

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF ARCH PETROLEUM INC.
FOR A NON-STANDARD GAS SPACING AND
PRORATION UNIT IN THE JALMAT GAS
POOL, LEA COUNTY, NEW MEXICO.

Case No. 13275

AFFIDAVIT REGARDING NOTICE

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

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

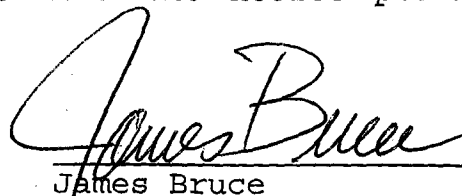
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

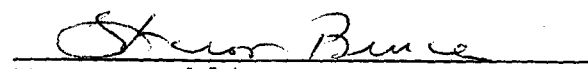
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

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

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


James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of May, 2004, by James Bruce.


Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 2

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 6, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Offset operators or interest owners

Ladies and gentlemen:

Enclosed is a copy of an application for approval of a non-standard gas spacing unit, filed with the New Mexico Oil Conservation Division by Arch Petroleum Inc., regarding the NW¼ of Section 21, Township 23 South, Range 37 East, N.M.P.M., Lea County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, May 27, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, May 21, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce



OFFSET INTEREST OWNERS

Samedan Oil Corporation
P.O. Box 909
Ardmore, OK 73402

Esther L. Kelly
Elk Oil Company
P.O. Box 310
Roswell, NM 88203

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

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121

Wynn-Crosby Energy, Inc.
Suite 200
5500 West Plano Parkway
Plano, TX 75093

Westbrook Oil Corporation
P.O. Box 2264
Hobbs, NM 88241

Fulfer Oil & Gas Company
P.O. Box 578
Jal, NM 88252

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, OK 74136

Attention: Mario R. Moreno, Jr.

Pure Energy Group, Inc.
Suite 220
153 Treeline Park
San Antonio, TX 78209-1880

Chisos, Ltd.
670 Dona Ana Road S.W.
Deming, NM 88030

Occidental Permian, Ltd.
P.O. Box 4294
Houston, TX 77210

Ross Travis
P.O. Box 1202
Ojai, CA 93024

Lawrence I. Travis
424 Lombard Avenue
Pacific Palisades, CA 90272

Carole A. Travis, Trustee
P.O. Box 2870
Jackson, WY 83001

George G. Travis Trust
1712 Palisades Drive
Pacific Palisades, CA 90272

Robert Miles Travis
P.O. Box 25156
Seattle, WA 98125

Cissy R. Travis, Trustee
135 Coral Cay Drive
Palm Beach Gardens, FL 33418

Elson Oil Company
Suite 1404
20 East 5th Street
Tulsa, OK 74103

Frank Seeton
1815 Union Drive
Lakewood, CO 80215

The Long Trusts
P.O. Box 3096
Kilgore, TX 75663

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

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

Cathie Cone McCown
Cathie Cone McCown, Trustee
P.O. Box 507
Dripping Springs, TX 78620

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

Bank of Oklahoma, Trustee for
the children of Tom R. Cone
P.O. Box 3499
Tulsa, OK 74101

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

Blackstone Minerals Company, LP
P.O. Box 201709
Houston, TX 77216

Dorothy Campbell, Trustee
Suite 203
2323 South Voss
Houston, TX 77057

Mary Jon Bryan
P.O. Box 1358
Lindale, TX 75771

Evans Oil & Gas, L.L.C.
3513 East Old Shakopee Road
Bloomington, MN 55425

Sheridan Family Trust
2711 West Calle de Dali
Tucson, AZ 85745

BMNW Resources, L.L.C.
P.O. Box 180573
Dallas, TX 75218

Stroube Energy Corporation
No. 123, LB 249
17194 Preston Road
Dallas, TX 75248

John E. McConnell
1318 Briar Bayou
Houston, TX 77077

Leila McConnell Gadbois
2525 Stanmore Drive
Houston, TX 79019

F. Bennett Watts
P.O. Box 231
Breckenridge, TX 76424

Roy G. Barton, Jr., Trustee
1919 North Turner Street
Hobbs, NM 88240

Harry L. Jones, II Trust
2315 Candy Lane
Malabar, FL 32950

Normarth Corporation
52 Salem Ridge Drive
Huntington, NY 11743

Michael Gidwitz
Suite 1705
208 South LaSalle Street
Chicago, IL 60604

Marjo Operating Co., Inc.
P.O. Box 729
Tulsa, OK 74101

BNW, Inc.
P.O. Box 892044
Oklahoma City, OK 73189

Osprey Resources, Inc.
Suite 1512
921 Main Street
Houston, TX 77002

Estate of Max R. Chudy, Sr.
50 South Meadow Drive
Orchard Park, NY 14127

Lenox Partners
P.O. Box 3096
Mill River, MA 01244

Estate of John L. Brady
5220 West Barry Avenue
Chicago, IL 60641

Kirby Minerals
P.O. Box 268947
Oklahoma City, OK 73125

Charles T. Gallaher, II
No. 103
5080 Harmony Circle
Vero Beach, FL 32967

Joseph Wesley Gallaher, II
19008 Quail Valley Boulevard
Gaithersburg, MD 20879

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, Texas 77210

Nortex Corporation
Suite 3100
1415 Louisiana
Houston, TX 77002

JV Royalty Group
P.O. Box 2035
Roswell, NM 88202

Avalanche Royalty Partners LLC
Suite 1390
475 17th Street
Denver, CO 80202

Laura Beth Nissenbaum
Jennifer Travis Nissenbaum
135 Coral Cay Drive
Palm Beach Gardens, FL 33418

Fortson Oil Company
Suite 3301
301 Commerce Street
Fort Worth, TX 76102

Nielson & Associates Inc.
P.O. Box 2850
Cody, WY 82414

Audrey M. Curry Baker
P.O. Box 1263
Midland, TX 79702

Patricia Galt Stevens
501 Grandview Place
San Antonio, TX 78209\

June D. Speight
P.O. Drawer 1687
Lovington, NM 88260

Edward Dreessen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

David Bond Kyte 1997 Trust
P.O. Box 576
Santa Barbara, CA 93102

Ingrid Powell
P.O. Box 416
Los Altos, CA 94022

Betty Kyte Dreessen Irrevocable Trust
P.O. Box 1665
Los Altos, CA 94022

Gary W. Palmer
13711 Oak Pebble
San Antonio, TX 78232

William Walton Saunders
c/o Roma Oil & Gas Inc.
8620 North New Braunfels
San Antonio, TX 78217

Robert B. Mitchell Trust
Suite 270
2323 South Voss
Houston, TX 77057

Betty Dreessen Revocable Living Trust
27447 Edgerton Drive
Los Altos, CA 94022

Cecil Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105

Miles Boldrick
P.O. Box 10668
Midland, TX 79702

James P. Boldrick
P.O. Box 10605
Midland, TX 79702

MAPOO-NET
P.O. Box 268946
Oklahoma City, OK 73126

Beverly Felts
Suite 220
8620 North New Braunfels
San Antonio, TX 78217

Saunders Family Enterprises Ltd.
Suite 220
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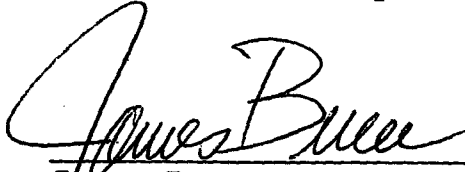
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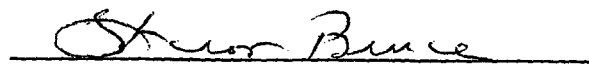
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James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of May, 2004, by James Bruce.


Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION

CASE NUMBER

EXHIBIT NUMBER 2

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(505) 982-2151 (Fax)

jamesbruc@aol.com

May 6, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Offset operators or interest owners

Ladies and gentlemen:

Enclosed is a copy of an application for approval of two non-standard gas spacing units, filed with the New Mexico Oil Conservation Division by Arch Petroleum Inc. and Westbrook Oil Corporation, regarding the S½ of Section 20, Township 23 South, Range 37 East, N.M.P.M., Lea County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, May 27, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

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Very truly yours,


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San Antonio, TX 78217

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Beverly Felts
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San Antonio, TX 78217

Saunders Family Enterprises Ltd.
Suite 220
8620 North New Braunfels
San Antonio, TX 78217

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

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

Sent To
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 6466

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121

2. Article Number (Copy from service label)

7004 0750 0000 9048 6435

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

☐ 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

7004 0750 0000 9048 6466

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

☒ 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

7004 0750 0000 9048 6435

Domestic Return Receipt

102595-00-M-0952

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Kaiser-Francis Oil Company

P.O. Box 21468

Tulsa, OK 74121

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

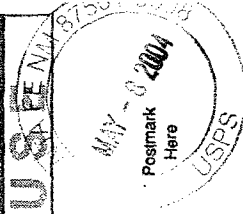
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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

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

Sent to
Samedan Oil Corporation
P.O. Box 909
Ardmore, OK 73402
or PO Box No.
City, State, Zip+4

PS Form 3800, June 2002 See R for instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Samedan Oil Corporation
P.O. Box 909
Ardmore, OK 73402

2. Article Number (Copy from service label)

7004 0750 0000 9048 5148

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

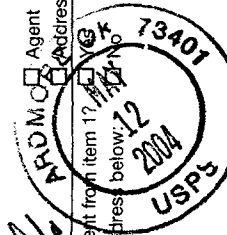
A.C.V

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mark C. Line
B. Date of Delivery 5/14/04
C. Signature [Signature]
D. Is delivery address different from item 1? ☒ Yes, enter delivery address below: 12 MAY 12 2004

Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



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:

Sather L. Kelly
Elk Oil Company
P.O. Box 310
Roswell, NM 88203

2. Article Number (Copy from service label)

7004 0750 0000 9048 5162

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A.C.V

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

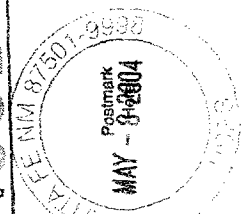
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent to
Sather L. Kelly
Elk Oil Company
P.O. Box 310
Roswell, NM 88203
or PO Box No.
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for instructions



COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 5/11/04
C. Signature [Signature]
D. Is delivery address different from item 1? ☒ 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

7004 2750 0000 0520 4002

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

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

OFFICIAL USE

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

Sent To
Tom R. Conte
Street, Apt. No.: P.O. Box 778
or PO Box No. Jay, OK 74346
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

1. Article Addressed to:

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

SENDER: COMPLETE THIS SECTION

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COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sue Ray B. Date of Delivery 6/2/04
C. Signature Sue Ray ☒ 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 ☐ No

2. Article Number (Copy from service label)

7003 3110 0001 8379 2795

Domestic Return Receipt

102595-00-M-0952

A✓

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sue Ray B. Date of Delivery 6/2/04
C. Signature Sue Ray ☒ 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 ☐ No

2. Article Number (Copy from service label)

7004 0750 0000 9048 6633

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A✓

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To

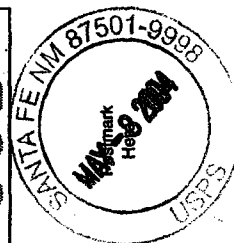
Randy Lee Cone
P.O. Box 552
Jay, OK 74346

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



5622 6288 1000 0778 6002

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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



Sent To
Fulfer Oil & Gas Company
P.O. Box 578
Jal, NM 88252
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fulfer Oil & Gas Company
P.O. Box 578
Jal, NM 88252

2. Article Number (Copy from service label)

7004 0750 0000 9048 6480

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Wynn-Crosby Energy, Inc.
Suite 200
5500 West Plano Parkway
Plano, TX 75093

2. Article Number (Copy from service label)

7004 0750 0000 9048 6442

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Delivered B. Date of Delivery 5-12-04
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 ☒ No

7004 0750 0000 9048 6480

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Jessica Myers B. Date of Delivery 5/11/04
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 ☒ No

7004 0750 0000 9048 6442

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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



Sent To
Wynn-Crosby Energy, Inc.
Suite 200
5500 West Plano Parkway
Plano, TX 75093
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

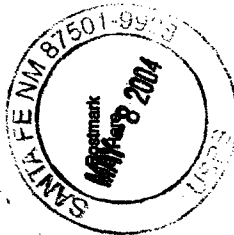
Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Fortson Oil Company
Suite 3301
301 Commerce Street
Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles T. Gallaher, II
No. 103
5080 Harmony Circle
Vero Beach, FL 32967

2. Article Number (Copy from service label)

PS Form 3811, July 1999

7004 0750 0000 9048 5124

Domestic Return Receipt

102595-00-M-0952

A

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:

Fortson Oil Company
Suite 3301
301 Commerce Street
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

MAY 10 2004

C. Signature

X

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 ☐ No

7004 0750 0000 9048 5810

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A12

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

5-12-04

C. Signature

X-2 Gallaher

☐ 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 ☐ No

7004 0750 0000 9048 5124

Domestic Return Receipt

102595-00-M-0952

A

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

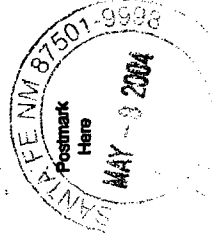
Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Charles T. Gallaher, II
No. 103
5080 Harmony Circle
Vero Beach, FL 32967

PS Form 3800, June 2002 See Reverse for Instructions



7004 0750 0000 9048 5124

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

OFFICIAL USE

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

Sent To

Michael Gidwitz
 Suite 1705
 208 South LaSalle Street
 Chicago, IL 60604

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

City, State, ZIP+4

PS Form 3811, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael Gidwitz
 Suite 1705
 208 South LaSalle Street
 Chicago, IL 60604

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from service label) 7004 0750 0000 9048 5049

PS Form 3811, July 1999 Domestic Return Receipt

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:

Beverly Felts
 Suite 220
 8620 North New Braunfels
 San Antonio, TX 78217

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from service label) 7004 0750 0000 9048 5988

PS Form 3811, July 1999 Domestic Return Receipt

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CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

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

Sent To

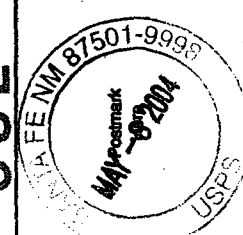
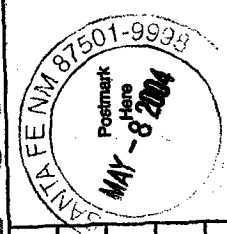
Beverly Felts
 Suite 220
 8620 North New Braunfels
 San Antonio, TX 78217

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5988



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OFFICIAL USE

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

Sent To
Harry L. Jones, II Trust
2315 Candy Lane
Malabar, FL 32950
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Harry L. Jones, II Trust
2315 Candy Lane
Malabar, FL 32950

2. Article Number (Copy from service label)

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? ☐ Yes ☐ No

If YES, enter delivery address below:

E. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7004 0750 0000 9048 5025

Domestic Return Receipt

102595-00-M-0952

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:

Estate of Max R. Chudy, Sr.
50 South Meadow Drive
Orchard Park, NY 14127

2. Article Number (Copy from service label)

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? ☐ Yes ☐ No

If YES, enter delivery address below:

E. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7004 0750 0000 9048 5087

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To

Estate of Max R. Chudy, Sr.
50 South Meadow Drive
Orchard Park, NY 14127
City, State, Zip+4

PS Form 3800, June 2002

See Reverse for Instructions

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

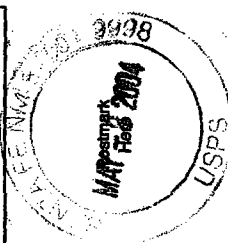
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Bank of Oklahoma, Trustee for
the children of Tom R. Cone
P.O. Box 3499
Tulsa, OK 74101
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

1517
Evans Oil & Gas, L.L.C.
3513 East Old Shakopee Road
Bloomington, MN 55425

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

7003 3110 0001 8379 2726

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
R. EVANS	5/11/04
C. Signature	
X	
D. Is delivery address different from item-1? If YES, enter delivery address below:	☐ Agent ☐ Addressee ☐ Yes ☐ No

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

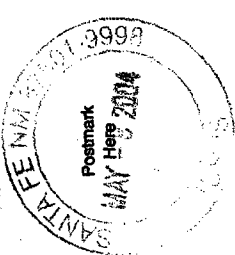
4. Restricted Delivery? (Extra Fee)	☐ Yes ☒ No
-------------------------------------	--

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(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

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



Sent To
Evans Oil & Gas, L.L.C.
3513 East Old Shakopee Road
Bloomington, MN 55425
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bank of Oklahoma, Trustee for
the children of Tom R. Cone
P.O. Box 3499
Tulsa, OK 74101

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

4. Restricted Delivery? (Extra Fee)	☐ Yes ☒ No
-------------------------------------	--

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

7003 3110 0001 8379 2801

102595-00-M-0952

7003 3110 0001 8379 2726

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To
Cecil Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cecil Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105

2. Article Number (Copy from service label)

7004 0750 0000 9048 5940

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Cecil Bond Kyte B. Date of Delivery 5/11/04
- C. Signature [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 ☐ No

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:

Nortex Corporation
Suite 3100
1415 Louisiana
Houston, TX 77002

2. Article Number (Copy from service label)

7004 0750 0000 9048 5773

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM

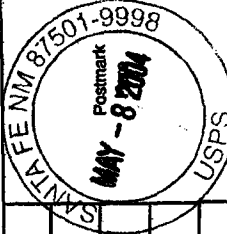
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent To

Nortex Corporation
Suite 3100
1415 Louisiana
Houston, TX 77002
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5773

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

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

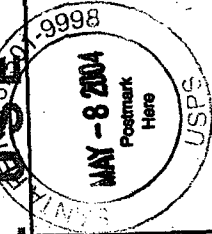
OFFICIAL USE

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

Sent To
Patricia Galt Stevens
501 Grandview Place
San Antonio, TX 78209
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions.

7004 0750 0000 9048 5841



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:

Lawrence I. Travis
424 Lombard Avenue
Pacific Palisades, CA 90272

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 0750 0000 9048 6558

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

D. Is delivery address different from item 1? 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)

5. Date of Delivery

6. Agent

7. Addressee

8. Yes

9. No

10. Yes

11. No

12. Yes

13. No

14. Yes

15. No

16. Yes

17. No

18. Yes

19. No

20. Yes

21. No

22. Yes

23. No

24. Yes

25. No

26. Yes

27. No

28. Yes

29. No

30. Yes

31. No

32. Yes

33. No

34. Yes

35. No

36. Yes

37. No

38. Yes

39. No

40. Yes

41. No

42. Yes

43. No

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:

Patricia Galt Stevens
501 Grandview Place
San Antonio, TX 78209

A. Received by (Please Print Clearly)

C. Signature

D. Is delivery address different from item 1? 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)

5. Date of Delivery

6. Agent

7. Addressee

8. Yes

9. No

10. Yes

11. No

12. Yes

13. No

14. Yes

15. No

16. Yes

17. No

18. Yes

19. No

20. Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

D. Is delivery address different from item 1? 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)

5. Date of Delivery

6. Agent

7. Addressee

8. Yes

9. No

10. Yes

11. No

12. Yes

13. No

14. Yes

15. No

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 0750 0000 9048 5841

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

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

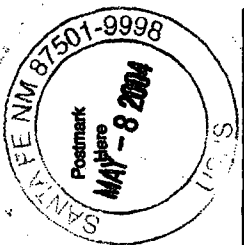
OFFICIAL USE

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

Sent To

Lawrence I. Travis
424 Lombard Avenue
Pacific Palisades, CA 90272
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



7004 0750 0000 9048 6558

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Kirby Minerals
 P.O. Box 268947
 Oklahoma City, OK 73125
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kirby Minerals
 P.O. Box 268947
 Oklahoma City, OK 73125

2. Article Number (Copy from service label)

7004 0750 0000 9048 5117

PS Form 3811, July 1999

Domestic Return Receipt

A-2 102595-00-M-0152

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Mike Martz

B. Date of Delivery

C. Signature

x Mike Martz

Agent

Addressee

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

If YES, enter delivery address below

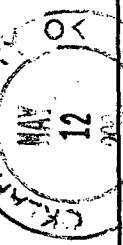
3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No



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:

MAPOO-NET
 P.O. Box 268946
 Oklahoma City, OK 73126

2. Article Number (Copy from service label)

7004 0750 0000 9048 5971

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

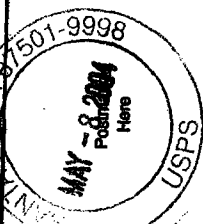
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To

MAPOO-NET
 P.O. Box 268946
 Oklahoma City, OK 73126
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



7004 0750 0000 9048 5971

U.S. Postal ServiceTM
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(Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To

Carole A. Travis, Trustee
P.O. Box 2870
Jackson, WY 83001
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carole A. Travis, Trustee
P.O. Box 2870
Jackson, WY 83001

2. Article Number (Copy from service label)

7004 0750 0000 9048 6565

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

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:

Stroube Energy Corporation
No. 123, LB 249
17194 Preston Road
Dallas, TX 75248

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

COMPLETE THIS SECTION ON DELIVERY

- Received by (Please Print Clearly)
- Date of Delivery
- Signature
- Agent
- Address
- Is delivery address different from item 1? Yes No
- Is restricted delivery address below:

- Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
- Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
- Restricted Delivery? (Extra Fee) Yes No

7004 0750 0000 9048 6565

COMPLETE THIS SECTION ON DELIVERY

- Received by (Please Print Clearly)
- Date of Delivery
- Signature
- Agent
- Address
- Is delivery address different from item 1? Yes No
- Is restricted delivery address below:

- Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
- Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
- Restricted Delivery? (Extra Fee) Yes No

7003 3110 0001 8379 2665

Domestic Return Receipt

102595-00-M-0852

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To

Stroube Energy Corporation
No. 123, LB 249
17194 Preston Road
Dallas, TX 75248
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, Texas 77210

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, Texas 77210

2. Article Number (Copy from service label)

7004 0750 0000 9048 5155

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? ☐ 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 ☐ No

102595-00-M-0952

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 Jon Bryan
P.O. Box 1358
Lindale, TX 75771

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Mary Jon Bryan
P.O. Box 1358
Lindale, TX 75771

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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? ☐ 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 ☐ No

7003 3110 0001 8379 2719

Domestic Return Receipt

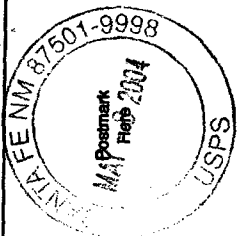
102595-00-M-0952

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

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

OFFICIAL USE

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



Sent To
Sheridan Family Trust
2711 West Calle de Dall
Tucson, AZ 85745
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sheridan Family Trust
2711 West Calle de Dall
Tucson, AZ 85745

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) S-10-04 B. Date of Delivery 5-10-04

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 ☐ No

2. Article Number (Copy from service label) 7003 3110 0001 8379 2733

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952

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:

Blackstone Minerals Company, LP
P.O. Box 201709
Houston, TX 77216

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) R. Green B. Date of Delivery MAY 12 2004

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 ☐ No

2. Article Number (Copy from service label) 7003 3110 0001 8379 2757

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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



Sent To
Blackstone Minerals Company, LP
P.O. Box 201709
Houston, TX 77216
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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

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

OFFICIAL USE

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

Sent To
Lenox Partners
P.O. Box 3096
Mill River, MA 01244
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Occidental Permian, Ltd.
P.O. Box 4294
Houston, TX 77210

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Name) W. J. GEE Date of Delivery 7/11/99
- C. Signature X GEE ☐ 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 ☐ No

7004 0750 0000 9048 6534

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:

Lenox Partners
P.O. Box 3096
Mill River, MA 01244

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) W. J. GEE B. Date of Delivery 7/11/99
- C. Signature X W. J. GEE ☐ 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 ☐ No

2. Article Number (Copy from service label)

7004 0750 0000 9048 5094

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952 A

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CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Occidental Permian, Ltd.
P.O. Box 4294
Houston, TX 77210
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 6534

U.S. Postal ServiceTM
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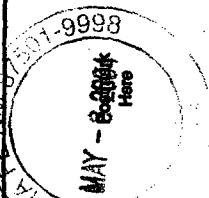
For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To
 Avalanche Royalty Partners LLC
 Suite 1390
 475 17th Street
 Denver, CO 80202
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions.



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Avalanche Royalty Partners LLC
 Suite 1390
 475 17th Street
 Denver, CO 80202

2. Article Number (Copy from service label)

7004 0750 0000 9048 5797

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 *A. Curry* 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

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:

Audrey M. Curry Baker
 P.O. Box 1263
 Midland, TX 79702

2. Article Number (Copy from service label)

7004 0750 0000 9048 5834

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM
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 (Domestic Mail Only; No Insurance Coverage Provided)

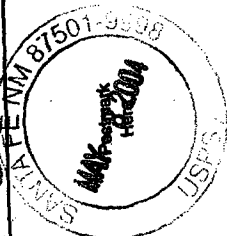
For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To
 Audrey M. Curry Baker
 P.O. Box 1263
 Midland, TX 79702
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



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CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To
Frank Seeton
1815 Union Drive
Lakewood, CO 80215
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chisco, Ltd.
670 Dona Ana Road S.W.
Deming, NM 88030

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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 Seeton
1815 Union Drive
Lakewood, CO 80215

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Barbara G. Seeton 5/10/04
C. 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 ☐ No

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7004 0750 0000 0520 4002

U.S. Postal ServiceTM
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(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To

Chisco, Ltd.
670 Dona Ana Road S.W.
Deming, NM 88030
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
B. Craddock 5-10-04
C. 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 ☐ No

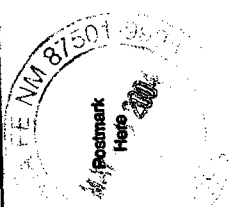
2. Article Number (Copy from service label)

Domestic Return Receipt

102595-00-M-0952

7004 0750 0000 9048 6527

A.V



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

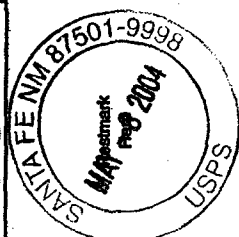
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Robert Miles Travis
P.O. Box 25156
Seattle, WA 98125
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Miles Travis
P.O. Box 25156
Seattle, WA 98125

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Robert Miles Travis 5/12/04 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) 7004 0750 0000 9048 6589

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

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. Drawer 1629
Lovington, NM 88260

2. Article Number (Copy from service label) 7003 3110 0001 8379 2740

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

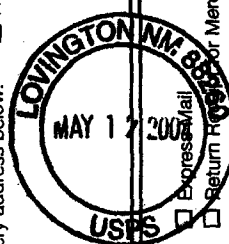
COMPLETE THIS SECTION ON DELIVERY

- 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

7003 3110 0001 8379 2740

PS Form 3800, June 2002 Domestic Return Receipt A.V. 102595-00-M-0952



U.S. Postal ServiceTM
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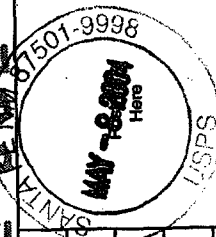
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Clifford Cone
P.O. Drawer 1629
Lovington, NM 88260
City, State, ZIP+4

See Reverse for Instructions



U.S. Postal ServiceTM
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OFFICIAL USE

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

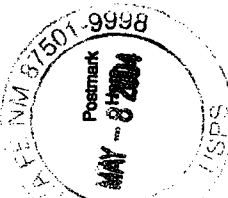
Sent To

Leila McConnell Gadbois
 2525 Stannmore Drive
 Houston, TX 79019

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BMW Resources, L.L.C.
 P.O. Box 180573
 Dallas, TX 75218

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

N-2

7003 3110 0001 8379 2672

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:

Leila McConnell Gadbois
 2525 Stannmore Drive
 Houston, TX 79019

COMPLETE THIS SECTION ON DELIVERY

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

Signature: *Leila M. Gadbois* Date: *May 8 2004*

C. 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 ☐ No

2. Article Number (Copy from service label)

7003 3110 0001 8379 2825

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

N-2

COMPLETE THIS SECTION ON DELIVERY

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

Signature: *Leila M. Gadbois* Date: *5-14-04*

C. 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 ☐ No

7003 3110 0001 8379 2672

Domestic Return Receipt

102595-00-M-0952

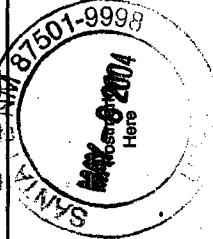
N-2

U.S. Postal ServiceTM
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OFFICIAL USE

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



Sent To

BMW Resources, L.L.C.
 P.O. Box 180573
 Dallas, TX 75218

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7003 3110 0001 8379 2672

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OFFICIAL USE

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

Sent To
 Street Apt No.;
 or PO Box No.
 City, State, ZIP+4

Roy G. Barton, Jr., Trustee
 1919 North Turner Street
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roy G. Barton, Jr., Trustee
 1919 North Turner Street
 Hobbs, NM 88240

2. Article Number (Copy from service label) **7004 0750 0000 9048 5018**

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-0052

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Argenda Stewart** B. Date of Delivery **5-10-04**

C. Signature **X** **Bunda Stewart** ☐ 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 ☐ No

2. Article Number (Copy from service label) **7004 0750 0000 9048 5018**

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-0052

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:

Ross Travis
 P.O. Box 1202
 Ojai, CA 93024

2. Article Number (Copy from service label) **7004 0750 0000 9048 6541**

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Ross Travis** B. Date of Delivery **5/3/04**

C. Signature **X** **Ross Travis** ☐ 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 ☐ No

2. Article Number (Copy from service label) **7004 0750 0000 9048 6541**

PS Form 3800, June 2002 See Reverse for Instructions

102595-00-M-0952

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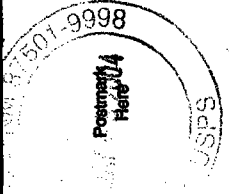
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To
 Street Apt No.;
 or PO Box No.
 City, State, ZIP+4

Ross Travis
 P.O. Box 1202
 Ojai, CA 93024

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 6541



U.S. Postal ServiceTM

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

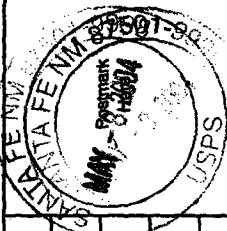
Sent To

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

June D. Speight
P.O. Drawer 1687
Livingston, NM 88260

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

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

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? ☐ Yes ☐ No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from service label)

7003 3110 0001 8379 2832

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? ☐ Yes ☐ No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7004 0750 0000 9048 5858

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

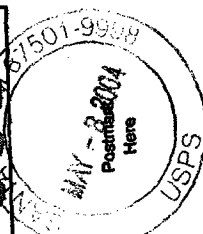
Sent To

June D. Speight
P.O. Drawer 1687
Livingston, NM 88260

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



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OFFICIAL USE

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



Sent To

William Walton Saunders
 c/o Roma Oil & Gas Inc.
 8620 North New Braunfels
 San Antonio, TX 78217

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William Walton Saunders
 c/o Roma Oil & Gas Inc.
 8620 North New Braunfels
 San Antonio, TX 78217

2. Article Number (Copy from service label)

7004 0750 0000 9048 5919

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Edward Dreesen, Jr.
 P.O. Box 830
 Palo Cedro, CA 96073

2. Article Number (Copy from service label)

7004 0750 0000 9048 5865

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? ☐ 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 ☐ No

7004 0750 0000 9048 5919

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? ☐ Yes ☐ No

1. Article Addressed to:



- 3. Service Type
 - ☒ Certified Mail
 - ☐ Express Mail
 - ☐ Registered
 - ☐ Return Receipt for Merchandise
 - ☐ Insured Mail
 - ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7004 0750 0000 9048 5865

Domestic Return Receipt

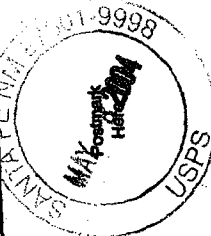
102595-00-M-0952

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OFFICIAL USE

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



Sent To

Edward Dreesen, Jr.
 P.O. Box 830
 Palo Cedro, CA 96073

City, State, ZIP+4

See Reverse for Instructions

PS Form 3800, June 2002

U.S. Postal ServiceTM
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OFFICIAL USE

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

Sent To
 P. Bennett Watts
 P.O. Box 231
 Breckenridge, TX 76424
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

P. Bennett Watts
 P.O. Box 231
 Breckenridge, TX 76424

2. Article Number (Copy from service label) **7004 0750 0000 9048 6404**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Cathie Cone McCown
 Cathie Cone McCown, Trustee
 P.O. Box 507
 Dripping Springs, TX 78620

2. Article Number (Copy from service label) **7003 3110 0001 8379 2788**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Cathie Cone McCown** B. Date of Delivery **5/11/04**
 C. Signature **Cathie Cone 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 ☐ No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Bennett Watts** B. Date of Delivery **5-10-04**
 C. Signature **P. Bennett Watts** ☐ 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 ☐ No

2. Article Number (Copy from service label) **7004 0750 0000 9048 6404**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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OFFICIAL USE

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

Sent To
 Cathie Cone McCown
 Cathie Cone McCown, Trustee
 P.O. Box 507
 Dripping Springs, TX 78620
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



7004 0750 0000 9048 5827

U.S. Postal ServiceTM
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Nielson & Associates Inc.
 P.O. Box 2850
 Cody, WY 82414
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nielson & Associates Inc.
 P.O. Box 2850
 Cody, WY 82414

2. Article Number (Copy from service label)
7004 0750 0000 9048 5827

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **LIZ VAIL** B. Date of Delivery
 C. Signature **x Liz Vail** ☐ 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 ☒ No

Sent To
 Joseph Wesley Gallaher, II
 1908 Quail Valley Boulevard
 Gaithersburg, MD 20879
 City, State, ZIP+4

2. Article Number (Copy from service label)
7004 0750 0000 9048 5827

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joseph Wesley Gallaher, II
 1908 Quail Valley Boulevard
 Gaithersburg, MD 20879

2. Article Number (Copy from service label)
7004 0750 0000 9048 5827

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

U.S. Postal ServiceTM
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 (Domestic Mail Only; No Insurance Coverage Provided)
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OFFICIAL USE

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

Sent To
 Joseph Wesley Gallaher, II
 1908 Quail Valley Boulevard
 Gaithersburg, MD 20879
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5827

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Joseph Gallaher, II** B. Date of Delivery
 C. Signature **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 ☒ No

2. Article Number (Copy from service label)
7004 0750 0000 9048 5827

PS Form 3800, June 2002 See Reverse for Instructions

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

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OFFICIAL USE

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

Sent To
 Elson Oil Company
 Suite 1404
 20 East 5th Street
 Tulsa, OK 74103
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



Ingrid Powell
 P.O. Box 416
 Los Altos, CA 94022

1. Article Addressed to:

2. Article Number (Copy from service label) 7004 0750 0000 9048 5889

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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.

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Ingrid Powell* ☐ 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

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:

Elson Oil Company
 Suite 1404
 20 East 5th Street
 Tulsa, OK 74103

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Susan Cook *5/11/04*

C. Signature *Susan Cook* ☐ 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) 7004 0750 0000 9048 6602

Domestic Return Receipt

PS Form 3811, July 1999

102595-00-M-0952



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

Sent To
 Ingrid Powell
 P.O. Box 416
 Los Altos, CA 94022
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

7004 0750 0000 9048 5889

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(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street Apt. No.: Betty Kyte Dreesen Irrevocable Trust
P.O. Box No. P.O. Box 1665
City, State, ZIP+4 Los Altos, CA 94022

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Betty Kyte Dreesen Irrevocable Trust
P.O. Box 1665
Los Altos, CA 94022

2. Article Number (Copy from service label)

7004 0750 0000 9048 5896

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

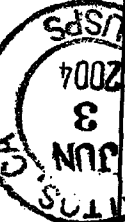
X Betty Dreesen Irrevocable Trust Agent

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



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:

JV Royalty Group
P.O. Box 2035
Roswell, NM 88202

2. Article Number (Copy from service label)

7004 0750 0000 9048 5780

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street Apt. No.: JV Royalty Group
or PO Box No. P.O. Box 2035
City, State, ZIP+4 Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions



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

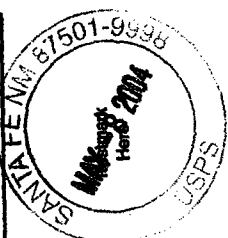
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Miles Boldrick
P.O. Box 10668
Midland, TX 79702
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Miles Boldrick
P.O. Box 10668
Midland, TX 79702

2. Article Number (Copy from service label)

7004 0750 0000 9048 5957

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, OK 74136
Attention: Mario R. Moreno, Jr.

2. Article Number (Copy from service label)

7004 0750 0000 9048 6503

PS Form 3811, July 1999

Domestic Return Receipt

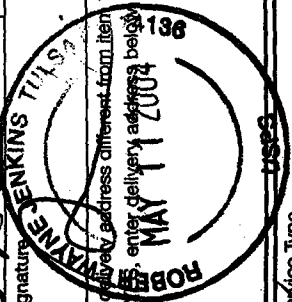
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Robb Jenkins B. Date of Delivery MAY 11 2004

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

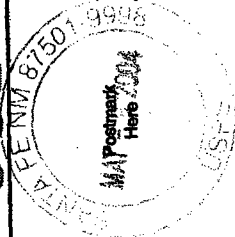
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To
Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, OK 74136
City, State, ZIP+4 Attention: Mario R. Moreno, Jr.



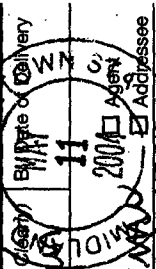
PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Robb Jenkins B. Date of Delivery MAY 11 2004

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

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

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Mario Operating Co., Inc.

P.O. Box 729

Tulsa, OK 74101

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mario Operating Co., Inc.
P.O. Box 729
Tulsa, OK 74101

2. Article Number (Copy from service label) 7004 0750 0000 9048 5056

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

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 ☐ No

7004 0750 0000 9048 5056

102595-00-M-0952

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:

Pure Energy Group, Inc.
Suite 220
153 Treeline Park
San Antonio, TX 78209-1880

2. Article Number (Copy from service label) 7004 0750 0000 9048 6510

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

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 ☐ No

7004 0750 0000 9048 6510

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Pure Energy Group, Inc.

Suite 220

153 Treeline Park

San Antonio, TX 78209-1880

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BNW, Inc.
P.O. Box 892044
Oklahoma City, OK 73189

2. Article Number (Copy from service label)

7004 0750 0000 9048 5063

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **Buckley**
- B. Date of Delivery **MAY 11 2001**
- C. Signature **[Signature]**
- D. Is delivery address different from item 1? ☐ Yes ☒ No

- 3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

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

OFFICIAL USE

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

Sent To

Normarth Corporation
52 Salem Ridge Drive
Huntington, NY 11743
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Normarth Corporation
52 Salem Ridge Drive
Huntington, NY 11743

- 3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from service label)

7004 0750 0000 9048 5032

PS Form 3811, July 1999

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **[Signature]**
- B. Date of Delivery **MAY 11 2001**
- C. Signature **[Signature]**
- D. Is delivery address different from item 1? ☐ Yes ☒ No

- 3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

PS Form 3800, June 2002 See Reverse for instructions

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

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

OFFICIAL USE

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

Sent To

BNW, Inc.
P.O. Box 892044
Oklahoma City, OK 73189
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Saunders Family Enterprises Ltd.

Suite 220

8620 North New Braunfels

San Antonio, TX 78217

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Saunders Family Enterprises Ltd.
 Suite 220
 8620 North New Braunfels
 San Antonio, TX 78217

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)

7004 0750 0000 9048 5995

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? ☒ Yes ☐ No

If YES, enter delivery address below:

1. Article Addressed to:

2. Article Number (Copy from service label)

7004 0750 0000 9048 5995

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

The Long Trueta
 P.O. Box 3096
 Kilgore, TX 75663

2. Article Number (Copy from service label)

7004 0750 0000 9048 6626

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

The Long Trueta
 P.O. Box 3096
 Kilgore, TX 75663

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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? ☐ Yes ☐ No

If YES, enter delivery address below:

1. Article Addressed to:

2. Article Number (Copy from service label)

7004 0750 0000 9048 6626

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

5. Article Addressed to:

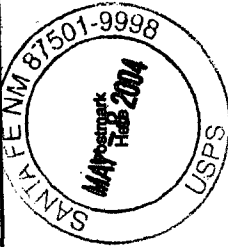
6. Article Number (Copy from service label)

7004 0750 0000 9048 6626

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952



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

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

OFFICIAL USE

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



Sent To

Street, Apt. No.,
 or **PO Box No.** _____
City, State, ZIP+4 _____

Street, Apt. No.,
 or **PO Box No.** _____
City, State, ZIP+4 _____

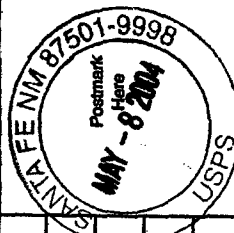
PS Form 3800, June 2002 See Reverse for Instructions

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

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

OFFICIAL USE

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



Sent To

Street, Apt. No.,
 or **PO Box No.** _____
City, State, ZIP+4 _____

Street, Apt. No.,
 or **PO Box No.** _____
City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9406 8E65

7004 0750 0000 9406 8E65

JAMES CRUCE
PO BOX 1056
SANTA FE NM 87504

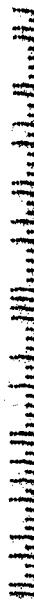
MAY 17 2004

NOTICE
NOTICE
RETURN

7004 0750 0000 9048 5070

Osprey Resources, Inc.
Suite 1512
921 Main Street
Houston, TX 77002

75000-00000000 23



3 ADDRESS UNDELIVERED



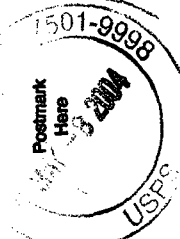
UAA
721

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

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

OFFICIAL USE

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



Sent To

Osprey Resources, Inc.
Suite 1512
921 Main Street
Houston, TX 77002
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5070

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.

Article Addressed to:

Estate of John L. Brady
5220 West Barry Avenue
Chicago, IL 60641

Article Number (Copy from service label)

7004 0750 0000 9048 5100

irm Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal ServiceTM
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(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent To

Estate of John L. Brady
5220 West Barry Avenue
Chicago, IL 60641
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5100

CERTIFIED MAIL™

JAMES BRUCE
PO BOX 1056
SANTA FE, NM 87511

7004 0750 0000 9048 5764

1ST NOTICE
2ND NOTICE
RETURN

UNCLAIMED

James P. Boldrick
P.O. Box 10605
Midland, TX 79702



Handwritten signature and date 5-19

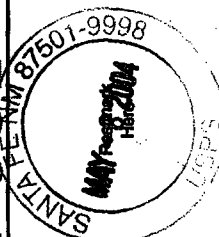
79702 0750 0000 9048 5764

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

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

OFFICIAL USE

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



Sent To

James P. Boldrick
P.O. Box 10605
Midland, TX 79702
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

JAMES BRUCE
PO BOX 1000
SANTA FE NM 87504

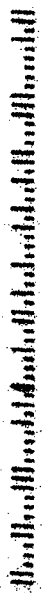
7004 0000 9048 5926

Robert B. Mitchell Trust
Suite 270
2323 South Voss
Houston, TX 77057

UNCLAS

No. 5-11-24

77057+3022 02



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

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

OFFICIAL USE

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



Sent To

Robert B. Mitchell Trust
Suite 270
2323 South Voss
Houston, TX 77057
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7004 0750 0000 9048 5926

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dorothy Campbell, Trustee
Suite 203
2323 South Voss
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

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

C. 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 ☐ No

2. Article Number (Copy from service label)

7003 3110 0001 8379 2764

PS Form 3811, July 1999

Domestic Return Receipt

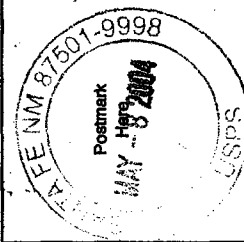
102595-00-M-0952

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

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

OFFICIAL USE

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



Sent To

Dorothy Campbell, Trustee
Suite 203
2323 South Voss
Houston, TX 77057

PS Form 3800, June 2002

See Reverse for Instructions