

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

OFFICIAL

44519.0051 Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
N. Gibbons, BPAmerica, WL1 -
Street, Apt. No.,
or PO Box No. P.O. Box 3092
City, State, ZIP+4 Houston TX 77253

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nicole Gibbons
BP America Production Co.
WL1 6-115
Postoffice Box 3092
Houston TX 77253

2. Article Number (Copy from service label)

7001 1140 0002 5602 0502

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **FEB 25 2004**

X ED. HERASUICEZ Agent Addressee

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL

44519.0061 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



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

A. Received by (Please Print Clearly) FRAN HULLEN B. Date of Delivery 1/17/04

C. Signature [Signature] Agent Addressee

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

1. Article Addressed to:

Abo Petroleum Corporation
P. O. Box 900
Artesia, NM 88211-0900

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serial) 7001 1140 0002 5602 0991

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



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

A. Received by (Please Print Clearly) _____ B. Date of Delivery 1/17/04

C. Signature [Signature] Agent Addressee

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

1. Article Addressed to:

Nancy L. Archer
6401 Steeple Chase Drive
Orange, TX 77632-0757

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 1899

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0057 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



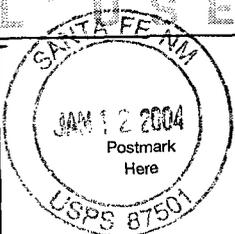
Sent To
 Street, Apt. No., or PO Box No. 400 W. Illinois, Suite 1120
 City, State, ZIP+ 4 Midland, TX 79701

PS Form 3800, Ja

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

OFFICIAL USE

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Betty Anderson Aspden Family
 3000 Connor Street, #19
 Salt Lake City, UT 84109

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

OFFICIAL USE

WFC Postage	\$ 3.95
44519-0051 0051 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

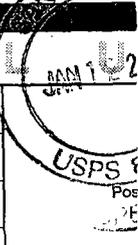


Sent To
 Atlantic Richfield Compa
 P. O. Box 277897
 Atlanta, GA 30384-7895

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

OFFICIAL USE

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Auvenshine Children's
 P. O. Box 507
 Dripping Spring, TX 75834

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Atlantic Richfield Company
 P. O. Box 277897
 Atlanta, GA 30384-7895

2. Article Number (Copy from: PS Form 3811, July 1999)

PS Form 3811, July 1999 Domestic Return Receipt

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

1. Article Addressed to:
 Auvenshine Children's
 P. O. Box 507
 Dripping Spring, TX 78620

2. Article Number (Copy from: PS Form 3811, July 1999)

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 FEB 17 2004

C. Signature
 X *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 Bill McCarver 2/24/04

C. Signature
 X *[Signature]* Agent Addressee

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

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

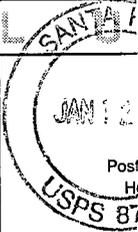
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Balwick Limited Partnership
P. O. Box 2493
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
2/27/04

C. Signature
X *[Signature]* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:



3. Service Type
 Certified Mail Express Mail
 Registered Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5602 1912

PS Form 3811, July 1999

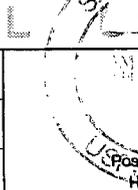
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00



- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Selma L. Bates
301 Wilcrest Drive, Apt. #7709
Houston, TX 77042

C. Signature
X *[Signature]* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5602 1943

PS Form 3811, July 1999

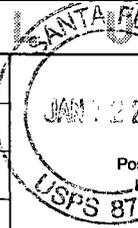
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00



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

1. Article Addressed to:

Baytech, Inc.
P. O. Box 10158
Midland, TX 79702-7158

Ashley Brashe 2-17-04
C. Signature
X *[Signature]* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

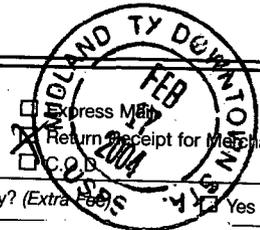
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 1929

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952



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

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Post Hc
USPS 8

Sent To
Ray Hall Beck
3509 Dominion Ridge
San Angelo, TX 76904

Street, Apt. No. or PO Box No.
City, State, ZIP

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Ray Hall Beck
3509 Dominion Ridge
San Angelo, TX 76904

2. Article Number (Copy from service label) 7001 1140 0002 5602 1936

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) RAY HALL BECK
B. Date of Delivery

C. Signature
X Ray Hall Beck Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Post Hc
USPS 8

Sent To
Judith Ann Becker
4231 Maple Lane
Carmichael, CA 95608

Street, Apt. No.; or PO Box No.
City, State, ZIP+

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

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

1. Article Addressed to:
Judith Ann Becker
4231 Maple Lane
Carmichael, CA 95608

2. Article Number (Copy from service label) 7001 1140 0002 5602 1967

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) Donald T. Becker 2-18-04
B. Date of Delivery

C. Signature
X Donald T. Becker Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Post Hc
USPS 8

Sent To
John C. & Virginia M. Beggs
P. O. Box 646
Fishers Island, NY 06390

Street, Apt. No. or PO Box No.
City, State, ZIP

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

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

1. Article Addressed to:
John C. & Virginia M. Beggs
P. O. Box 646
Fishers Island, NY 06390

2. Article Number (Copy from service label) 7001 1140 0002 5602 1950

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) JOHN C BEGGS 17 FEB 04
B. Date of Delivery

C. Signature
X John C Beggs Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Ernie Bello
 3325 Ala Akulikuli
 Honolulu, HI 96818-2215

PS Form 380

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ernie Bello
 3325 Ala Akulikuli
 Honolulu, HI 96818-2215

2. Article Number (Copy from) **7001 1140 0002 5602 1059**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **E. BELLO** B. Date of Delivery **2/17/04**

C. Signature **X [Signature]** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Blanco Company
 P. O. Box 2168
 Santa Fe, NM 87504

PS Form 3800, J

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

1. Article Addressed to:

Blanco Company
 P. O. Box 2168
 Santa Fe, NM 87504

2. Article Number (Copy from) **7001 1140 0002 5602 1981**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **Phil White** B. Date of Delivery

C. Signature **X [Signature]** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Kimberly Stewart Blanton
 P. O. Box 53
 Noble, OK 73068

PS Form 380

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

1. Article Addressed to:

Kimberly Stewart Blanton
 P. O. Box 53
 Noble, OK 73068

2. Article Number (Copy from service) **7001 1140 0002 5602 1042**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **Kimi Blanton** B. Date of Delivery **2.17.3**

C. Signature **X [Signature]** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Postmark: JAN 12 2004
 USPS 87501

Sent To: Eleanor Margaret Bond
 1651 Circulo Puerto
 Rio Rico, AZ 85648

Street, Apt. No. or PO Box No.
 City, State, Zip

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Eleanor Margaret Bond
 1651 Circulo Puerto
 Rio Rico, AZ 85648

2. Article Number (Copy from serv): 7001 1140 0002 5602 2001

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 FEB 17 2004

C. Signature
 Eleanor Margaret Bond
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Postmark Here

Sent To: Bettyanne H. Bowen Living Trust
 1902 Ivanhoe Lane
 Abilene, TX 79605

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BP America Production Company
 P. O. Box 848155
 Dallas, TX 75284-8155

2. Article Number (Copy from serv): 7001 1140 0002 5602 1011

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 FEB 17 2004

C. Signature
 [Signature]
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Postmark Here

Sent To: BP America Production Company
 P. O. Box 848155
 Dallas, TX 75284-8155

Street, Apt. No. or PO Box No.
 City, State, Zip

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BP America Production Company
 P. O. Box 848155
 Dallas, TX 75284-8155

2. Article Number (Copy from serv): 7001 1140 0002 5602 1011

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 FEB 17 2004

C. Signature
 [Signature]
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44590051
 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To Brent Watson Oil & Gas
 P. O. Box 50308
 Midland, TX 79710-0308

Street, Apt. # or PO Box No.
 City, State, Z.
 PS Form 3811

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Brent Watson Oil & Gas
 P. O. Box 50308
 Midland, TX 79710-0308

2. Article Number (Copy from service)

7001 1140 0002 5602 2025

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Brent Watson B. Date of Delivery 2-17-04

C. Signature X Brent Watson Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To Mary Ann Bridenbaugh
 4044 Old Barn Road
 Healdsburg, CA 95448

Street, Apt. No.; or PO Box No.
 City, State, ZIP+ 4
 PS Form 3800, Jan 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Ann Bridenbaugh
 4044 Old Barn Road
 Healdsburg, CA 95448

2. Article Number (Copy from service)

7001 1140 0002 5601 6710

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 2-17-04

C. Signature X Mary Ann Bridenbaugh Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0057
 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To Jessica Bruderan
 41 Sterling Place
 Bridgeport, CT 06604-20

Street, Apt. No. or PO Box No.
 City, State, ZIP
 PS Form 3800, Jan 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jessica Bruderan
 41 Sterling Place
 Bridgeport, CT 06604-2041

2. Article Number (Copy from service)

7001 1140 0002 5601 7403

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

C. Signature X Jessica Bruderan Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

Sent To
 Frances B. Bunn
 2493 Makiki Heights Drive
 Honolulu, HI 96822-254

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Frances B. Bunn
 2493 Makiki Heights Drive
 Honolulu, HI 96822-2547

2. Article Number (Copy)

7001 1140 0002 5602 1066

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert B. Bunn
 2493 Makiki Heights Drive
 Honolulu, HI 96822-2547

2. Article Number (Copy from serv)

7001 1140 0002 5602 1097

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Ethel E. Burns
 c/o Stephen Deh. Schwarz, P.
 A.
 Attorney at Law
 Port Charlotte, FL 33952

2. Article Number (Copy fr

7001 1140 0002 5601 6888

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) P Beck B. Date of Delivery 2-17-04

C. Signature P Beck
 Agent
 Addressee

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

Sent To
 Robert B. Bunn
 2493 Makiki Heights Drive
 Honolulu, HI 96822-254

PS Form 3800

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert B. Bunn
 2493 Makiki Heights Drive
 Honolulu, HI 96822-2547

2. Article Number (Copy from serv)

7001 1140 0002 5602 1097

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) P Beck B. Date of Delivery 2-17-04

C. Signature P Beck
 Agent
 Addressee

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

44519.0051	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

Sent To
 Ethel E. Burns
 c/o Stephen Deh. Schwarz,
 A.

Attorney at Law
 Port Charlotte, FL 33952

PS Form 3800

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

1. Article Addressed to:

Ethel E. Burns
 c/o Stephen Deh. Schwarz, P.
 A.
 Attorney at Law
 Port Charlotte, FL 33952

2. Article Number (Copy fr

7001 1140 0002 5601 6888

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) Mary Withrecht B. Date of Delivery 2/23/04

C. Signature Mary Withrecht
 Agent
 Addressee

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

SENDER SECTION RECEIVED BY (Please Print Clearly) B. Date of Delivery

OFFICIAL MAIL

44519-0051
 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 Robin Faye Butts
 P. O. Box 386
 Spearman, TX 79081

PS Form 3800, July 1999

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

Received by (Please Print Clearly) *Robin Faye Butts*
 B. Date of Delivery *2/13/04*

C. Signature *Robin Faye Butts*
 Agent
 Addressee

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

1. Article Addressed to:
 Robin Faye Butts
 P. O. Box 386
 Spearman, TX 79081

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5602 2018
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519-0051
 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 Michael T. Carter
 2106 Wills Way Drive
 Granbury, TX 76049-5788

PS Form 3800, July 1999

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

C. Signature *Michael T. Carter*
 Agent
 Addressee

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

1. Article Addressed to:
 Michael T. Carter
 2106 Wills Way Drive
 Granbury, TX 76049-5788

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5602 2032
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519-0051
 Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 Sterling Marc Carter
 P. O. Box 97
 Winston, NM 87943

PS Form 3800, July 1999

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

A. Received by (Please Print Clearly) *Sterling Carter* B. Date of Delivery *2/13/04*

C. Signature *by K. Henderson agent*
 Agent
 Addressee

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

1. Article Addressed to:
 Sterling Marc Carter
 P. O. Box 97
 Winston, NM 87943

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5602 2049
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Cauhape Properties Partner
5299 Rio Penasco Road
Mayhill, NM 88339

Street, Apt. # or PO Box No.
City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cauhape Properties Partnership
5299 Rio Penasco Road
Mayhill, NM 88339

2. Article Number (Copy from st) 7001 1140 0002 5602 2063

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MARCETTA MULCOCK
B. Date of Delivery 2-17-04

C. Signature X Marcetta Mulcock
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Robert E. Chambers, Jr.
2441 Stanmore Drive
Houston, TX 77019

Street, Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800

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

1. Article Addressed to:

Robert E. Chambers, Jr.
2441 Stanmore Drive
Houston, TX 77019

2. Article Number (Copy from) 7001 1140 0002 5602 2056

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) R. Chambers
B. Date of Delivery 2-17-04

C. Signature X R. Chambers
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
James W. Childress
P. O. Box 3209
Roswell, NM 88202-32

Street, Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800

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

1. Article Addressed to:

James W. Childress
P. O. Box 3209
Roswell, NM 88202-3209

2. Article Number (Copy fr) 7001 1140 0002 5602 2070

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) JAMES W. CHILDRESS
B. Date of Delivery 2-18-04

C. Signature X James W. Childress
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 Postage \$ **3.95**

Certified Fee **2.30**

Return Receipt Fee (Endorsement Required) **1.75**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **8.00**

Sent To **Shirley Childress**
 604 North Delaware Ave #2
 Roswell, NM 88201-2135

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Shirley Childress
 604 North Delaware Ave #2
 Roswell, NM 88201-2135

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature
 X *Shirley Childress* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv. **7001 1140 0002 5602 2100**)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 Postage \$ **3.95**
 WFC

Certified Fee **2.30**

Return Receipt Fee (Endorsement Required) **1.75**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **8.00**

Sent To **Chisum Ranches, Ltd.**
 P. O. Box 921
 Stinnett, TX 79083

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Chisum Ranches, Ltd.
 P. O. Box 921
 Stinnett, TX 79083

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Shirley Childress** B. Date of Delivery **2-17-04**

C. Signature
 X *Shirley Childress* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 Postage \$ **3.95**
 WFC

Certified Fee **2.30**

Return Receipt Fee (Endorsement Required) **1.75**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **8.00**

Sent To **Matthew E. Chisum**
 P. O. Box 3338
 Stinnett, TX 70983-3338

Street, Apt. No.; or PO Box No.
 City, State, ZIP+

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Matthew E. Chisum
 P. O. Box 3338
 Stinnett, TX 70983-3338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Kristen Chisum** B. Date of Delivery **2-23-04**

C. Signature
 X *Kristen Chisum* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
 Barbara Jean Cluck
 P. O. Box 642
 Gruver, TX 79040

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Barbara Jean Cluck
 P. O. Box 642
 Gruver, TX 79040

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **BARBARA CLUCK** B. Date of Delivery **2-18-04**

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from

7001 1140 0002 5602 2117

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 Postage \$ 3.95

WFC Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
 Charles H. Coll
 P. O. Box 1818
 Roswell, NM 88202

PS Form 3800

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

1. Article Addressed to:

Charles H. Coll
 P. O. Box 1818
 Roswell, NM 88202

A. Received by (Please Print Clearly) **Kay L Oves** B. Date of Delivery **2-19-04**

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Co

7001 1140 0002 5602 1103

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 Postage \$ 3.95

WFC Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
 Christopher Dale Coll
 1308 Rudgear Road
 Walnut Creek, CA 945

PS Form 3800

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

1. Article Addressed to:

Christopher Dale Coll
 1308 Rudgear Road
 Walnut Creek, CA 94596

A. Received by (Please Print Clearly) **[Signature]** B. Date of Delivery **2/18/04**

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from

7001 1140 0002 5602 1134

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 8.00

Sent To
 Clarke C. Coll
 P. O. Box 1818
 Roswell, NM 88202

PS Form 3800, Ja

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 Clarke C. Coll
 P. O. Box 1818
 Roswell, NM 88202

2. Article Number (Copy from serv) **7001 1140 0002 5602 1080**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Hayden* B. Date of Delivery **2-19-04**

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 8.00

Sent To
 Eric J. Coll
 P. O. Box 1818
 Roswell, NM 88202

PS Form 3800,

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

1. Article Addressed to:

 Eric J. Coll
 P. O. Box 1818
 Roswell, NM 88202

2. Article Number (Copy from service label) **7001 1140 0002 5602 1110**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) *Hayden* B. Date of Delivery **2-19-04**

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 8.00

Sent To
 Jon F. Coll
 P. O. Box 1818
 Roswell, NM 88202-1818

PS Form 3800,

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

1. Article Addressed to:

 Jon F. Coll
 P. O. Box 1818
 Roswell, NM 88202-1818

2. Article Number (Copy from se) **7001 1140 0002 5602 1165**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) *Hayden* B. Date of Delivery **2-19-04**

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Jon F. Coll, II
7335 Walla Walla Drive
San Antonio, TX 78250

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Jon F. Coll II
7335 Walla Walla
San Antonio TX
78250

DUPLICATE

COMPLETE THIS SECTION ON DELIVERY

A. Signature *J. Coll* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *2-26-04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Kenneth James Coll
4623 Burnet Avenue
Sherman Oaks, CA 91403-2411

PS Form 3800

2. Article Number (Transfer from service label) *7001 1140 0002 5602 1196*

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1544

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Max W. Coll, II
1430 Canyon Road
Santa Fe, NM 87501

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Max W. Coll, II
1430 Canyon Road
Santa Fe, NM 87501

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *J. Coll* B. Date of Delivery *2-18-04*

C. Signature *J. Coll* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) *7001 1140 0002 5602 1189*

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

Sent To
 Max W. Coll, III
 U.S. Highway 380, Box
 Bingham, NM 87832

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Max W. Coll, III
 U.S. Highway 380, Box 41
 Bingham, NM 87832

COMPLETE THIS SECTION ON DELIVERY

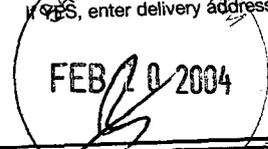
A. Received by (Please Print Clearly) Max Coll III B. Date of Delivery 02/09/04

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Copy from sender) 7001 1140 0002 5602 1219

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

Sent To
 Michael T. Coll
 3722 Ewethersfield Road
 Phoenix, AZ 85032

PS Form 3800

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

1. Article Addressed to:
 M. T. Coll
 3722 E. WETHERSFIELD
 PHX AZ 85032

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Michael Coll C. Date of Delivery 2/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 1140 0002 5602 1158

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

Sent To
 Richard Keith Coll
 4075 Alcorn Road
 Fallon, NV 89406

PS Form 3800

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

1. Article Addressed to:
 Richard Keith Coll
 4075 Alcorn Road
 Fallon, NV 89406

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5602 1141

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Sally Rodgers Coll
 152B Arroyo Hondo R
 Santa Fe, NM 87508

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+ 4

PS Form 3800, Jan

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

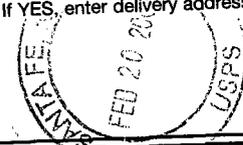
Sally Rodgers Coll
 152B Arroyo Hondo Road
 Santa Fe, NM 87508

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X *Sally Rodgers* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv) 7001 1140 0002 5602 1172

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Columbia River Resources
 Inc.
 P. O. Box 4454
 Wichita Falls, TX 76308

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+ 4

PS Form 3800,

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

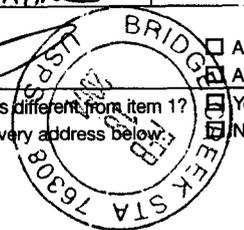
1. Article Addressed to:

Columbia River Resources,
 Inc.
 P. O. Box 4454
 Wichita Falls, TX 76308

Date of Delivery

C. Signature
 X *Joseph Blimline* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv) 7001 1140 0002 5602 1301

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Commissioner of Public
 P. O. Box 1148
 Santa Fe, NM 87504-11

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+ 4

PS Form 3800, Jan

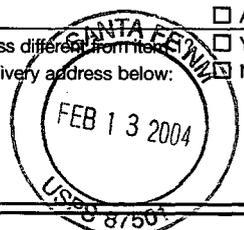
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Commissioner of Public Lands
 P. O. Box 1148
 Santa Fe, NM 87504-1148

C. Signature
 X *[Signature]* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv) 7001 1140 0002 5602 2148

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Clifford Cone
 P. O. Box 1629
 Lovington, NM 88260-
 Street, Apt. No.; or PO Box No.
 City, State, ZIP+ 4

PS Form 3800, Jan 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Clifford Cone
 P. O. Box 1629
 Lovington, NM 88260-1629

2. Article Number (Copy

7001 1140 0002 5602 1233

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **BOBBIE LANFORD** B. Date of Delivery **2/24/04**

C. Signature *Bobbie Lanford* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Clifford Cone Family Trust
 P. O. Drawer 1629
 Lovington, NM 88260
 Street, Apt. No.; or PO Box No.
 City, State, ZIP+ 4

PS Form 3800, Jan 1999

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

1. Article Addressed to:

Clifford Cone Family Trust
 P. O. Drawer 1629
 Lovington, NM 88260

2. Article Number (Copy from se

7001 1140 0002 5602 1226

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **BOBBIE LANFORD** B. Date of Delivery **2/24/04**

C. Signature *Bobbie Lanford* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Douglas L. Cone
 P. O. Box 64244
 Lubbock, TX 79464
 Street, Apt. No.; or PO Box No.
 City, State, ZIP+ 4

PS Form 3800, Jan 1999

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

1. Article Addressed to:

Douglas L. Cone
 P. O. Box 64244
 Lubbock, TX 79464

2. Article Number (Copy from serv

7001 1140 0002 5602 1202

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **Cheryll R. Less** B. Date of Delivery **2-17-04**

C. Signature *Cheryll R. Less* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

44519.0051
WFC

Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: JAN 12 2004 USPS 87501

Sent To
 Kathleen Cone Trust
 P. O. Box 1588
 Tulsa, OK 74101-1588

PS Form 3800

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Kathleen Cone Trust
 P. O. Box 1588
 Tulsa, OK 74101-1588

2. Article Number (Copy from) 7001 1140 0002 5602 1028

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 FEB 18 2004

C. Signature
 X *Dubie Johnson* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

44519.0051
WFC

Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: JAN 12 2004 USPS 87501

Sent To
 Kathleen Cone Trust
 P. O. Box 11310
 Midland, TX 79702

PS Form 3800

item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Kathleen Cone Trust
 P. O. Box 11310
 Midland, TX 79702

2. Article Number (Copy from) 7001 1140 0002 5602 1271

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

C. Signature
 X *K Shapira* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL

44519.0051
WFC

Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: JAN 12 2004 USPS 87501

Sent To
 Kenneth G. Cone
 P. O. Box 11310
 Midland, TX 79702

PS Form 3800

item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Kenneth G. Cone
 P. O. Box 11310
 Midland, TX 79702

2. Article Number (Copy from) 7001 1140 0002 5602 1288

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

C. Signature
 X *K Shapira* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Marilyn J. Cone D.C. Trust
 P. O. Box 64244
 Lubbock, TX 79464

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marilyn J. Cone D.C. Trust
 P. O. Box 64244
 Lubbock, TX 79464

COMPLETE THIS SECTION ON DELIVERY

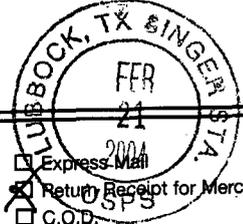
A. Received by (Please Print Clearly) *Cheryl K. Less* B. Date of Delivery

C. Signature *Cheryl K. Less* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Copy from) 7001 1140 0002 5602 1295

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Randy Lee Cone
 P. O. Box 552
 Jay, OK 74346

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Randy Lee Cone
 P. O. Box 552
 Jay, OK 74346

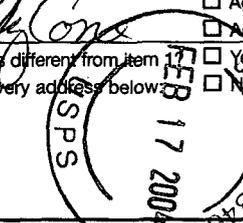
A. Received by (Please Print Clearly) *Randy Cone* B. Date of Delivery

C. Signature *Randy Cone* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Copy from) 7001 1140 0002 5602 1257

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Tom R. Cone
 P. O. Box 778
 Jay, OK 74346

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

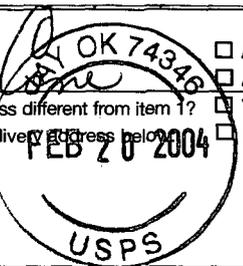
Tom R. Cone
 P. O. Box 778
 Jay, OK 74346

C. Signature *Tom Cone* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Copy from) 7001 1140 0002 5602 1240

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051
 WFR Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Jo Alice Cranford
 103 West Woodlawn
 Harker Heights, TX 76548

Street, Apt. No., or PO Box No.
 City, State, ZIP+

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jo Alice Cranford
 103 West Woodlawn
 Harker Heights, TX 76548

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **JO ALICE CRANFORD** B. Date of Delivery **2-18-04**

C. Signature *Jo Alice Cranford* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv) **7001 1140 0002 5602 2131**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051
 WFR Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Mary Elain Cribbs Trust
 118 W. Sterne Parkway
 Little's Creek Townhom
 Littleton, CO 80120-38

Street, Apt. No.; or PO Box No.
 City, State, ZIP+

PS Form 3800

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

1. Article Addressed to:

Mary Elain Cribbs Trustee
 118 W. Sterne Parkway
 Little's Creek Townhomes
 Littleton, CO 80120-3839

A. Received by (Please Print Clearly) B. Date of Delivery **2-14-04**

C. Signature *Mary Elain Cribbs* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from s) **7001 1140 0002 5602 2162**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051
 WFR Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Alfred Foy, Curry, IV
 1016 Alta Loma Circle
 San Angelo, TX 76901

Street, Apt. No.; or PO Box No.
 City, State, ZIP+

PS Form 3800

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

1. Article Addressed to:

Alfred Foy, Curry, IV
 1016 Alta Loma Circle
 San Angelo, TX 76901

A. Received by (Please Print Clearly) **Alfred Curry** B. Date of Delivery

C. Signature *Alfred Curry* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv) **7001 1140 0002 5602 2155**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL



44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Florence W. Essman Curry
804 Palomino
Midland, TX 79705
PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Florence W. Essman Curry
804 Palomino
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *M. Curry* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 1140 0002 5602 2186

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL



44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Nancy T. Cutter Revocable Trust
1524 Park Avenue, SW
Albuquerque, NM 87104
PS Form 3800, July 1999

1. Article Addressed to:

Nancy T. Cutter Revocable Trust
1524 Park Avenue, SW
Albuquerque, NM 87104

C. Signature
X *Nancy T. Cutter* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 1140 0002 5602 2179

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL



44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Neva Chambers Dawson
2418 Del Monte
Houston, TX 77019
PS Form 3800, July 1999

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

1. Article Addressed to:

Neva Chambers Dawson
2418 Del Monte
Houston, TX 77019

C. Signature
X *Neva Dawson* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 1140 0002 5602 2209

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
Total Postage & Fees	\$ 8.00

Sent To
 Corrinne Desadier
 1022 Linton Bellvue Road
 Benton, LA 71006

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Corrinne Desadier
 1022 Linton Bellvue Road
 Benton, LA 71006

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Wally Desadier 2-17

C. Signature

X Wally Desadier Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from servi

7001 1140 0002 5602 2193

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
Total Postage & Fees	\$ 8.00

Sent To
 Lynn E. Desper
 380 Los Ranchos Road N
 Albuquerque, NM 87107

PS Form 3800

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

1. Article Addressed to:

Lynn E. Desper
 380 Los Ranchos Road NW
 Albuquerque, NM 87107-6532

A. Received by (Please Print Clearly) B. Date of Delivery

Lynn Desper 2-17-01

C. Signature

X Lynn Desper Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from sen

7001 1140 0002 5602 2223

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
Total Postage & Fees	\$ 8.00

Sent To
 Devon Energy Production C
 LP
 20 North Broadway, Suite 1
 Oklahoma City, OK 73102-
 8260

PS Form 3800

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

1. Article Addressed to:

Devon Energy Production Co.,
 LP
 20 North Broadway, Suite 1500
 Oklahoma City, OK 73102-
 8260

A. Received by (Please Print Clearly) B. Date of Delivery

Wally Desadier 2-17-01

C. Signature

X Wally Desadier Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy fro

7001 1140 0002 5602 1318

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Melanie Coll DeTemple
5653 Tobias Avenue
Van Nuys, CA 91411

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Melanie Coll DeTemple
5653 Tobias Avenue
Van Nuys, CA 91411

2. Article Number (Copy from service label)
7001 1140 0002 5602 1325

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MARY DOBSON
B. Date of Delivery 2-19-04

C. Signature X Mary L. Dobson
 Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Mary Louis Dobson
19806 North Lombard Lane
Skiatook, OK 74070

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Mary Louis Dobson
19806 North Lombard Lane
Skiatook, OK 74070

2. Article Number (Copy from service label)
7001 1140 0002 5602 2216

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MARY DOBSON
B. Date of Delivery 2-19-04

C. Signature X Mary L. Dobson
 Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Dominion Oklahoma Texas
14000 Quali Springs Parkway
#600
Oklahoma City, OK 73134-2600

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Dominion Oklahoma Texas
14000 Quali Springs Parkway
#600
Oklahoma City, OK 73134-2600

2. Article Number (Copy from service label)
7001 1140 0002 5601 7458

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JERRY L. PEARSON
B. Date of Delivery

C. Signature X Jerry L. Pearson
 Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL RECEIPT

44519.0051
WFC

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Postmark: SANTA FE, JAN 17 2004, PS 87501

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

A. Received by (Please Print Clearly) JOHN C. MCMAH B. Date of Delivery 2/17/04

C. Signature [Signature] Agent Addressee

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

Sent To
 Don Phillips & Associates
 c/o Byers Petroleum Inc.
 18305 Minnetonka Boulevard
 Wayzata, MN 55391

1. Article Addressed to:
 Don Phillips & Associates
 c/o Byers Petroleum Inc.
 18305 Minnetonka Boulevard
 Wayzata, MN 55391

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3800

2. Article Number (Copy from s) 7001 1140 0002 5601 6703

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL RECEIPT

44519.0051
WFC

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Postmark: SANTA FE, JAN 17 2004, PS 87501

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

A. Received by (Please Print Clearly) Jessie Fluck B. Date of Delivery 2-19-04

C. Signature [Signature] Agent Addressee

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

Sent To
 Dorchester Family Trust
 801 Ceiba Place
 Newport Beach, CA 92660

1. Article Addressed to:
 Dorchester Family Trust
 801 Ceiba Place
 Newport Beach, CA 92660

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3800

2. Article Number (Copy from serv) 7001 1140 0002 5602 2247

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL RECEIPT

44519.0051
WFC

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Postmark: SANTA FE, JAN 17 2004, PS 87501

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

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 2-26-04

C. Signature [Signature] Agent Addressee

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

Sent To
 Donald F. Duncan
 P. O. Box 57147
 Oklahoma City, OK 73157

1. Article Addressed to:
 Donald F. Duncan
 P. O. Box 57147
 Oklahoma City, OK 73157

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3800

2. Article Number (Copy from) 7001 1140 0002 5602 2230

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 E.G.L. Resources, Inc.
 P. O. Box 10886
 Midland, TX 79702

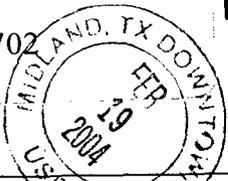
PS Form 3800, Jan

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

E.G.L. Resources, Inc.
 P. O. Box 10886
 Midland, TX 79702



2. Article Number (Copy from service label)

7001 1140 0002 5602 1349

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

James Lopez 2-19-04

C. Signature
 [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Alan F. Ellis
 292 Dale Road
 Barto, PA 19504

PS Form 38

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

1. Article Addressed to:

ALAN F. ELLIS
 292 DALE RD
 Barto PA 19504



2. Article Number (Transfer from service label)

7001 1140 0002 5602 2278

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540
 Duplicate

A. Signature

[Signature] Agent Addressee

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

Alan F. Ellis 2/17/04

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

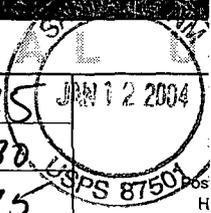
Sent To
 George R. Ellis
 4825 N. Brookwood Drive
 Bloomington, IN 47404

PS Form 3800, January 2001

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

1. Article Addressed to:

George R. Ellis
 4825 N. Brookwood Drive
 Bloomington, IN 47404



2. Article Number (Copy from service label)

7001 1140 0002 5602 2261

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

Linda Ellis 2/17/04

C. Signature
 [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Stamp: JAN 17 2004 USPS 87561

Sent To
 Sally A. Ellis
 771 Crescent Drive
 Boulder, CO 80303

PS Form 3811

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sally A. Ellis
 771 Crescent Drive
 Boulder, CO 80303

2. Article Number (Copy from)

7001 1140 0002 5602 2285

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Stamp: USPS 87561

Sent To
 James H. Essman
 P. O. Box 302
 Midland, TX 79702

PS Form 3800

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

1. Article Addressed to:

James H. Essman
 P. O. Box 302
 Midland, TX 79702

2. Article Number (Copy from ser)

7001 1140 0002 5602 2308

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Stamp: USPS 87501

Sent To
 Explorers Petroleum Corp
 P. O. Box 1933
 Roswell, NM 88201

PS Form 3800

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

1. Article Addressed to:

Explorers Petroleum Corp
 P. O. Box 1933
 Roswell, NM 88201

2. Article Number (Copy from)

7001 1140 0002 5602 1332

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 F & J Energy Partners, L
 420 Throckmorton, Suite
 Fort Worth, TX 76102-3

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

F & J Energy Partners, Ltd.
 420 Throckmorton, Suite 630
 Fort Worth, TX 76102-3723

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Fred N. Reynolds** B. Date of Delivery **2/17/04**
 C. Signature **x Fred N Reynolds** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from ser

7001 1140 0002 5602 1363

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Mary Leslie Farha
 2635 E. 13th Place
 Tulsa, OK 74104

C. Signature **x M. Farha** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from ser

7001 1140 0002 5602 2322

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 W. E. Farha, III
 1329 E. 38th Street, Unit B
 Tulsa, OK 74105-3342

PS Form 3800



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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL MAIL

44519 0051 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 Feagan Energy, Inc.
 P. O. Box 50307
 Midland, TX 79710-0307

PS Form 3806

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

1. Article Addressed to:
 Feagan Energy, Inc.
 P. O. Box 50307
 Midland, TX 79710-0307

A. Received by (Please Print Clearly) *A. Dawson* B. Date of Delivery *2/18/04*
 C. Signature *Alice Dawson* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from se) **7001 1140 0002 5602 2315**
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 First Roswell Company
 P. O. Box 1797
 Roswell, NM 88202-1797

PS Form 3806

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

1. Article Addressed to:
 First Roswell Company
 P. O. Box 1797
 Roswell, NM 88202-1797

A. Received by (Please Print Clearly) *Kay Spader* B. Date of Delivery *2-13-04*
 C. Signature *Kay Spader* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) **7001 1140 0002 5602 1356**
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519 0005 WFC Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 K. Phil Fleetwood Oil
 P. O. Box 407
 Marlow, OK 73055

PS Form 3806

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

1. Article Addressed to:
 K. Phil Fleetwood Oil
 P. O. Box 407
 Marlow, OK 73055

A. Received by (Please Print Clearly) *K. Phil Fleetwood* B. Date of Delivery *2-17-04*
 C. Signature *K. Phil Fleetwood* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

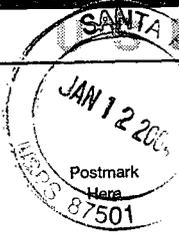
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) **7001 1140 0002 5602 3015**
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



MAIL RETURNED

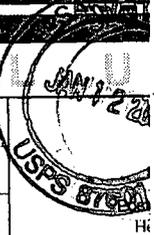
Sent To Foster Family Trust
 Vista Del Rio Room 330
 1620 Indian School
 Albuquerque, NM 87102-1678

PS Form 3800

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To James N. Foster Estate
 P. O. Box 671
 Nampa, ID 83653-0671

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 James N. Foster Estate
 P. O. Box 671
 Nampa, ID 83653-0671

2. Article Number (Copy from service label) **7001 1140 0002 5602 2346**

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Dorothy G. Foster** B. Date of Delivery **FEB 17 2004**

C. Signature **X Dorothy G. Foster** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

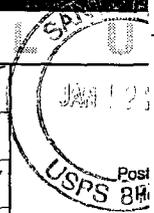
7001 1140 0002 5602 2346

Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To Alice Ann Hanks Freeman
 P. O. Box 9087
 Wichita Falls, TX 76308-

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 Alice Ann Hanks Freeman
 P. O. Box 9087
 Wichita Falls, TX 76308-9087

2. Article Number (Copy from service label) **7001 1140 0002 5602 2391**

PS Form 3811, July 1999

A. Received by (Please Print Clearly) **Cheri Hunter** B. Date of Delivery **FEB 18 2004**

C. Signature **X Cheri Hunter** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

7001 1140 0002 5602 2391

Domestic Return Receipt 102595-00-M-0952

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



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

1. Article Addressed to:

Carol Sue Garrett
 1712 South Jackson
 Amarillo, TX 79102

Sent To
 Carol Sue Garrett
 1712 South Jackson
 Amarillo, TX 79102

PS Form 3800

A. Received by (Please Print Clearly) B. Date of Delivery
 _____ 2-17-04

C. Signature **FEB 17 2004**
 Carol Sue Garrett Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service lab) **7001 1140 0002 5602 2353**

PS Form 3811, July 1999

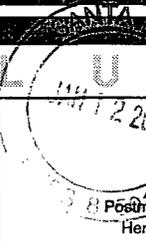
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Sent To
 Sara C. Garretson
 7121 Oakbrook Drive
 Plano, TX 75025-3215

PS Form 3800, January 2001

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

1. Article Addressed to:

J. W. Gendron
 1280 Encino Drive
 San Marino, CA 91108

A. Received by (Please Print Clearly) B. Date of Delivery
 Robert Gendron _____

C. Signature
 x Robert Gendron Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) **7001 1140 0002 5602 1400**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 J. W. Gendron
 1280 Encino Drive
 San Marino, CA 91108

PS Form 3800, J...

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GFB Acquisition, LP
 P. O. Box 3638
 Midland, TX 79702

Sent To
 GFB Acquisition, LP
 P. O. Box 3638
 Midland, TX 79702

PS Form 3800, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2-18-04

C. Signature X. Charles Gunt Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 1370

PS Form 3811, July 1999

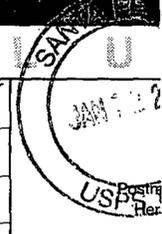
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00



- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jonell R. Gilmore Estate
 7556 Lincoln Road
 Hagerman, NM 88232

Sent To
 Jonell R. Gilmore Estate
 7556 Lincoln Road
 Hagerman, NM 88232

PS Form 3800, July 1999

CHARLIE HELMS 2-18-04

C. Signature X. Charlie Helms Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 2384

PS Form 3811, July 1999

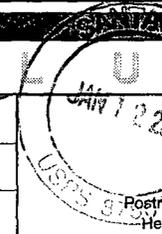
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00



- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Good Earth Minerals, LLC
 c/o Deborah L. Goluska
 P. O. Box 1090
 Roswell, NM 88202-1090

Sent To
 Good Earth Minerals, LLC
 c/o Deborah L. Goluska
 P. O. Box 1090
 Roswell, NM 88202-1090

PS Form 3800, July 1999

D. Goluska 2-18-04

C. Signature X. Deborah L. Goluska Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 2377

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 David Goodnow
 230 Ridgefield Road
 Wilton, CT 06897

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Goodnow
 230 Ridgefield Road
 Wilton, CT 06897

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Peter Corne B. Date of Delivery 2/17/04
 C. Signature [Signature] Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5602 1394

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Linda K. Guinan
 1818 Booker Avenue
 Artesia, NM 88210

PS Form 3800, July 1999

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

1. Article Addressed to:

Linda K. Guinan
 1818 Booker Avenue
 Artesia, NM 88210

A. Received by (Please Print Clearly) Linda Guinan B. Date of Delivery 2-13-04
 C. Signature [Signature] Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 2407

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

44519.0051 WFC Postage	\$ 3.94
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Shirley Marlene Waits Haller
 P. O. Box 1072
 Tucumcari, NM 88401

PS Form 3800, July 1999

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

1. Article Addressed to:

Shirley Marlene Waits Haller
 P. O. Box 1072
 Tucumcari, NM 88401

A. Received by (Please Print Clearly) Marlene Haller B. Date of Delivery 2-14-04
 C. Signature [Signature] Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5601 7359

PS Form 3811, July 1999

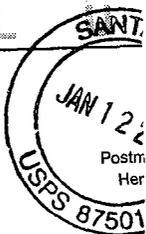
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 8.00



Sent To
 Hanson-McBride Petroleum
 Co.
 P. O. Box 1515
 Roswell, NM 88202-1515

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 Hanson-McBride Petroleum
 Co.
 P. O. Box 1515
 Roswell, NM 88202-1515

2. Article Number (Copy from ser) **7001 1140 0002 5602 1424**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Jan Starner B. Date of Delivery 2-18-00
 C. Signature Jan Starner Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

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

OFFICIAL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 8.00



Sent To
 B. W. Harper
 501 West Dallas
 Artesia, NM 88210

PS Form 3800

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

1. Article Addressed to:

 B. W. Harper
 501 West Dallas
 Artesia, NM 88210

2. Article Number (Copy from ser) **7001 1140 0002 5602 2421**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

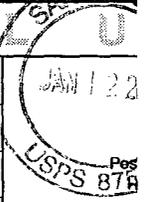
A. Received by (Please Print Clearly) B.W. Harper B. Date of Delivery 2-17-00
 C. Signature B.W. Harper Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

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

OFFICIAL

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 8.00



Sent To
 Harriman Brown Brother
 Trust
 2001 Ross Avenue, Suite
 Dallas, TX 75201-2919

PS Form 3800

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 Harriman Brown Brothers
 Trust
 2001 Ross Avenue, Suite 1150
 Dallas, TX 75201-2919

2. Article Number (Copy from ser) **7001 1140 0002 5602 1073**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) Chris J... B. Date of Delivery FEB 17 2004
 C. Signature Chris J... Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL MAIL

44519-0051 Postage \$ 3.95
 WFC Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

JAN 12 2004
 USPS 875 Her

Sent To Harvey E. Yates Compan
 P. O. Box 1933
 Roswell, NM 88201

Street, Apt. No.; or PO Box No.
 City, State, ZIP+4

PS Form 3800, July 1999

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

1. Article Addressed to:
 Harvey E. Yates Company
 P. O. Box 1933
 Roswell, NM 88201

2. Article Number (Copy from service label)
 7001 1140 0002 5602 1813

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) Amy Owens B. Date of Delivery 2-18-04

C. Signature *Amy Owens* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519-0051 Postage \$ 3.95
 WFC Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

JAN 12 2004
 USPS 875 Her

Sent To Myrtle Heard
 7112-22 Pan Am Freeway
 Albuquerque, NM 87109

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, July 1999

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

1. Article Addressed to:
 Myrtle Heard
 7112-22 Pan Am Freeway N.E.
 Albuquerque, NM 87109

2. Article Number (Copy from s
 7001 1140 0002 5602 2414

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) C. Brannon B. Date of Delivery 2/20/04

C. Signature *C. Brannon* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519-0051 Postage \$ 3.95
 WFC Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

JAN 12 2004
 USPS 875 Her

Sent To Jewel T. Hickam
 5519 Clairemont Mesa
 Boulevard #253
 San Diego, CA 92117

Street, Apt. No.; or PO Box No.
 City, State, ZIP+4

PS Form 3800, July 1999

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

1. Article Addressed to:
 Jewel T. Hickam
 5519 Clairemont Mesa
 Boulevard #253
 San Diego, CA 92117

2. Article Number (Copy from service label)
 7001 1140 0002 5602 2445

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) M. Pop B. Date of Delivery 2-17-04

C. Signature *M. Pop* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
WFC
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

JAN 17 2001
USPS 8720

Sent To Elizabeth E. Hines
c/o 227 Beechwood Ro.
New Wilmington, PA

Street, Apt. No.; or PO Box No.
City, State, ZIP+ 4

PS Form 3800, Jan

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elizabeth E. Hines
c/o 227 Beechwood Road
New Wilmington, PA 16142

2. Article Number (Copy from servi

7001 1140 0002 5602 2490

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Hinkle Living Trust
P. O. Box 1793
Roswell, NM 88202-1793

2. Article Number (Copy from

7001 1140 0002 5602 2513

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Charles E. Hinkle
P. O. Box 1030
King City, CA 93930

2. Article Number (Copy from se

7001 1140 0002 5602 2483

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
PARONE JOHNSTON 2-17-01
C. Signature
X D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
WFC
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

JAN 17 2001
USPS 87501

Sent To Hinkle Living Trust
P. O. Box 1793
Roswell, NM 88202-1793

Street, Apt. No.; or PO Box No.
City, State, ZIP+

PS Form 3800,

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

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
WFC
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

JAN 17 2001
USPS 87501

Sent To Charles E. Hinkle
P. O. Box 1030
King City, CA 93930

Street, Apt. No.; or PO Box No.
City, State, ZIP+

PS Form 3800,

A. Received by (Please Print Clearly) B. Date of Delivery
C. Hinkle 2-19-01
C. Signature
X D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 James Lisle Hinkle
 P. O. Box 2242
 Roswell, NM 88202

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James Lisle Hinkle
 P. O. Box 2242
 Roswell, NM 88202

2. Article Number (Copy from sender)

7001 1140 0002 5602 2506

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 2-13-04

C. Signature
 X *James Lisle Hinkle* Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Kristen Hinkle
 20806 NE 26th Place
 Sammamish, WA 98074

PS Form 3800, July 1999

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

1. Article Addressed to:

Kristen Hinkle
 20806 NE 26th Place
 Sammamish, WA 98074-6348

2. Article Number (Copy from sender)

7001 1140 0002 5602 2469

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 KRISTIN HINKLE 2/20/04

C. Signature
 X *Kristen Hinkle* Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Madison M. Hinkle
 P. O. Box 2292
 Roswell, NM 88202-2292

PS Form 3800, July 1999

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

1. Article Addressed to:

Madison M. Hinkle
 P. O. Box 2292
 Roswell, NM 88202-2292

2. Article Number (Copy from sender)

7001 1140 0002 5602 2476

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 Madison M. Hinkle 2-17-04

C. Signature
 X *Madison M. Hinkle* Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 R. R. Hinkle Company, I
 P. O. Box 2292
 Roswell, NM 88202-2292

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

R. R. Hinkle Company, Inc.
 P. O. Box 2292
 Roswell, NM 88202-2292

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv

7001 1140 0002 5602 2438

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Rolla R. Hinkle, III
 P. O. Box 2292
 Roswell, NM 88202-2292

PS Form 3800, Jan

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

1. Article Addressed to:

Rolla R. Hinkle, III
 P. O. Box 2292
 Roswell, NM 88202-2292

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv

7001 1140 0002 5602 2520

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Joseph R. Hodge
 P. O. Box 5238
 Austin, TX 78763

PS Form 3800, Ja

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

1. Article Addressed to:

Joseph R. Hodge
 P. O. Box 5238
 Austin, TX 78763

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from ser

7001 1140 0002 5602 1417

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Sanford J. Hodge, III
 3600 St. Johns
 Dallas, TX 75205

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sanford J. Hodge, III
 3600 St. Johns
 Dallas, TX 75205

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 02/17/04

C. Signature
 X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from servic

7001 1140 0002 5602 1448

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Elsie G. Holden, Testame
 8758 Chalk Hill Road
 Healdsburg, CA 95448-9

PS Form 3800

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

1. Article Addressed to:

Elsie G. Holden, Testamentary
 8758 Chalk Hill Road
 Healdsburg, CA 95448-9542

A. Received by (Please Print Clearly) B. Date of Delivery
 Patsy H. Keller 2-27-04

C. Signature
 X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7001 1140 0002 5602 1431

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Hollyhock, Ltd.
 25 Mulberry Lane
 White, GA 30184

PS Form 3800, Ja

MAIL RETURNED

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

OFFICIAL RECEIPT

44519.0051 Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Robert G. Hooper
 P. O. Box 733
 Roswell, NM 88202-0733

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert G. Hooper
 P. O. Box 733
 Roswell, NM 88202-0733

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SHARON HOWELL B. Date of Delivery 2/13/04

C. Signature Sharon Howell Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 2544

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James H. & Betty R. Howell
 P. O. Box 75
 Lakewood, NM 88254

A. Received by (Please Print Clearly) Alan Howell B. Date of Delivery 2/17/04

C. Signature Alan Howell Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 2568

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shirley M. Howell
 P. O. Box 94
 Lakewood, NM 88254

A. Received by (Please Print Clearly) Sharon Stafford B. Date of Delivery 2/18/04

C. Signature Sharon Stafford Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 2537

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL RECEIPT

44519.0051 Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To James H. & Betty R. Howell
 P. O. Box 75
 Lakewood, NM 88254

PS Form 3800

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

OFFICIAL RECEIPT

44519.0051 Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Shirley M. Howell
 P. O. Box 94
 Lakewood, NM 88254

PS Form 3800

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

OFFICIAL USE

44519-0057
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Huntington Energy, LLC
6301 Waterford Boulevard
Suite 400
Oklahoma City, OK 731157

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Huntington Energy, LLC
6301 Waterford Boulevard,
Suite 400
Oklahoma City, OK 73118-1157

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
X Catherine Smith Agent Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

445190051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Jennifer Ann Idell
2900 S. Sooner Road
Oklahoma City, OK 7317212

PS Form 3800, Jan

2. Article Number (Copy from) 7001 1140 0002 5601 7212

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

1. Article Addressed to:
Jennifer Ann Idell
2900 S. Sooner Road
Oklahoma City, OK 73165-7212

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
X Jennifer A. Idell Agent Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Jalapeno Corporation
P. O. Box 1608
Albuquerque, NM 8710

PS Form 3800, J

item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Jalapeno Corporation
P. O. Box 1608
Albuquerque, NM 87103-1608

2. Article Number (Copy from service label) 7001 1140 0002 5602 1455

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
X V. Riggs Agent Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 John W. Gates, LLC
 706 West Grand Avenue
 Artesia, NM 88210

PS Form 3800, J4

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

1. Article Addressed to:

John W. Gates, LLC
 706 West Grand Avenue
 Artesia, NM 88210

A. Received by (Please Print Clearly) **MARGARET GATES**

B. Date of Delivery **2/17/04**

C. Signature *Margaret Gates*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) **7001 1140 0002 5602 2582**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

1. Article Addressed to:

S. P. Johnson, III
 Barbara J. Johnson
 P. O. Box 1713
 Roswell, NM 88201

A. Received by (Please Print Clearly) *Tracy Thompson*

B. Date of Delivery **2/18/04**

C. Signature *Tracy Thompson*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) **7001 1140 0002 5602 1486**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

1. Article Addressed to:

Dale Jones
P.O. Box 36
Morse TX
79062-0036

A. Received by (Printed Name) *Dale Jones*

C. Date of Delivery

B. Received by (Printed Name) *Dale Jones*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7001 1140 0002 5602 2605**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Dale Jones
 Box 36
 Morse, TX 79062

PS Form 3800

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

OFFICIAL USE

44519.0051 Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Darrell W. Jones
 400 Oakridge Drive
 Edmond, OK 73034

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Darrell W. Jones
 400 Oakridge Drive
 Edmond, OK 73034

2. Article Number (Copy from) **7001 1140 0002 5602 2599**

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
 C. Signature *[Signature]* Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Don Jones
 P. O. Box 71
 Morse, TX 79062

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Larry R. Jones
 80 English Village Road,
 #304L
 Manchester, NH 03102-6412

2. Article Number (Copy from service) **7001 1140 0002 5602 2612**

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **2/18**
 C. Signature *[Signature]* Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Larry R. Jones
 80 English Village Road,
 #304L
 Manchester, NH 03102-6412

PS Form 3800, July 1999

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

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
 Peggy Lou Bort Jones
 855 Mahler Road
 Burlingame, CA 94010

Street, Apt. No.; or PO Box No.
 City, State, ZIP+

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Peggy Lou Bort Jones
 855 Mahler Road
 Burlingame, CA 94010

2. Article Number (Copy from service label)
 7001 1140 0002 5602 2629

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 2/17/04

C. Signature
 X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
 Stanley L. Jones Estate
 7556 Lincoln Road
 Hagerman NM 88232

Street, Apt. No.; or PO Box No.
 City, State, ZIP+ 4

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Stanley L. Jones Estate
 7556 Lincoln Road
 Hagerman NM 88232

2. Article Number (Copy from service label)
 7001 1140 0002 5602 2643

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 2-14-04

C. Signature
 X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
 Judson Properties, Ltd.
 400 W. Illinois Suite 16
 Midland, TX 79701-4310

Street, Apt. No.; or PO Box No.
 City, State, ZIP+ 4

PS Form 3800, Jan

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Judson Properties, Ltd.
 400 W. Illinois Suite 1610
 Midland, TX 79701-4310

2. Article Number (Copy from service label)
 7001 1140 0002 5602 2636

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 Rachel Cox 02/17/04

C. Signature
 X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
Donald H. Judson
P. O. Box 10010
Midland, TX 79702-7010

PS Form 3811

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Donald H. Judson
P. O. Box 10010
Midland, TX 79702-7010

2. Article Number (Copy from se

7001 1140 0002 5602 2667

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D. Judson B. Date of Delivery 2-18-04

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
Judith L. Judson
57 Marine Street
Bronx NY 10464

PS Form 3800

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

1. Article Addressed to:

Judith L. Judson
57 Marine Street
Bronx NY 10464

2. Article Number (Copy from

7001 1140 0002 5602 2650

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) J. Judson B. Date of Delivery 2/17

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
Linda S. Judson
1819 Grist Stone Ct NE
Atlanta, GA 30307-1182

PS Form 3800

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

1. Article Addressed to:

Linda S. Judson
1819 Grist Stone Ct NE
Atlanta, GA 30307-1182

2. Article Number (Copy from service is

7001 1140 0002 5602 2681

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

C. Signature [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dr. Isaac A. Kawasaki
734 Kalanipuu
Honolulu, HI 96825

Sent To
Dr. Isaac A. Kawasaki
734 Kalanipuu
Honolulu, HI 96825

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2-17-04

C. Signature James M. Hart Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from 7001 1140 0002 5602 1479)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

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

1. Article Addressed to:

Betsy H. Keller
8758 Chalk Hill Road
Haldsburg, CA 95448-9542

Sent To
Betsy H. Keller
8758 Chalk Hill Road
Haldsburg, CA 95448-9542

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2-27-04

C. Signature Betsy H. Keller Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from 7001 1140 0002 5602 1509)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

44519.0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 8.00

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

1. Article Addressed to:

Keohane, Inc.
P. O. Box 1120
Roswell, NM 88202-1120

Sent To
Keohane, Inc.
P. O. Box 1120
Roswell, NM 88202-1120

A. Received by (Please Print Clearly) Fat Greenwood B. Date of Delivery 2/19/04

C. Signature Fat Greenwood Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from 7001 1140 0002 5602 2674)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL U.S. MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Hugh M. Kincaid
2911 Ocotillo Canyon Drive
Carlsbad, NM 88220-316

PS Form 3800, January 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Hugh M. Kincaid
2911 Ocotillo Canyon Drive
Carlsbad, NM 88220-3162

2. Article Number (Copy from service)

7001 1140 0002 5602 2704

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Hugh M. Kincaid* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Lollie Dee King Estate
2441 Stanmore Drive
Houston, TX 77019

PS Form 3800, January 1999

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lollie Dee King Estate
2441 Stanmore Drive
Houston, TX 77019

2. Article Number (Copy from service)

7001 1140 0002 5602 2087

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

C. Signature *L. Chambers* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44519.0051 Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Kirkpatrick Living Survivors Trust
1341 Kaghan Loop Drive
Belen, NM 87002

PS Form 3800, January 1999

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

1. Article Addressed to:

Kirkpatrick Living Survivors Trust
1341 Kaghan Loop Drive
Belen, NM 87002

2. Article Number (Copy from service)

7001 1140 0002 5602 2728

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Kirkpatrick* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44519-0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark Here: USPS 8750

Sent To: KNW Oil & Gas, Inc.
 401 West Texas, Suite 100
 Midland, TX 79701

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, January 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 KNW Oil & Gas, Inc.
 401 West Texas, Suite 1003
 Midland, TX 79701

2. Article Number (Copy from) 7001 1140 0002 5602 2698

PS Form 3811, July 1999 Domestic Return Receipt 102595-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Brown 2-20

C. Signature
 X Reece Brown Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44619-0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark Here: USPS 8750

Sent To: Douglas C. Koch
 P. O. Box 540244
 Houston, TX 77254-0244

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, January 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Douglas C. Koch
 P. O. Box 540244
 Houston, TX 77254-0244

2. Article Number (Copy from service) 7001 1140 0002 5602 2742

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Douglas C. Koch 2/17/04

C. Signature
 X DK Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44519-0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark Here: USPS 8750

Sent To: Kochergen Enterprises Family
 8163 W. McKinley Avenue
 Fresno, CA 93722

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, January 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Kochergen Enterprises Family
 8163 W. McKinley Avenue
 Fresno, CA 93722

2. Article Number (Copy from service) 7001 1140 0002 5602 2711

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Vera Kochergen 2/17/04

C. Signature
 X VERA KOCHERGEN Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U.S. MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Linda F. Lacey
 P. O. Box 9917
 College Station, TX 778

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Linda F. Lacey
 P. O. Box 9917
 College Station, TX 77842

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 2766**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL U.S. MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Betty June Lackey
 110 Skinner
 Carlsbad, NM 88220

PS Form 3800, July 1999

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

1. Article Addressed to:

Betty June Lackey
 110 Skinner
 Carlsbad, NM 88220

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 2452**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL U.S. MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 LAJ Corporation
 P. O. Box 10626
 Midland, TX 79702-7626

PS Form 3800, January 2001

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

1. Article Addressed to:

LAJ Corporation
 P. O. Box 10626
 Midland, TX 79702-7626

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 2735**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: PALOS VERDES CA 90274

Sent To Langdale Corporation
 P. O. Box 3189
 Palos Verdes, CA 90274

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Langdale Corporation
 P. O. Box 3189
 Palos Verdes, CA 90274-3189

2. Article Number (Copy from) 7001 1140 0002 5602 1493

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) PC McCabe B. Date of Delivery

C. Signature X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes



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

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: SANTA FE NM 87502

Sent To Jefferson Milner Langford
 P. O. Box 22205
 Santa Fe, NM 87502

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jefferson Milner Langford
 P. O. Box 22205
 Santa Fe, NM 87502

2. Article Number (Copy from serv) 7001 1140 0002 5602 2759

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

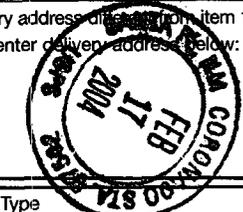
A. Received by (Please Print Clearly) Jefferson Milner Langford B. Date of Delivery

C. Signature X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes



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

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: NEW YORK NY 10022

Sent To Lou Ann Langford
 345 E. 57th Street, #5D
 New York, NY 10022-29

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

1. Article Addressed to:

Lou Ann Langford
 345 E. 57th Street, #5D
 New York, NY 10022-2952

2. Article Number (Copy from) 7001 1140 0002 5602 2780

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) G. Langford B. Date of Delivery 2/17/04

C. Signature X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
WFC

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

USPS 8750 Post Here

Sent To
Robert Glass Langford
1173 Isidora Trail
Lockhart, TX 78644

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Glass Langford
1173 Isidora Trail
Lockhart, TX 78644

[Handwritten Signature]

2. Article Number (Copy from sender)

7001 1140 0002 5602 2773

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

R. LANGFORD 2/23/04

C. Signature *[Handwritten Signature]*

Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
WFC

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

USPS 8750 Post Here

Sent To
Richard H. Landsheft, Jr.
2313 Jim Dent
El Paso, TX 79936

PS Form 3800, July 1999

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

1. Article Addressed to:

William Brian Landsheft
Route 6, 15880 S. Peoria
Bixby, OK 74008

2. Article Number (Copy from sender)

7001 1140 0002 5602 2797

PS Form 3811, July 1999

A. Received by (Please Print Clearly) B. Date of Delivery
William Landsheft 2/18/04

C. Signature *[Handwritten Signature]*

Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
WFC

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

USPS 8750 Post Here

Sent To
William Brian Landsheft
Route 6, 15880 S. Peoria
Bixby, OK 74008

PS Form 3800, July 1999

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

1. Article Addressed to:

Richard H. Landsheft, Jr.
2313 Jim Dent
El Paso, TX 79936

2. Article Number (Copy from sender)

7001 1140 0002 5602 2803

PS Form 3811, July 1999

A. Received by (Please Print Clearly) B. Date of Delivery
RHL 2/14/04

C. Signature *[Handwritten Signature]*

Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Stephen E. Lauck
P. O. Box 2638
Danville, CA 94526

PS Form 3800, Jan

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Stephen E. Lauck
P. O. Box 2638
Danville, CA 94526

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **STEVE LAUCK** B. Date of Delivery **2-25-04**

C. Signature *Steve Lauck* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service lab)

7001 1140 0002 5602 2827

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lea Corporation
P. O. Box 451
Midland, TX 79702

Shirley Jones 2-18-04

C. Signature *Shirley Jones* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from se)

7001 1140 0002 5602 2810

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Leland Stanford Jr. University
c/o Bank of America, NA
P. O. Box 830308
Dallas, TX 75283

Received by (Please Print Clearly) **FEB 27 2004** B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from)

7001 1140 0002 5602 1974

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Lea Corporation
P. O. Box 451
Midland, TX 79702

PS Form 3800,

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

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Leland Stanford Jr. Univer
c/o Bank of America, NA
P. O. Box 830308
Dallas, TX 75283

PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lemon Creek Oil & Gas Ltd
P. O. Box 192199
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *James J. Lucas* B. Date of Delivery *2/19/01*

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Lemon Creek Oil & Gas Ltd
P. O. Box 192199
Dallas, TX 75219

PS Form 3800

2. Article Number (Copy from service)

7001 1140 0002 5602 2841

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Catherine P. Lewis
511 Centre Avenue
Artesia, NM 88210-2716

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *2-23-01*

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Catherine P. Lewis
511 Centre Avenue
Artesia, NM 88210-2716

PS Form 3800, Jan

2. Article Number (Copy from service)

7001 1140 0002 5601 7366

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

1. Article Addressed to:

Celeste Chambers Lipscombe
480 North Warson Road
St. Louis, MO 63124

A. Received by (Please Print Clearly) *JOHN LIPSCOMB* B. Date of Delivery *2-17-01*

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Celeste Chambers Lipscombe
480 North Warson Road
St. Louis, MO 63124

PS Form 3800

2. Article Number (Copy from service)

7001 1140 0002 5602 2834

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
 WFR

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

USPS 87501

Sent To
 Lodewick Energy, Inc.
 P. O. Box 2493
 Midland, TX 79702

Street, Apt. No.; or PO Box No.
 City, State, ZIP+

PS Form 3800, Jan 1999

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

1. Article Addressed to:

Lodewick Energy, Inc.
 P. O. Box 2493
 Midland, TX 79702

A. Received by (Please Print Clearly) R. M. M...
 B. Date of Delivery 2-27-04

C. Signature [Signature]

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below:

USPS 87501

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5601 7472

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
 WFR

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

USPS 87501

Sent To
 John W. Lodewick
 3305 Wentwood
 Dallas, TX 75225

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, Jan 1999

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

1. Article Addressed to:

John W. Lodewick
 3305 Wentwood
 Dallas, TX 75225

A. Received by (Please Print Clearly)
 B. Date of Delivery 2-19-04

C. Signature [Signature]

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5602 1523

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
 WFR

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

USPS 87501

Sent To
 Laura Patricia Lodewick
 3305 Wentwood
 Dallas, TX 75225

Street, Apt. No.; or PO Box No.
 City, State, ZIP+ 4

PS Form 3800, Jan 1999

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Laura Patricia Lodewick
 3305 Wentwood
 Dallas, TX 75225

A. Received by (Please Print Clearly)
 B. Date of Delivery 2-19-04

C. Signature [Signature]

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5602 1516

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL U

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Richard B. Lodewick
25 Mulberry Lane
White, GA 30184

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richard B. Lodewick
25 Mulberry Lane
White, GA 30184

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
R.B. Lodewick 7-23-04

C. Signature X [Signature] Agent Addressee

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

4073 Promenade Ter.
Ste. 123
Portland, OR 97229

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
LWJ Partnership
P. O. Box 64244
Lubbock, TX 79464

PS Form 3800, July 1999

2. Article Number (Copy from service)

7001 1140 0002 5601 7465

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

1. Article Addressed to:

LWJ Partnership
P. O. Box 64244
Lubbock, TX 79464

A. Received by (Please Print Clearly) B. Date of Delivery
Cheryl Kloss 2-17-04

C. Signature X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL U

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Eddie M. & Valerie Ma
Royal Estates, Apt. #256
3908 Kell Boulevard West
Wichita Falls, TX 76309

PS Form 3800, July 1999

2. Article Number (Copy from service)

7001 1140 0002 5601 7441

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

1. Article Addressed to:

Eddie M. & Valerie Mahfood
Royal Estates, Apt. #256
3908 Kell Boulevard West
Wichita Falls, TX 76309

C. Signature X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 2872

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Barbara and Quail Malone
4424 80th Street
Lubbock, TX 79424

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

1. Article Addressed to:

Barbara and Quail Malone
4424 80th Street
Lubbock, TX 79424

A. Received by (Please Print Clearly) B. Date of Delivery

Barbara Malone

C. Signature

X Barbara Malone Agent Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv

7001 1140 0002 5602 2902

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Johnnie Ray Manning
9359 Tartan View Drive
Fairfax, VA 22032

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

1. Article Addressed to:

Johnnie Ray Manning
9359 Tartan View Drive
Fairfax, VA 22032

A. Received by (Please Print Clearly) B. Date of Delivery

Johnnie Manning 7/21/04

C. Signature

X Manning Agent Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv

7001 1140 0002 5602 2889

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Marathon Oil Company
P. O. Box 2069
Houston, TX 77252-2069

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

1. Article Addressed to:

Marathon Oil Company
P. O. Box 2069
Houston, TX 77252-2069

A. Received by (Please Print Clearly) B. Date of Delivery

Bruce Jones FEB 17 2004

C. Signature

X Bruce Jones Agent Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv

7001 1140 0002 5602 2896

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

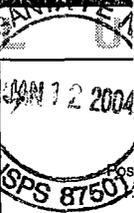
U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL
44519.0051 Postage \$ 3.95
WFC Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00



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

1. Article Addressed to:

Marks Oil Inc.
1775 Sherman Street, Suite 2990
Denver, CO 80203

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *E. L. Shidelo* Agent Addressee

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

Sent To Marks Oil Inc.
1775 Sherman Street, Suite 2990
Denver, CO 80203

PS Form 3800

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from se

7001 1140 0002 5602 1547

PS Form 3811, July 1999

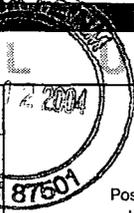
Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

OFFICIAL
44519.0051 Postage \$ 3.95
WFC Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00



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

1. Article Addressed to:

Marshall & Winston, Inc.
6 Desta Drive #3100
Midland, TX 79705

A. Received by (Please Print Clearly) B. Date of Delivery

Susan Humphreys 2-18-04

C. Signature
X *Susan Humphreys* Agent Addressee

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

Sent To Marshall & Winston, Inc.
6 Desta Drive #3100
Midland, TX 79705

PS Form 3800

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from

7001 1140 0002 5602 1530

PS Form 3811, July 1999

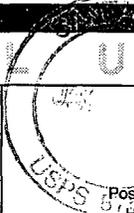
Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

OFFICIAL
44519.0051 Postage \$ 3.95
WFC Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00



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

1. Article Addressed to:

Claribel Y. Marshall Trust
2904 North Kentucky Avenue
Roswell, NM 88201

A. Received by (Please Print Clearly) B. Date of Delivery

Claribel Y. Marshall 2-18-04

C. Signature
X *Claribel Y. Marshall* Agent Addressee

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

Sent To Claribel Y. Marshall Trust
2904 North Kentucky Ave
Roswell, NM 88201

PS Form 3800

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 2926

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Martin Living Trust
400 W. Illinois, Suite 1120
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MAYLENE BUISNE B. Date of Delivery 2-17-04

C. Signature x M. Buisne Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 2858

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Matador E & P Company
P. O. Box 891684
Dallas, TX 75389-1684

C. Signature x Maylene Buisne Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 1561

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Matlock Minerals Limited
Company
c/o Deborah L. Goluska
P. O. Box 1090
Roswell, NM 88202-1090

A. Received by (Please Print Clearly) D Goluska B. Date of Delivery 2-18-04

C. Signature x D Goluska Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 2865

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
WFC
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Martin Living Trust
400 W. Illinois, Suite 11
Midland, TX 79701

PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
WFC
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Matador E & P Company
P. O. Box 891684
Dallas, TX 75389-1684

PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
WFC
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Matlock Minerals Limited
Company
c/o Deborah L. Goluska
P. O. Box 1090
Roswell, NM 88202-1090

PS Form 3800

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Cathie Cone McCown
 P. O. Box 658
 Dripping Spring, TX 78620-0658

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

1. Article Addressed to:

Cathie Cone McCown
 P. O. Box 658
 Dripping Spring, TX 78620-0658

A. Received by (Please Print Clearly) BILL MCCOWN B. Date of Delivery

C. Signature X Bill McCown Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5602 1004

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

1. Article Addressed to:

James C. McDonald, Jr.
 3410 Flint Drive
 Columbus, GA 31907

A. Received by (Please Print Clearly) James C. McDonald, Jr. B. Date of Delivery 2-17

C. Signature X Caroline McDonald Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv. 7001 1140 0002 5602 3008

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

1. Article Addressed to:

Jack Scott McDonald
 1110 College Avenue
 Snyder, TX 79549

A. Received by (Please Print Clearly) LENA WODGES B. Date of Delivery 2-18-04

C. Signature X LENA WODGES Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5602 2964

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 James C. McDonald, Jr.
 3410 Flint Drive
 Columbus, GA 31907

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

OFFICIAL MAIL

44519.0051 Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Jack Scott McDonald
 1110 College Avenue
 Snyder, TX 79549

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

OFFICIAL USE

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

USPS 8750A

Sent To
James H. McGivney
234 Abbey Road
Manhasset, NY 11030

Street, Apt. No.; or PO Box No.
City, State, ZIP+

PS Form 3800, 7001 1140 0002 5602 2919

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James H. McGivney
234 Abbey Road
Manhasset, NY 11030

2. Article Number (Copy from service)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

FEB 20 2004

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

OFFICIAL USE

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

USPS 8750A

Sent To
John C. McGivney
14 Stratford Court
Staten Island, NY 10314

Street, Apt. No.; or PO Box No.
City, State, ZIP+

PS Form 3800, 7001 1140 0002 5602 2940

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John C. McGivney
14 Stratford Court
Staten Island, NY 10314

2. Article Number (Copy from service)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
2/14/04

C. Signature
X *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

USPS 8750A

Sent To
Barbara F. McKinnis
1544 South Norfolk
Tulsa, OK 74120

Street, Apt. No.; or PO Box No.
City, State, ZIP+

PS Form 3800, 7001 1140 0002 5602 2957

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Barbara F. McKinnis
1544 South Norfolk
Tulsa, OK 74120

2. Article Number (Copy from service)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Barbara McKinnis

C. Signature
X *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Cydney McDonald Medford
2111 Paisano Road
Austin, TX 78746

Street, Apt. No., or PO Box No.
City, State, ZIP+

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cydney McDonald Medford
2111 Paisano Road
Austin, TX 78746

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cydney McDonald B. Date of Delivery 2/17

C. Signature Cydney McDonald Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from se) 7001 1140 0002 5602 2971
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
Martha Jane McNatt
1321 Indiana Street
Graham, TX 76450-4421

Street, Apt. No., or PO Box No.
City, State, ZIP+

PS Form 3800, July 1999

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

1. Article Addressed to:

Martha Jane McNatt
1321 Indiana Street
Graham, TX 76450-4421

C. Signature Martha Jane McNatt Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from se) 7001 1140 0002 5601 6635
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051
WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To
McQuiddy Comm. & En
Inc.
P. O. Box 2072
Roswell, NM 88201

Street, Apt. No., or PO Box No.
City, State, ZIP+

PS Form 3800, July 1999

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

1. Article Addressed to:

McQuiddy Comm. & Energy,
Inc.
P. O. Box 2072
Roswell, NM 88201

C. Signature McQuiddy Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy fro) 7001 1140 0002 5602 2995
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



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

A. Received by (Please Print Clearly) **HENRY GRANVILLE** B. Date of Delivery **2-18-04**

C. Signature **X/Henry Granville** Agent Addressee

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

1. Article Addressed to:

Curtis W. Mewbourne
 Attn: Bryon Montgomery
 P. O. Box 7698
 Tyler, TX 75711

Sent To

Curtis W. Mewbourne
 Attn: Bryon Montgomery
 P. O. Box 7698
 Tyler, TX 75711

Street, Apt. No.;
 or PO Box No.

City, State, ZIP+4

PS Form 3800, J

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from)

7001 1140 0002 5602 1554

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To

Minerals Management Service
 P. O. Drawer 1857
 Roswell, NM 88201

Street, Apt. No.;
 or PO Box No.

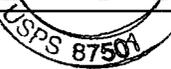
City, State, ZIP+4

PS Form 3800, J

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Postmark
 Here

Sent To

Charles Cline Moore
 138 Harvard Avenue
 Mill Valley, CA 94941

Street, Apt. No.
 or PO Box No.

City, State, ZIP

PS Form 3800, J

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Michael Harrison Moore
 P. O. Box 10908
 Midland, TX 79702

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael Harrison Moore
 P. O. Box 10908
 Midland, TX 79702

2. Article Number (Copy from service tag)

7001 1140 0002 5602 1578

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X Bill Bury Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Richard L. Moore
 P. O. Box 10908
 Midland, TX 79702

PS Form 3800, July 1999

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

1. Article Addressed to:

Richard L. Moore
 P. O. Box 10908
 Midland, TX 79702

2. Article Number (Copy from service tag)

7001 1140 0002 5602 1608

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X Bill Bury Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Stephen Scott Moore Estate
 P. O. Box 10908
 Midland, TX 79702

PS Form 3800, July 1999

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

1. Article Addressed to:

Stephen Scott Moore Estate
 P. O. Box 10908
 Midland, TX 79702

2. Article Number (Copy from service tag)

7001 1140 0002 5602 1592

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X Bill Bury Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Filice Sellmeyer Mulvihill
 224 Rosemont Drive
 El Paso, TX 79922

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

1. Article Addressed to:

Filice Sellmeyer Mulvihill
 224 Rosemont Drive
 El Paso, TX 79922

A. Received by (Please Print Clearly) B. Date of Delivery
 FEB 14 2004

C. Signature
 X *Filice Sellmeyer Mulvihill* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service)

7001 1140 0002 5602 3046

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Rodney Ray Murdock
 2210 Hamstead Court
 Suwanee, GA 30024

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Thomas Lee Murdock
 317 Harris Street
 Newport, OH 45768

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

1. Article Addressed to:

Thomas Lee Murdock
 317 Harris Street
 Newport, OH 45768

A. Received by (Please Print Clearly) B. Date of Delivery
 Tom Murdock 2-17-04

C. Signature
 X *T. Murdock* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy

7001 1140 0002 5602 3060

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

SENT TO
Myco Industries, Inc.
P. O. Box 840
Artesia, NM 88211-0840

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Myco Industries, Inc.
P. O. Box 840
Artesia, NM 88211-0840

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *McL Waya* B. Date of Delivery 2-17-04
C. Signature *[Signature]* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv) 7001 1140 0002 5602 1622

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

SENT TO
Nearburg Exploration
Company
P. O. Box 823085
Dallas, TX 75382-3085

PS Form 3800

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

1. Article Addressed to:

Nearburg Exploration
Company
P. O. Box 823085
Dallas, TX 75382-3085

A. Received by (Please Print Clearly) *C Rivera* B. Date of Delivery 2/18-4
C. Signature *[Signature]* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv) 7001 1140 0002 5602 1615

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL

44519.0051
WFC Postage \$ 3.95
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

SENT TO
Catherine J. Nerwick
9604 Morrow Avenue, NE
Albuquerque, NM 87112

PS Form 3800

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Catherine J. Nerwick
9604 Morrow Avenue, NE
Albuquerque, NM 87112

A. Received by (Please Print Clearly) *Les Coleman* B. Date of Delivery 2-14-4
C. Signature *[Signature]* Agent Address
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: 1217

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

4. Restricted Delivery? (Extra Fee) Yes

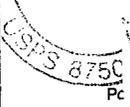
2. Article Number (Copy from serv) 7001 1140 0002 5602 3053

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To Billy G. Nix
 4413 Parkdale
 Midland, TX 79703

PS Form 3800, Jan 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Billy G. Nix
 4413 Parkdale
 Midland, TX 79703

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Billy G Nix B. Date of Delivery

C. Signature Billy G Nix
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from ser)

7001 1140 0002 5602 3084

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To Elizabeth J. Norman Trustee
 6637 S. New Haven
 Tulsa, OK 74136-0177

PS Form 3800,

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elizabeth J. Norman Trustee
 6637 S. New Haven
 Tulsa, OK 74136-0177

C. Signature Elizabeth J. Norman Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from ser)

7001 1140 0002 5601 6598

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To Richard C. Norman
 6637 S. New Haven
 Tulsa, OK 74136-0177

PS Form 3800, Jan 1999

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard C. Norman
 6637 S. New Haven
 Tulsa, OK 74136-0177

C. Signature Richard Norman Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 1140 0002 5602 3077

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

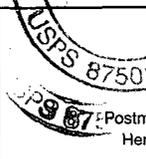
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



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

1. Article Addressed to:

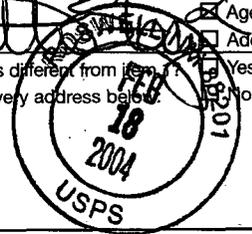
Nuevo Seis, Limited
 P. O. Box 2588
 Roswell, NM 88202-2588

A. Received by (Please Print Clearly) B. Date of Delivery

Patricia Stacy 2-18-04
 C. Signature

Agent
 Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

Sent To
 Nuevo Seis, Limited
 P. O. Box 2588
 Roswell, NM 88202-2588

PS Form 3800

2. Article Number (Copy from 7001 1140 0002 5602 3091

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

William B. Oliver Trust
 2001 Ross Avenue, Suite 1150
 Dallas, TX 75201

A. Received by (Please Print Clearly) B. Date of Delivery

Christy M. FEB 17 2004
 C. Signature

Agent
 Addressee

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

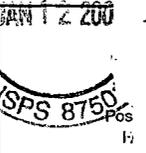
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



2. Article Number (Copy from serv 7001 1140 0002 5602 1387

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Sent To
 William B. Oliver Trust
 2001 Ross Avenue, Suit
 Dallas, TX 75201

PS Form 3800

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

1. Article Addressed to:

James L. Ownbey Trust
 3306 40th Street
 Lubbock, TX 79413-2728

A. Received by (Please Print Clearly) B. Date of Delivery

James L. Ownbey
 C. Signature

Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



2. Article Number (Copy from ser 7001 1140 0002 5602 2551

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Sent To
 James L. Ownbey Trust
 3306 40th Street
 Lubbock, TX 79413-2728

PS Form 3800

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95	
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 8.00	

Sent To
 Jimmie Stephen Ownbey
 225 South Ross Street
 Vinita, OK 74307

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jimmie Stephen Ownbey
 225 South Ross Street
 Vinita, OK 74307

2. Article Number (Copy from serv

7001 1140 0002 5601 6659

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

William Ownbey
 1408 Quicksilver Circle
 Round Rock, TX 78664

2. Article Number (Copy from serv

7001 1140 0002 5601 6628

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Ozark Exploration, Inc.
 3838 Oak Lawn Avenue, Suite 1525
 Dallas, TX 75219

2. Article Number (Copy from serv

7001 1140 0002 5602 1646

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Jimmie Ownbey* Agent Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95	
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 8.00	

Sent To
 William Ownbey
 1408 Quicksilver Circle
 Round Rock, TX 78664

PS Form 3800

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

1. Article Addressed to:

William Ownbey
 1408 Quicksilver Circle
 Round Rock, TX 78664

2. Article Number (Copy from serv

7001 1140 0002 5601 6628

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Ozark Exploration, Inc.
 3838 Oak Lawn Avenue, Suite 1525
 Dallas, TX 75219

2. Article Number (Copy from serv

7001 1140 0002 5602 1646

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Wm Ownbey* Agent Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95	
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 8.00	

Sent To
 Ozark Exploration, Inc.
 3838 Oak Lawn Avenue, S 1525
 Dallas, TX 75219

PS Form 3800

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

1. Article Addressed to:

William Ownbey
 1408 Quicksilver Circle
 Round Rock, TX 78664

2. Article Number (Copy from serv

7001 1140 0002 5601 6628

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Ozark Exploration, Inc.
 3838 Oak Lawn Avenue, Suite 1525
 Dallas, TX 75219

2. Article Number (Copy from serv

7001 1140 0002 5602 1646

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *L. Fitzgerald* Agent Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Oscura Resources, Inc.
 P. O. Box 2292
 Roswell, NM 88202-2292

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Oscura Resources, Inc.
 P. O. Box 2292
 Roswell, NM 88202-2292

2. Article Number (Copy from service label) **7001 1140 0002 5601 6611**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 [Signature] 2-17-04

C. Signature
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Hettie Jewel Page
 6110 Wildwood Street
 Farmington, NM 87402-1

PS Form 3800

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

1. Article Addressed to:
 Hettie Jewel Page
 6110 Wildwood Street
 Farmington, NM 87402-0962

2. Article Number (Copy from service label) **7001 1140 0002 5601 6642**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 Hettie Page 2-13-04

C. Signature
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Panhandle Royalty Comp
 5400 N.W. Grand Boule
 Suite 210
 Oklahoma City, OK 731

PS Form 3800

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

1. Article Addressed to:
 Panhandle Royalty Company
 5400 N.W. Grand Boulevard,
 Suite 210
 Oklahoma City, OK 73112

2. Article Number (Copy from service label) **7001 1140 0002 5602 1660**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 [Signature] 2/18/04

C. Signature
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0057 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

JAN 12 2004
 USPS 8750
 Post Office Here

Sent To
 Nancy Joy Parsons
 1420 W. Main Street #206
 Lewisville, TX 75067

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nancy Joy Parsons
 1420 W. Main Street #206
 Lewisville, TX 75067

2. Article Number (Copy from service label)

7001 1140 0002 5601 6673

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Sue Howard** B. Date of Delivery **2/18/04**
 C. Signature **X Sue Howard** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0057 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

JAN 12 2004
 USPS 8750
 Post Office Here

Sent To
 Randy G. Patterson
 1705 West Washington
 Artesia, NM 88210

PS Form 3800

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Randy G. Patterson
 1705 West Washington
 Artesia, NM 88210

2. Article Number (Copy from service label)

7001 1140 0002 5601 6666

PS Form 3811, July 1999

Domestic Return Receipt

C. Signature **X Randy G. Patterson**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL

44519.0057 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

JAN 12 2004
 USPS 8750
 Post Office Here

Sent To
 Payne-Johnston Management
 Inc.
 801 First Place
 Tyler, TX 75702

PS Form 3800

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Payne-Johnston Management
 Inc.
 801 First Place
 Tyler, TX 75702

2. Article Number (Copy from service label)

7001 1140 0002 5601 6697

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **CARLENE SMITH** B. Date of Delivery **2/18/04**
 C. Signature **X Carlene Smith** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

102595-00-M-0952

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

OFFICIAL *EXPRESS*

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Karla Bond Peterson
 8682 Northridge Loop
 Laredo, TX 78045

Street, Apt. No.; or PO Box No.
 City, State, ZIP+

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Karla Bond Peterson
 8682 Northridge Loop
 Laredo, TX 78045

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Karla Bond Peterson 2/19/04

C. Signature Agent Addressee

X Karla Bond Peterson

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5601 6680

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL *EXPRESS*

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Pitch Energy Corporation
 P. O. Box 304
 Artesia, NM 88211-0304

Street, Apt. No.; or PO Box No.
 City, State, ZIP+

PS Form 3800, July 1999

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

1. Article Addressed to:

Pitch Energy Corporation
 P. O. Box 304
 Artesia, NM 88211-0304

A. Received by (Please Print Clearly) B. Date of Delivery

WADE NELSON 2-13-04

C. Signature Agent Addressee

X Wade Nelson

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5602 1653

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL *EXPRESS*

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 PJC Limited Partnership
 P. O. Box 1713
 Roswell, NM 88201

Street, Apt. No.; or PO Box No.
 City, State, ZIP+

PS Form 3800, July 1999

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

1. Article Addressed to:

PJC Limited Partnership
 P. O. Box 1713
 Roswell, NM 88201

A. Received by (Please Print Clearly) B. Date of Delivery

Tracy Thompson 2-18-04

C. Signature Agent Addressee

X Tracy Thompson

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5602 1639

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Frank W. Poopechan
 Revocable Trust
 P. O. Box 549
 Claremore, OK 74018

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 Frank W. Poopechan
 Revocable Trust
 P. O. Box 549
 Claremore, OK 74018

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X *Brittany Howard* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from serv) **7001 1140 0002 5601 6734**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Bonnie Powell
 5071 Rio Penasco Road
 Hope, NM 88250-9715

2. Article Number (Copy from serv) **7001 1140 0002 5601 6727**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To W. T. & Jeanette, J. Probandt
 415 W. Wall Street, Suite
 Midland, TX 79701

2. Article Number (Copy from serv) **7001 1140 0002 5601 6758**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Bonnie Powell
 5071 Rio Penasco Road
 Hope, NM 88250-9715

2. Article Number (Copy from serv) **7001 1140 0002 5601 6727**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To W. T. & Jeanette, J. Probandt
 415 W. Wall Street, Suite
 Midland, TX 79701

2. Article Number (Copy from serv) **7001 1140 0002 5601 6758**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

C. Signature
 X *Robbie* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL MAIL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Pug Petroleum, Inc.
1200 S. Richardson Avenue
Roswell, NM 88203

Street, Apt. No., or PO Box No.
City, State, ZIP+

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Pug Petroleum, Inc.
1200 S. Richardson Avenue
Roswell, NM 88203

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) R. Oye B. Date of Delivery 2-18-04

C. Signature R. Oye Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5601 6741

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Quetico Superior Foundat
50 South 6th Street, Suite
Minneapolis, MN 55402-

Street, Apt. No., or PO Box No.
City, State, ZIP+

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

1. Article Addressed to:

Quetico Superior Foundation
50 South 6th Street, Suite 1500
Minneapolis, MN 55402-1498

A. Received by (Please Print Clearly) Brock A. Peterson B. Date of Delivery 2/17/04

C. Signature Brock A. Peterson Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5601 6772

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Margaret Swope Raburn
3604 Spring Hill Drive
Edmund, OK. 73013

Street, Apt. No., or PO Box No.
City, State, ZIP+ 4

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

1. Article Addressed to:

Margaret Swope Raburn
3604 Spring Hill Drive
Edmund, OK 73013

A. Received by (Please Print Clearly) Margaret Raburn B. Date of Delivery 2-17-04

C. Signature Margaret Raburn Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 1140 0002 5601 6796

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Helen Chase Rand Trust
 P. O. Box 40062 (FL0027)
 Jacksonville, FL 32203-0

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Helen Chase Rand Trust
 P. O. Box 40062 (FL0027)
 Jacksonville, FL 32203-0062

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Charles Brockway
 C. Signature Agent Addressee

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

FEB 18 2004

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service)

7001 1140 0002 5601 6789

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Margie Bond Rankin
 3007 Bowman Street
 Las Cruces, NM 88005

A. Received by (Please Print Clearly) B. Date of Delivery

22304
 C. Signature Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy)

7001 1140 0002 5601 6819

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

REJ Oil, Inc.
 6645 Castle Pines Drive
 Plano, TX 75093-6380

C. Signature Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from s)

7001 1140 0002 5601 6826

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Margie Bond Rankin
 3007 Bowman Street
 Las Cruces, NM 88005

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

1. Article Addressed to:

REJ Oil, Inc.
 6645 Castle Pines Drive
 Plano, TX 75093-6380

C. Signature Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from s)

7001 1140 0002 5601 6826

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 REJ Oil, Inc.
 6645 Castle Pines Drive
 Plano, TX 75093-6380

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

OFFICIAL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Fred N. Reynolds
420 Throckmorton, Suite 630
Fort Worth, TX 76102-3723
City, State, ZIP.
PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fred N. Reynolds
420 Throckmorton, Suite 630
Fort Worth, TX 76102-3723

2. Article Number (Copy from) **7001 1140 0002 5602 1684**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Fred N. Reynolds** B. Date of Delivery **2/17/04**

C. Signature **Fred N. Reynolds** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Mary G. Riddle
Box 56
Belton, TX 76513-0056
City, State, ZIP.
PS Form 3800

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

1. Article Addressed to:

Mary G. Riddle
Box 56
Belton, TX 76513-0056

2. Article Number (Copy from) **7001 1140 0002 5601 6833**

A. Received by (Please Print Clearly) **MGR** B. Date of Delivery **2-20-04**

C. Signature **MGR** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Mike H. Roberts
603 W. 13th Street, #1-A
Austin, TX 78701
City, State, ZIP.
PS Form 3800

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

1. Article Addressed to:

Mike H. Roberts
603 W. 13th Street, #1-A - 282
Austin, TX 78701

2. Article Number (Copy from) **7001 1140 0002 5601 6840**

A. Received by (Please Print Clearly) **THE UPS STORE** B. Date of Delivery **2/17/04**

C. Signature **[Signature]** Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
**603 W. 13th St. SUITE 1-A
AUSTIN, TEXAS 78701**

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

4. Restricted Delivery? (Extra Fee) Yes

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

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
John C. Rogers
3800 Pucket Drive
Amarillo, TX 79109

PS Form 3800,

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John C. Rogers
3800 Pucket Drive
Amarillo, TX 79109

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
2/17/04

C. Signature
X *J. Rogers* 937
 Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from s...)
7001 1140 0002 5601 6895

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Ross Family Living Trust
3401 South 13th
Artesia, NM 88210

A. Received by (Please Print Clearly) B. Date of Delivery
[Signature] 2/17/04

C. Signature
X *[Signature]* Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from servi...)
7001 1140 0002 5601 6956

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

Bert A. & Oleta F. Ross
630 32nd Street
Richmond, CA 94804

A. Received by (Please Print Clearly) B. Date of Delivery
[Signature] EVA TRUICE 2/17/04

C. Signature
X *[Signature]* Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy fr...)
7001 1140 0002 5601 7304

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Ross Family Living Trust
3401 South 13th
Artesia, NM 88210

PS Form 3800,

2. Article Number (Copy from servi...)
7001 1140 0002 5601 6956

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Bert A. & Oleta F. Ross
630 32nd Street
Richmond, CA 94804

PS Form 3800,

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gary Ross
3401 South 13th Street
Artesia, NM 88210

Sent To
Gary Ross
3401 South 13th Street
Artesia, NM 88210

PS Form 3800, J

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Gary Ross 2-14-04

C. Signature
X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from se 7001 1140 0002 5601 6901

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



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

1. Article Addressed to:

J. T. Ross
P. O. Box 216
Lakewood, NM 88254

Sent To
J. T. Ross
P. O. Box 216
Lakewood, NM 88254

PS Form 3800, J

A. Received by (Please Print Clearly) B. Date of Delivery
J. T. Ross 2/14/04

C. Signature
X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from 7001 1140 0002 5601 6932

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



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

1. Article Addressed to:

Joe E. Ross
1408 James
Artesia, NM 88210

Sent To
Joe E. Ross
1408 James
Artesia, NM 88210

PS Form 3800, J

A. Received by (Please Print Clearly) B. Date of Delivery
Ruby Ross 2-14-04

C. Signature
X [Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

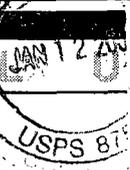
2. Article Number (Copy 7001 1140 0002 5601 6925

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

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

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
Ralph Ross
5837 Olehena Road
Kapaa, HI 96746-8811

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ralph Ross
5837 Olehena Road
Kapaa, HI 96746-8811

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **RALPH ROSS** B. Date of Delivery **2/19/04**

C. Signature **X Ralph Ross** Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 1140 0002 5601 6970**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
Robert Ross
P. O. Box 8334
Searcy, AR 72145-8334

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Ross
P. O. Box 8334
Searcy, AR 72145-8334

A. Received by (Please Print Clearly) **ROBERT D ROSS** B. Date of Delivery

C. Signature **X Robert D Ross** Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 1140 0002 5601 6963**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
Ronald Ross
1902 Hermosa Drive
Artesia, NM 88210

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ronald Ross
1902 Hermosa Drive
Artesia, NM 88210

A. Received by (Please Print Clearly) **Barbara Ross** B. Date of Delivery **2-17-04**

C. Signature **X Barbara Ross** Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7001 1140 0002 5601 6994**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL
 JAN 12 2004
 USPS 87E
 Pc

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 William Ross
 3401 South 13th Street
 Artesia, NM 88210

Street, Apt. or PO Box
 City, State,
 PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Ross
 3401 South 13th Street
 Artesia, NM 88210

2. Article Number (Copy from s

7001 1140 0002 5601 6918

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 X [Signature] 2-14-04
 C. Signature Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL
 JAN 12 2004
 USPS 87E
 Pos. H

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 A. M. Routh
 P. O. Box 341566
 Austin, TX 78734

Street, Apt. No.; or PO Box No.
 City, State, ZIP+
 PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

A. M. Routh
 P. O. Box 341566
 Austin, TX 78734

2. Article Number (Copy from

7001 1140 0002 5601 6949

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 X [Signature] 2-20
 C. Signature Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL
 JAN 12 2004
 USPS 87E
 Pos. H

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 RRS Oil, Inc.
 401 West Texas, Suite 10
 Midland, TX 79701

Street, Apt. No or PO Box No.
 City, State, ZIP
 PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RRS Oil, Inc.
 401 West Texas, Suite 1003
 Midland, TX 79701

2. Article Number (Copy from

7001 1140 0002 5601 6765

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 X [Signature] 2-20
 C. Signature Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

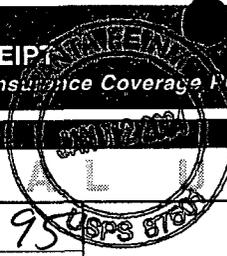
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL RECEIPT

44519.0051 Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dick Rundle
 6530 Cove Creek Place
 Dallas, TX 75240

Sent To

Dick Rundle
 6530 Cove Creek Place
 Dallas, TX 75240

PS Form 3800, J.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Dick Rundle* B. Date of Delivery *2/10/94*

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

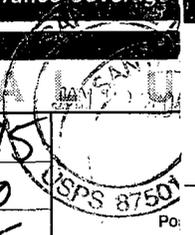
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL RECEIPT

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ruthea, Inc.
 590 Cricketfield Court
 Thousand Oaks, CA 91361

Sent To

Ruthea, Inc.
 590 Cricketfield Court
 Thousand Oaks, CA 91361

PS Form 3800,

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *2/10/94*

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 1140 0002 5602 1677

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Barbara Jane Runyan Rev.
 Trust
 Box 1415
 Hope, NM 88250-1415

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL RECEIPT

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



2. Article Number (Copy from sr)

7001 1140 0002 5601 7014

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Sacramento Partners Limited
 105 South 4th Street
 Artesia, NM 88210

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sacramento Partners Limited
 105 South 4th Street
 Artesia, NM 88210

2. Article Number (Copy of) **7001 1140 0002 5602 1707**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ricky M. Sander
 9613 Elkhart
 Lubbock, TX 79424

2. Article Number (Copy from service) **7001 1140 0002 5601 7045**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gordon S. Sanders
 7103 Aberdeen
 Lubbock, TX 79424

2. Article Number (Copy) **7001 1140 0002 5601 7038**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Kathy Donaghe* FFR 1/20/04
 Agent
 Addressee

X **KATHY DONAGHE**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Ricky M. Sander
 9613 Elkhart
 Lubbock, TX 79424

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ricky M. Sander
 9613 Elkhart
 Lubbock, TX 79424

2. Article Number (Copy from service) **7001 1140 0002 5601 7045**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gordon S. Sanders
 7103 Aberdeen
 Lubbock, TX 79424

2. Article Number (Copy) **7001 1140 0002 5601 7038**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Ricky Sander*
 Agent
 Addressee

X **Ricky Sander**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

OFFICIAL MAIL	
44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Gordon S. Sanders
 7103 Aberdeen
 Lubbock, TX 79424

PS Form 3800, Jan

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gordon S. Sanders
 7103 Aberdeen
 Lubbock, TX 79424

2. Article Number (Copy) **7001 1140 0002 5601 7038**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Gordon Sanders*
 Agent
 Addressee

X **Gordon Sanders**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Grady D. Sanders
 6132 37th Street
 Lubbock, TX 79407

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Grady D. Sanders
 6132 37th Street
 Lubbock, TX 79407

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Grady Sanders* B. Date of Delivery *2-27-04*
 C. Signature *Grady Sanders*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Lanny D. Sanders
 5512 36th Street
 Lubbock, TX 79407-4060

2. Article Number (Copy from) **7001 1140 0002 5601 7021**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Lanny D. Sanders
 5512 36th Street
 Lubbock, TX 79407-4060

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Lanny Sanders*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) **7001 1140 0002 5601 7052**

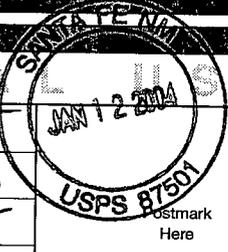
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Jenna Hinkle Sartori
 212 Skilling Court
 Cotati, CA 94931-5377

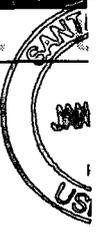


PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sent To
Allison Claire C. Saund
P. O. Box 50327
Austin, TX 78763-0327

Allison Claire C. Saunders
P. O. Box 50327
Austin, TX 78763-0327

PS Form 3800

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent Addressee

X *[Signature]*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5601 7076

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sent To
Thelma M. Schafer
906 Hermosa
Artesia, NM 88210

Thelma M. Schafer
906 Hermosa
Artesia, NM 88210

PS Form 3800

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent Addressee

X *[Signature]*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5601 7069

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sent To
Schelro, Ltd.
P. O. Box 4037
Midland, TX 79704

Schelro, Ltd.
P. O. Box 4037
Midland, TX 79704

PS Form 3800

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent Addressee

X *[Signature]*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5601 7113

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Morris E. Schertz
 P. O. Box 2588
 Roswell, NM 88202-2588

2. Article Number (Copy from)

7001 1140 0002 5601 7106

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

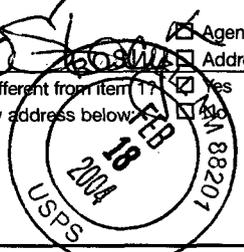
A. Received by (Please Print Clearly) B. Date of Delivery

Patti Stacy 2-18-04

C. Signature

[Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Morris E. Schertz
 P. O. Box 2588
 Roswell, NM 88202-258

PS Form 3800,

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenna Carter Scott
 301 Panorama Boulevard #501
 Alamogordo, NM 88310

2. Article Number (Copy from)

7001 1140 0002 5601 7090

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

[Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Adolph P. Schuman
 400 Sansome Street
 San Francisco, CA 94111

PS Form 3800, Jan

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

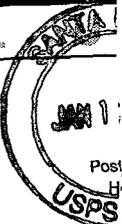
Sent To
 Kenna Carter Scott
 301 Panorama Boulevard
 Alamogordo, NM 88310

PS Form 3800,

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Iva Oneta Scott
 4026 Laurel Oak Drive
 San Angelo, TX 76904

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Iva Oneta Scott
 4026 Laurel Oak Drive
 San Angelo, TX 76904

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ONETTA SCOTT B. Date of Delivery 2-23-04

C. Signature
 X Oneta Scott Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5601 7083

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Wayne Scott
 2113 Mesquite Lane
 San Angelo, TX 76904

PS Form 3800, July 1999

item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wayne Scott
 2113 Mesquite Lane
 San Angelo, TX 76904

WAYNE V. SCOTT 2/20/04

C. Signature
 X Wayne V. Scott Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5601 7137

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 John Slade Sellmeyer
 Box 356
 McKinney, TX 75070

PS Form 3800, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Slade Sellmeyer
 Box 356
 McKinney, TX 75070

A. Received by (Please Print Clearly) J.S. Sellmeyer B. Date of Delivery 2/18

C. Signature
 X J.S. Sellmeyer Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5601 7120

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Street, Apt. No., or PO Box No. **Sharbro Oil Limited C
P. O. Box 840**
 City, State, ZIP+4 **Artesia, NM 88211-0840**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Sharbro Oil Limited Company
P. O. Box 840
Artesia, NM 88211-0840**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Mel Loya** B. Date of Delivery **2-23-04**
 C. Signature **X Mel Loya** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) **7001 1140 0002 5602 1721**

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Street, Apt. No., or PO Box No. **Albert Edward Shaw
P. O. Box 838**
 City, State, ZIP+4 **Crowell, TX 79227**

2. Article Number (Copy from)

7001 1140 0002 5602 1721

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Street, Apt. No., or PO Box No. **Ardise Shaw Inter Vivos T
P. O. Box 50128**
 City, State, ZIP **Amarillo, TX 79159-0128**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Ardise Shaw Inter Vivos Trust
P. O. Box 50128
Amarillo, TX 79159-0128**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Ardise Shaw** B. Date of Delivery **2-20-04**
 C. Signature **X Ardise Shaw** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: No
Ardise shaw

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

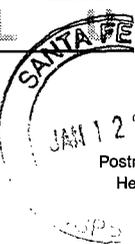
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) **7001 1140 0002 5602 1882**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0057 WFE Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 M. H. Shaw
 Route 1, Box 42
 Cheyenne, OK 73628

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

M. H. Shaw
 Route 1, Box 42
 Cheyenne, OK 73628

2. Article Number (Copy from)

7001 1140 0002 5601 7144

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Merlene Shaw* B. Date of Delivery *2/17/04*

C. Signature *Merlene Shaw* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

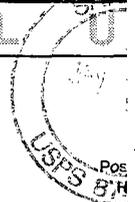
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0057 WFE Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Teresa Shaw Inter Vivos
 P. O. Box 50128
 Amarillo, TX 79159

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Teresa Shaw Inter Vivos Trust
 P. O. Box 50128
 Amarillo, TX 79159

2. Article Number (Copy from)

7001 1140 0002 5601 7243

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Ardise Shaw* B. Date of Delivery *2-20-04*

C. Signature *Ardise Shaw* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFE Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Thoral Shaw, Jr.
 Route 1
 Durham, OK 73642

PS Form 3800, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thoral Shaw, Jr.
 Route 1
 Durham, OK 73642

2. Article Number (Copy from)

7001 1140 0002 5601 7274

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) *X* B. Date of Delivery *2-17-04*

C. Signature *X* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Elizabeth Ruth Nixon St
 11205 Savoy Road
 St. Amant, LA 70774

PS Form 3800

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Elizabeth Ruth Nixon Sheets
 11205 Savoy Road
 St. Amant, LA 70774

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH SHEETS
 B. Date of Delivery

C. Signature X Elizabeth Sheets
 Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Sigmar, Inc.
 400 W. Illinois, Suite 1120
 Midland, TX 79701

PS Form 3800, Jr.

2. Article Number (Copy from) 7001 1140 0002 5601 7175

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Sigmar, Inc.
 400 W. Illinois, Suite 1120
 Midland, TX 79701

A. Received by (Please Print Clearly) MARLENE BUSCO J.M.
 B. Date of Delivery

C. Signature X M. Busco
 Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Patricia J. Simpson
 877 Redfern Avenue
 Akron, OH 44314-2045

PS Form 3800

2. Article Number (Copy from service) 7001 1140 0002 5601 7168

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Patricia J. Simpson
 877 Redfern Avenue
 Akron, OH 44314-2045

A. Received by (Please Print Clearly) 2-18
 B. Date of Delivery

C. Signature X Patricia J. Simpson
 Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

44519.0051 Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 Linley T. Solari Revoca
 Trust
 P. O. Box 1783
 El Prado, NM 87529-1783
 PS Form 3800, Ja



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Linley T. Solari Revocable
 Trust
 P. O. Box 1783
 El Prado, NM 87529-1783

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 2/19/04

C. Signature
 X Linley Solari Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5601 7182

PS Form 3811, July 1999

Domestic Return Receipt

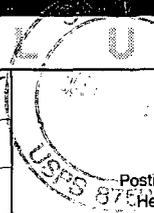
102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

44519.0051 Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 Southwest Royalties, Inc.
 P. O. Box 678066
 Dallas, TX 75267
 PS Form 3800,



item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Southwest Royalties, Inc.
 P. O. Box 678066
 Dallas, TX 75267

C. Signature
 X K Smith Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 0212

PS Form 3811, July 1999

Domestic Return Receipt

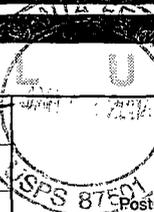
102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

44519.0051 Postage \$ 3.95
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To
 Space Building Corporation
 250 Cape Highway, Route
 East Taunton, MA 02718
 PS Form 3800,



item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Space Building Corporation
 250 Cape Highway, Route 44
 East Taunton, MA 02718-1580

C. Signature
 X Denise Irving Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service) 7001 1140 0002 5602 1714

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Spiral, Inc.
P. O. Box 1933
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Amey Owens* B. Date of Delivery *2-18-04*

C. Signature *Amey Owens* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from 7001 1140 0002 5602 1745)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James R. Swope
1832 Mountain Laurel
Kerrville, TX 78028-3843

A. Received by (Please Print Clearly) *Swope* B. Date of Delivery *2-21-04*

C. Signature *James R Swope* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from send 7001 1140 0002 5601 7205)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SWR Inst. Income
SW Development Drilling
P. O. Box 678066
Dallas, TX 75267

A. Received by (Please Print Clearly) *K Smith* B. Date of Delivery *JAN 17 2004*

C. Signature *K Smith* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from se 7001 1140 0002 5601 7427)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

OFFICIAL U.S. MAIL

44519.0051 Postage \$ 3.95
WFC Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
Spiral, Inc.
P. O. Box 1933
Roswell, NM 88201

PS Form 3800, J

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

OFFICIAL U.S. MAIL

44519.0051 Postage \$ 3.95
WFC Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
James R. Swope
1832 Mountain Laurel
Kerrville, TX 78028-38

PS Form 3800,

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

OFFICIAL U.S. MAIL

44519.0051 Postage \$ 3.95
WFC Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 8.00

Sent To
SWR Inst. Income
SW Development Drilling
P. O. Box 678066
Dallas, TX 75267

PS Form 3800,

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0057 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 TC/Map 1996-A
 P. O. Box 660197
 Dallas, TX 75266-0197

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TC/Map 1996-A
 P. O. Box 660197
 Dallas, TX 75266-0197

2. Article Number (Copy from serv

7001 1140 0002 5601 7229

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **FEB 17 2004**

C. Signature **Harold Brown**

Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0057 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Karen Tackitt
 403 North 2nd
 Carlsbad, NM 88220

PS Form 3800

item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Karen Tackitt
 403 North 2nd
 Carlsbad, NM 88220

2. Article Number (Copy from

7001 1140 0002 5601 7236

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Ron Tackitt**

C. Signature **Ron Tackitt**

Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0057 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Henry Terpening
 3612 E. Castleberry Road
 Artesia, NM 88210

PS Form 3800, January 2003

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Henry Terpening
 3612 E. Castleberry Road
 Artesia, NM 88210

2. Article Number (Copy from

7001 1140 0002 5601 7250

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Mary E. Terpening**

C. Signature **Mary E. Terpening**

Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL USE

44519.0051 Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Clay Thornton
3898 Van Ness Lane
Dallas, TX 75220

PS Form 3800, January 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Clay Thornton
3898 Van Ness Lane
Dallas, TX 75220

2. Article Number (Copy from serv

7001 1140 0002 5601 7267

PS Form 3811, July 1999

Domestic Return Receipt

- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jo E. Thornton
6004 Front Royal
Austin, TX 78746

2. Article Number (Copy from

7001 1140 0002 5601 7298

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
Tom Brown, Inc.
Dept. #1347
555 17th Street #1850
Denver, CO 80202

PS Form 3800, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tom Brown, Inc.
Dept. #1347
555 17th Street #1850
Denver, CO 80202

2. Article Number (Copy from service)

7001 1140 0002 5602 1738

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X [Signature]
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X Jo Thornton
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X [Signature]
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
 WFC Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To Nancy P. Tonkin Revocable Trust
 1524 Park Avenue, SW
 Albuquerque, NM 87104

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Nancy P. Tonkin Revocable Trust
 1524 Park Avenue, SW
 Albuquerque, NM 87104

2. Article Number (Copy from sender) 7001 1140 0002 5601 7281

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery

C. Signature
 X *Nancy P. Tonkin* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
 WFC Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To Transrepublic Resources, P. O. Box 3638
 Midland, TX 79702

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Transrepublic Resources, Ltd.
 P. O. Box 3638
 Midland, TX 79702

2. Article Number (Copy from sender) 7001 1140 0002 5602 1769

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery 2-18-04

C. Signature
 X *Patricia Turner* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 Postage \$ 3.95
 WFC Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.00

Sent To Gayle Elizabeth L. Turner
 P. O. Box 1110
 Alpine, TX 79831

PS Form 3800, Jr.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Gayle Elizabeth L. Turner
 P. O. Box 1110
 Alpine, TX 79831

2. Article Number (Copy from sender) 7001 1140 0002 5601 7311

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery 2-17-04

C. Signature
 X *Gayle L. Turner* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Unit Petroleum Company
 P. O. Box 702500
 Tulsa, OK 74170-2500

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

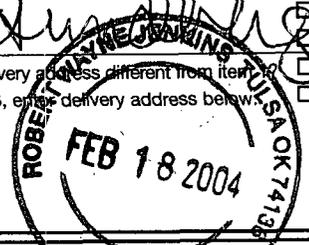
1. Article Addressed to:

 Unit Petroleum Company
 P. O. Box 702500
 Tulsa, OK 74170-2500

A. Received by (Please Print Clearly) Burdick B. Date of Delivery 2-18

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5602 1752

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

To
 Frederick Van Vranken, Jr.
 P. O. Box 264
 Jericho, NY 11753

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 Frederick Van Vranken, Jr.
 P. O. Box 264
 Jericho, NY 11753

A. Received by (Please Print Clearly) Nancy Van Vranken B. Date of Delivery 2/18/04

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Dec 2/18/04

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5602 1806

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 Postage	\$ 3.94
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Joanne D. Van Winkle
 605 West McCune
 Roswell, NM 88203

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 Joanne D. Van Winkle
 605 West McCune
 Roswell, NM 88203

A. Received by (Please Print Clearly) J. Van Winkle B. Date of Delivery 2/14/04

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from) 7001 1140 0002 5601 7335

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Vintage Petroleum, Inc.
 Attn: Chris Jacobsen
 110 West Seventh Street
 Tulsa, OK 74119

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Vintage Petroleum, Inc.
 Attn: Chris Jacobsen
 110 West Seventh Street
 Tulsa, OK 74119

2. Article Number (Copy from s

7001 1140 0002 5602 1783

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 2-17-04

C. Signature
 X *Scelomen* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Wilma Evelyn Voigt
 1103 N. Shore Drive
 Carlsbad, NM 88220-4637

PS Form 3800, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wilma Evelyn Voigt
 1103 N. Shore Drive
 Carlsbad, NM 88220-4637

2. Article Number (Copy from

7001 1140 0002 5602 1776

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 W. Voigt 2-13

C. Signature
 X *Wilma Voigt* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To Margaret Wagon
 Route 1, Box 146
 Arnett, OK 73823

PS Form 3800, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Margaret Wagon
 Route 1, Box 146
 Arnett, OK 73823

2. Article Number (Copy from serv

7001 1140 0002 5601 7328

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Margaret Ann Wagon 2-17-04

C. Signature
 X *Margaret Ann Wagon* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: JAN 1 USPS 87

Sent To
 Wedderburn Properties, LLC
 2133 N. Lakeshore Drive
 Chapel Hill, NC 27514

Street, Apt. No., or PO Box No.
 City, State, ZIP+

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wedderburn Properties, LLC
 2133 N. Lakeshore Drive
 Chapel Hill, NC 27514

2. Article Number (Copy from)

7001 1140 0002 5601 7342

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) HANS FLINCH
 B. Date of Delivery 2/17/04

C. Signature X Hans Flinch
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: JAN 1 USPS 87

Sent To
 Leslie P. & Jean M. Whitney
 12723 Richmond Avenue
 Grandview, MO 64030-

Street, Apt. No., or PO Box No.
 City, State, ZIP+

PS Form 3800, January 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Leslie P. & Jean M. Whitney
 12723 Richmond Avenue
 Grandview, MO 64030-2160

2. Article Number (Copy from)

7001 1140 0002 5601 7373

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) BIL-04
 B. Date of Delivery

C. Signature X Leslie Whitney
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519.0051
 WFC Postage \$ 3.95

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Postmark: JAN 2 USPS 8750

Sent To
 John Finlay Williams
 2005 Currier Avenue
 Artesia, NM 88210

Street, Apt. No., or PO Box No.
 City, State, ZIP+

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Finlay Williams
 2005 Currier Avenue
 Artesia, NM 88210

2. Article Number (Copy from se)

7001 1140 0002 5601 7397

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KATY WILLIAMS
 B. Date of Delivery 2/13/04

C. Signature X Katy Williams
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Rosemary Williams
 Street, Apt. N. or PO Box No. 5105 Arbor Glen
 City, State, Zip The Colony, TX 75056
 PS Form 3801

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Donna Ownbey Williamson
 Street, Apt. N. or PO Box No. 5203 Foothill Ranch Road
 City, State, Zip Santa Rosa, CA 85404-1234
 PS Form 3801

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donna Ownbey Williamson
 5203 Foothill Ranch Road
 Santa Rosa, CA 85404-1234

2. Article Number (Copy from serial number)

7001 1140 0002 5601 6604

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Donna Williamson
 B. Date of Delivery 2/17/04

C. Signature X Donna Williamson
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To
 Travis Wilson
 Street, Apt. N. or PO Box No. 135 Lloyd Drive
 City, State, Zip Fairfield, CT 06432-1153
 PS Form 3801

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Travis Wilson
 135 Lloyd Drive
 Fairfield, CT 06432-1153

2. Article Number (Copy from serial number)

7001 1140 0002 5601 7410

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) Travis Wilson
 B. Date of Delivery 2/17/04

C. Signature X Travis Wilson
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Yates Brothers
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3806

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yates Brothers
 105 S. Fourth Street
 Artesia, NM 88210

2. Article Number (Copy from)

7001 1140 0002 5601 7434

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X *Kathy Donaghe*
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Yates Drilling Company
 105 South Fourth
 Artesia, NM 88210

PS Form 3806

- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yates Drilling Company
 105 South Fourth
 Artesia, NM 88210

2. Article Number (Copy from se)

7001 1140 0002 5602 1837

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

C. Signature
 X *Lyrie Tucker*
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

44519-0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To
 Yates Energy Corporation
 P. O. Box 2323
 Roswell, NM 88202-2323

PS Form 3806

- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yates Energy Corporation
 P. O. Box 2323
 Roswell, NM 88202-2323

2. Article Number (Copy from)

7001 1140 0002 5602 1790

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X *Pat Escalante*
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To Yates Petroleum Corporation
 105 S. Fourth Street
 Artesia, NM 88210

PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To John A. Yates
 P. O. Box 900
 Artesia, NM 88211-0900

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John A. Yates
 P. O. Box 900
 Artesia, NM 88211-0900

2. Article Number (Copy from s

7001 1140 0002 5602 1868

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **FRAN HUFFMAN** B. Date of Delivery **2-13-04**
 C. Signature **X Fran Huffman** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

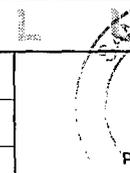
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

44519.0051 WFC Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00



Sent To Estate of Lillie M. Yates
 P. O. Box 840
 Artesia, NM 88211-0840

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Lillie M. Yates
 P. O. Box 840
 Artesia, NM 88211-0840

2. Article Number (

7001 1140 0002 5602 1844

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **Lillie M. Yates** B. Date of Delivery **2-13-04**
 C. Signature **X Lillie M. Yates** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

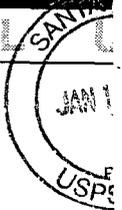
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL RECEIPT

44519-0051 WFC	Postage	\$ 3.95
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 8.00



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Peggy A. Yates Trust
P. O. Box 900
Artesia, NM 88211-0900

2. Article Number (Copy from sender label)

7001 1140 0002 5602 1820

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **B. Date of Delivery**
FRAN H. ...

C. Signature
[Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



Sent To
Peggy A. Yates Trust
P. O. Box 900
Artesia, NM 88211-0900

PS Form 3800

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7001 1140 0002 5602 1820