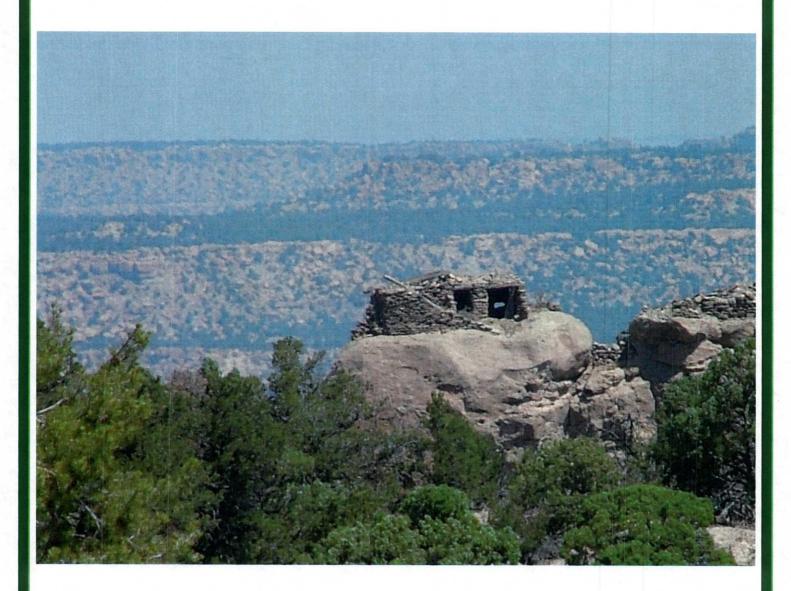
Burlington Resources Oil and Gas Company LP



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

Telephone 505-982-4285 Facsimile 505-982-2047 kellahin@earthlink.net

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

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| Domestic Return Provide Number 7110 6605 9550 0008 8722 1. Article Addressed to: | A. Signature B. Received by (Printed Name D. is delivery address differen | e) | C. Date of Delive 7.24-34 |
| 7110 LLOS 9510 0008 8722 1. Article Addressed to: PHILIP G DEMEREE | A. Signature B. Received by (Printed Name D. is delivery address differen | e) | C. Date of Delive 7.24-34 |
| 7110 6605 9550 0008 8722 1. Article Addressed to: PHILIP G DEMEREE SEPARATE PROPERTY | A. Signature B. Received by (Printed Name D. is delivery address differen | e) | C. Date of Delive 7.24-34 |
| 22AHIGONUMERCE 7110 G DEMEREE SEPARATE PROPERTY 7561 VIA CAMELLO DEL SUR | A. Signature B. Received by (Printed Name D. is delivery address differen | e) nt from ite ess below | ☐ Agent ☐ Address C. Date of Delive 7.2.4.34, m 1? ☐ Yes : ☐ No |
| Domestic Return 22/AHIGIC Number 7110 6605 9550 0008 8722 1. Article Addressed to: PHILIP G DEMEREE SEPARATE PROPERTY | A. Signature A. Signature B. Received by (Printed Name D. is delivery address different If YES enter delivery address | e) nt from ite ess below | C. Date of Delive 7.24-34 |
| 22AHIGONUMERCE 7110 G DEMEREE SEPARATE PROPERTY 7561 VIA CAMELLO DEL SUR | A. Signature A. Signature B. Received by (Printed Name D. is delivery address different If YES enter delivery address | e) nt from itel ess below | ☐ Agent ☐ Address C. Date of Delive 7.2.4.34, m 1? ☐ Yes : ☐ No |

PS Form 3811

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| 7110 LL05 950 0008 9132 1. Article Addressed to: | A. Signature X (A. A. A |
|--|---|
| WILLIAM B HARDIE SR ROYALTY TR JANE HARDIE TRUSTEE 1065 LOS JARDINES | ST 3. Service Type Certified |
| EL PASO, EL PASO 79912 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 7110 6605 9550 0008 9095 | A. Signature X Z. A., GOLL Addressee B. Received by (Painted Name) E. J. GOLL C. Date of Delivery |
| | A. Signature X A. Intervention of the second |
| 22 Article Mundest 7110 LL05 950 000A 9095 1. Article Addressed to: VIRGINIA M WALL GORET PO BOX 282 | Goldick a definition of the second of the |
| 22 ARTICLE MUNIEST 7110 LL05 9550 0004 9095 1. Article Addressed to: 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 2 6 JUL |
| 1. Article Addressed to: | D. Is delivery address different fr 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 🔲 Addressee |
| 7110 6605 9590 0008 7213 | B. Received by (Printed Name) MILCE DRH 66 | 6 C. Date of Delivery |
| . Article Addressed to: | D. Is delivery address different f if YES enter delivery address | rom item 1? Yes below: No |
| | | . ' |
| | | . i |
| AMCORE BANK N A TRUSTEE & 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/./ from item 1? □ Yes |
| 1. Article Addressed to: | D. Is delivery address different f If YES enter delivery address | (0) 7.2/./ from item 1? □ Yes |
| AMCORE BANK NA TRUSTEE | D. Is delivery address different f | (0) 7.2/./ from item 1? □ Yes |
| AMCORE BANK NA TRUSTEE & A C ANDERSON TRUST 1 | D. Is delivery address different f If YES enter delivery address | (0) 7.2/./ from item 1? □ Yes |
| AMCORE BANK NA TRUSTEE | D. Is delivery address different f If YES enter delivery address | trom item 1? ☐ Yes s below: ☐ No |
| AMCORE BANK NA TRUSTEE & 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 PO BOX 4599 | Anth Dran 60 D. Is delivery address different f If YES enter delivery address 3. Service Type | from item 1? Yes 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 If YES enter delivery address below: No 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 Received by (Printed Name) C. Date of Deliver |
| 11: 0 9 2004 |
| 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 |
| |
| 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 منطقی بنان برای میکند. |
| | | |
| 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 A. Signature | Agent |
| 22. Article: Number | COMPLETE THIS SECTION A. Signature X | Agent Addressee |
| Domestic Retu | COMPLETE THIS SECTI A. Signature | Agent Addressee |
| Domestic Retu 2: Article Number 7ЪЪО ББО5 9550 0008 7404 | COMPLETE THIS SECTI A. Signature X | Agent Addressee a) C. Date of Delivery tfrom item 1? Yes |
| 22. Article: Number | COMPLETE THIS SECTION A. Signature X. J. J. J. J. M. B. Received by (Printed Name | Agent Addressee a) C. Date of Delivery tfrom item 1? Yes |
| Domestic Retu 2: Article Number 7ЪЪО БЬО5 9550 0008 7404 | COMPLETE THIS SECTI A. Signature X | Agent Addressee a) C. Date of Delivery tfrom item 1? Yes |
| Domestic Retu 2. Article Number 7ЪЪО ББО5 9550 0008 7404 | COMPLETE THIS SECTI A. Signature X | Agent Addressee a) C. Date of Delivery tfrom item 1? Yes |
| 2. Article Number 7330 4605 950 0008 7404 1. Article Addressed to: BOLACK MINERALS CO ATTN TOMMY BOLACK | COMPLETE THIS SECTI A. Signature X | Agent Addressee a) C. Date of Delivery tfrom item 1? Yes |
| 22 Article Number 7330 4605 950 0008 7404 1. Article Addressed to: BOLACK MINERALS CO ATTN TOMMY BOLACK 3901 BLOOMFIELD HWY | COMPLETE THIS SECTI A. Signature X | Agent Addressee a) C. Date of Delivery t from item 1? Yes ess below: No |
| 229 Article Number 7330 4605 950 0008 7404 1. Article Addressed to: BOLACK MINERALS CO ATTN TOMMY BOLACK 3901 BLOOMFIELD HWY RT 3 BOX 47 | COMPLETE THIS SECTI A. Signature X | Agent Addressee a) C. Date of Delivery tfrom item 1? Yes |
| 22 Article Number 7330 4605 950 0008 7404 1. Article Addressed to: BOLACK MINERALS CO ATTN TOMMY BOLACK 3901 BLOOMFIELD HWY | COMPLETETHIS SECTION A. Signature X. M. M. M. B. Received by (Printed Name D. Is delivery address differentiation of the second of the sec | Agent Addressee Addressee C. Date of Delivery t from item 1? Yes ess below: No No Certified |
| 2. Article Number 7110 6605 9590 0008 7404 1. Article Addressed to: BOLACK MINERALS CO ATTN TOMMY BOLACK 3901 BLOOMFIELD HWY RT 3 BOX 47 | COMPLETE THIS SECTI A. Signature X | Agent Addressee Addressee C. Date of Delivery t from item 1? Yes ess below: No No 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 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 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 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 FARMINGTON DIST OFFICE 1235 LA PLATA HWY | 3. Service Type |
| BUREAU OF LAND MANAGEMENT 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 Care IVII T. T. | 55 7/26/04 |
| 1. Article Addressed to: | D. Is delivery address different 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 4. Restricted Delivery? (Ext | |
| SOCORRO, SOCORRO 87801 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 | | |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 | 4. Restricted Delivery? (Ext | |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 | 4. Restricted Delivery? (Ext | <u> </u> |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 | 4. Restricted Delivery? (Ext | ra Fee) Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu | 4. Restricted Delivery? (Ext m Receipt | VICON DELLIVERY |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu | 4. Restricted Delivery? (Ext m Receipt COMPLETE THIS SECTI A. Signature X / Sob Ward | Tra Fee) Yes Yes ON ON DELIVERY Ymp Addressee |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu | 4. Restricted Delivery? (Ext m Receipt COMPLETE THIS SECTI A. Signature | Tra Fee) Yes Yes ON ON DELIVERY Ymp Addressee |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu | 4. Restricted Delivery? (Ext m Receipt A. Signature, X / Sob Uaud B. Received by (Printed Name 13ub Valder, D. Is delivery address differer | Tra Fee) Yes ON ON DELIVERY < |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 2: Article Number 7110 6605 9590 0008 7541 | 4. Restricted Delivery? (Ext m Receipt COMPLETE THIS SECTI A. Signature X / Sob Dawd B. Received by (Printed Name IBub Valder | Tra Fee) Yes ON ON DELIVERY < |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 2: Article Number 7110 LL05 9550 0008 7541 1. Article Addressed to: | 4. Restricted Delivery? (Ext m Receipt A. Signature, X / Sob Uaud B. Received by (Printed Name 13ub Valder, D. Is delivery address differer | Tra Fee) Yes ON CON DELIVERY ON CON DELIVERY Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Comestic Retu 2. Article Number 7110 LL05 959 0 0008 7541 1. Article Addressed to: CHARLES W GAY | 4. Restricted Delivery? (Ext m Receipt A. Signature, X / Sob Uaud B. Received by (Printed Name 13ub Valder, D. Is delivery address differer | Tra Fee) Yes ON CON DELIVERY ON CON DELIVERY Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu 2. Article Ntimber 7110 LL05 95900008 7541 1. Article Addressed to: CHARLES W GAY C/O JAMES M RAYMOND-POA | 4. Restricted Delivery? (Ext m Receipt A. Signature, X / Sob Uaud B. Received by (Printed Name 13ub Valder, D. Is delivery address differer | Tra Fee) Yes ON ON DELIVERY Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu 2. Article Number 7110 LL05 959 0 0008 7541 1. Article Addressed to: CHARLES W GAY | 4. Restricted Delivery? (Ext m Receipt COMPLEAS THISSECTI A. Signature, X / Sob Dawd B. Received by (Printed Name IBub Valder, D. Is delivery address different 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 Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu 2. Article Ntimber 7110 LL05 95900008 7541 1. Article Addressed to: CHARLES W GAY C/O JAMES M RAYMOND-POA | 4. Restricted Delivery? (Ext m Receipt A. Signature, X / Sob Uaud B. Received by (Printed Name 13ub Valder, D. Is delivery address differen | Tra Fee) Yes ON ON DELIVERY Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu 2: Article Number 7 1 10 6605 9590 0008 7541 1. Article Addressed to: CHARLES W GAY C/O JAMES M RAYMOND-POA PO BOX 291445 | 4. Restricted Delivery? (Ext m Receipt COMPLEAS THISSECTI A. Signature, X / Sob Dawd B. Received by (Printed Name IBub Valder, D. Is delivery address different 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 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 If YES enter delivery address below: | 1? 🛛 Yes 🔲 No |
| CL NORDSTROM FAMILY LLC 1645 COURT PL STE 326 | | |
| DENVER, DENVER 80202 | | ertified |
| 7/22/2004 9:10 AM 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 If YES enter delivery address below: | 17 🔲 Yes 🗍 No |
| | | |
| CROFF OIL CO 621 17TH ST STE 830 | | - 142 0 |
| DENVER, DENVER 80293 | | ertified |
| 7/22/2004 9:10 AM 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 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 If YES enter delivery address below: | |
| DAVID A PIERCE CITIZENS BANK AGENT FOR | | |
| PO BOX 4140 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 B. Received by (Printed Name) C. Date of Del |
| | 7 1 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 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 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 | |
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| | 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 2: Article Number | COMPLIATE THIS SECTION ON DELIVERY |
| | PS Form 3811 Domestic | A. Signature X A. Signature Complete the state of Delivery A. Signature A Agent Addree B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery |
| | PS Form 3811 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 2. Article Number 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 2. Article Number 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 2. Article Number 7110 6605 9540 0008 7695 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 2. Article Number 2. Article Number 7.1.0 6605 95 0 0008 7695 1. Article Addressed to: DR JOHN F PETTUS | A. Signature X A. Signature X A. Signature B. Received by (Printed Name) C. Date of Del C. Date of Del C |
| | PS Form 3811 2: Article Number 7110 6605 95 0 0008 7695 1. Article Addressed to: DR JOHN F PETTUS 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 2. Article Number 2. Article Number 7.1.0 6605 95 0 0008 7695 1. Article Addressed to: 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 2. Article Number 2. Article Number 7110 6605 950 0008 7695 1. Article Addressed to: DR JOHN F PETTUS 800 S CAMINO DEL RIO 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 2: Article Number 7110 6605 95 0 0008 7695 1. Article Addressed to: DR JOHN F PETTUS 800 S CAMINO DEL RIO | COMPLETE THIS SECTION ON DELLIVERY A. Signature X Addree B. Received by (Printed Name) C. Date of Del C. |
| | PS Form 3811 2. Article Number 2. Article Number 7110 LL05 950 0008 7L95 1. Article Addressed to: DR JOHN F PETTUS 800 S CAMINO DEL RIO DURANGO, DURANGO 81301 7/22/2004 9:11 AM | COMPLETE THIS SECTION ON DELLIVERY A. Signature X Addree B. Received by (Printed Name) C. Date of Del C. |
| | PS Form 3811 2. Article Number 2. Article Number 7.1.10 6605 95 0 0008 7695 7.1.10 6605 95 0 0008 7695 1. Article Addressed to: DR JOHN F PETTUS 800 S CAMINO DEL RIO DURANGO, DURANGO 81301 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A | COMPLETE THIS SECTION ON DELIVERY A. Signature X |

| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
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| | A Signature |
| | X Charles Addres |
| 7110 6605 959 <mark>0 0008 7718</mark> | B. Received by (Printed Name) C. Date of Del CUARL C STUPPED 7 He |
| | D. Is delivery address different from item 1? |
| 1. Article Addressed to: | If YES enter delivery address below: 🔲 No |
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| | |
| EDGAR CLAY GRIFFIN JR 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 If YES enter delivery address below: U No |
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| EILEEN MEDINA GARRIDO | |
| 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 |
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| 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: 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: ETHELYNN Y CLARK (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: ETHELYNN Y CLARK (EDYTHE M CLARK) 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: ETHELYNN Y CLARK (EDYTHE M CLARK) 1187 COAST VILLAGE RD STE ONE-495 | B. Freceived by (Printed Name) C. Date of De D. is delivery address different from item 1? If YES enter delivery address below: No 3. Service Type Certified |

| 2. Article Number 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 If YES enter delivery address below: No |
| GARY A JERMAN & SUSAN J JERM/ JT TENANTS 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) 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 / If YES enter delivery address below: D No |
| GERALD G & ALTA JANE WILLIAMS TRUSTEES U/T/A DATED 9-12-91 315 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? Yes If YES enter delivery address below: No |
| 1. Article Addressed to: GORDON L GOTTSTEIN | D. Is delivery address different from item 1? 	Yes |
| 1. Article Addressed to: GORDON L GOTTSTEIN 9433 NORTH EAST 14TH | D. Is delivery address different from item 1? 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 If YES enter delivery address below: No |
| | |
| HAROLD RICHARD COOPER 9013 FOREST DR | |
| | 3. Service Type Certified |
| FAIRVIEW HEIGHTS, FAIRVIEW HEIGH | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 | |
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| PS Form 3811 Domestic Return | n Daaslast |
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| 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, KDN WDK N//- 1-4-44 |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Tyes If YES enter delivery address below: No |
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| | |
| HORIZON ROYALTIES LLC 1490 W CANAL CT STE 3000 | K 2 |
| LITTLETON, LITTLETON 80120 | 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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| PS Form 3811 Domestic Retur | |
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| 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. |
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| | A. Signature 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 Code: San Juan 29-7 Unit 191 | |
| Code. San Juan 23-7 Unit 191 | |
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| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
| | A. Signature |
| | X UN AUR Addresse |
| 7110 6605 9590 0008 8012 | 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 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 | |
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| PS Form 3811 Domestic Re | atum Receipt |
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| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
| | A. Signature / |
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| 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: |
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| JANE BARBARA BAER TRUST 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 |

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| 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 Iress below: 🛄 No |
| | JUL Jes | Λ |
| | | 10 |
| JANET PATRICIA BRANNEN 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 | | |
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| | Return Receipt | · · · · · · · · · · · · · · · · · · · |
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| 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 If YES enter delivery add | |
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| JILL SOENS 728 E 4TH AVE | | |
| | 3. Service Type | Certified |
| DURANGO, DURANGO 81301 | | |
| 7/22/2004 9:11 AM | 4. Restricted Delivery? (E | xtra Fee) Yes |
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| Code: San Juan 29-7 Unit 191 | | <u> </u> |
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| PS Form 3811 | Return Receipt | |
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| PS Form 3811 Domestic | | TION ON DELIVERY |
| PS Form 3811 Domestic | A. Signature | TION ON DELIVERY |
| PS Form 3811 2. Article Number | COMPLETE THIS SEC A. Signature X. Signature D. Received by (Printed Na Science) August | nion on DELIVERY Agent Address me) C. Date of Delive 7-210-0 |
| PS Form 3811 2. Article Number | A. Signature | TION ON DELIVERY ☐ Agent ☐ Address me) C. Date of Deliv ?~21,~2 ent from item 1? ☐ Yes |
| PS Form 3811 2. ArticlesNumber 7110 6605 9550 0008 8104 | A. Signature X. Signature B. Received by (Printed Na Scinny Acc. D. Is delivery address differ | TION ON DELIVERY ☐ Agent ☐ Address me) C. Date of Deliv ?~21,~2 ent from item 1? ☐ Yes |
| PS Form 3811 2. Article Number 7110 LL05 9550 0008 8104 1. Article Addressed to: | A. Signature X. Signature B. Received by (Printed Na Scinny Acc. D. Is delivery address differ | TION ON DELIVERY ☐ Agent ☐ Address me) C. Date of Deliv ?~21,~2 ent from item 1? ☐ Yes |
| PS Form 3811 2. Article Number 2. Article Number 7110 LL05 9570 0008 8104 1. Article Addressed to: JOANNE C LORENCE | A. Signature X. Signature B. Received by (Printed Na Scinny Acc. D. Is delivery address differ | TION ON DELIVERY Agent ☐ Address me) C. Date of Delive ?~21.~C ent from item 1? ☐ Yes |
| PS Form 3811 Domestic 2: Article Numbor 2: Article Numbor 7110 LL05 9590 0008 8104 1. Article Addressed to: JOANNE C LORENCE 520 CHESTNUT | A. Signature X. Signature B. Received by (Printed Na Scinny Acc. D. Is delivery address differ | me) C. Date of Delive |
| PS Form 3811 2. Article Number 2. Article Number 7110 LL05 95 0 0008 8104 1. Article Addressed to: JOANNE C LORENCE | COMPLETERHISSEC A. Signature X. Signature X. Signature D. Is delivery address differ 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> |
| X Helpie Argune Add | |
| B. Received by (Printed Name) C. Date of D | elivery |
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| If YES enter delivery address below: | |
| CO NM BAN | |
| S JUL E | |
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| 3. Service Type | |
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| 4. Restricted Delivery? (Extra Fee) | |
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| stum Receipt | |
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| B Received by (Printed Name) C. Date of De | alivery |
| DOATV F. WHILE AM 37/3// | <u>04</u> |
| 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 |
| A. Signature X. Such Bridge Age | ressee |
| A. Signature | ressee |
| sturn Receipt A. Signature X. Austration for the second state of th | iressee 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 Delivery |
| sturn Receipt A. Signature X. Austration for the second state of th | iressee 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 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 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 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 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 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 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 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 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 |
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| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number | A. Signature X B. Received by (Printed Name) C. Date of Delive |
| Code: San Juan 29-7 Unit 65A PS Form 3811 2: Article Number 7110 6605 95 0 0008 8210 | A. Signature X. Ling Official Mane B. Received by (Printed Name) KENIN-SCH HI OT |
| Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number | A. Signature X B. Received by (Printed Name) C. Date of Delive |
| Code: San Juan 29-7 Unit 65A PS Form 3811 2: Article Number 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 7110 LL05 9590 0008 829L 1. Article Addressed to: | A. Signature Agent X. Junio Julia |
|---|---|
| LINDA JANE WIL'LIAMS TRUSTEE LINDA JANE WILLIAMS LIVING TRUS 802 BAIRD CIR AZTEC, AZTEC 87410 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| PS Form 3811 Domestic Ref | turn Receipt |
| 2. Article Number 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 12872 GLEN CIRCLE RD POWAY, POWAY 92064 | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 | |
| PS Form 3811 Domestic Ret | urn Receipt |
| 2: Article Number 1 7 110 6605 7970 0008 8357 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 10858 E BERRY PL 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 C/O JAMES M RAYMOND 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 C/O JAMES M RAYMOND 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 6012 ROYAL OAK ST NE PO BOX 14738 Sarvice Type Contriled Addressee R Feeroly? (Extra Fee) Yes 7/22004 9:11 AM Code: San Juan 29-7 Unit 65A Sarvice Type Contriled Addressee 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 |
|---|---|--|---|---|
| 1. Article Addressed to: 1. Article Addressed to: MAYDELL MILLER MAST C/O JAMES M RAYMOND PO BOX 291445 2. Is delivery address below: 1. West Maydet address below: 1. Article Addressed to: 3. Service Type Certified 7/222004 9:11 AM 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 6012 ROYAL OAK ST NE PO BOX 14738 Service Type Certified ALBUQUERQUE, ALBUQUERQUE 871 Service Type Certified 1. Article Addressed to: Service Type Certified 7.222004 9:11 AM Code: Sen Juan 29-7 Unit 65A Service Type Certified 7.222004 9:11 AM 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 C/O JAMES M RAYMOND 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 2.1.10 6.605 15*[0.000.8.4463 1. Article Addressed to: B. Received by Printy Amountain Control of Polymory 2.1.10 6.605 15*[0.000.8.4463 MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE 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 PO BOX 838 MEDICINE BOW LAND COMPANY LLE PO BOX 838 Service Type MEDICINE BOW LAND COMPANY LLE PO BOX 838 Service Type LITTLETON, LITTLETON 80160-0888 <td< td=""><td>7110 6605 9590 0008 8449</td><td></td><td>ne) far</td><td></td></td<> | 7110 6605 9590 0008 8449 | | ne) far | |
| C/O JAMES M RAYMOND 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 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 1. Article Addressed to: MCCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 14-4728 ALBUQUERQUE, ALBUQUERQUE 871 14-4728 7.310 66.05 9550 D00.6 8470 MCCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 14-4728 ALBUQUERQUE, ALBUQUERQUE 871 14-4728 ALBUQUERQUE, ALBUQUERQUE 871 14-4728 Received belivery? (Extra Fee) Yes Yau bebb 95510 D00.6 8470 1. Article Addressed to: MEDICINE BOW LAND COMPANY LL 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 6012 ROYAL OAK ST NE 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 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 91-4738 ALBUQUERQUE, ALBUQUERQUE 871 91-4738 ALBUQUERQUE, ALBUQUERQUE 871 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 PO BOX 888 LITTLETON, LITTLETON 80160-0888 | | | | ····· |
| A Signature X W/W/W Addressed to: A Addressed to: MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 1. Article Addressed to: MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 1. Article Addressed to: MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 1. Article Addressed to: No Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Return Receipt COMPLEX Field Delivery? (Extra Fee) COMPLEX Field Number 7110 LLDS 7570 D000 84470 1. Article Addressed to: MEDICINE BOW LAND COMPANY LL PO BOX 888 LITTLETON, LITTLETON 80160-0888 4. Restricted Delivery? (Extra Fee) Service Type Complex field Number C. Date of Delivery C. Date of Delivery MEDICINE BOW LAND COMPANY LL PO BOX 888 LITTLETON, LITTLETON 80160-0888 4. Restricted Delivery? (Extra Fee) Service Type C. Date of Delivery 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 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 1. Article Addressed to: MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 1. Article Addressed to: MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 1. Article Addressed to: MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 1. Article Addressed to: MCCA: San Juan 29-7 Unit 65A PS Form 3811 Domestic Return Receipt Control = 1 a tills SECTION ON DELIVERY (A Signature 7110 EE05 9550 0008 8470) 1. Article Addressed to: MEDICINE BOW LAND COMPANY LL 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: MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE PO BOX 14738 ALBUQUERQUE, ALBUQUERQUE 871 Service Type Certified 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 Addressed to: Article Addressed to: Article Addressed to: Article Addressed to: Columber Signature Agent Addressed to: Service Type Control Agent Addressed to: MEDICINE BOW LAND COMPANY LLL PO BOX 888 Service Type Ser | | I SMALL | n) | |
| 1. Article Addressed to: If YES enter delivery address below: In No MCKAY OIL & GAS LLC 6012 ROYAL OAK ST NE 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 | | W | |
| 6012 ROYAL OAK ST NE 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 1-88) | |
| 2PATHICLE Number | | | | |
| A Signature X M M M M M Addressed 7110 LL05 7570 0008 8470 1. Article Addressed to: MEDICINE BOW LAND COMPANY LL PO BOX 888 LITTLETON, LITTLETON 80160-0888 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 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: MEDICINE BOW LAND COMPANY LLO PO BOX 888 LITTLETON, LITTLETON 80160-0888 4. Restricted Delivery? (Extra Fee) | | COMPLETE THIS SECT | ion on Ace | DELIVERY. |
| PO BOX 888 LITTLETON, LITTLETON 80160-0888 4. Restricted Delivery? (Extra Fee) | 2: Article Number | A. Signature | Jac | C. Date of Deliver |
| LITTLETON, LITTLETON 80160-0888 4. Restricted Delivery? (Extra Fee) Yes | 22: Article Number 7110 6605 9590 0008 8470 | A. Signature X. Maan Brook B. Received by Crinted National March Brook | Haw me) 51 aw | Agent Addresse C. Date of Deliver 7 20 m 1? Yes |
| | 22 Article Number 7110 LL05 9590 0008 8470 1. Article Addressed to: MEDICINE BOW LAND COMPANY LL0 | A. Signature X. Man B. Received by Printed Nation B. Received by Printed Nation D. Is delivery address different If YES enter different If YES enter different If YES enter delivery address different If YES enter differen | ne) J.C. | C. Date of Deliver 7. 36 v: No |
| | Domestic Retuined and a second | A. Signature A. Signature X. May Brinted Nation B. Received by (Printed Nation D. Is delivery address diffen If YES enter delivery address U. Is delivery address diffen If YES enter delivery address G. Service Type | Haw ne) S. Cw ent from ite 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: |
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| | |
| 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 · |
| PS Form 3811 | |
| Domestic Retu | in Receipt |
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| 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 |
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| MERLAND EUGENE BUTTOLPH | |
| MERLAND EUGENE BUTTOLPH 101 AUGUSTA DR APT # 1 | |
| 101 AUGUSTA DR APT # 1 | 3. Service Type Certified |
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| 101 AUGUSTA DR APT # 1 | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 | |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM | |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM | 4. Restricted Delivery? (Extra Fee) |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A | 4. Restricted Delivery? (Extra Fee) |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret | 4. Restricted Delivery? (Extra Fee) Yes |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A | 4. Restricted Delivery? (Extra Fee) Yes |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret | 4. Restricted Delivery? (Extra Fee) Yes |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Refr | 4. Restricted Delivery? (Extra Fee) Yes Im Receipt COMPLETERTINGSECTION ON DELIVENX A. Signature X Agent Addressee |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret | 4. Restricted Delivery? (Extra Fee) Yes |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Artlicle Number 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 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Refr | 4. Restricted Delivery? (Extra Fee) Yes Im Receipt COMPLETERTITIS SECTION ON DELIVERY A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 7-27.21 |
| 101 AUGUSTA DR APT # 1 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Artlicle Number 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 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Artlicle Number 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 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number 2. Article Number 7110 6605 9590 0008 8524 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 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number 7110 665 950 0008 8524 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 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Article Number 2. Article Number 7110 6605 9590 0008 8524 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 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Refined 2. Article Number 7110 6605 9550 0008 8524 1. Article Addressed to: MICHAEL D BROWN 8089 PIERSON CT 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 LOWDEN, LOWDEN 52255-9597 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ret 2. Artificie Number 2. Artificie Number 7110 6605 9550 0008 8524 1. Article Addressed to: MICHAEL D BROWN 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 |
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| | A. Signature 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 If YES enter delivery address below: No |
| | |
| | |
| MILDRED I BERTSCH 260 CARISSA DR | |
| | 3. Service Type Certified |
| SATELLITE BEACH, SATELLITE BEAC | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM 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 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 | |
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| | X KANKU HANG Agent 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 If YES enter delivery address below: No |
| ODYSSEY ROYALTIES LLC 8261 S MONACO CT | 3. Service Type Certified |
| CENTENNIAL, CENTENNIAL 80112 | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM 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 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 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 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 If YES enter delivery address below: No |
| PAUL SLAYTON | |
| PAUL SLAYTON PO BOX 2035 | |
| PAUL SLAYTON | If YES enter delivery address below: Mo |

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| 22 Article Number 7110 6605 95 0 0008 8715 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 518 17TH ST STE 1455 DENVER, DENVER 80202 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| Domestic Ret | tum Receipt |
| 24 Article Number 7110 6605 95 0 0008 8746 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 C/O CONOCOPHILLIPS ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:11 AM | CCKIES 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| Code: San Juan 29-7 Unit 191 | |
| | |
| PS Form 3811 Domestic Re | stum Receipt |
| PS Form 3811 2. Article Number 7110 6605 9590 0008 8760 | A. Signeture X Addresse |
| 2. Article Number 7110 6605 95 0 0008 8760 1. Article Addressed to: R H FEUILLE C/O SCOTT & HULSE 11TH FLOOR CHASE BANK BLDG | A. Signature X B. Received by (Ppaget Name) 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 |
| | |
| 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 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 |
| | |
| 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 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 7110 6605 9540 0008 8913 | COMPLETENTING SECTION ON DELIVERY |
| 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? |
| 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 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 7110 6605 9590 0008 8913 1. Article Addressed to: STOREY-LINCOLN PARTNERSHIP 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 7110 6605 9590 0008 8913 1. Article Addressed to: 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: |

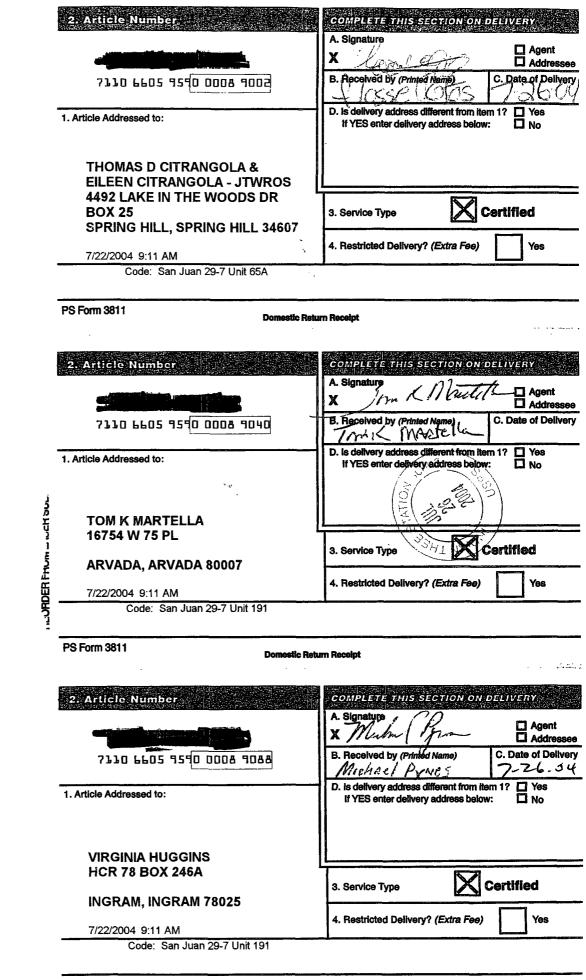
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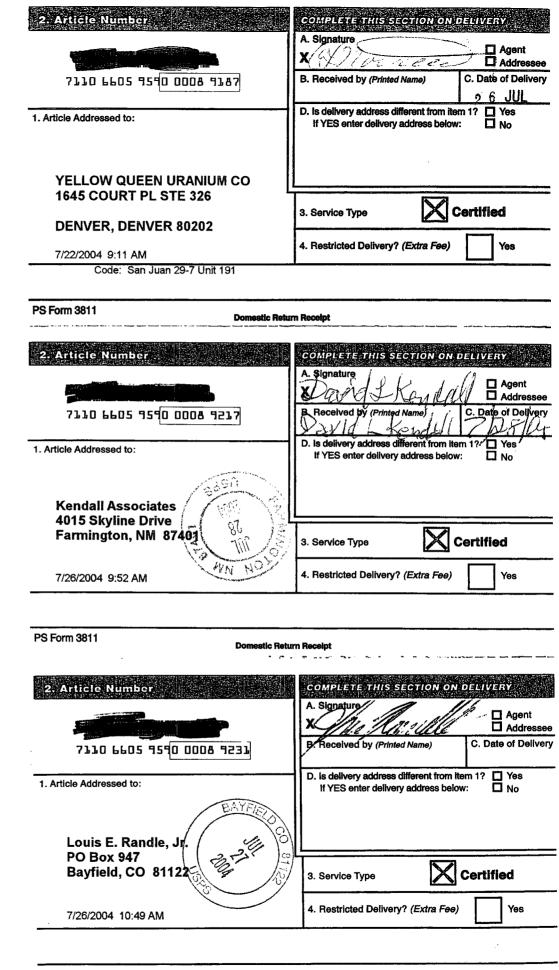
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| 7110 LLOS 75 0 0008 A194 C. Date of Deliver 1. Article Addressed to: C. Date of Deliver SYLVIA F LITTLE TTTLE TRSTE U/T/A 5-25-9 PO BOX 1258 Service Type FARMINGTON, FARMINGTON 87499 Service Type 7222004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 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 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 PARTNERSHIP 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 PARTNERSHIP 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 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 7110 L605 95 0 000 A 8951 1. Article Addressed to: T H MCELVAIN OIL & GAS LTD PARTNERSHIP 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 7110 L605 95 0 000 A 896.8 1. Article Addressed to: TED EDWARD DUFF SOLE TRUSTEFO OF T E DUFF TRUST PO BOX 398 RUIDOSO, RUIDOSO 88345 A Signature 1. Article Addressed to: TED EDWARD DUFF SOLE TRUSTEFO OF T E DUFF TRUST PO BOX 398 RUIDOSO, RUIDOSO 88345 | PS Form 3811 Domestic | : Return Receipt | |
| Agent Addresses 7110 6605 9510 0006 8953 1. Article Addressed to: T H MCELVAIN OIL & GAS LTD PARTNERSHIP 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 PARTNERSHIP 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 OF T E DUFF TRUST 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 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 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 OF T E DUFF TRUST 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 OF T E DUFF TRUST 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 PO BOX 398 RUIDOSO, RUIDOSO 88345 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 If YES enter delivery address below: No | |
| 4. Restricted Delivery? (Extra Fee) Yes | 1. Article Addressed to: TED EDWARD DUFF SOLE TRUS OF T E DUFF TRUST | D. Is delivery address different from item 1? Ves If YES enter delivery address below: | |
| | 1. Article Addressed to: TED EDWARD DUFF SOLE TRUS OF T E DUFF TRUST PO BOX 398 | TEE | |

PS Form 3811

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| A delivery address different from item If YES enter delivery address below: Service Type Restricted Delivery? (Extra Fee) ecelpt OMPLESTETHIS SECTION ON DE Signature Received by (Printer Name) A delivery address different from item 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: Service Type Restricted Delivery? (Extra Fee) ecelpt CMPLETE THIS SECTION ON DE Signature Received by (Printed Name) MCE KAMUS Is delivery address different from iter If YES enter delivery address below | Yes Agent Addressee Dete of Delivery 2 U Yes |
| Service Type Service Type Restricted Delivery? (Extra Fee) ecelpt Contract of the second seco | Yes Yes Agent Addressee 2. Date of Delivery 12. 🗌 Yes |
| Service Type Restricted Delivery? (Extra Fee) ecelpt OMPLESCENTINESSECTION ONED Signature Received by (Printed Name) MCE KAMS Is delivery address different from item If YES enter delivery address below | Yes Yes Agent Addiressee Date of Delivery |
| ecelpt OMIPLESTE THIS SECTION ON DE Signature Received by (Printeg Name) MCE KALAS Is delivery address different from item If YES enter delivery address below. | Agent Addressee 2. Date of Delivery |
| OMPLETE THIS SECTION ON DE Signature Received by (Printed Name) MCE KALLS Is delivery address different from iterri If YES enter delivery address below | Agent Additessee |
| Signature Received by (Printed Name) HICE KANS Is delivery address different from iterri- if YES enter delivery address below | Agent Additessee |
| Received by (Printed Name) MICE KANS Is delivery address different from iterri- If YES enter delivery address below. | Addiressee C. Date of Delivery |
| HICE KAINS Is delivery address different from iterri- If YES enter delivery address below: | () 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 Addressee |
| | C. Date of Delivery |
| Is delivery address different from item If YES enter delivery address below: | 1? 🔲 Yes 🗍 No |
| | |
| | ertified |
| Service Type | 31 (1116U |
| | D. Is delivery address different from item 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 No |
| | If YES enter delivery addr | JUL | | " NO |
| | Sec. | li d | F J C | |
| ATNA/SJFC 1993-A 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 | , | | | ······ |
| | •••••••••••••••••••••••••••••••••••••• | | | |
| PS Form 3811 Domestic Retu | rn Receipt | | | - Pro- |
| | COMPLETE THIS SECT | | - DELUVE | |
| 2. Article Number | A. Signative | | | 学和论文一部分的 |
| | x Jerel | 1/2 | | Agent 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 PO BOX 582 | | | مدر همی الفزار امرادین 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] 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> 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: BEN R HOWELL TRUST | If YES enter delivery add | | | |
| BEN R HOWELL TRUST JPMORGAN CHASE BANK TRUSTEE | | | | |
| BEN R HOWELL TRUST | | | | |
| BEN R HOWELL TRUST JPMORGAN CHASE BANK TRUSTEE PO BOX 200486 | | | Certifi | ed |
| BEN R HOWELL TRUST JPMORGAN CHASE BANK TRUSTEE | | \mathbf{X} | r | ed 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 If YES enter delivery address below: | n 1? 🔲 Yes 🔲 No |
| | | |
| | | |
| BETSY H BRYANT 2201 BROOKHOLLOW DR | | |
| | 3. Service Type | ertified |
| ABILENE, ABILENE 79605-5507 | 4. Restricted Delivery? (Extra Fee) | Yes |
| 7/22/2004 9:10 AM 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 If YES enter delivery address below | = |
| | In The enter derivery address below | v: 🖸 No |
| / BETTY T JOHNSTON/LYLE E | | |
| CARBAUGH/PAUL M HARDWICK CO-TRUSTEES | | |
| BETTY T JOHNSTON MARITAL TRU | ST 3. Service Type | Certified |
| 245 COMMERCE GREEN BLVD STE 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 ¹ |
| SAN ANTONIO, SAN ANTONIO 78296 | | Certified |
| | 4. Restricted Delivery? (Extra Fee) | Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 | <u> </u> | المتحمينية مريحي من محمد من محم مريحي من محمد م |
| | | |

| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY 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 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 |
| | |
| 7 330 6605 9590 000# 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 If YES enter delivery address below: DNo |
| | |
| | |
| BP AMERICA PRODUCTION COMPA | 11 |
| ATTN BRYAN ANDERSON OSO ENG | |
| SAN JUAN BU 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 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 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 Code: San Juan 29-7 Unit 65A | |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A | 4. Restricted Delivery? <i>(Extra Fee)</i> Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ref | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Ref 2: Artticle Number | 4. Restricted Delivery? (Extra Fee) Yes Hum Receipt COMPLETENTIS SECTION ON DELIVERY A. Signature X. A. Signature X. A. Agent X. A. A. Agent X. A. |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Rel 2: Article Number 7110 6605 9550 0008 7510 | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Rel 2: Article Number 7110 6605 9550 0008 7510 | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Rel 2. Article Number 7110 6605 9590 0008 7510 1. Article Addressed to: CAROLYNN CLARK WIGGIN | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Rel 2. Article Number 7110 6605 9540 0008 7510 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 If YES enter delivery address below: No |
| CARYN JEFFREY 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 KC(1) Dime |
| | |
| 1. Article Addressed to: CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/R | D. Is delivery address different from item 17 Yes If YES enter delivery address below: No |
| CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM | If YES enter delivery address below: 🗖 No |
| CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 | If YES enter delivery address below: INO OCKIES 3. Service Type Certified |
| CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM | If YES enter delivery address below: INO CKIES 3. Service Type 4. Restricted Delivery? (Extra Fee) Yes |
| CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 | If YES enter delivery address below: INO CKIES 3. Service Type X Certified 4. Restricted Delivery? (Extra Fee) Yes wm Receipt COMPLETESTHIS SECTION ON DELIVERY A. Signature |
| CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret 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 ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 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 ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret 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 ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret 2. Article Number 7 blo bbos 95 0 0008 759b 1. Article Addressed to: D PHIL BOLIN | If YES enter delivery address below: INO CKIES 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes wm Receipt COMPLETENTISSECTIONION DELIVERY A. Signature X. WMMMM Addre B. Received by Printed Name) C. Date of Del M. C. Date of Delivery D. Is delivery address different from item 1? Yes |
| CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret 2. Article Number 7 blo bbos 95 0 0008 759b 1. Article Addressed to: | If YES enter delivery address below: INO CKIES 3. Service Type A. Restricted Delivery? (Extra Fee) Wres Wres Contrational Section Contractives A. Signature X. Management B. Received by Pented Name) D. Is delivery address different from item 1? Yes If YES enter delivery address below: No S. Service Type X. Certified |
| CONOCOPHILLIPS COMPANY ATTN CHIEF LANDMAN SAN JUAN/R PO BOX 2197 HOUSTON, HOUSTON 77252-2197 7/22/2004 9:10 AM Code: San Juan 29-7 Unit 191 PS.Form 3811 Domestic Ret 2. Article Number 7 J J D LLDS 95 0 0008 759L 1. Article Addressed to: D PHIL BOLIN 2525 KELL BLVD S - 510 | If YES enter delivery address below: INO CKIES 3. Service Type A. Restricted Delivery? (Extra Fee) Wres Wres Contrational Section Contractives A. Signature X. Management B. Received by Pented Name) D. Is delivery address different from item 1? Yes If YES enter delivery address below: No S. Service Type X. Certified |

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| 24 Article Number 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 1 PARKER SQ STE 510 2525 KELL BLVD | 3. Service Type |
| WICHITA FALLS, WICHITA FALLS 76 | |
| 7/22/2004 9:10 AM 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) DENNES CIAAL 12004 |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Types If YES enter delivery address below: |
| DENNIS R STAAL PO BOX 1110 | |
| CHADRON, CHADRON 69337 | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:10 AM 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 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? ¹ Yes If YES enter delivery address below: DNO |
| | |
| | |
| DOLORES BOLIN TRUSTS 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 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 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 7: 10 6605 959 0 0008 7800 1. Article Addressed to: EVELYN BLANCHE SIMMONS TRSTE EVELYN BLANCHE SIMMONS TRUST U/T/A 7/28/87 PO BOX 1819 BETHANY, BETHANY 73008-1819 7/22/2004 9:11 AM 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 710 6605 95900008 7817 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 PO BOX 1817 SAN ANTONIO, SAN ANTONIO 78296 | 3. Service Type Certified |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 | 4. Restricted Delivery? (Extra Fee) Yes |
| PS Form 3811 Domestic Ret | um Receipt |
| 2. Article Number 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? If YES enter delivery address below: |
| FOUR STAR OIL & GAS COMPANY ATTN BARBARA NELMS PO BOX 36366 HOUSTON, HOUSTON 77236 | 3. Service Type |

| 22 Article Number 7110 6605 95 0 0008 7848 1. Article Addressed to: GARY L SMITH 829 HOLMES ST 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 7110 6605 95900000 7893 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 704 CANYON CREST SIERRA MADRE, SIERRA MADRE 9102 | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A | |
| PS Form 3811 Domestic Retu | |
| 2. Article Number 7110 6605 9590 0008 7947 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 PO BOX 3272 EAGLE, EAGLE 81631-3272 | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM 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 2 6 2004 |
| F/A/O STEPHANIE ANN CANDELARIA ACCT #585823434 | COVINGTON KY |
| PO BOX 145566 | MAIL UNIT # 44 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 79 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 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 A. Signaters X UTWARY Agent 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 2: Article:Number 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 2. Article Number 7.110 LL05 1540 0008 A03L 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 2: Article:Number 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 22 Artificle Number 7 JJD 6605 1510 0008 8036 1. Article Addressed to: 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 2. Article Number 7.1.10 6605 4540 00008 8036 1. Article Addressed to: JANE MANNING PITKIN ESTATE GURDON MILLER EXECUTOR 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 2. Artifele Number 7 JJD 4405 4540 0008 4034 1. Article Addressed to: JANE MANNING PITKIN ESTATE 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 2. Article Number 7.1.10 6605 4540 00008 8036 1. Article Addressed to: JANE MANNING PITKIN ESTATE GURDON MILLER EXECUTOR 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 2. Article Number 7.1.10 LL05 1510 0008 803L 1. Article Addressed to: JANE MANNING PITKIN ESTATE GURDON MILLER EXECUTOR 704 CANYON CREST DR 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 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 If YES enter delivery address below: No |
| | |
| | |
| JEAN F LOEPKEY 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 Code: San Juan 29-7 Unit 65A PS Form 3811 | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 | 4. Restricted Delivery? (Extra Fee) Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Retu | 4. Restricted Delivery? (Extra Fee) Yes m Receipt COMPLETENTHIS SECTION ON DELIVERY ASignature |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Retu | 4. Restricted Delivery? (Extra Fee) Yes m Receipt COMPLETERINGSEQUENCON DELIVERY A-Signature B-Received by (Printed Name) C. Date of Deliver |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Retu | 4. Restricted Delivery? (Extra Fee) Yes im Receipt COMPLETE THIS SECTION ON DELIVERY A-Signature B-Received by (Printed Name) C. Date of Deliver |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Retu | 4. Restricted Delivery? (Extra Fee) Yes m Receipt COMPLETERINGSEQUION ON DEBIMERY A-Signature B-Received by (Printed Name) C. Date of Deliver |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 2: Article Number 7110 6605 9550 0008 8081 | 4. Restricted Delivery? (Extra Fee) Yes The Receipt COMPLET = THIS SECTION ON DELIVERY A-Signature B-Received by (Printed Name) D. Is delivery address different from item 1? Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Comestic Retu 2: Article Number 7110 6605 95 0 0008 8081 | 4. Restricted Delivery? (Extra Fee) Yes The Receipt COMPLET = THIS SECTION ON DELIVERY A-Signature B-Received by (Printed Name) D. Is delivery address different from item 1? Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Comestic Retu 2. Article Number 7110 LL05 95 0 0008 A081 1. Article Addressed to: JERRY J ANDREW | 4. Restricted Delivery? (Extra Fee) Yes The Receipt COMPLET = THIS SECTION ON DELIVERY A-Signature B-Received by (Printed Name) D. Is delivery address different from item 1? Yes |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Comestic Retu 2. Article Number 7110 6605 950 0008 8081 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 Code: San Juan 29-7 Unit 65A PS Form 3811 Comestic Retu 2: Article Number 7110 LL05 95 0 0008 A081 1. Article Addressed to: 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 Code: San Juan 29-7 Unit 65A PS Form 3811 Domestic Return 2: Article Number 2: Article Number 7110 LL05 9510 0008 B081 1. Article Addressed to: JERRY J ANDREW 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 |

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| | 22 Article Number 7110 6605 959 0 0008 8142 Article Addressed to: JOHN C DAWSON JR & ROBBIN R DAWSON CO-TRUSTEES OF THE DAWSON FAMILY TRUST PO BOX 1507 PANHANDLE, PANHANDLE 79068-150 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 7110 6605 950 0008 8173 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 911 1ST ST NE MINOT, MINOT 58703 7/22/2004 9:11 AM | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| - , I | Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu | im Receipt |
| | 2. Article Number 7110 6657 959 00008 8227 1. Article Addressed to: KENNETH ROBERT SCHMIDT 7466 FIREWEED CIR CITRUS HEIGHTS, CITRUS HEIGHTS 7/22/2004 9:11 AM 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 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 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 Code: San Juan 29-7 Unit 191 | |
| Code. San Juan 29-7 Unit 191 | |
| PS Form 3811 | |
| Domestic Retu | m Receipt |
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| 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 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 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 If YES enter delivery address below: No |
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| | |
| LELAND STANFORD JR UNIVERSITY 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 If YES enter delivery address below: No |
| | |
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| | |
| LESLIE HARDWICK OSHEA | |
| 120 E 79TH ST APT 11E | 3. Šervice Type Certified |
| | 3. Service Type |
| 120 E 79TH ST APT 11E 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM | |
| 120 E 79TH ST APT 11E NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 | 4. Restricted Delivery? (Extra Fee) |
| 120 E 79TH ST APT 11E NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM | 4. Restricted Delivery? (Extra Fee) |
| 120 E 79TH ST APT 11E NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 | 4. Restricted Delivery? (Extra Fee) |
| 120 E 79TH ST APT 11E NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 | 4. Restricted Delivery? (Extra Fee) |
| 120 E 79TH ST APT 11E NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret | 4. Restricted Delivery? (Extra Fee) Yes |
| 120 E 79TH ST APT 11E NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret | 4. Restricted Delivery? (Extra Fee) Yes |
| 120 E 79TH ST APT 11E NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retuined 2. Artificie Number | 4. Restricted Delivery? (Extra Fee) Yes um Receipt COMPLETENTHIS SECTION ON DELIVERY A. Signature A. Completence Action |
| 120 E 79TH ST APT 11E NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret 2. Article Number 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Retu 2. AFUICIC Number 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Refu 21 Article Number 7110 6605 95 0 0008 8302 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Return 2. Article Number 7110 6605 950 0008 8302 1. Article Addressed to: 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Refu 21 Article Number 7110 6605 95 0 0008 8302 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Return 2. Article Number 7110 6605 950 0008 8302 1. Article Addressed to: 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Return 2. /Article Number 7110 6605 95 0 0008 8302 1. Article Addressed to: LINDA JEANNE LUNDELL LINDSEY PO BOX 631565 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 NEW YORK, NEW YORK 10021 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret 2. Article Number 7110 LL05 95 0 0008 8302 1. Article Addressed to: LINDA JEANNE LUNDELL LINDSEY 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 7110 6605 95 0,0008 8319 1. Article Addressed to: LINDA L WHITE 24197 IVES AVE 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 Code: San Juan 29-7 Unit 65A | 4. Restricted Delivery? (Extra Fee) Yes |
| PS Form 3811 Domestic Ret | lum Receipt |
| 22 Article Number 7110 LL05 959 00008 8340 1. Article Addressed to: 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 110 E SEVENTH AVE COLONA, COLONA 61241-9128 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 7110 6605 959 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 C/O JAMES M RAYMOND-POA PO BOX 291445 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 If YES enter delivery address below | |
| ASER SUBSTRATES, IN | MABELLE H SOWERS ROYALTY TRU 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 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 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 If YES enter delivery address below | |
| | MANSFIELD FAMILY 2001 REV TRUS DTD OCT 12 2001 BENJAMIN J | | |
| | MANSFIELD & NANCY CAROL CUTLE MANSFIELD TRUSTEES | | ertified |
| | 2615 EVERETT DR | | |
| | RENO, RENO 89503 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 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 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 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) C. Date of Delivery MADE F. JAA/194 17-26-4 |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Yes 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 If YES enter delivery address below: No |
| | |
| | |
| | |
| MARY J MILLER 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 X 12. 046-CCc 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 C/O CHASE BANK OF TEXAS NA | |
| PO BOX 910864 3. Service Type | ertified |
| 4. Restricted Delivery? (Extra Fee) 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: If YES enter delivery address below: | 1? Yes No |
| MICHARGENHOUSTEN | |
| PO BOX SEO | ertified |
| BUFFALO, BUFFALO 65622 4. Restricted Delivery? (Extra Fee) | Yes |
| Code: San Juan 29-7 Unit 65A | |
| PS Form 3811 Domestic Return Receipt | |
| 2. Article Number | |
| × Allela | Agent 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 1203 ARRONIMINK CIR 3. Service Type | ertified |
| MITZI ANN HENDERSON EASLEY | Certified Yes |

1

| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| | X Addressee |
| 7110 6605 95 4 0 0008 8586 | B. Received by (Printed Name) C. Date of Delivery Name Matrice 7-29-04 (2) |
| 1. Article Addressed to: | D. Is delivery address different from Item 1? If YES enter delivery address below: No |
| MOORE LOYAL TRUST | |
| LEE WAYNE MOORE TRUSTEE 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? If YES enter delivery address below: |
| MURIEL ANDREWS BOSSËRT LIFE 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 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 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 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 If YES enter delivery address below | |
| PATTERSON GROUP 6237 S DOVER ST | | |
| LITTLETON, LITTLETON 80123 | | ertified |
| 7/22/2004 9:11 AM 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 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 If YES enter delivery address below | m 1? □ Yes : □ No |
| PERRY H POLLOCK PO BOX 950 | | |
| ASPEN, ASPEN 81612-0950 | 3. Service Type 4. Restricted Delivery? (Extra Fee) | |
| 7/22/2004 9:11 AM 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 Addressee C. Date of Delivery |
| 1. Article Addressed to: | D. Is delivery address different from ite If YES enter delivery address below | |
| PHILIP L HOMBURGER & DEBRA L HOMBURGER JTWROS 2160 S JACKSON | | :: 🗆 No |
| 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 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 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 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 Code: San Juan 29-7 Unit 65A | |
| Code. San Juan 29-7 Unit 65A | |
| PS Form 3811 Domestic Return | n Banalist |
| | а пекери . ·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 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? If YES enter delivery address below: No |
| ROBERT WALTER LUNDELL 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 If YES enter delivery address below: No |
| | |
| | - |
| RODERICK A IRONSIDE 349 WESLEY DR | |
| 349 WESLEY DR | 3. Service Type Certified |
| | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |
| 349 WESLEY DR CHAPEL HILL, CHAPEL HILL 27516 | |
| 349 WESLEY DR CHAPEL HILL, CHAPEL HILL 27516 7/22/2004 9:11 AM | 4. Restricted Delivery? (Extra Fee) Yes |
| 349 WESLEY DR CHAPEL HILL, CHAPEL HILL 27516 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 | 4. Restricted Delivery? (Extra Fee) Yes um Receipt COMPLETESTHIS-SECTION ON DELIVERY |
| 349 WESLEY DR CHAPEL HILL, CHAPEL HILL 27516 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 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 CHAPEL HILL, CHAPEL HILL 27516 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 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 CHAPEL HILL, CHAPEL HILL 27516 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 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 CHAPEL HILL, CHAPEL HILL 27516 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret 2. Article Number 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 CHAPEL HILL, CHAPEL HILL 27516 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 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 CHAPEL HILL, CHAPEL HILL 27516 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 Domestic Ret 2. Article Number 7110 LL05 9590 0008 8845 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 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 7110 6605 9590 0008 8937 1. Article Addressed to: SUVIAN RUTH DAVES 21239 COUNTY RD W LEWIS, LEWIS 81327 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 7110 6605 9590 0008 8975 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 C/O STANLEY M WRIGHT 2157 HWY 130 BENNETT, BENNETT 52721-9801 7.22/2004 9:11 AM 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 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: THOMAS B CATRON III TRUSTEE U/W/O SUE C BERGERE PO BOX 788 SANTA FE, SANTA FE 87501 | 1. Is derively address direction from term 17 To Tes If YES enter delivery address below: INO No 3. Service Type 2004 USES Certified |
| 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A | 4. Restricted Delivery? (Extra Fee) Yes |

| 2. Article Number 7110 6605 9590 0008 9026 1. Article Addressed to: THOMAS POLLOCK 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 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? If YES enter delivery address below: No |
| THORNTON HARDIE III TRUSTEE MARY ELIZABETH HARDIE ROY TRS 1700 PACIFIC AVE STE 3300 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 If YES enter delivery address below: No |
| TROUT LIMITED PARTNERSHIP 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 7110 6605 9590 0008 9064 1. Article Addressed to: V A JOHNSTON FAMILY TRUST C/O DAVID A PREWITT & M A CHESS CO-TRUSTEES PO BOX 825 FALLS, RALLS 79357 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 7110 6605 9550 0008 9303 1. Article Addressed to: 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 DALLAS, DALLAS 75234-2407 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 7110 6605 950 0008 9118 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 1301 CR 406 TAYLOR, TAYLOR 76574-5445 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 | 3. Service Type Certified 4. Restricted Delivery? (Extra Fee) Yes |

| Addition of the second of the sec |
|---|
| 71 ST ELDS 95 (1 DDB 935) Article Addressed to: VILLIAM W BRAMLETT PO BOX 3273 MIDLAND, MIDLAND 79702 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A Service Street Str |
| 1. Article Addressed to: 1. Article Addressed to: V/ILLIAM W BRAMLETT 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 ONE WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER 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 ONE WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER 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 PO BOX 3273 MIDLAND, MIDLAND 79702 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 65A PS Form 3811 Demestic Return Receipt 2110 LLOS 9540 0008 9113 1. Article Addressed to: WILLIAMS PRODUCTION COMPANY ONE WILLIAMS PRODUCTION COMPANY ONE WILLIAMS PRODUCTION COMPANY ONE WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, TULSA 74101 7/22/2004 9:11 AM 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 ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, TULSA 74101 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 ONE WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER 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 ONE WILLIAMS CENTER 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 ONE WILLIAMS CENTER 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 ONE WILLIAMS CENTER 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 ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, TULSA 74101 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 |
| A. Signature X A MAIL CALL Addressee A. Addressee B. Received Sty Alternatives LEN C. Date of Delivery. D. is delivery address different from Item 1? Code: Senser delivery address below: No WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, TULSA 74101 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 |
| A. Signature X A MAIL CALL Addressee A. Addressee B. Received Sty Alternatives LEN C. Date of Delivery. D. is delivery address different from Item 1? Code: Senser delivery address below: No WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, TULSA 74101 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 PS Form 3811 |
| 7110 LL05 95 0 0008 91L3 1. Article Addressed to: WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER 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 ONE WILLIAMS CENTER 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? WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER 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: If YES enter delivery address below: Ino WILLIAMS PRODUCTION COMPANY ONE WILLIAMS CENTER 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 ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, TULSA 74101 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 |
| ONE WILLIAMS CENTER PO BOX 3102 MS25-3 TULSA, TULSA 74101 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 |
| PO BOX 3102 MS25-3 TULSA, TULSA 74101 7/22/2004 9:11 AM Code: San Juan 29-7 Unit 191 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 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 |
| |
| |
| 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 |