes         MEDICINE BOW LAND COMPANY LLL       3. Service Type       Certified         3. Service Type       Certified       Service Type         MEDICINE BOW LAND COMPANY LLL       3. Service Type       Certified         3. Service Type       Service Type       Yes  | 7110 6605 9540 0008 8463  |  | <b>W</b>  |   |
| 6012 ROYAL OAK ST NE<br>PO BOX 14738         ALBUQUERQUE, ALBUQUERQUE 871         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         PS Form 3811         Domestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         A. Signature         Y. Manual Matter State S  | 1. Article Addressed to:  | -  |   |   |
| ALBUQUERQUE, ALBUQUERQUE 871       1.4738         7/22/2004 9:11 AM       4. Restricted Delivery? (Extra Fee)       Yes         Code: San Juan 29-7 Unit 65A       Yes         PS Form 3811       Domestic Return Receipt         21 Article Number       Codas/Est Estimation (Comparison)       Agent Addressee         71 L0 LLDS 95 0 0008 8470       Codas/Est Estimation (Comparison)       C. Date of Delivery         1. Article Addressed to:       Po Box 888       Service Type       Certified         3. Service Type       Yes       Yes  | 6012 ROYAL OAK ST NE  | 3. Santice Time  |   | ertified  |
| 7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         COMPLET STUDS SECTION ON OF UNETRY         A Addressed         7110 LL05 9590 0008 8470         1. Article Addressed to:         MEDICINE BOW LAND COMPANY LL         PO BOX 888         LITTLETON, LITTLETON 80160-0888  | ALBUQUERQUE, ALBUQUERQUE 87   | 191 4738   | <u> </u>  |   |
| 2. Article Number         2. Article Number         7110 LL05 95 0 0008 8470         1. Article Addressed to:         MEDICINE BOW LAND COMPANY LL         PO BOX 888         LITTLETON, LITTLETON 80160-0888   |   | 4. Hestricted Delivery? (2)  | (178 <b>1-88</b> )                                |   |
| 2PATHICLE Number   |   |  |   |   |
| A Signature<br>X M M M M M Addressed<br>7110 LL05 7570 0008 8470<br>1. Article Addressed to:<br>MEDICINE BOW LAND COMPANY LL<br>PO BOX 888<br>LITTLETON, LITTLETON 80160-0888<br>4. Restricted Delivery? (Extra Fee)  | PS Form 3811  | m Baceint  |   |   |
| 7110 6605 950 0008 8470         1. Article Addressed to:         1. Article Addressed to:         MEDICINE BOW LAND COMPANY LL<br>PO BOX 888         LITTLETON, LITTLETON 80160-0888         4. Restricted Delivery? (Extra Fee)  | PS Form 3811 Domestic Retu  | im Receipt   |   |   |
| 1. Article Addressed to:       D. is delivery address different from item 1?       Yes         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No         MEDICINE BOW LAND COMPANY LL       Image: Company address below:       No      <   |   | COMPLETE THIS SECT   | 10N 0N  | DELIVERY.   |
| 1. Article Addressed to:<br>MEDICINE BOW LAND COMPANY LLO<br>PO BOX 888<br>LITTLETON, LITTLETON 80160-0888<br>4. Restricted Delivery? (Extra Fee)   |   | COMPLETE THIS SECT   | ion on<br>Ace                                     | DELIVERY.   |
| PO BOX 888<br>LITTLETON, LITTLETON 80160-0888<br>4. Restricted Delivery? (Extra Fee)  | 2: Article Number   | A. Signature   | Jac   | C. Date of Deliver  |
| LITTLETON, LITTLETON 80160-0888<br>4. Restricted Delivery? (Extra Fee) Yes  | 22: Article Number<br>7110 6605 9590 0008 8470  | A. Signature<br>X. Maan Brook<br>B. Received by Crinted National<br>March Brook  | Haw<br>me)<br>51 aw                               | Agent<br>Addresse<br>C. Date of Deliver<br>7 20<br>m 1? Yes |
|   | 22 Article Number<br>7110 LL05 9590 0008 8470<br>1. Article Addressed to:<br>MEDICINE BOW LAND COMPANY LL0  | A. Signature<br>X. Man B. Received by Printed Nation<br>B. Received by Printed Nation<br>D. Is delivery address different<br>If YES enter different<br>If YES enter different<br>If YES enter delivery address different<br>If YES enter differen | ne)<br>J.C.                                       | C. Date of Deliver<br>7. 36<br>v: No                        |
|   | Domestic Retuined and a second | A. Signature<br>A. Signature<br>X. May Brinted Nation<br>B. Received by (Printed Nation<br>D. Is delivery address diffen<br>If YES enter delivery address<br>U. Is delivery address diffen<br>If YES enter delivery address<br>G. Service Type   | Haw<br>ne)<br>S. Cw<br>ent from ite<br>ress below | Certifled   |

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| 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
|   | A. Signature   |
|   | X Agent  |
| 7110 6605 9590 0008 8487  | B. Received by (Printed Name) Q. Date of Delivery  |
|   | 1 7/2414   |
| 1. Article Addressed to:  | D. Is delivery address different from item 19 19 Yes   |
|   | If YES enter delivery address below:   |
|   |  |
|   |  |
| MELODIE GIGER TOOHEY 3800 FLORA PL  |  |
|   | 3. Service Type Certified  |
| ST LOUIS, ST LOUIS 63110  |  |
| 7/22/2004 9:11 AM   | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191  | lemental   |
|   | 4 ·<br>  |
| PS Form 3811  |  |
| Domestic Retu   | in Receipt   |
|   | · ····   |
| 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature   |
|   | XM. E. Buttolph D'Addressee  |
| 7110 6605 9590 0008 8500  | B. Received by (Printed Name) C. Date of Delivery  |
|   | ME Buttolph 7-26 09  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? Ses  |
|   |  |
|   |  |
|   |  |
| MERLAND EUGENE BUTTOLPH   |  |
| MERLAND EUGENE BUTTOLPH<br>101 AUGUSTA DR APT # 1   |  |
| 101 AUGUSTA DR APT # 1  | 3. Service Type Certified  |
|   |  |
| 101 AUGUSTA DR APT # 1  | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597   |  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM  |  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee)  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A  | 4. Restricted Delivery? (Extra Fee)  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Ret  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Ret  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Refr   | 4. Restricted Delivery? (Extra Fee) Yes<br>Im Receipt<br>COMPLETERTINGSECTION ON DELIVENX<br>A. Signature<br>X Agent<br>Addressee  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Ret  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Ret<br>2. Artlicle Number<br>7110 6605 9590 0008 8524   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Yes         COMPLETERTING SECTION ON DELIVERY         A. Signature       Agent         X       Agent         B. Received by (Printed Name)       C. Date of Delivery         Mathematical Delivery       7-27.21         D. Is delivery address different from item 1?       Yes        |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Refr   | 4. Restricted Delivery? (Extra Fee) Yes<br>Im Receipt<br>COMPLETERTITIS SECTION ON DELIVERY<br>A. Signature<br>X Agent<br>Addressee<br>B. Received by (Printed Name)<br>C. Date of Delivery<br>7-27.21   |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Ret<br>2. Artlicle Number<br>7110 6605 9590 0008 8524   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Yes         COMPLETERTING SECTION ON DELIVERY         A. Signature       Agent         X       Agent         B. Received by (Printed Name)       C. Date of Delivery         Mathematical Delivery       7-27.21         D. Is delivery address different from item 1?       Yes        |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Ret<br>2. Artlicle Number<br>7110 6605 9590 0008 8524   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Yes         COMPLETERTING SECTION ON DELIVERY         A. Signature       Agent         X       Agent         B. Received by (Printed Name)       C. Date of Delivery         Mathematical Delivery       7-27.21         D. Is delivery address different from item 1?       Yes        |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Ret<br>2. Article Number<br>2. Article Number<br>7110 6605 9590 0008 8524<br>1. Article Addressed to:   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Yes         COMPLETERTING SECTION ON DELIVERY         A. Signature       Agent         X       Agent         B. Received by (Printed Name)       C. Date of Delivery         Mathematical Delivery       7-27.21         D. Is delivery address different from item 1?       Yes        |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Ret<br>2. Article Number<br>7110 665 950 0008 8524<br>1. Article Addressed to:  | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Yes         COMPLETERTING SECTION ON DELIVERY         A. Signature       Agent         X       Agent         B. Received by (Printed Name)       C. Date of Delivery         Mathematical Delivery       7-27.21         D. Is delivery address different from item 1?       Yes        |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Ret<br>2. Article Number<br>2. Article Number<br>7110 6605 9590 0008 8524<br>1. Article Addressed to:   | 4. Restricted Delivery? (Extra Fee)       Yes         Im Receipt       Yes         COMPLETERTITIESSECTION ON DELIVERY         A. Signature       Agent         X       Agent         Addressee         B. Received by (Printed Name)       C. Date of Delivery         J. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No                                 |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Refined<br>2. Article Number<br>7110 6605 9550 0008 8524<br>1. Article Addressed to:<br>MICHAEL D BROWN<br>8089 PIERSON CT<br>ARVADA, ARVADA 80005 | 4. Restricted Delivery? (Extra Fee)       Yes         Im Receipt       Yes         COMPLETERTITIESSECTION ON DELIVERY         A. Signature       Agent         X       Agent         Addressee         B. Received by (Printed Name)       C. Date of Delivery         J. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No                                 |
| 101 AUGUSTA DR APT # 1<br>LOWDEN, LOWDEN 52255-9597<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Ret<br>2. Artificie Number<br>2. Artificie Number<br>7110 6605 9550 0008 8524<br>1. Article Addressed to:<br>MICHAEL D BROWN<br>8089 PIERSON CT       | 4. Restricted Delivery? (Extra Fee)       Yes         Im Receipt       Yes         COMPLES (Britiss SE GTION ON DELIVERY)         A. Signature       Agent         X       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       X Certified |

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| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
|   | A. Signature<br>X Muldrid J. Bertingent  |
| 7110 6605 9590 0008 8548                          | B. Received by ( <i>Printed Name</i> ) C. Date of Delivery                                   |
|   |  |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No |
|   |  |
|   |  |
| MILDRED I BERTSCH<br>260 CARISSA DR               |  |
|   | 3. Service Type Certified  |
| SATELLITE BEACH, SATELLITE BEAC                   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A |  |
|   |  |
| PS Form 3811 Domestic Retur                       | m Receint  |
|   |  |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|   | A Signature  |
|   | X / ULIXMINT Addressee   |
| 7110 6605 9540 0008 8555                          | B. Received by (Printed Name) C. Date of Delivery<br>Mile Smith 7-27-04                      |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1?  Yes   |
|   | If YES enter delivery address below:   |
|   |  |
| MILO D SMITH                                      |  |
| 1536 W GARFIELD                                   | 3. Service Type Certified  |
| DAVENPORT, DAVENPORT 52804                        |  |
| 7/22/2004 9:11 AM                                 | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191                      |  |
|   |  |
| PS Form 3811 Domestic Retu                        | m Receipt  |
|   |  |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|   | X Agent  |
| 7110 6605 9590 0008 8562                          | B. Received by (Printed Name) C. Date of Delivery  |
|   | J J U Mu       D. Is delivery address different from item 1? ☐ Yes                           |
| 1. Article Addressed to:                          | If YES enter delivery address below:   |
|   |  |
| MIRIAM WASHBURN TRUST                             |  |
| WELLS FARGO OGM C7300-07D                         |  |
|   | 3. Service Type Certified  |
| DENVER, DENVER 80217                              | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM                                 |  |
| Code: San Juan 29-7 Unit 191                      |  |

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| 2. Article Number                                 |  |
|---|--|
|   | X KANKU HANG Agent<br>Addressee  |
| 7110 6605 9590 0008 8647                          | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? TYes<br>If YES enter delivery address below: No    |
| ODYSSEY ROYALTIES LLC<br>8261 S MONACO CT         | 3. Service Type Certified  |
| CENTENNIAL, CENTENNIAL 80112                      | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191 |  |
| PS Form 3811 Domestic Ret                         | tum Receipt  |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|   | Xonlic for Agent<br>Addressee  |
| 7110 6605 9590 0008 8654                          | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? D Yes<br>If YES enter delivery address below: D No |
| ORVILLE C ROGERS                                  |  |
| 3840 W BAY CIR                                    | 3. Service Type Certified  |
| DALLAS, DALLAS 75214-2925                         | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A |  |
| PS Form 3811 Domestic Ref                         | stum Receipt   |
| 2: Article Number                                 | COMPLETETHIS SECTION ON DELIVERY   |
|   | B/Received by (Printed Name) C. Date of Delivery   |
| 7110 6605 9590 0008 8692                          | J. Andrews 7.26-04   |
|   | TID. Is delivery address different from item 17 I i Yas  |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? Dyss<br>If YES enter delivery address below: No    |
| PAUL SLAYTON                                      |  |
| PAUL SLAYTON<br>PO BOX 2035                       |  |
| PAUL SLAYTON                                      | If YES enter delivery address below: Mo  |

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| 22 Article Number<br>7110 6605 95 0 0008 8715<br>1. Article Addressed to:  | A. Signatulie         B. Registred by (Printed Name)         C. Date of Delivery         T. S. Min         D. Is delivery address different from item 1?         Yes         If YES enter delivery address below:         No  |
|--|---|
| PETROGULF CORPORATION<br>518 17TH ST STE 1455<br>DENVER, DENVER 80202<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191                           | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes   |
| Domestic Ret   | tum Receipt   |
| 24 Article Number<br>7110 6605 95 0 0008 8746<br>1. Article Addressed to:  | COMPLETESTHISSECTION CONDELIVERY         A. Signature         X       Agent         Addressed         B. Received by (Printed Name)       C. Date of Delivery         State       C. Date of Delivery         No       No |
| PHILLIPS-SAN JUAN PARTNERS<br>C/O CONOCOPHILLIPS<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:11 AM | CCKIES<br>3. Service Type Certified<br>4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191   |   |
|  |   |
| PS Form 3811 Domestic Re   | stum Receipt  |
| PS Form 3811<br>2. Article Number<br>7110 6605 9590 0008 8760  | A. Signeture<br>X Addresse  |
| 2. Article Number<br>7110 6605 95 0 0008 8760<br>1. Article Addressed to:<br>R H FEUILLE<br>C/O SCOTT & HULSE<br>11TH FLOOR<br>CHASE BANK BLDG       | A. Signature<br>X<br>B. Received by (Ppaget Name)<br>C. Date of Deliver   |

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| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
|  | A. Signature   |
|  | B. Received by (Printed Name) , C. Date of Delivery  |
| 7110 6605 95 <u>90 0008 879</u> 3  | LADAN FLANGTON ZL  |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?  |
|  | If YES enter delivery address below:   |
|  |  |
| RICHARD PARKER LANGFORD  |  |
| 6513 TARASCAS  |  |
| EL DACO EL DACO 70042 2542   | 3. Service Type  |
| EL PASO, EL PASO 79912-2513  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM  |  |
| Code: San Juan 29-7 Unit 191   |  |
| PS Form 3811   | ······································   |
| Domestic Retu  | Im Receipt   |
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| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|  | A. Signatura   |
|  | B. Received Rol Millio drivery pho of C. Date of Delivery  |
| 7110 6605 959 <u>0 0008 8876</u>   | D. TREESTOCH MATTER RICHARDSON   |
| . Article Addressed to:  | D. Is delivery address different from item 1? Yes  |
|  | If YES enter delivery address below: 🔲 No  |
|  |  |
| SAN JUAN 1990-A LP<br>C/O CHASE BANK OF TEXAS  |  |
| PO BOX 910864  |  |
| DALLAS, DALLAS 75391-0864  | 3. Service Type  |
| DALLAS, DALLAS 73331-0004  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM  |  |
| Code: San Juan 29-7 Unit 191   |  |
|  |  |
| PS Form 3811   |  |
| PS Form 3811 Domestic Ret  | um Receipt   |
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| Domestic Retu  | COMPLETE THIS SECTION ON DELIVERY  |
|  | COMPLETE THIS SECTION ON DELIVERY  |
| 2: Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|  | COMPLETE THIS SECTION ON DELIVERY  |
| 21: Article Number<br>7110 ььоз 9540 0008 8913   | COMPLETENT:     Agent       A. Signature     Agent       X     Addressee       B. Received by (Printed Name)     C. Date of Delivery       Torr     Crassic       D. Is delivery address different from item 1?     Yes            |
| 21: Article Number<br>7110 6605 9540 0008 8913   | COMPLETENTING SECTION ON DELIVERY  |
| 21: Article Number<br>7110 6605 9540 0008 8913   | COMPLETENTHIS SECTION ON DELIVERY       A. Signature       X       B. Received by (Printed Name)       C. Date of Delivery       Torr       D. Is delivery address different from item 1?  |
| 21: Article Number         21: Article Number           7110 6605 9540 0008 8913         (                                 | COMPLETENTHIS SECTION ON DELIVERY       A. Signature       X       B. Received by (Printed Name)       C. Date of Delivery       Torr       D. Is delivery address different from item 1?  |
| 22. Article Number<br>7110 6605 9590 0008 8913   | GOMPLETERTHISSECTION ON PELIVERY       A.Signature       X       B. Received by (Printed Name)       C. Date of Delivery       Transf       D. Is delivery address different from item 1?       YES enter delivery address below:  |
| 2. Article Number<br>7110 6605 9590 0008 8913<br>1. Article Addressed to:<br>STOREY-LINCOLN PARTNERSHIP<br>21205 5TH AVE S | COMPLETENT:     Agent       A. Signature     Agent       X     Addressee       B. Received by (Printed Name)     C. Date of Delivery       Torr     Creative       D. Is delivery address different from item 1?     Yes           |
| 2. Article Number<br>7110 6605 9590 0008 8913<br>1. Article Addressed to:<br>STOREY-LINCOLN PARTNERSHIP                    | GOMPLETERTINS SECTION ON DELIVERY       A. Signature       X       B. Received by (Printed Name)       C. Date of Delivery       Trong       D. Is delivery address different from item 1?       YES enter delivery address below: |

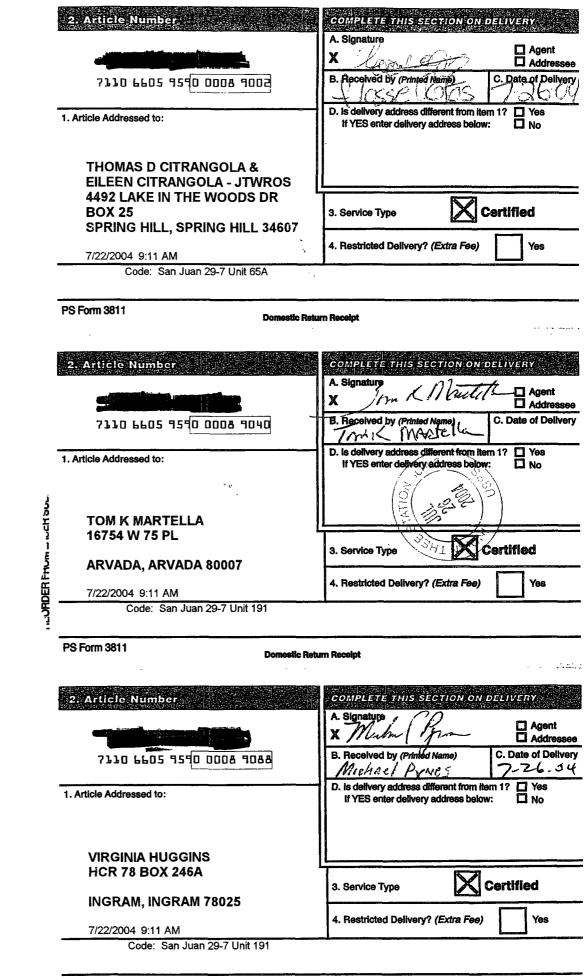
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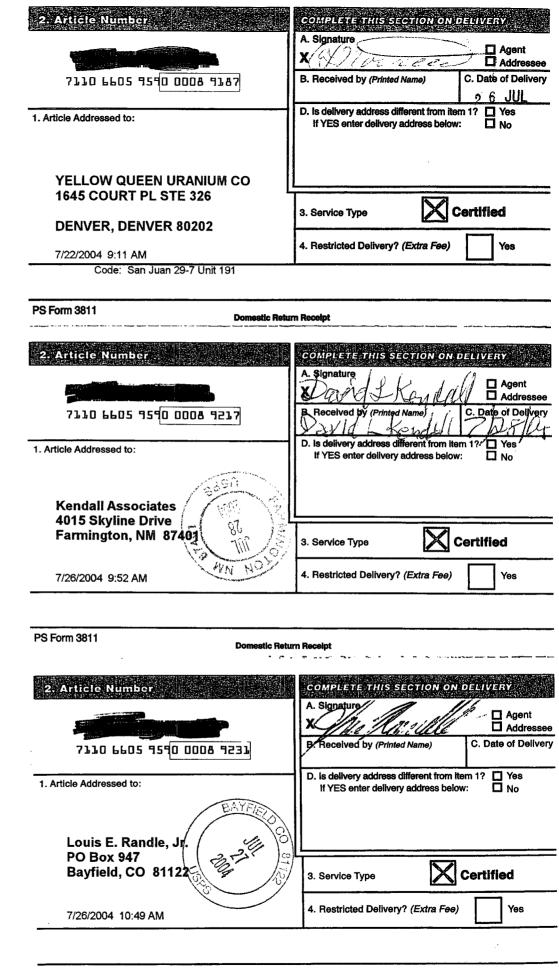
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| 7110 LLOS 75 0 0008 A194       C. Date of Deliver         1. Article Addressed to:       C. Date of Deliver         SYLVIA F LITTLE       TTTLE TRSTE U/T/A 5-25-9         PO BOX 1258       Service Type         FARMINGTON, FARMINGTON 87499       Service Type         7222004 9:11 AM       Code: San Juan 29-7 Unit 191         PS Form 3811       Donestic Return Rootly         7310 LLOS 75 0 0005 8752       Control of Certified         1. Article Addressed to:       Control of Certified         7310 LLOS 75 0 0005 8752       Control of Certified         1. Article Addressed to:       Control of Certified         712/2004 9:11 AM       Code: San Juan 29-7 Unit 191         Code: San Juan 29-7 Unit 191       Control of Certified         9 Sorm 3811       Donestic Return Rootly         1. Article Addressed to:       Code: San Juan 29-7 Unit 191         712/2004 9:11 AM       Code: San Juan 29-7 Unit 191         Code: San Juan 29-7 Unit 191       Service Type         2. Service Type       Certified         4. Restricted Delivery? (Extra Fee)       Yes         7.22/2004 9:11 AM       Control of Alloy of Certified         7.22/2004 9:11 AM       Control of Alloy of Certified         1. Article Addressed to:       Control of Alloy of Certified      <   | 2 Article Number   | A. Signature<br>X A. Signature   |  |
|---|--|--|--|
| SYLVIA F LITTLE       TRSTE U/T/A 5-25-4         PO BOX 1258       S. Briticity (Construction of the second s |  | D. Is delivery address different from iter 1? □ Yes  |  |
| FARMINGTON, FARMINGTON 87499         7222004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Demeste Return Receipt         713.0 64.05 95 (0 000 8 8 9 5)         1. Article Addressed to:         T H MCELVAIN OIL & GAS LTD<br>PARTNERSHIP<br>1050 17TH ST STE 1800         DENVER, DENVER 80265         7.222004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Denvete Rouse         Addressed to:         T H MCELVAIN OIL & GAS LTD<br>PARTNERSHIP<br>1050 17TH ST STE 1800         DENVER, DENVER 80265         7.222004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Demeste Return Receipt         3. Service Type         Certified         Agent Market         Agent Market         Agent Market         Code: San Juan 29-7 Unit 191         PS Form 3811         Demeste Return Receipt         1. Article Addressed to:         T130 64:05 95 (0 0008 8 9 16.6)         1. Article Addressed to:         TED EDWARD DUFF SOLE TRUST<br>PO BOX 388         RUIDOSO, RUIDOSO 88345  | SYLVIA F LITTLE  |  |  |
| 7/22/2004 9:11 AM       4. Restricted Delivery? (Extra Fee)       Yes         Yes         Yes         PS Form 3811         Domestic Return Receipt         2. Article Number         Article Number         Agent         Yes         Agent         Yes         Agent         Yes         Certified         Is delivery? (Extra Fee)       Yes         Yes         Control of colspan="2">Control of colspan="2">Yes         Control of colspan="2">Yes         Control of colspan="2">Control of colspan="2">Yes         Control of colspan= 2         Yes <td></td> <td></td>   |  |  |  |
| Code: San Juan 29-7 Unit 191         PS Form 3811         Domestic Return Receipt         Code: San Juan 29-7 Unit 191         Demesto Return Reced   |  |  |  |
| Densetic Receipt         Consetic Receipt         Constor Type <td col<="" th=""><th></th><th></th></td>   | <th></th> <th></th>  |  |  |
| A Signature<br>7110 L605 95 0 000 A 8951<br>1. Article Addressed to:<br>T H MCELVAIN OIL & GAS LTD<br>PARTNERSHIP<br>1050 17TH ST STE 1800<br>DENVER, DENVER 80265<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Return Receipt<br>7110 L605 95 0 000 A 896.8<br>1. Article Addressed to:<br>TED EDWARD DUFF SOLE TRUSTEFO<br>OF T E DUFF TRUST<br>PO BOX 398<br>RUIDOSO, RUIDOSO 88345<br>A Signature<br>1. Article Addressed to:<br>TED EDWARD DUFF SOLE TRUSTEFO<br>OF T E DUFF TRUST<br>PO BOX 398<br>RUIDOSO, RUIDOSO 88345   | PS Form 3811 Domestic  | : Return Receipt   |  |
| Agent<br>Addresses         7110 6605 9510 0006 8953         1. Article Addressed to:         T H MCELVAIN OIL & GAS LTD<br>PARTNERSHIP<br>1050 17TH ST STE 1800         DENVER, DENVER 80265         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Demesto Return Receipt         1. Article Addressed to:         T H MCELVAIN OLL & GAS LTD<br>PARTNERSHIP<br>1050 17TH ST STE 1800         DENVER, DENVER 80265         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Demesto Return Receipt         Commutation Receipt         Addressed to:         TED EDWARD DUFF SOLE TRUSTER<br>OF T E DUFF TRUST<br>PO BOX 398         RUIDOSO, RUIDOSO 88345  | 2. Article Number  |  |  |
| 1. Article Addressed to:       JUL 2         1. Article Addressed to:       JUL 2         1. Article Addressed to:       JUL 2         T H MCELVAIN OIL & GAS LTD PARTNERSHIP<br>1050 17TH ST STE 1800       D. is delivery address different from item 1?         DENVER, DENVER 80265       A. Restricted Delivery? (Extra Fee)         7/22/2004 9:11 AM       Yes         Code: San Juan 29-7 Unit 191       Yes         Commetic Return Receipt         Commetic Return Receipt         Commetic Return Receipt         Yes         Control for the form item 1?         Yes         Yes         Control for the form item 1?         Yes         Yes <td< td=""><td></td><td></td></td<>  |  |  |  |
| 1. Article Addressed to:       If YES enter delivery address below:       In No         T H MCELVAIN OIL & GAS LTD PARTNERSHIP 1050 17TH ST STE 1800       3. Service Type       Certified         0 DENVER, DENVER 80265       3. Service Type       Certified         7/22/2004 9:11 AM       4. Restricted Delivery? (Extra Fee)       Yes         Code: San Juan 29-7 Unit 191       Yes       Yes         PS Form 3811       Domestic Return Receipt         2- Article Number       X       Addressed         7130       LL05< 95 0 0008  | 7110 6605 9590 0008 8951   | B. Received by (Printed Name) 2 2 2 2  |  |
| PARTNERSHIP<br>1050 17TH ST STE 1800         DENVER, DENVER 80265         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Domestic Return Receipt         2: Article Number         713.0 LL05 95 0 0008 8916         1. Article Addressed to:         TED EDWARD DUFF SOLE TRUSTEF<br>OF T E DUFF TRUST<br>PO BOX 398         RUIDOSO, RUIDOSO 88345   | 1. Article Addressed to:   |  |  |
| DENVER, DENVER 80265         7:22/2004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Demestic Return Receipt         22 Article Number         7110 LL05 95 0 D008 89L8         1. Article Addressed to:         TED EDWARD DUFF SOLE TRUSTER         OF T E DUFF TRUST         PO BOX 398         RUIDOSO, RUIDOSO 88345   | PARTNERSHIP  |  |  |
| 7:22/2004 9:11 AM         Code: San Juan 29-7 Unit 191         PS Form 3811         Demestic Return Receipt         2: Artificle: Number:         7110         Fillo 5         7110         Fillo 5         95         1. Article Addressed to:         TED EDWARD DUFF SOLE TRUSTEF         OF T E DUFF TRUST         PO BOX 398         RUIDOSO, RUIDOSO 88345  | DENVER, DENVER 80265   | 3. Service Type  |  |
| PS Form 3811       Domestic Return Receipt         21 Article Number       Agent         Allo 5605 95 0 0008 8945       Agent         1. Article Addressed to:       Beacelved by (Printed Name)         TED EDWARD DUFF SOLE TRUSTER<br>OF T E DUFF TRUST<br>PO BOX 398       C. Date of Deliver         RUIDOSO, RUIDOSO 88345       3. Service Type  |  | 4. Restricted Delivery? (Extra Fee) Yes  |  |
| 2A Artificite Number       COMPLESSECTION ON DELIVERY         7110       Addressed         7110       For the second                                    | Code: San Juan 29-7 Unit 191   |  |  |
| A. Signature         7110 LL05 95 0 0008 89L8         1. Article Addressed to:         TED EDWARD DUFF SOLE TRUSTEE         OF T E DUFF TRUST         PO BOX 398         RUIDOSO, RUIDOSO 88345   | PS Form 3811 Domestic  | c Return Receipt   |  |
| 7110 6605 95 0 0008 8968         7110 6605 95 0 0008 8968         1. Article Addressed to:         TED EDWARD DUFF SOLE TRUSTEE         OF T E DUFF TRUST         PO BOX 398         RUIDOSO, RUIDOSO 88345         4. Restricted Delivery? (Extra Fae)         Yes   | 2. Article Number  | A. Signature   |  |
| 1. Article Addressed to:         1. Article Addressed to:         TED EDWARD DUFF SOLE TRUSTEE         OF T E DUFF TRUST         PO BOX 398         RUIDOSO, RUIDOSO 88345         4. Restricted Delivery? (Extra Fee)         Yes  |  | X cust 1. [ MAT D Addresse   |  |
| 1. Article Addressed to:       If YES enter delivery address below:       In No         TED EDWARD DUFF SOLE TRUSTEE       If YES enter delivery address below:       In No         OF T E DUFF TRUST       PO BOX 398       3. Service Type       Certified         RUIDOSO, RUIDOSO 88345       4. Restricted Delivery? (Extra Fee)       Yes   | 2110 LLOS 9590 000A A9LA   |  |  |
| OF T E DUFF TRUST<br>PO BOX 398<br>RUIDOSO, RUIDOSO 88345<br>4. Restricted Delivery? (Extra Fee) Yes  |  | 10.0 10001   |  |
| RUIDOSO, RUIDOSO 88345         4. Restricted Delivery? (Extra Fae)  |  | D. Is delivery address different from item 1? E Yes<br>If YES enter delivery address below: No |  |
| 4. Restricted Delivery? (Extra Fee) Yes   | 1. Article Addressed to:<br>TED EDWARD DUFF SOLE TRUS<br>OF T E DUFF TRUST               | D. Is delivery address different from item 1?  Ves If YES enter delivery address below:        |  |
|   | 1. Article Addressed to:<br>TED EDWARD DUFF SOLE TRUS<br>OF T E DUFF TRUST<br>PO BOX 398 | TEE  |  |

**PS Form 3811** 

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| A delivery address different from item<br>If YES enter delivery address below:<br>Service Type<br>Restricted Delivery? (Extra Fee)<br>ecelpt<br>OMPLESTETHIS SECTION ON DE<br>Signature<br>Received by (Printer Name)<br>A delivery address different from item<br>If YES enter delivery address below:  | Ves   |
|--|---|
| A M. R. T. Market Marke | 2. Date of Delivery 7 7 12 Yes 13 Yes 14 Yes 14 14 14 14 14 14 14 14 14 14 14 14 14 |
| If YES enter delivery address below:<br>Service Type<br>Restricted Delivery? (Extra Fee)<br>ecelpt<br>CMPLETE THIS SECTION ON DE<br>Signature<br>Received by (Printed Name)<br>MCE KAMUS<br>Is delivery address different from iter<br>If YES enter delivery address below   | Yes<br>Agent<br>Addressee<br>Dete of Delivery<br>2 U Yes                            |
| Service Type Service Type Restricted Delivery? (Extra Fee) ecelpt Contract of the second seco | Yes<br>Yes<br>Agent<br>Addressee<br>2. Date of Delivery<br>12. 🗌 Yes                |
| Service Type<br>Restricted Delivery? (Extra Fee)<br>ecelpt<br>OMPLESCENTINESSECTION ONED<br>Signature<br>Received by (Printed Name)<br>MCE KAMS<br>Is delivery address different from item<br>If YES enter delivery address below  | Yes<br>Yes<br>Agent<br>Addiressee<br>Date of Delivery                               |
| ecelpt<br>OMIPLESTE THIS SECTION ON DE<br>Signature<br>Received by (Printeg Name)<br>MCE KALAS<br>Is delivery address different from item<br>If YES enter delivery address below.  | Agent<br>Addressee<br>2. Date of Delivery   |
| OMPLETE THIS SECTION ON DE<br>Signature<br>Received by (Printed Name)<br>MCE KALLS<br>Is delivery address different from iterri<br>If YES enter delivery address below   | Agent<br>Additessee   |
| Signature<br>Received by (Printed Name)<br>HICE KANS<br>Is delivery address different from iterri-<br>if YES enter delivery address below  | Agent<br>Additessee   |
| Received by (Printed Name)<br>MICE KANS<br>Is delivery address different from iterri-<br>If YES enter delivery address below.  | Addiressee<br>C. Date of Delivery   |
| HICE KAINS<br>Is delivery address different from iterri-<br>If YES enter delivery address below:   | ()<br>12 □ Yes  |
| If YES enter delivery address beloy:   |   |
| . Service Type   |   |
| . Service Type 🛛 📉 Ce  |   |
|  | ortified  |
| . Restricted Delivery? (Extra Fee)   | Yes   |
| eceipt   |   |
|  |   |
|  | LIVERY  |
| any a Hanke  | Agerit<br>Addressee   |
|  | C. Date of Delivery   |
| <ul> <li>Is delivery address different from item<br/>If YES enter delivery address below:</li> </ul>   | 1? 🔲 Yes<br>🗍 No  |
|  |   |
|  | ertified  |
| Service Type   | 31 (1116U   |
|  | D. Is delivery address different from item<br>If YES enter delivery address below:  |

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| 2. Article Number  | COMPLETE THIS SECT   | ΙΟΝ ΟΝ       | DELIVE   | RY                      |
|--|--|--------------|--|-------------------------|
|  | A. Storike Martz   |              | Ľ  | Agent                   |
|  |  |              | Line (Carl                                       | Addresse                |
| 7110 6605 9590 0008 7251   | B. Rough of by Proted Nam  |              | . Dale   | S OI DBIIVE             |
| 1. Article Addressed to:   | D. Is delivery address different to the second seco | nt from it   | em 1?  | Yes<br>No               |
|  | If YES enter delivery addr   | JUL          |  | " NO                    |
|  | Sec.   | li d         | F J C  |                         |
| ATNA/SJFC 1993-A<br>PO BOX 268946                                  | and the second se  |              | 14.7   |                         |
|  |  | 57           |  |                         |
| OKLAHOMA CITY, OKLAHOMA CITY                                       | 33 25 rvice Type   |              | Certifie   | )d                      |
| 7/22/2004 9:10 AM  | 4. Restricted Delivery? (Ex  | tra Fee)     |  | Yes                     |
| Code: San Juan 29-7 Unit 191                                       | , <b></b>  |              |  | ······                  |
|  | ••••••••••••••••••••••••••••••••••••••   |              |  |                         |
| PS Form 3811 Domestic Retu   | rn Receipt   |              |  | - Pro-                  |
|  | COMPLETE THIS SECT   |              | - DELUVE   | <b></b>                 |
| 2. Article Number  | A. Signative   |              |  | 学和论文一部分的                |
|  | x Jerel  | 1/2          |  | Agent<br>Address        |
| 7110 6605 9590 0008 7275   | B. Received by (Printed Nam  | 10)-         |  | e of Delive             |
| 1. Article Addressed to:   | D. Is delivery address differe   |              |  | Yes                     |
| I. Anicle Addressed to:  | If YES enter delivery add  | ess belo     | w:   | l No                    |
|  |  |              |  |                         |
|  |  |              |  |                         |
| BARBARA EVANS<br>PO BOX 582  |  |              | مدر همی الفزار امرادین<br>المار زنداد المحمد الم |                         |
|  | 3. Service Type  | X            | Certific   | ed                      |
| PALACIOS, PALACIOS 77465-0582                                      |  |              |  |                         |
| 7/22/2004 9:10 AM  | 4. Restricted Delivery? (Ex  | tra Fee)     |  | Yes                     |
| Code: San Juan 29-7 Unit 191                                       |  |              |  |                         |
| PS Form 3811   | B <u></u>  |              |  |                         |
| Domestic Ret   | ım Receipt   |              |  |                         |
| 2. Article Number  | COMPLETE THIS SECT   | 10N 0N       | DELIVE   | RY                      |
|  | A. Signature   |              |  |                         |
|  | X Z CAR  | zes:         |  | ] Agent<br>] Address    |
| 7110 6605 9590 0008 7329   | B. Received by (Printed Nan  | ne)          | C, Dat   | e of Belly              |
|  | D. Is delivery address differe   | ant from F   |  | مر ب در <u>ا</u><br>Yes |
|  |  |              |  | No                      |
| 1. Article Addressed to:   | If YES enter delivery add  | 1000 0010    |  |                         |
| 1. Article Addressed to:   | If YES enter delivery add  | 1000 001     |  |                         |
| 1. Article Addressed to:<br>BEN R HOWELL TRUST                     | If YES enter delivery add  |              |  |                         |
| BEN R HOWELL TRUST<br>JPMORGAN CHASE BANK TRUSTEE                  |  |              |  |                         |
| BEN R HOWELL TRUST   |  |              |  |                         |
| BEN R HOWELL TRUST<br>JPMORGAN CHASE BANK TRUSTEE<br>PO BOX 200486 |  |              | Certifi  | ed                      |
| BEN R HOWELL TRUST<br>JPMORGAN CHASE BANK TRUSTEE                  |  | $\mathbf{X}$ | r  | ed<br>Yes               |

**PS Form 3811** 

| 2: Article Number   | COMPLETE THIS SECTION ON D   | ELIVERY   |
|---|--|---|
|   | A. Signature   | Agent   |
|   | B. Received by (Printed Name)  | C. Date of Delivery   |
| 7110 6605 95 <u>40 0008 7336</u>                            | Batel Bolt   | 7-28-24   |
| 1. Article Addressed to:                                    | D. Is delivery address different from item<br>If YES enter delivery address below: | n 1? 🔲 Yes<br>🔲 No  |
|   |  |   |
|   |  |   |
| BETSY H BRYANT<br>2201 BROOKHOLLOW DR                       |  |   |
|   | 3. Service Type  | ertified  |
| ABILENE, ABILENE 79605-5507                                 | 4. Restricted Delivery? (Extra Fee)  | Yes   |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A           |  |   |
| Code. San Juan 29-7 Unit USA                                |  |   |
| PS Form 3811 Domestic Return                                | n Denahrt  |   |
|   |  | a an  |
| 2. Article Number   | COMPLETE THIS SECTION ON   | DELIVERY  |
|   | A. Signature   | Agent   |
|   | × Chizn  | Addressee   |
| 7110 6605 9590 0008 7367                                    | B. Received by (Printed Name)  | C. Date of Delivery   |
| 1. Article Addressed to:                                    | D. Is delivery address different from its<br>If YES enter delivery address below   | =   |
|   | In The enter derivery address below  | v: 🖸 No   |
| / BETTY T JOHNSTON/LYLE E                                   |  |   |
| CARBAUGH/PAUL M HARDWICK<br>CO-TRUSTEES                     |  |   |
| BETTY T JOHNSTON MARITAL TRU                                | ST 3. Service Type   | Certified   |
| 245 COMMERCE GREEN BLVD STE<br>SUGAR LAND, SUGAR LAND 77478 |  |   |
| 7/22/2004 9:10 AM   | 4. Restricted Delivery? (Extra Fee)  | Yes   |
|   |  |   |
| PS Form   | 187° p. 1.   | <u></u>   |
|   | · · · · · · · · ·  |   |
|   | COMPLETE THIS SECTION ON   | DELIVERY  |
| 2. Article Number   | A. Signature   |   |
|   | x mal-   | Agent Given Addressee   |
| 7110 6605 9590 0008 7374                                    | B. Received by (Printed Name)  | C_Date of Delivery  |
| ······································                      | D. Is delivery address different from its  |   |
| 1. Article Addressed to:                                    | If YES enter delivery address below  | N: 🗖 No   |
|   |  |   |
| BHCH MINERAL LTD  |  |   |
| PO BOX 1817   |  | Comildian <sup>1</sup>  |
| SAN ANTONIO, SAN ANTONIO 78296                              |  | Certified   |
|   | 4. Restricted Delivery? (Extra Fee)  | Yes   |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191           | <u> </u>   | المتحمينية<br>مريحي من محمد من محم<br>مريحي من محمد م |
|   |  |   |

| 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY<br>A. Signature  |
|---|--|
|   | X Alen My Mun Agent  |
|   | B. Received by (Printed Name) C. Date of Delivery  |
| 7110 6605 9590 0008 7411  | Lacenter by printed varies 0. Date of Denvery  |
|   | D. Is delivery address different from item 1? Yes  |
| 1. Article Addressed to:  | If YES enter delivery address below:   |
|   |  |
| BOLIN PAT S   |  |
| 1 PARKER SQ   |  |
| STE 510   |  |
| 2525 KELL BLVD  | 3. Service Type Certified  |
| WICHITA FALLS, WICHITA FALLS 76   |  |
|   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A   |  |
| Code. San Juan 29-7 Unit OSA  |  |
| PS Form 3811  |  |
| Domestic Rel  | ium Receipt  |
|   |  |
| 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature   |
| and the second se | X da avillar Addressee   |
|   | B. Received by (Printed Name) C. Date of Delivery  |
| 7110 6605 9590 0008 7435  | IDA CHRISTIAN 7-28-04  |
|   | D. Is delivery address different from item 1?  Yes   |
| 1. Article Addressed to:  | If YES enter delivery address below:   |
|   |  |
|   |  |
| BOW PETROLEUM INC   |  |
| 5911 S MIDDLEFIELD RD STE 100   |  |
|   | 3. Service Type  |
| LITTLETON, LITTLETON 80123-2877   |  |
| 7/22/2004 9:10 AM   | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191  |  |
|   |  |
| PS Form 3811 Domestic Rel   | turn Receipt   |
| · · · · ·   |  |
| 2. Article Number   |  |
| -24 Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature   |
|   |  |
| 7 <b>330 6605 9590 000#</b> 7442  | B. Received by (Prince Name) C. Date of Delivery   |
| <u> </u>  |  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? TYes<br>If YES enter delivery address below: DNo |
|   |  |
|   |  |
| BP AMERICA PRODUCTION COMPA   | 11   |
| ATTN BRYAN ANDERSON OSO ENG   |  |
| SAN JUAN BU<br>WEST LAKE 1 ROOM 19-114  | 3. Service Type Certified  |
| 501 WESTLAKE PARK BLVD  | 3. Service Type  |
|   | A Restricted Dollycon 2 (Entre Each  |
| 7/22/2004 9:10 AM   | 4. nestricted Delivery? (Extra Fee) Yes  |
| HOUSTON, HOUSTON 77079  | 4. Restricted Delivery? (Extra Fee) Yes  |

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|  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
|  | A. Signature   |
| 7110 6605 9590 0008 7466   | B. Received by (Printed Name) C. Date of Deliver   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?  |
|  | If YES enter delivery address below: 🔲 No  |
| BRUCE H C HILL   |  |
| PO BOX 1817  | 3. Service Type Certified  |
| SAN ANTONIO, SAN ANTONIO 78296   |  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191  | 4. Restricted Delivery? (Extra Fee) Yes  |
|  |  |
| PS Form 3811 Domestic Ret  | turn Receipt   |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|  | X D Conschucter fill Agent   |
| 7110 6605 9590 0008 7497   | B., Received by (Printed Name) C. Date of Deliver  |
| . Article Addressed to:  | D. Is delivery address different from item 17 Ves<br>If YES enter delivery address below: No   |
|  |  |
| C W BOLIN PROPERTIES   |  |
| 813 8TH ST STE 1120  | 3. Service Type Certified  |
| WICHITA FALLS WICHITA FALLS (6)  |  |
| WICHITA FALLS, WICHITA FALLS 76:   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A  |  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A  | 4. Restricted Delivery? <i>(Extra Fee)</i> Yes   |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Ref   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Ref<br>2: Artticle Number  | 4. Restricted Delivery? (Extra Fee)<br>Yes<br>Hum Receipt<br>COMPLETENTIS SECTION ON DELIVERY<br>A. Signature<br>X. A. Signature<br>X. A. Agent<br>X. A. A. Agent<br>X. A. |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Rel<br>2: Article Number<br>7110 6605 9550 0008 7510  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Rel<br>2: Article Number<br>7110 6605 9550 0008 7510  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Rel<br>2. Article Number<br>7110 6605 9590 0008 7510<br>1. Article Addressed to:<br>CAROLYNN CLARK WIGGIN | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Rel<br>2. Article Number<br>7110 6605 9540 0008 7510<br>1. Article Addressed to:                          | 4. Restricted Delivery? (Extra Fee) Yes  |

PS Form 3811

| 2. Article Number   | COMPLETERIFICSTECTION ON DELIVERY   |
|---|---|
|   |   |
| 7110 6605 9590 0008 7527  | B. Received by (Printed Name) C. Date of Del  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? Tyes<br>If YES enter delivery address below: No   |
| CARYN JEFFREY<br>4694 DUVAL DR  |   |
| FRISCO, FRISCO 75034  | 3. Service Type Certified   |
| 7/22/2004 9:10 AM   | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 191  |   |
| PS Form 3811 Domestic Reta  | um Receipt  |
| 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY   |
|   | X Agent   |
| 7110 6605 9590 0008 7572  | B. Received by (Printed Name) C. Date of Dell<br>KC(1) Dime   |
|   |   |
| 1. Article Addressed to:<br>CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R   | D. Is delivery address different from item 17  Yes<br>If YES enter delivery address below: No   |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM  | If YES enter delivery address below: 🗖 No   |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197   | If YES enter delivery address below: INO<br>OCKIES<br>3. Service Type Certified   |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM  | If YES enter delivery address below: INO<br>CKIES<br>3. Service Type<br>4. Restricted Delivery? (Extra Fee)<br>Yes  |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191  | If YES enter delivery address below: INO<br>CKIES<br>3. Service Type X Certified<br>4. Restricted Delivery? (Extra Fee) Yes<br>wm Receipt<br>COMPLETESTHIS SECTION ON DELIVERY<br>A. Signature  |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret<br>2. Article Number   | If YES enter delivery address below: No CKIES 3. Service Type 4. Restricted Delivery? (Extra Fee) Yes with Receipt COMPLETE THIS SECTION TON DELIVERY. A. Signature X WMMMM Addree Agent Addree   |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret  | If YES enter delivery address below: No CKIES 3. Service Type A. Restricted Delivery? (Extra Fee) Yes COMPLETESTRIS SECTIONION DELIVERY A. Signature X WMMM AAdre B. Received by Printed Name) C. Date of Del Without Contents  |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret<br>2. Article Number   | If YES enter delivery address below: No CKIES 3. Service Type 4. Restricted Delivery? (Extra Fee) Yes with Receipt COMPLETE THIS SECTION TON DELIVERY. A. Signature X WMMMM Addree Agent Addree   |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811 Domestic Ret<br>2. Article Number<br>7 blo bbos 95 0 0008 759b<br>1. Article Addressed to:<br>D PHIL BOLIN                             | If YES enter delivery address below: INO<br>CKIES<br>3. Service Type Certified<br>4. Restricted Delivery? (Extra Fee) Yes<br>wm Receipt<br>COMPLETENTISSECTIONION DELIVERY<br>A. Signature<br>X. WMMMM Addre<br>B. Received by Printed Name) C. Date of Del<br>M. C. Date of Delivery<br>D. Is delivery address different from item 1? Yes                          |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811 Domestic Ret<br>2. Article Number<br>7 blo bbos 95 0 0008 759b<br>1. Article Addressed to:   | If YES enter delivery address below: INO<br>CKIES<br>3. Service Type<br>A. Restricted Delivery? (Extra Fee)<br>Wres<br>Wres<br>Contrational Section Contractives<br>A. Signature<br>X. Management<br>B. Received by Pented Name)<br>D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No<br>S. Service Type<br>X. Certified |
| CONOCOPHILLIPS COMPANY<br>ATTN CHIEF LANDMAN SAN JUAN/R<br>PO BOX 2197<br>HOUSTON, HOUSTON 77252-2197<br>7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191<br>PS.Form 3811 Domestic Ret<br>2. Article Number<br>7 J J D LLDS 95 0 0008 759L<br>1. Article Addressed to:<br>D PHIL BOLIN<br>2525 KELL BLVD S - 510 | If YES enter delivery address below: INO<br>CKIES<br>3. Service Type<br>A. Restricted Delivery? (Extra Fee)<br>Wres<br>Wres<br>Contrational Section Contractives<br>A. Signature<br>X. Management<br>B. Received by Pented Name)<br>D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No<br>S. Service Type<br>X. Certified |

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| 24 Article Number<br>7110 6605 9590 0008 7602        | COMPLETE THIS SECTION ON DELIVERY         A. Signature       Agent         X. WAY MUMAN       Addressee         B. Received by (Printed Name)       C. Date of Delivery         LACEN NUMMAN       1-28 - 04 |
|--|--|
| 1. Article Addressed to:                             | D. Is delivery address different from item 1?  Yes If YES enter delivery address below: No   |
| DAN H BOLIN<br>1 PARKER SQ STE 510<br>2525 KELL BLVD | 3. Service Type  |
| WICHITA FALLS, WICHITA FALLS 76                      |  |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 65A    |  |
| PS Form 3811 Domestic Re                             | turn Receipt   |
| 2. Article Number                                    | COMPLETE THIS SECTION ON DELIVERY  |
|  | X A 2 S A Agent  |
| 7110 6605 9590 0008 7633                             | R. Received by (Printed Name)<br>DENNES CIAAL 12004  |
| 1. Article Addressed to:                             | D. Is delivery address different from item 1? Types<br>If YES enter delivery address below:  |
| DENNIS R STAAL<br>PO BOX 1110                        |  |
| CHADRON, CHADRON 69337                               | 3. Service Type Certified<br>4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:10 AM<br>Code: San Juan 29-7 Unit 191    |  |
| PS Form 3811 Domestic Re                             | tum Receipt  |
| 2. Article Number                                    | COMPLETE THIS SECTION ON DELIVERY  |
| 7110 6605 9590 0008 7640                             | X   Addressee     B. Received by (Printed Name)   C. Date of Delivery     7, 27, -01   |
| 1. Article Addressed to:                             | D. Is delivery address different from item 1?  Yes If YES enterdel way address below: No   |
| DIRK VANHORN REEMTSMA<br>556 CRESTWOOD DR            | $\begin{pmatrix} 3 \\ 0 \\ 27 \\ 20 \\ 20 \\ 20 \\ 20 \\ 3 \\ 20 \\ 3 \\ 20 \\ 3 \\ 20 \\ 3 \\ 3 \\ 3 \\ 3 \\ 3 \\ 3 \\ 3 \\ 3 \\ 3 \\ $   |
| OCEANSIDE, OCEANSIDE 92054                           | 3. Service Type PS Certified   |
| 7/22/2004 9:11 AM                                    | 4. Restricted Delivery? (Extra Fee) Yes  |

| 2. Article Number                           | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
|   | A. Signature   |
| 7110 6605 9590 0008 7657                    | B. Flecelved by (Printed Name) C. Date of Delivery   |
|   | -728/4   |
| 1. Article Addressed to:                    | D. Is delivery address different from item 1? <sup>1</sup> Yes<br>If YES enter delivery address below: DNO |
|   |  |
|   |  |
| DOLORES BOLIN TRUSTS<br>813 8TH ST S - 1120 |  |
|   | 3. Service Type Certified  |
| WICHITA FALLS, WICHITA FALLS 76             |  |
| 7/22/2004 9:11 AM                           | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A                |  |
| PS Form 3811                                |  |
| Domestic Ref                                | tum Receipt  |
|   |  |
| 2. Article Number                           | COMPLETE THIS SECTION ON DELIVERY  |
|   | X Alex Darling Addressee   |
| 7110 6605 9590 0008 7770                    | B. Received by (Printed Name) S Date of Delivery<br>ACLERN Dar LINS  |
|   | D. Is delivery address different from item 1? Ses  |
| 1. Article Addressed to:                    | If YES enter delivery address below:   |
|   |  |
| EST GEORGE ANN BERGH<br>C/O L J BERGH EXEC  |  |
| 3206 AIRPORT RD                             | 3. Service Type Certified  |
| FAIRBANKS, FAIRBANKS 99709                  |  |
| 7/22/2004 9:11 AM                           | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A                |  |
|   |  |
| PS Form 3811 Domestic Re                    | tum Receipt  |
|   | -  |
| 2. Article Number                           | COMPLETE THIS SECTION ON DELIVERY  |
|   | X A Dim Music Addressee  |
| 7110 6605 9590 0008 7794                    | B. Received by (Printed Name) C. Date of Delivery  |
|   |  |
| 1. Article Addressed to:                    | D. Is delivery address different from item 1?  |
|   |  |
| EULA MAY JOHNSTON TRUST                     | JUL 2 \$ 2004  |
| BANK OF AMERICA NA TRUSTEE                  |  |
| PO BOX 2546                                 | 3. Service Type Certified  |
| FT WORTH, FT WORTH 76113-2546               |  |
| 7/22/2004 9:11 AM                           | 4. Restricted Delivery? (Extra Fee) Yes  |
| 112212004 3.11 AW                           |  |

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| 2: Article Number<br>7: 10 6605 959 0 0008 7800<br>1. Article Addressed to:<br>EVELYN BLANCHE SIMMONS TRSTE<br>EVELYN BLANCHE SIMMONS TRUST<br>U/T/A 7/28/87<br>PO BOX 1819<br>BETHANY, BETHANY 73008-1819<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191 | COMPLETENTIFICSECTION ON DELIVERY         A. Signature         X       Justify         Marching       Justify         B. Received by (Plated Name)       C. Date of Delivery         Evely       Simmo US       Tulify         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         3. Service Type       Certified         4. Restricted Delivery? (Extra Fee)       Yes |
|---|--|
| PS Form 3811 Domestic Retu  | im Receipt   |
| 2: Article Number<br>710 6605 95900008 7817<br>1. Article Addressed to:   | COMPLETENT/ISISECTION ON DELIVERY         A. Signature         X         B. Received by (Printed Name)         C. Date of Delivery         D. is delivery address different from item 1?         YES enter delivery address below:   |
| FLORENCIA EXPLORATION INC<br>PO BOX 1817<br>SAN ANTONIO, SAN ANTONIO 78296  | 3. Service Type Certified  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   | 4. Restricted Delivery? (Extra Fee) Yes  |
| PS Form 3811 Domestic Ret   | um Receipt   |
| 2. Article Number<br>7110 6605 9590 0008 7824   | COMPLETE THIS SECTION ON DELIVERY         A. Signature         X         A. Signature         X         Addressee         B. Received by (Printed Name)         C. Date of Delivery  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1?<br>If YES enter delivery address below:  |
| FOUR STAR OIL & GAS COMPANY<br>ATTN BARBARA NELMS<br>PO BOX 36366<br>HOUSTON, HOUSTON 77236   | 3. Service Type  |

| 22 Article Number<br>7110 6605 95 0 0008 7848<br>1. Article Addressed to:<br>GARY L SMITH<br>829 HOLMES ST<br>BETTENDORF, BETTENDORF 52722 | COMPLETETHUSCICCIONIOLITIVERY         A. Signature         X       Agent         A. Signature       Addressee         B. Received by (Printed Name)       C. Date of Delivery         GARG       MITH       7-28-C:4         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         3. Service Type       X       Certified  |
|--|---|
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 191   |   |
| PS Form 3811 Domestic Retur  | m Receipt   |
| 2. Article Number<br>7110 6605 95900000 7893<br>1. Article Addressed to:   | COMPLETENTIISSECTION ON DELIMENY         A. Signeture         A. Signeture         B. Received by (Printed Name)         C. Date of Delivery         CATRIONA SHAFER         D. Is delivery address different from item 1?         Yes         If YES enter delivery address below:   |
| GURDON RANSON MILLER III<br>704 CANYON CREST<br>SIERRA MADRE, SIERRA MADRE 9102  | 3. Service Type Certified<br>4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A  |   |
| PS Form 3811 Domestic Retu   |   |
| 2. Article Number<br>7110 6605 9590 0008 7947<br>1. Article Addressed to:  | A. Signature         X       Agent         B. Received by (Printed Name)       C. Date of Delivery         Image: Contract of the state of |
| IDA O HANCOCK<br>PO BOX 3272<br>EAGLE, EAGLE 81631-3272  | 3. Service Type Certified<br>4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191  |   |

|  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
|  | A. Signature  |
|  | X Addressee   |
| 7110 6605 9540 0008 7961   | B. Received by (Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:   | D. soeitvery address different from item 1? - Yes   |
|  | Racials and a grant posterss below:   |
|  | 1111 9.0 2004   |
| INTERNAL REVENUE SERVICE   | JUL <b>2 6</b> 2004   |
| F/A/O STEPHANIE ANN CANDELARIA<br>ACCT #585823434  | COVINGTON KY  |
| PO BOX 145566  | MAIL UNIT # 44<br>3. Service Type Certified   |
| CINCINNATI, CINCINNATI 45250-5566  |   |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 191   |   |
|  |   |
| PS Form 3811   |   |
| Domestic Retur   | m Receipt   |
|  |   |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY   |
|  | A. Signature  |
|  | X Addressee   |
| 7330 6605 9590 0008 <b>79</b> 82   | B. Received by (Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?   |
| 1. Anicie Addressad (d.  | If YES enter delivery address below:  |
|  |   |
|  |   |
| JAMES HOHENSTEIN<br>7773 ARLINGTON DR  |   |
| 1113 ARLINGTON DR  | 3. Service Type Certified   |
| BOULDER, BOULDER 80303-3207  |   |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 1/22/2004 9.11 AM  |   |
| Code: San Juan 29-7 Unit 191   | <u> </u>  |
| Code: San Juan 29-7 Unit 191   |   |
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| Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu  | I L   |
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| PS Form 3811   | COMPLETE THIS SECTION ON DELIVERY   |
| PS Form 3811 Domestic Retu   | COMPLETE THIS SECTION ON DELIVERY   |
| PS Form 3811 Domestic Retu   | COMPLETE THIS SECTION ON DELIVERY<br>A. Signaters<br>X UTWARY Agent<br>Addressee  |
| PS Form 3811 Domestic Retu   | COMPLETE THIS SECTION ON DELIVERY         A. Signature         X         MUDIA         Addressee         B. Received by (Printed Name)  |
| PS Form 3811 Domestic Retu 2: Article Number   | GOMPLETE THIS SECTION ON DELIVERY         A. Signature         X       Agent         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         GATRIONA       HAFER   |
| PS Form 3811 Domestic Retu 2: Article Number   | COMPLETENTINS SECTION ON DELIVERY         A. Signatare         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         CATE       C. Date of Delivery         CATE       C. Date of Delivery         D. Is delivery address different from item 1?       Yes  |
| PS Form 3811<br>2: Article:Number<br>7110 6605 15 0 0008 8036  | COMPLETENTHIS SECTION ON DELIVERY         A. Signature         X       Agent         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         CATELODA       SHAFER         D. Is delivery address different from item 1?       Yes  |
| PS Form 3811<br>2. Article Number<br>7.110 LL05 1540 0008 A03L<br>1. Article Addressed to:   | COMPLETENTINS SECTION ON DELIVERY         A. Signatare         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         CATE       C. Date of Delivery         CATE       C. Date of Delivery         D. Is delivery address different from item 1?       Yes  |
| PS Form 3811<br>2: Article:Number<br>7110 6605 15 0 0008 8036  | COMPLETENTINS SECTION ON DELIVERY         A. Signatare         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         CATE       C. Date of Delivery         CATE       C. Date of Delivery         D. Is delivery address different from item 1?       Yes  |
| PS Form 3811<br>22 Artificle Number<br>7 JJD 6605 1510 0008 8036<br>1. Article Addressed to:<br>JANE MANNING PITKIN ESTATE   | COMPLETENTISSECTION ON DELIVERY         A. Signatians         X       Agent         Addressee         B. Received by (Printed Name)         C. Date of Delivery         C. Date of Delivery         C. Date of Delivery         C. Date of Delivery         D. is delivery address different from item 1?         If YES enter delivery address below:         If YES enter delivery address below:   |
| PS Form 3811<br>2. Article Number<br>7.1.10 6605 4540 00008 8036<br>1. Article Addressed to:<br>JANE MANNING PITKIN ESTATE<br>GURDON MILLER EXECUTOR<br>704 CANYON CREST DR                                  | COMPLETENTITIS SECTION ON DESIVERY         A. Signatians         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         MCLONA         S. Service Type |
| PS Form 3811<br>2. Artifele Number<br>7 JJD 4405 4540 0008 4034<br>1. Article Addressed to:<br>JANE MANNING PITKIN ESTATE<br>GURDON MILLER EXECUTOR  | COMPLETENTITIS SECTION ON DELIVERY         A. Signatare         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         C. Date of Delivery         C. Date of Delivery         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         S. Service Type       Certified   |
| PS Form 3811<br>2. Article Number<br>7.1.10 6605 4540 00008 8036<br>1. Article Addressed to:<br>JANE MANNING PITKIN ESTATE<br>GURDON MILLER EXECUTOR<br>704 CANYON CREST DR                                  | COMPLETENTIIS SECTION ON DELIVERY         A. Signatians         X       Agent         Addressee         B. Received by (Printed Name)         C. Date of Delivery         C. Date of Delivery         C. Date of Delivery         MCLONA         S. Service Type         X  |
| PS Form 3811<br>2. Article Number<br>7.1.10 LL05 1510 0008 803L<br>1. Article Addressed to:<br>JANE MANNING PITKIN ESTATE<br>GURDON MILLER EXECUTOR<br>704 CANYON CREST DR<br>SIERRA MADRE, SIERRA MADRE 910 | COMPLETENTISSECTION ON DELIVERY         A. Signatare         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         C. Date of Delivery         C. Date of Delivery         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         S. Service Type       Certified  |

| 2. Article Number   | COMPLETENTIIS SECTION ON DELIVERY   |
|---|---|
|   | X Agent Addressee   |
| 7110 6605 9590 0008 8050  | B. Received by (Printed Name) C. Date of Delivery   |
|   | 1.47 5. Cottstoin 7/27/04   |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? TYes<br>If YES enter delivery address below: No   |
| JAY GOTTSTEIN TRUSTEE   |   |
| JAY GOTTSTEIN TRUST   |   |
| 12230 SAGAMORE RD   | 3. Service Type Certified   |
| LEAWOOD, LEAWOOD 66209-1269   |   |
| 7/22/2004 9:11 AM   | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 191  |   |
| PS Form 3811 Domestic Retu  | um Receipt  |
| 2: Article Number   | COMP! ETE THIS SECTION ON DELIVERY  |
|   | A. Signature  |
|   | X fican of forgakery Addressee  |
| 7110 6605 95 <u>40 0008 8067</u>  | B. Received by (Printed Name) (C. Date of Delivery  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No  |
|   |   |
|   |   |
| JEAN F LOEPKEY<br>21 CHARLESTON SQUARE  |   |
| 21 CHARLESTON SQUARE  | 3. Service Type Certified   |
| ORMOND BEACH, ORMOND BEACH 3  |   |
| STRUCTO DEACH, OTWOND DEACH   |   |
| 7/22/2004 9:11 AM   |   |
|   |   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br><b>PS Form 3811</b>  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A   | 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br><b>PS Form 3811</b>  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Retu   | 4. Restricted Delivery? (Extra Fee) Yes m Receipt COMPLETENTHIS SECTION ON DELIVERY ASignature  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Retu  | 4. Restricted Delivery? (Extra Fee) Yes<br>m Receipt<br>COMPLETERINGSEQUENCON DELIVERY<br>A-Signature<br>B-Received by (Printed Name) C. Date of Deliver  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Retu   | 4. Restricted Delivery? (Extra Fee) Yes<br>im Receipt<br>COMPLETE THIS SECTION ON DELIVERY<br>A-Signature<br>B-Received by (Printed Name) C. Date of Deliver  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Domestic Retu  | 4. Restricted Delivery? (Extra Fee) Yes<br>m Receipt<br>COMPLETERINGSEQUION ON DEBIMERY<br>A-Signature<br>B-Received by (Printed Name) C. Date of Deliver   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>2: Article Number<br>7110 6605 9550 0008 8081  | 4. Restricted Delivery? (Extra Fee) Yes<br>The Receipt<br>COMPLET = THIS SECTION ON DELIVERY<br>A-Signature<br>B-Received by (Printed Name)<br>D. Is delivery address different from item 1? Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Comestic Retu<br>2: Article Number<br>7110 6605 95 0 0008 8081   | 4. Restricted Delivery? (Extra Fee) Yes<br>The Receipt<br>COMPLET = THIS SECTION ON DELIVERY<br>A-Signature<br>B-Received by (Printed Name)<br>D. Is delivery address different from item 1? Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Comestic Retu<br>2. Article Number<br>7110 LL05 95 0 0008 A081<br>1. Article Addressed to:<br>JERRY J ANDREW   | 4. Restricted Delivery? (Extra Fee) Yes<br>The Receipt<br>COMPLET = THIS SECTION ON DELIVERY<br>A-Signature<br>B-Received by (Printed Name)<br>D. Is delivery address different from item 1? Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Comestic Retu<br>2. Article Number<br>7110 6605 950 0008 8081<br>1. Article Addressed to:  | A. Restricted Delivery? (Extra Fee) Yes Yes Yes Yes Yes COMPLETENTISSECTION ONEDELIVERY A-Signature A-Signature A-Signature C. Date of Deliver Addressed Freceived by (Printed Name) C. Date of Deliver I YES enter delivery address below: No          |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Comestic Retu<br>2: Article Number<br>7110 LL05 95 0 0008 A081<br>1. Article Addressed to:<br>JERRY J ANDREW   | A. Restricted Delivery? (Extra Fee) Yes Yes Yes Yes Yes COMPLETE STRIPS SECTION ON DELIVERY A. Signature A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes                               |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811 Domestic Return<br>2: Article Number<br>2: Article Number<br>7110 LL05 9510 0008 B081<br>1. Article Addressed to:<br>JERRY J ANDREW<br>408 LONGWOODS LN | A. Restricted Delivery? (Extra Fee) Yes Yes Yes Yes Yes COMPLETENTINS SECTION ON DELIVERY A-Signature A-Signature A-Signature A-Signature C. Date of Delivery D. is delivery address different from item 1? Yes If YES enter delivery address below: No |

.

|          | 22 Article Number<br>7110 6605 959 0 0008 8142<br>Article Addressed to:<br>JOHN C DAWSON JR & ROBBIN R<br>DAWSON CO-TRUSTEES OF THE<br>DAWSON FAMILY TRUST<br>PO BOX 1507<br>PANHANDLE, PANHANDLE 79068-150<br>7/22/2004 9:11 AM | COMPLETE THIS SECTION ON DELIVERY         A. Signafure         X       Multiple Margent         A Addressee         B. Received by (Printed Name)         A.I.C. DAWSON         C. Date of Delivery         A.I.C. DAWSON         D. Is delivery address different from item 1?         Yes         If YES enter delivery address below:         No   |
|----------|--|---|
|          | Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu  | m Receipt   |
|          | 2. Article Number<br>7110 6605 950 0008 8173<br>1. Article Addressed to:   | COMPLETENTIUS SECTION ON DELIVERY         A. Signature         X       Agent         Addressee         B. Received by (Printed Name);         C. Date of Delivery         J. Is delivery address different from item 1?         Yes         If YES enter delivery address below:  |
| _        | JOSEPH C JASTRZEMBSKI<br>911 1ST ST NE<br>MINOT, MINOT 58703<br>7/22/2004 9:11 AM  | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes   |
| -<br>, I | Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu  | im Receipt  |
|          | 2. Article Number<br>7110 6657 959 00008 8227<br>1. Article Addressed to:<br>KENNETH ROBERT SCHMIDT<br>7466 FIREWEED CIR<br>CITRUS HEIGHTS, CITRUS HEIGHTS<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A                  | COMPLETE THIS SECTION ON DELIVERY         A. Signature       Agent         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         Q       A Standard         T       2         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         S. Service Type       X       Certified         5610-3284       Yes       Yes |

| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
|  | A. Signature Agent   |
|  | A tructor 2 time □ Addressee<br>ByReceived by((Rrinted Name) C. Date of Delivery             |
| 7110 6605 954 <u>0 0008 8234</u>   | Haron Duin 707   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?  Yes   |
|  | If YES enter delivery address below: 🔲 No  |
|  |  |
| KIM MCKIM DUNN   |  |
| 302 HUMPHRIES  |  |
| EDGEWOOD, EDGEWOOD 75117   | 3. Service Type  |
|  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191  |  |
|  |  |
| PS Form 3811   |  |
| Domestic Retur   | m Receipt  |
|  |  |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|  | A. Signature   |
|  | B. Received by (Printed Name) C. Date of Delivery  |
| 7110 6605 9590 0008 8258   | Lance Recontina 27 Ly 204  |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Yes  |
|  | If YES enter delivery address below: 🔲 No  |
|  |  |
| LANCÉ REEMTSMA   |  |
| 2601 GRANT ST  |  |
| BERKELEY, BERKELEY 94703-1915  | 3. Service Type  |
|  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191  |  |
| Code. San Juan 29-7 Unit 191   |  |
| PS Form 3811   |  |
| Domestic Retu  | m Receipt  |
|  |  |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
| Particular and a first state of the second sta | A. Stentere  |
|  | B Beeved by (Printed Name) C. Date of Delivery   |
| 7110 6605 9540 0008 8265   | 1. Dichter 7-34-44   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No |
|  |  |
|  |  |
| LAURA DICHTER  |  |
| 203 JACKSON ST   |  |
| DENVER, DENVER 80206-5524  | 3. Service Type  |
|  | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 0.14 414   |  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191  |  |

| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
|  | A. Signature  |
|  | X Addressee   |
| 7110 6605 9590 0008 8272   | B. Received by (Printed Name) C. Date of Delivery   |
|  | D. In delivery address different from the do FT V-  |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Uss<br>If YES enter delivery address below: No  |
|  |   |
|  |   |
| LELAND STANFORD JR UNIVERSITY<br>THE BOARD OF TRUSTEE  |   |
| C/O BANK OF AMERICA  |   |
| PO BOX 840738  | 3. Service Type Certified   |
| DALLAS, DALLAS 75284   |   |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 65A   |   |
|  |   |
| PS Form 3811   |   |
| Domestic Retu  | m Receipt   |
|  |   |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY   |
|  | A. Signature  |
|  | Milleen Kosan Addressee   |
| 7110 6605 9590 0008 8289   | P Received by (Printed Name) C. Date of Delivery  |
|  | Melvin Rusario 7-27-04  |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No  |
|  |   |
|  |   |
|  |   |
|  |   |
| LESLIE HARDWICK OSHEA  |   |
| 120 E 79TH ST APT 11E  | 3. Šervice Type Certified   |
|  | 3. Service Type   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021  | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes   |
| 120 E 79TH ST APT 11E  |   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM   |   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811   | 4. Restricted Delivery? (Extra Fee)   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM   | 4. Restricted Delivery? (Extra Fee)   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811   | 4. Restricted Delivery? (Extra Fee)   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811   | 4. Restricted Delivery? (Extra Fee)   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret   | 4. Restricted Delivery? (Extra Fee) Yes   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret   | 4. Restricted Delivery? (Extra Fee) Yes   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retuined<br>2. Artificie Number   | 4. Restricted Delivery? (Extra Fee) Yes<br>um Receipt<br>COMPLETENTHIS SECTION ON DELIVERY<br>A. Signature<br>A. Completence Action   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         arm Receipt       COMPLETE THIS SECTION ON DELIVERY         A. Signature       Agent         X. Button       Addressee  |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retr  | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Agent         A. Signature       Agent         X. Subty       Agent         B. Received by (Printed Name)       C. Date of Delivery         J.S. C. Hy Warm       7.2.7.0.4         D. Is delivery addresse different from item 1?       Yes   |
| 120 Е 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811 Domestic Ret<br>2. Article Number<br>7110 6605 9510 0008 8302   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         arm Receipt       COMPLETENTITS SECTION ON DELIVERY         A. Signature       Agent         X. Subgrow       Addressee         B. Received by (Printed Name)       C. Date of Delivery         J.S. Styve       7.2.7.04   |
| 120 Е 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Retu<br>2. AFUICIC Number<br>7110 6605 9550 0008 8302   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Agent         A. Signature       Agent         X. Subty       Agent         B. Received by (Printed Name)       C. Date of Delivery         J.S. C. Hy Warm       7.2.7.0.4         D. Is delivery addresse different from item 1?       Yes   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Refu<br>21 Article Number<br>7110 6605 95 0 0008 8302<br>1. Article Addressed to:   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Agent         A. Signature       Agent         X. Subty       Agent         B. Received by (Printed Name)       C. Date of Delivery         J.S. C. Hy Warm       7.2.7.0.4         D. Is delivery addresse different from item 1?       Yes   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Return<br>2. Article Number<br>7110 6605 950 0008 8302<br>1. Article Addressed to:<br>LINDA JEANNE LUNDELL LINDSEY  | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Agent         A. Signature       Agent         X. Subty       Agent         B. Received by (Printed Name)       C. Date of Delivery         J.S. C. Hy Warm       7.2.7.0.4         D. Is delivery addresse different from item 1?       Yes   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Refu<br>21 Article Number<br>7110 6605 95 0 0008 8302<br>1. Article Addressed to:   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         arm Receipt       Agent         A. Signature       Agent         X       Butty         B. Received by (Printed Name)       C. Date of Delivery         J. S C 1+y W       T. 2.1.044         D. is delivery address different from item 1?       Yes         If YES enter delivery address below:       No  |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Return<br>2. Article Number<br>7110 6605 950 0008 8302<br>1. Article Addressed to:<br>LINDA JEANNE LUNDELL LINDSEY  | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         Yes         COMPLETENTING SECTION ON DELIVERY         A. Signature       Agent         X. Buty       Agent         A. Signature       Addressee         B. Received by (Printed Name)       C. Date of Delivery         JS & Hy M       THE College         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         3. Service Type       X Certified   |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Return<br>2. /Article Number<br>7110 6605 95 0 0008 8302<br>1. Article Addressed to:<br>LINDA JEANNE LUNDELL LINDSEY<br>PO BOX 631565<br>NACOGDOCHES, NACOGDOCHES 7 | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         Yes         COMPLETENTINI'S SECTION ON DELIVERY         A. Signature       Agent         X       Buttom         B. Received by (Printed Name)       C. Date of Delivery         B. Received by (Printed Name)       C. Date of Delivery         B. Received by (Printed Name)       T. 2.1 - 0.4         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         3. Service Type       X Certified  |
| 120 E 79TH ST APT 11E<br>NEW YORK, NEW YORK 10021<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret<br>2. Article Number<br>7110 LL05 95 0 0008 8302<br>1. Article Addressed to:<br>LINDA JEANNE LUNDELL LINDSEY<br>PO BOX 631565                                   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         am Receipt       Agent         A. Signature       Agent         X. Mathematical Section ON DELIMERY         B. Received by (Printed Name)       C. Date of Delivery         B. Received by (Printed Name)       C. Date of Delivery         J. S C Hy Mathematical Section       Table of Delivery         J. Is delivery address different from Item 1?       Yes         If YES enter delivery address below:       No         3. Service Type       Certified         5. 63 - 1565       Section Section |

| 22 Anticle Number<br>7110 6605 95 0,0008 8319<br>1. Article Addressed to:<br>LINDA L WHITE<br>24197 IVES AVE<br>GLENWOOD, GLENWOOD 51534 | A. Signature       Agent         A. Signature       Agent         X       Addressee         B. Received by (Prived Name)       C. Date of Delivery         Stephen       Chite         D. Is delivery address different from item 1?       Yes         if YES enter delivery address below:       No         3. Service Type       X  |
|--|---|
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A  | 4. Restricted Delivery? (Extra Fee) Yes   |
| PS Form 3811 Domestic Ret  | lum Receipt   |
| 22 Article Number<br>7110 LL05 959 00008 8340<br>1. Article Addressed to:<br>LOLA   ODENDAHL PRESIDENT                                   | A. Signature         X. Lundiand         B. Received by (Printed Name)         C. Date of Delivery         LOLA       L. ODE NDAHL         7       24HO         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       GINO |
| F J ODENDAHL INVESTMENTS INC<br>110 E SEVENTH AVE<br>COLONA, COLONA 61241-9128<br>7/22/2004 9:11 AM                                      | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes   |
| Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ref   | turn Receipt  |
| 2. Article Number<br>7110 6605 959<br>1. Article Addressed to:   | COMPLETE THIS SECTION ON DELIVERY         A. Signature/         X       D b b b b b b b b b b b b b b b b b b b   |
| LORRAYN GAY HACKER<br>C/O JAMES M RAYMOND-POA<br>PO BOX 291445<br>KERRVILLE, KERRVILLE 78029-1445  | 3. Service Type Certified   |
|  | 4. Restricted Delivery? (Extra Fee) Yes   |

|                            | 2./Article Number  | COMPLETE THIS SECTION ON D  | DELIVERY            |
|----------------------------|--|---|---------------------|
|                            |  | A. Signature  |                     |
|                            |  | × 1)0-CO(0)   | Addressee           |
|                            | 7110 6605 959 <u>0 0008 8371</u>                             | B. Received by (Printed Name)   | C. Date of Delivery |
| RATES, IN                  | 1. Article Addressed to:                                     | D. Is delivery address different from iter<br>If YES enter delivery address below |                     |
| <b>ASER SUBSTRATES, IN</b> | MABELLE H SOWERS ROYALTY TRU<br>MABELLE S BRAMHALL TRUSTEE   | sт  |                     |
| Ϋ́,                        | 5026 AUGUSTA CIR   |   | ertified            |
|                            | COLLEGE STATION, COLLEGE STAT                                | 4. Restricted Delivery? (Extra Fee)   | Yes                 |
|                            | 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191            |   |                     |
|                            |  |   |                     |
|                            | form 3811 Domestic Retu                                      | m Receipt   | 1                   |
|                            | 2. Article Number  | COMPLETE THIS SECTION ON L  | DELIVERY            |
|                            |  | Enner Monstill  | Agent<br>Addressee  |
|                            | 7110 6605 959 <u>0 0008 8388</u>                             | B. Received by Printed Name   | C. Date of Delivery |
|                            | 1. Article Addressed to:                                     | D. Is delivery address different from iter<br>If YES enter delivery address below |                     |
|                            | MANSFIELD FAMILY 2001 REV TRUS<br>DTD OCT 12 2001 BENJAMIN J |   |                     |
|                            | MANSFIELD & NANCY CAROL CUTLE<br>MANSFIELD TRUSTEES          |   | ertified            |
|                            | 2615 EVERETT DR  |   |                     |
|                            | RENO, RENO 89503<br>7/22/2004 9:11 AM                        | 4. Restricted Delivery? (Extra Fee)   | Yes                 |
|                            | Code: San Juan 29-7 Unit 191                                 |   |                     |
|                            | PS Form 3811 Domestic Retu                                   | m Receipt   |                     |
|                            | 2. Article Number  | COMPLETE THIS SECTION ON I  |                     |
|                            |  | × n sutte   | Agent               |
|                            | 7110 6605 9590 0008 8395                                     | B. Received by (Printed Name)   | C. Date of Delivery |
|                            | 1. Article Addressed to:                                     | D. Is delivery address different from ite<br>If YES enter delivery address below  |                     |
|                            | MAP 1992-A PARTNERS LP                                       |   |                     |
|                            | C/O TX COMMERCE CO NA  |   |                     |
|                            | PO BOX 910864  | 3. Service Type   | Certified           |
|                            | DALLAS, DALLAS 75391-0864                                    | 4. Restricted Delivery? (Extra Fee)   | Yes                 |
|                            | 7/22/2004 9:11 AM  | FIGSUIDIOU DOMAGLY! (EXIIA FOD)   | Tea                 |
|                            | Code: San Juan 29-7 Unit 191                                 | •.  |                     |

| 2. Article Number  |  |
|--|--|
|  | COMPLETE THIS SECTION ON DELIVERY  |
|  | A. Signature   |
|  | A. Signature<br>X rice d. Sich Bagent  |
| 7110 LLOS 9590 0008 8418   | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Tes<br>If YES enter delivery address below: No |
|  |  |
| MARIE A SCHAEFER   |  |
| 4134 NORTHWEST BLVD APT 303  | 3. Service Type Certified  |
| DAVENPORT, DAVENPORT 52806   |  |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A   |  |
| PS Form 3811 Domestic Ret  | turn Receipt   |
|  |  |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
|  | A. Signature   |
|  | X Mary E - Drawin Addressee  |
| 7110 6605 9590 0008 8425   | B. Received by (Printed Name)<br>C. Date of Delivery<br>MADE F. JAA/194 17-26-4              |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below:    |
|  | If YES enter delivery address below: D No  |
|  |  |
| MARY ESTHER BROWN  |  |
| 1857 55TH AVE  | 3. Service Type Certified  |
| ALEDO, ALEDO 61231   |  |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A   |  |
| PS Form 3811 Domestic Rel  | turn Receipt   |
| ··· · ·  | · · · · · · · · · · · ·  |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY  |
| and the second | X Man J. M. Agent  |
| 7110 6605 9590 0008 8432   | B. Received by (Printed Name) C. Date of Delivery  |
|  | Mary J. Miller 2-27-44   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Tes<br>If YES enter delivery address below: No |
|  |  |
|  |  |
|  |  |
| MARY J MILLER<br>23680 W 289TH TER   |  |
| 23680 W 289TH TER  | 3. Service Type Certified  |
|  | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes                            |

i.

| A. Signature<br>X 12. 046-CCc<br>B. Received by (Printed Name)   | LIVERY                                      |
|--|---|
|  | Agent D Addressee                           |
| 7110 LLOS 9590 0008 845L B. Received by (Printed Name)   | C. Date of Delivery                         |
| 1. Article Addressed to:       D. Is delivery address different from item         If YES enter delivery address below: | 1?  Yes No                                  |
| MCCORMICK & CO INC<br>C/O CHASE BANK OF TEXAS NA   |   |
| PO BOX 910864<br>3. Service Type   | ertified                                    |
| 4. Restricted Delivery? (Extra Fee)<br>7/22/2004 9:11 AM   | Yes   |
| Code: San Juan 29-7 Unit 191   | an data da anta da ana any ang Atana ang an |
| Domestic Return Receipt  | · · · · · · · · · · · ·                     |
| 2. Article Number COMPLETE THIS SECTION ON D   |   |
| × mla Anni   | Agent                                       |
| 7110 LLCS AS31 B. Received by (Printed Name)   | C. Date of Delivery                         |
| 1. Article Addressed to:<br>If YES enter delivery address below:   | 1?  Yes No                                  |
| MICHARGENHOUSTEN   |   |
| PO BOX SEO   | ertified                                    |
| BUFFALO, BUFFALO 65622<br>4. Restricted Delivery? (Extra Fee)  | Yes   |
| Code: San Juan 29-7 Unit 65A   |   |
| PS Form 3811 Domestic Return Receipt   |   |
| 2. Article Number  |   |
| × Allela   | Agent<br>Addressee                          |
| 7110 6605 9590 0008 8579 B. Received by (Printed Name)   | C. Date of Delivery                         |
| 1. Article Addressed to:   |   |
| 1. Article Addressed to: If YES enter delivery address below:  |   |
| MITZI ANN HENDERSON EASLEY   |   |
| MITZI ANN HENDERSON EASLEY<br>1203 ARRONIMINK CIR<br>3. Service Type   | ertified                                    |
| MITZI ANN HENDERSON EASLEY   | Certified<br>Yes                            |

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| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
|   | X Addressee   |
| 7110 6605 95 <del>4</del> 0 0008 8586             | B. Received by (Printed Name) C. Date of Delivery<br>Name Matrice 7-29-04 (2)               |
| 1. Article Addressed to:                          | D. Is delivery address different from Item 1?<br>If YES enter delivery address below:<br>No |
| MOORE LOYAL TRUST                                 |   |
| <br>LEE WAYNE MOORE TRUSTEE<br>403 N MARIENFELD   |   |
| MIDLAND, MIDLAND 79701                            | 3. Service Type   |
| 7/22/2004 9:11 AM                                 | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 65A                      |   |
| PS Form 3811   Domestic Return                    | um Receipt  |
| 2: Article Number                                 | COMPLETE THIS SECTION ON DELIVERY   |
|   | X liaiter Sound Addressee   |
| 7110 6605 9590 0008 8609                          | B. Received by (Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1?<br>If YES enter delivery address below:       |
| MURIEL ANDREWS BOSSËRT LIFE<br>ESTATE             |   |
| 10606 VISTA LAGO PLACE                            | 3. Service Type Certified   |
| SAN DIEGO, SAN DIEGO 92131                        | 4. Restricted Delivery? (Extra Fee) Yes   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A |   |
| PS Form 3811                                      | :   |
| Domestic Ret                                      | um Receipt  |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY   |
|   | X GM GMGA Addressee<br>B. Received by (Printed Name) C. Date of Delivery                    |
| 7110 6605 959 <u>0 0008 8630</u>                  | 7.24-04   |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1?  Yes If YES enter delivery address below: No  |
|   |   |
| NFF LTD<br>1738 W CHOKECHERRY DR                  |   |
| LOUISVILLE, LOUISVILLE 80027                      | 3. Service Type   |
| 7/22/2004 9:11 AM                                 | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 191                      | SEALARS   |
| PS Form 3811 Domestic Ret                         | A B C C B B B B B B B B B B B B B B B B   |
|   | I.  |

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| 2: Article Number  | COMPLETENTIS SECTION ON C  | Agent                                       |
|--|--|---|
| 7110 6605 9590 0008 8685   | X Superinted Name)   | C. Date of Delivery                         |
| 1. Article Addressed to:   | D. Is delivery address different from ite<br>If YES enter delivery address below |   |
| PATTERSON GROUP<br>6237 S DOVER ST                                 |  |   |
| LITTLETON, LITTLETON 80123   |  | ertified                                    |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191                  | 4. Restricted Delivery? (Extra Fee)  | Yes   |
| PS Form 3811 Domestic Retur  | rn Receipt   |   |
| 2. Article Number  | COMPLETE THIS SECTION ON I   | DELIVERY                                    |
|  | & pratode  | Agent<br>Addressee                          |
| 7110 6605 9590 0008 8708   | B. Received by (Printed Name)  | C. Date of Delivery                         |
| 1. Article Addressed to:   | D. Is delivery address different from ite<br>If YES enter delivery address below | m 1? □ Yes<br>: □ No                        |
| PERRY H POLLOCK<br>PO BOX 950                                      |  |   |
| ASPEN, ASPEN 81612-0950  | 3. Service Type     4. Restricted Delivery? (Extra Fee)                          |   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191                  |  |   |
| PS Form 3811 Domestic Retu   | rn Receipt   | 2004/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
| 2. Article Number  | COMPLETE THIS SECTION ON   |   |
| 7110 6605 9590 0008 8739   | B. Received by (Printed Name)  | Agent<br>Addressee<br>C. Date of Delivery   |
| 1. Article Addressed to:   | D. Is delivery address different from ite<br>If YES enter delivery address below |   |
| PHILIP L HOMBURGER & DEBRA L<br>HOMBURGER JTWROS<br>2160 S JACKSON |  | :: 🗆 No<br>                                 |
| DENVER, DENVER 80210-4931  | 3. Service Type         4. Restricted Delivery? (Extra Fee)                      | Yes   |
| 7/22/2004 9:11 AM  |  |   |
| Code: San Juan 29-7 Unit 191                                       |  |   |

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| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
|   | A. Signature   |
|   | X Addressee  |
| 7110 6605 9590 0008 8753                          | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No |
|   |  |
| PURE RESOURCES LP                                 |  |
| ATTN OBO ACCOUNTING                               |  |
| 500 W ILLINOIS AVE                                |  |
| MIDLAND, MIDLAND 79701                            | 3. Service Type  |
|   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191 |  |
| Gue. San Juan 25-1 Onic 151                       |  |
| PS Form 3811 Domestic Retur                       | rn Receipt   |
|   | · · · · · · · · · · · · · · · · · · ·  |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Sidneture<br>X Willia Imult Agent   |
| 7110 HEDS 9590 0008 8777                          | Billieceived by (Frinted Name) C. Date of Delivery   |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1? Yes  |
| I. Allicia Addiessed IO:                          | If YES enter delivery address below:   |
|   |  |
| R L BOLIN PROPERTIES LTD                          |  |
| 4245 KEMP BLVD STE 316                            |  |
|   | 3. Service Type Certified  |
| WICHITA FALLS, WICHITA FALLS 7630                 | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A |  |
| Code. San Juan 29-7 Unit 65A                      |  |
| PS Form 3811 Domestic Return                      | n Banalist   |
|   | а пекери<br>. ·еенес.  |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature   |
|   | XKB Herringe Addressee   |
| 7110 6605 9540 0008 8807                          | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1?  Yes If YES enter delivery address below: No   |
|   |  |
| ROBERT G HANAGAN SUCC TRUST                       |  |
|   |  |
| MMH TRUST U/TA DTD 10/2/89                        |  |
| MMH TRUST U/TA DTD 10/2/89<br>PO BOX 1887         |  |
| PO BOX 1887                                       | 3. Service Type Certified  |
|   |  |
| PO BOX 1887                                       | 3. Service Type Certified  |

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| 2. Article Number  | A. Signature  |
|--|---|
|  | X Walt Addressee  |
| 7110 6605 9540 0008 8821   | B. Received by (Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1?<br>If YES enter delivery address below:<br>No   |
| ROBERT WALTER LUNDELL<br>2450 FONDREN #304   | · · · · · · · · · · · · · · · · · · ·   |
| HOUSTON, HOUSTON 77063   | 3. Service Type Certified   |
| 7/22/2004 9:11 AM  | 4. Restricted Delivery? (Extra Fee) Yes   |
| Code: San Juan 29-7 Unit 65A   |   |
| PS Form 3811 Domestic Retu   | ım Receipt  |
| 2. Article Number  | COMPLETE THIS SECTION ON DELIVERY   |
|  | X SC 16009 Addressee  |
| 7110 6605 9590 DODA 8838   | B. Received by (Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? Yes<br>If YES enter delivery address below: No  |
|  |   |
|  | -   |
| RODERICK A IRONSIDE<br>349 WESLEY DR   |   |
| 349 WESLEY DR  | 3. Service Type Certified   |
|  | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes   |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516  |   |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516<br>7/22/2004 9:11 AM   | 4. Restricted Delivery? (Extra Fee) Yes   |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   | 4. Restricted Delivery? (Extra Fee) Yes um Receipt COMPLETESTHIS-SECTION ON DELIVERY  |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811 Domestic Ret  | 4. Restricted Delivery? (Extra Fee) Yes um Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature  |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811 Domestic Ret  | 4. Restricted Delivery? (Extra Fee) Yes um Receipt COMPLESTED THIS SECTION ON DELIVERY A. Signature X. M.M.M. Addressee B. Received by (Printed Name) C. Date of Delivery   |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         Yes         urm Receipt         QOMPLET AS THIS SECTION ON DELIVERY         A. Signature       Agent         X. M.M.M.       Agent         B. Received by (Printed Name)       C. Date of Delivery  |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret<br>2. Article Number<br>7110 6605 9590 0008 8845                          | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         Yes         QOMPLETENTHIS SECTION ON DELIVERY         A. Signature       Agent         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         Received by (Printed Name)       7/24/04         D. Is delivery address different from item 1?       Yes |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811<br>Domestic Ret   | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         Ves         um Receipt         A. Signature       Agent         X. Manuelle       Agent         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             |
| 349 WESLEY DR<br>CHAPEL HILL, CHAPEL HILL 27516<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811 Domestic Ret<br>2. Article Number<br>7110 LL05 9590 0008 8845<br>1. Article Addressed to: | 4. Restricted Delivery? (Extra Fee)       Yes         4. Restricted Delivery? (Extra Fee)       Yes         Yes         QOMPLETESTHIS SECTION ON DELIVERY         A. Signature       Agent         X       Addressee         B. Received by (Printed Name)       C. Date of Delivery         Received by (Printed Name)       7/24/64         D. Is delivery address different from item 1?       Yes |

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| 2: Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
|   | A: Signature   |
|   | Received by (Printed Name) C. Date of Delivery   |
| 7110 6605 9590 0008 8869                          | Shire Guara II   |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1?  Yes If YES enter delivery address below: No |
|   |  |
|   |  |
| SAM G WALL III                                    |  |
| PO BOX 182418                                     | 3. Service Type  |
| ARLINGTON, ARLINGTON 76096-241                    |  |
| 7/22/2004 9:11 AM                                 | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191                      |  |
| PS Form 3811                                      |  |
| Domestic Retu                                     | Im Receipt   |
|   |  |
| 2: Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|   | X Tube Webler Con Dadressee  |
| 7110 6605 9590 0008 8883                          | B. Received by (Printed Name)  |
|   | D. Is delivery address different from item 1? Ves  |
| 1. Article Addressed to:                          | If YES enter delivery address below:   |
|   |  |
| SHIRLEY M WALL GAULDIN                            |  |
| PO BOX 825  |  |
| BURNET, BURNET 78611-0825                         | 3. Service Type  |
|   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191 |  |
|   |  |
| PS Form 3811 Domestic Retu                        | Im Receipt   |
|   |  |
| 2. Article Number                                 | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature   |
|   | X Addressee  |
| 7110 6605 9590 0008 8906                          | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:                          | D. Is delivery address different from item 1?  |
|   | If YES enter delivery address below: 🔲 No  |
|   |  |
| STATE OF NEW MEXICO                               | L  |
| PO BOX 1148                                       | 3. Service Type Certified  |
| SANTA FE, SANTA FE 87504-1148                     |  |
| 7/22/2004 9:11 AM                                 | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191                      |  |

| 2. Article Number<br>7110 6605 9590 0008 8937<br>1. Article Addressed to:<br>SUVIAN RUTH DAVES<br>21239 COUNTY RD W<br>LEWIS, LEWIS 81327<br>7/22/2004 9:11 AM | COMPLETATIONS SECTION ON DEFIVERY         A. Signature         X. Mutan         X. Mutan         B. Received by (Printed Name)         C. Date of Delivery         J. Is delivery address different from item 1?         YES enter delivery address below:         If YES enter delivery address below:         S. Service Type         A. Signature         Yes |
|--|--|
| Code: San Juan 29-7 Unit 65A   |  |
| PS Form 3811 Domestic Retu   | im Receipt   |
| 2. Article Number<br>7110 6605 9590 0008 8975<br>1. Article Addressed to:  | COMPLETENTIS SECTION ON DELIVERY         A. Signature         X. Signature         X. Signature         B. Received by (Printed Name)         C. Date of Delivery         STANCEY M. Wright         D. Is delivery address different from item 1?         YES enter delivery address below:  |
| THE WRIGHT BROS TRUST<br>C/O STANLEY M WRIGHT<br>2157 HWY 130<br>BENNETT, BENNETT 52721-9801<br>7.22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A              | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes  |
| code. San Juan 29-7 Unit OSA   |  |
| PS Form 3811 Domestic Retu   | ım Receipt   |
| 2. Article Number<br>7110 6605 9590 0008 8982  | A. Signature       Agent         X       Agent         B. Received by (Printed Name)       C. Date of Delivery         T       C: ATTRON         D. Is delivery address different from item 1?       Yes   |
| 1. Article Addressed to:<br>THOMAS B CATRON III<br>TRUSTEE U/W/O SUE C BERGERE<br>PO BOX 788<br>SANTA FE, SANTA FE 87501                                       | 1. Is derively address direction from term 17 To Tes<br>If YES enter delivery address below: INO<br>No<br>3. Service Type 2004<br>USES Certified   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A  | 4. Restricted Delivery? (Extra Fee) Yes  |

| 2. Article Number<br>7110 6605 9590 0008 9026<br>1. Article Addressed to:<br>THOMAS POLLOCK<br>1614 TORRANCE ST   | COMPLETS FITTION SECTION ON DELIVERY         A. Signature         X       Agent         Addressee         B. Received by (Printed Name)       C. Date of Delivery         Thimas       Pollock       7-28-04         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No         3. Service Type       X |
|---|--|
| SAN DIEGO, SAN DIEGO 92103-3719   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   |  |
| PS Form 3811 Domestic Retu  | um Receipt   |
| 2. Article Number   | COMPLETE THIS SECTION ON DELIVERY  |
|   | A. Signature   |
| 7110 6605 9590 0008 9033  | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:  | D. is delivery address different from item 1?<br>If YES enter delivery address below:<br>No  |
| THORNTON HARDIE III TRUSTEE<br>MARY ELIZABETH HARDIE ROY TRS<br>1700 PACIFIC AVE STE 3300<br>DALLAS, DALLAS 75201 | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes  |
| 7/22/2004 9:11 AM   |  |
|   | 1111- Andrew States in the second states of the second   |
| PS Form 3811  |  |
| 2. Article Number   | A. Signature   |
|   | X.M. alba Angi Addressee   |
| 7110 6605 959 <u>0 0008 9057</u>  | B. Received by (Printed Name) C. Date of Delivery  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? TYes<br>If YES enter delivery address below: No  |
| TROUT LIMITED PARTNERSHIP<br>7500 S HWY 83  |  |
| SCOTT CITY, SCOTT CITY 67871  | 3. Service Type  |
| 7/22/2004 9:11 AM   | 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 65A  |  |

| 22 Article Number<br>7110 6605 9590 0008 9064<br>1. Article Addressed to:<br>V A JOHNSTON FAMILY TRUST<br>C/O DAVID A PREWITT & M A CHESS<br>CO-TRUSTEES<br>PO BOX 825<br>FALLS, RALLS 79357<br>7/22/2004 9:11 AM | COMPLETENTILS SECTION ON DELIVERY         A. Signature         X       Image: Section of the process of the proces of the proces of the process of the proces of the proc |
|---|--|
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret  | urn Receipt  |
| 2. Article Number<br>7110 6605 9550 0008 9303<br>1. Article Addressed to:<br>VIRGINIA R HATFIELD  | COMPLETENTHIS SECTION ON DELIVERY         A. Signature         X       MK         MK       MIFIF         B. Received by (Printed Name)         C. Date of Delivery         D. is defivery address different from item 1?         YES enter delivery address below:   |
| 3616 GARDEN BROOK DR APT 131<br>DALLAS, DALLAS 75234-2407<br>7/22/2004 9:11 AM  | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes  |
| Code: San Juan 29-7 Unit 191  |  |
| PS Form 3811 Domestic Re  | turn Receipt   |
| 2. Article Number<br>7110 6605 950 0008 9118<br>1. Article Addressed to:  | COMPLETE THIS SECTION ON DELIVERY         A. Signature         X       Agent         A. Signature       Addressee         B. Received by (Peinted Name)       C. Date of Delivery         Y:1       M. (Dirited Name)         D. Is delivery address different from item 1?       Yes         If YES enter delivery address below:       No  |
| W E COOPER<br>1301 CR 406<br>TAYLOR, TAYLOR 76574-5445<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   | 3. Service Type     Certified       4. Restricted Delivery? (Extra Fee)     Yes  |

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| 71 ST ELDS 95 (1 DDB 935) <ul> <li>Article Addressed to:</li> <li>VILLIAM W BRAMLETT PO BOX 3273</li> <li>MIDLAND, MIDLAND 79702</li> <li>7/22/2004 9:11 AM</li> <li>Code: San Juan 29-7 Unit 65A</li> </ul> <ul> <li>Service Street Str</li></ul>  |
| 1. Article Addressed to:         1. Article Addressed to:         V/ILLIAM W BRAMLETT<br>PO BOX 3273         MIDLAND, MIDLAND 79702         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 65A         PS Form 3811         Densetic Return Receipt         Article Addressed to:         VILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3         TULSA, TULSA 74101         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191   |
| 1. Article Addressed to:       D. is delivery address different from item 1?       We         V/ILLIAM W BRAMLETT       PO BOX 3273       D. Selivery address different from item 1?       No         MIDLAND, MIDLAND 79702       Selivery address different from item 1?       Yes         7/22/2004 9:11 AM       Code: San Juan 29-7 Unit 65A       Ves         PS Form 3811       Domestic Return Receipt       Ves         7110 LL05 95(0 0008 91LE)       Addressign       Addressign         7110 LL05 95(0 0008 91LE)       No       Addressign         VILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3       Service Type       Certified         9. Service Type       Service Type       Ves         8. Service Type       Ves         9. Service Type       Ves  |
| VILLIAM W BRAMLETT<br>PO BOX 3273<br>MIDLAND, MIDLAND 79702<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 65A<br>PS Form 3811<br>Demestic Return Receipt<br>2110 LLOS 9540 0008 9113<br>1. Article Addressed to:<br>WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3<br>TULSA, TULSA 74101<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   |
| WIDLAND, MIDLAND 79702         7/22/2004 9:11 AM       Cortified         Control of the second s  |
| WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3<br>TULSA, TULSA 74101<br>7/22/2004 9:11 AM       Contribution of the production of the product of th                  |
| MIDLAND, MIDLAND 79702         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         Article Number         7110 L605 75 ft 0 0008 71 L9         1. Article Addressed to:         WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3         TULSA, TULSA 74101         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191   |
| MIDLAND, MIDLAND 79702         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         Article Number         7110 bb07         7110 bb07         Number         7110 bb07         Number         Number <td< th=""></td<>   |
| 1222004 9:11 AM         Code: San Juan 29-7 Unit 65A         PS Form 3811         Domestic Return Receipt         2. Artifele Number         A signature         7 110 LL DS 95 (0 0008 91 L3)         1. Article Addressed to:         WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3         TULSA, TULSA 74101         722004 9:11 AM         Certified         722004 9:11 AM         Serm 3811   |
| PS Form 3811         2. Article Ntimber         2. Article Ntimber         7110 Lb 05 95 10000 91b 3         7110 Lb 05 95 10000 91b 3         1. Article Addressed to:         WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3         TULSA, TULSA 74101         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191  |
| Domestic Return Receipt         2. Article Number         2. Article Number         7 1 10 16 0 5 95 10 0000 9 16 3         7 1 10 16 0 5 95 10 0000 9 16 3         7 1 10 16 0 5 95 10 0000 9 16 3         7 1 10 16 0 5 95 10 0000 9 16 3         7 1 10 16 0 5 95 10 0000 9 16 3         7 1 10 16 0 5 95 10 0000 9 16 3         7 1 10 16 0 5 95 10 0000 9 16 3         1. Article Addressed to:         WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3         TULSA, TULSA 74101         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191   |
| Domestic Return Receipt         2. Article Number         2. Article Number         7 110 LL05 75 (0 0000 71 L3)         1. Article Addressed to:         WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3         TULSA, TULSA 74101         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191  |
| A. Signature<br>X A MAIL CALL Addressee<br>A. Addressee<br>B. Received Sty Alternatives LEN C. Date of Delivery.<br>D. is delivery address different from Item 1? Code: Senser delivery address below: No<br>WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3<br>TULSA, TULSA 74101<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811  |
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| 7110 LL05 95 0 0008 91L3         1. Article Addressed to:         WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3         TULSA, TULSA 74101         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191  |
| 7110 LL05 95 00008 91L3         1. Article Addressed to:         WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3         TULSA, TULSA 74101         7/22/2004 9:11 AM         Code: San Juan 29-7 Unit 191   |
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| 1. Article Addressed to:       If YES enter delivery address below:       Ino         WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3       Image: Certified center delivery?         TULSA, TULSA 74101       Image: Certified center delivery?         7/22/2004 9:11 AM       Image: Certified center delivery?         Code: San Juan 29-7 Unit 191       Yes         PS Form 3811       Image: Certified center delivery?   |
| WILLIAMS PRODUCTION COMPANY<br>ONE WILLIAMS CENTER<br>PO BOX 3102 MS25-3<br>TULSA, TULSA 74101<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   |
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| PO BOX 3102 MS25-3<br>TULSA, TULSA 74101<br>7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191<br>PS Form 3811   |
| TULSA, TULSA 74101     4. Restricted Delivery? (Extra Fee)     Yes       7/22/2004     9:11 AM     Code: San Juan 29-7 Unit 191   |
| 7/22/2004 9:11 AM<br>Code: San Juan 29-7 Unit 191   |
| Code: San Juan 29-7 Unit 191  |
| PS Form 3811 Domestic Return Receipt  |
| PS-Form 3811 Domestic Return Receipt  |
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|   |
| 2. Article Number COMPLETE THIS SECTION ON DELIVERY   |
| x Steve Williams  |
| 7110 5605 3530 0008 3120 B. Reference by (Printed Name) C. Date of Delivery   |
| 1 Atticle Addressed to:   |
| 1. Article Addressed to:  |
|   |
|   |
| 810 HOUSTON ST STE 2000   |
| 3. Service Type Certified   |
| 7/22/2004 9:11 AM   |
| Code: San Juan 29-7 Unit 65A  |
|   |
| PS Form 3811 Domestic Return Receipt  |