

Sent out packages 3/18/05
Follow Up Letters sent 4/5/05
BLM Letters sent 4/7/05
Sent out Hearing Notices 5/10/05

Working Interest Owners	Green Card Rec'd	Hearing Notice GC Rec'd	Unit WI %	Received Signature Pages for:		PHONE #	Date Contacted:	Comments
				Unit Agreement	Unit Oper. Agree			
BP America	3/21/05	5/23/05	8.4231%					4/7/05 Sent BLM letter. Sent Hearing Notices 5/10/05.
Chevron	3/21/05	5/12/05	9.4242%					4/7/05 Sent BLM letter. Sent Hearing Notices 5/10/05.
Christopher Wilkinson	3/25/05		0.0027%	X				4/7/05 Sent BLM letter.
Elliott Industries	3/22/05		2.4891%	X		(505) 622-5840		Contact Steve Elliott. They sent signature pages 3/30/05.
Elliott-Hall Company	3/23/05		2.4891%	X		(801) 399-5871		Contact George Hall
Exxon Mobil	3/21/05	5/12/05	0.0962%					Sent Follow-Up Letter 4/5/05. 4/7/05 Sent BLM letter. Sent Hearing Notice 5/10/05.
Frank Glispin	3/22/05	5/19/05	0.0016%			(214) 373-8487		Sent Follow-Up Letter 4/5/05. 4/7/05 Sent BLM letter. Sent Hearing Notices 5/10/05.
J.L. and Jessie M. Reynolds			0.0201%					Sent Follow-Up Letter 4/5/05. 4/7/05 Sent BLM letter. Everything returned Unclaimed.
Ken McPeters	3/22/05		0.0006%	X				4/7/05 Sent BLM letter.
Lettunich Oil	3/22/05	5/13/05	0.1834%			(915) 764-2365	5/6/05	Sent Follow-Up Letter 4/5/05. 4/7/05 Sent BLM letter. 5/5/05 - Called and left message with Martin Lettunich. 5/6/05 - Spoke to Martin - said he will look at package. Sent Hearing Notice 5/10/05.
McElvain			7.4684%	X				4/7/05 Sent BLM letter.
Tierra Exploration	3/31/05	5/13/05	0.0162%	X		(505) 391-8503	5/3/05	Address change - resent package 3/29/05. Was told they are will sign pages. 4/7/05 Sent BLM letter. Called 5/3/05 - Said they are sending pages. Sent Hearing Notices 5/10/05.
Triple H. Resources	3/30/05		0.0016%	X		(432) 685-3001		Sent Follow-Up Letter 4/5/05. 4/7/05 Sent BLM letter.
Watson Truck & Supply	3/22/05		0.0038%	X		(505) 397-2411	4/14/05	4/7/05 Sent BLM letter. 4/14/05 - Called to get UOA pgs - Resent UOA uncertified Attn: Lynetta Pape. She said she never got the original UOA.

14 NUMBER OF WORKING INTEREST OWNERS

BEFORE THE
OIL CONSERVATION DIVISION
Case No. Exhibit No. — 11
Submitted By:
Apache Corporation
Hearing Date: June 16, 2005

Revised 6/10/2005

[illegible]

Revised 6/10/2005

[illegible]

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 tion visit our website at www.usps

Exxon Mobil Corporation
 P.O. Box 4697
 Houston, TX 77210-4697
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____

PS Form 3800, June 2002

See Re

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:

Exxon Mobil Corporation
 P.O. Box 4697
 Houston, TX 77210-4697
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service i

7002 2410 0004 2680 8550

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095:

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delive
- C. Signature **GEE** **MAY 16 2005**
 X _____
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandis
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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 tion visit our website at www.us

Chevron USA Inc.
 11111 South Wilcrest
 Houston, TX 77099
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____

PS Form 3800, June 2002

See Re

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:

Chevron USA Inc.
 11111 South Wilcrest
 Houston, TX 77099
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service lab

7002 2410 0004 2680 8543

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 Delive
- C. Signature **Chris Farley** **5-12**
 X **Chris Farley** ☐ 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 Merchandis
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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Earl Malone MD
 2801 N. Kentucky, Apt. 122
 Roswell, NM 88201-0607
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____

PS Form 3800, June 2002

See Re

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:

Earl Malone MD
 2801 N. Kentucky, Apt. 122
 Roswell, NM 88201-0607
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service lat

7002 2410 0004 2680 8574

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0954

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delive
- C. Signature **X** ☐ 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 Merchandis
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 9496

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ICIAL U

Donald Long
 1514 Martin Ave.
 Aztec, NM 87410
 (MH-EB-DU Hearing Notice)

\$

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Donald Long
 1514 Martin Ave.
 Aztec, NM 87410
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Chris Long B. Date of Delivery MAY 19 2005
- C. Signature X Chris Long ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

MAY 19 2005TULSA LAND DEPT.

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 9496

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 8505

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ICIAL U

Lettunich Oil Company
 P.O. Box 925
 Fabens, TX 79838
 (MH-EB-DU Hearing Notice)

\$

PS Form 3800, June 2002 See Reverse

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:

Lettunich Oil Company
 P.O. Box 925
 Fabens, TX 79838
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Bill B. Date of Delivery MAY 13 2005
- C. Signature X Bill ☐ Agent ☐ Address
- 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

7002 2410 0004 2680 8505

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 8536

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ICIAL U

Marsha Cockrell
 313 County Road 2900
 Aztec, NM 87410
 (MH-EB-DU Hearing Notice)

\$

PS Form 3800, June 2002 See Reverse

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:

Marsha Cockrell
 313 County Road 2900
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature X ☐ Agent ☐ Address
- 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

7002 2410 0004 2680 8536

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9465

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OFFICIAL USE

Duce Bivins
 c/o William Bivins
 8479 Sexton Rd
 Pasadena, MD 21122-2913
 (MH-EB-DU Hearing Notice)

PS Form 3800, June 2002

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:

Duce Bivins
 c/o William Bivins
 8479 Sexton Rd
 Pasadena, MD 21122-2913
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

7002 2410 0004 2680 9465

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *MARY K. BIVINS* B. Date of Delivery *5/13*
- C. Signature *Mary K. Bivins* ☐ 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

RECEIVED
 MAY 16 2005
 TULSA
 LAND DEPT.

7002 2410 0004 2680 9472

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OFFICIAL USE

P.L. Lawrence Jr. Estate
 P.O. Box L
 Crowley, LA 70526
 (MH-EB-DU Hearing Notice)

PS Form 3800, June 2002

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.L. Lawrence Jr. Estate
 P.O. Box L
 Crowley, LA 70526
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

7002 2410 0004 2680 9472

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Lucy Hayes* B. Date of Delivery *5-17-05*
- C. Signature *Lucy Hayes* ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

MAY 20 2005

TULSA
 LAND DEPT.

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:

Baynard W. Malone, Trustee of
 the Andersen-Malone Trust
 P.O. Box 87
 Roswell, NM 88202-0087
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

7002 2410 0004 2680 8512

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *B.W. Malone* B. Date of Delivery *5-13-05*
- C. Signature *B.W. Malone* ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

MAY 19 2005

TULSA
 LAND DEPT.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 2410 0004 2680 9434

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Patricia D. Lee
176 Lee Ranch Road
Lovington, NM 88260
(MH-EB-DU Hearing Notice)

PS Form 3800, June 2002 See Reverse

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 D. Lee
176 Lee Ranch Road
Lovington, NM 88260
(MH-EB-DU Hearing Notice)

RECEIVED

MAY 20 2005

TULSA
LAND DEPT.

2. Article Number (Copy from service label)

7002 2410 0004 2680 9434

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **Rosa Leal** B. Date of Delivery **5-20**
- C. Signature **[Signature]** ☒ Agent ☐ Address
- 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

7002 2410 0004 2680 9441

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Ruby Rodgers
816 Trailing Heart
Roswell, NM 88201
(MH-EB-DU Hearing Notice)

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ruby Rodgers
816 Trailing Heart
Roswell, NM 88201
(MH-EB-DU Hearing Notice)

RECEIVED

MAY 23 2005

TULSA
LAND DEPT.

2. Article Number (Copy from service label)

7002 2410 0004 2680 9441

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **[Signature]** B. Date of Delivery **5-23**
- C. Signature **[Signature]** ☐ Agent ☐ Address
- 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

7002 2410 0004 2680 9458

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David H. Arrington
P.O. Box 2071
Midland, TX 79702
(MH-EB-DU Hearing Notice)

PS Form 3800, June 2002 See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David H. Arrington
P.O. Box 2071
Midland, TX 79702
(MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **David H. Arrington** B. Date of Delivery **5-16-05**
- C. Signature **[Signature]** ☐ Agent ☐ Address
- 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)

7002 2410 0004 2680 9458

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

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Official US

Rosser Schwarz
 324 W. Ramona Ave.
 Colorado Springs, CO 80906
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____

Postage Here

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so 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:

Rosser Schwarz
 324 W. Ramona Ave.
 Colorado Springs, CO 80906
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) L. Schwarz B. Date of Delivery 5-12-05

C. Signature Linda Schwarz ☐ Agent ☐ Addressee

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

RECEIVED
MAY 19 2005
TULSA LAND DEPT.

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)

7002 2410 0004 2680 9410

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952
RETURN NOTICE

U.S. Postal Service™
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Official US

Donna Rodgers Collins
 816 Trailing Heart
 Roswell, NM 88201
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____

Postage Here

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Donna Rodgers Collins
 816 Trailing Heart
 Roswell, NM 88201
 (MH-EB-DU Hearing Notice)

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:

RECEIVED
MAY 17 2005
TULSA LAND DEPT.

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)

7002 2410 0004 2680 9427

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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Official US

Elizabeth Eaton
 2121 East Biscayne Court
 Highlands Ranch, CO 80126
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____

Postage Here

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elizabeth Eaton
 2121 East Biscayne Court
 Highlands Ranch, CO 80126
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) L. Garlin B. Date of Delivery 5/12/05

C. Signature [Signature] ☒ Agent ☐ Addressee

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

RECEIVED
MAY 17 2005
TULSA LAND DEPT.

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)

7002 2410 0004 2680 9489

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7002 2410 0004 2680 9359

Boys Ranch Foundation
P.O. Box 1890
Amarillo, TX 79140-0001
(MH-EB-DU Hearing Notice)

PS Form 3800, June 2002

See Reverse

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:

Boys Ranch Foundation
P.O. Box 1890
Amarillo, TX 79140-0001
(MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

7002 2410 0004 2680 9359

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

MAY 12 2005

C. Signature

X *Michelle* ☐ Agent
☐ Addressee

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

MAY 19 2005

TULSA
LAND DEPT.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ YesU.S. Postal Service™
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\$
\$

Ann Elizabeth Romer
1616 Montmorency Dr.
Vienna, VA 22182
(MH-EB-DU Hearing Notice)

PS Form 3800, June 2002

See Reverse

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:

Ann Elizabeth Romer
1616 Montmorency Dr.
Vienna, VA 22182
(MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

7002 2410 0004 2680 9373

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0955

COMPLETE THIS SECTION ON DELIVERY

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

STAYAN ROMER

C. Signature

X *STAYAN ROMER* ☐ Agent
☐ Addressee

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

RECEIVED

MAY 16 2005

TULSA
LAND DEPT.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 2410 0004 2680 9380

Mary J. McWhorter
769 Canyon RD
Logan, UT 84321-4316
(MH-EB-DU Hearing Notice)

PS Form 3800, June 2002

See Reverse

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 J. McWhorter
769 Canyon RD
Logan, UT 84321-4316
(MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

7002 2410 0004 2680 9380

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

X *J. McWhorter* 9/2/2002

C. Signature

X *J. McWhorter* ☐ Agent
☐ Addressee

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

MAY 19 2005

TULSA
LAND DEPT.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 2410 0004 2680 9328

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ation visit our website at www.usp

ICIAL U

Ora Lee Jones
 P.O. Box 1993
 Plainview, TX 79072
 (MH-EB-DU Hearing Notice)

\$
\$

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:

Ora Lee Jones
 P.O. Box 1993
 Plainview, TX 79072
 (MH-EB-DU Hearing Notice)

RECEIVED

MAY 18-2005

TULSA
 LAND DEPT.

2. Article Number (Copy from service label,

7002 2410 0004 2680 9328

PS Form 3800, June 2002

See Revers

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mildred Stone* B. Date of Delivery *5-18-05*
 C. Signature *X Mildred Stone*
 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

7002 2410 0004 2680 9335

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ICIAL U

Estate of R.H. Fulton
 P.O. Box 16860
 Lubbock, TX 79490-6860
 (MH-EB-DU Hearing Notice)

\$
\$

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 R.H. Fulton
 P.O. Box 16860
 Lubbock, TX 79490-6860
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Stephanie Whitehead* B. Date of Delivery *5-19-05*
 C. Signature *X Stephanie Whitehead*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

MAY 19 2005

TULSA
 LAND DEPT.

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)

7002 2410 0004 2680 9335

PS Form 3800, June 2002

See Revers

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9342

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ICIAL U

M.H. McGrail Test. Trust
 P.O. Box 840738
 Dallas, TX 75284-0738
 (MH-EB-DU Hearing Notice)

\$
\$

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

M.H. McGrail Test. Trust
 P.O. Box 840738
 Dallas, TX 75284-0738
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *A. Vasquez* B. Date of Delivery *MAY 12 2005*
 C. Signature *X A. Vasquez*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

MAY 16 2005

TULSA
 LAND DEPT.

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,

7002 2410 0004 2680 9342

PS Form 3800, June 2002

See Revers

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9298

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OFFICIAL USE

J.R. Cone et ux
 P.O. Box 10217
 Lubbock, TX 79408
 (MH-EB-DU Hearing Notice)

PS Form 3800, June 2002 See Reverse

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:

RECEIVED
MAY 18 2005
 J.R. Cone et ux
 P.O. Box 10217
 Lubbock, TX 79408
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **JANE CONE** B. Date of Delivery
- C. Signature **X Jane Cone** ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 2410 0004 2680 9298

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7002 2410 0004 2680 9304

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OFFICIAL USE

Maura Smyrl Jennings
 1810 S. Breton PL
 Tucson, AZ 85748
 (MH-EB-DU Hearing Notice)

PS Form 3800, June 2002 See Reverse

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:

RECEIVED
MAY 16 2005
 Maura Smyrl Jennings
 1810 S. Breton PL
 Tucson, AZ 85748
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **Maura Jennings** B. Date of Delivery **5-13-05**
- C. Signature **X Maura Jennings** ☐ 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)

7002 2410 0004 2680 9304

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7002 2410 0004 2680 9311

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Fairway Oil & Gas Co.
 P.O. Box 845
 Sparta, NM 07871
 (MH-EB-DU Hearing Notice)

PS Form 3800, June 2002 See Reverse

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:

RECEIVED
MAY 20 2005
 Fairway Oil & Gas Co.
 P.O. Box 845
 Sparta, NM 07871
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **5/18/05** B. Date of Delivery
- C. Signature **X [Signature]** ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 2410 0004 2680 9311

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7002 2410 0004 2681 0003

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ICIAL U

Jack Markham
1500 Broadway, Suite 1212
Lubbock, TX 79401
(MH-EB-DU Hearing Notice)

\$
\$

PS Form 3800, June 2002

See Reven

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:

Jack Markham
1500 Broadway, Suite 1212
Lubbock, TX 79401
(MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Nancy Sharp B. Date of Delivery 5/13/05
- C. Signature Nancy Sharp ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAY 17 2005

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2681 0003

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9274

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ICIAL U

Ann Dennard Allison
P.O. Box 64035
Lubbock, TX 79464
(MH-EB-DU Hearing Notice)

\$
\$

City, State, ZIP+4

PS Form 3800, June 2002

See Reven

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:

Ann Dennard Allison
P.O. Box 64035
Lubbock, TX 79464
(MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Ann Allison B. Date of Delivery 5-14-05
- C. Signature Ann Allison ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAY 16 2005

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 9274

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7002 2410 0004 2680 9281

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ICIAL U

Frank A. Glispin
P.O. Box 12564
Dallas, TX 75225
(MH-EB-DU Hearing Notice)

\$
\$

PS Form 3800, June 2002

See R

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 A. Glispin
P.O. Box 12564
Dallas, TX 75225
(MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Frank A. Glispin B. Date of Delivery 19 MAY 2005
- C. Signature Frank A. Glispin ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAY 23 2005

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 9281

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7002 2410 0004 2680 9960

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 Tierra Exploration, Inc.
 P.O. Box 2188
 Hobbs, NM 88241
 (MH-EB-DU Hearing Notice)

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:

 Tierra Exploration, Inc.
 P.O. Box 2188
 Hobbs, NM 88241
 (MH-EB-DU Hearing Notice)

 RECEIVED
 MAY 18 2005

 TULSA
 LAND DEPT

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7002 2410 0004 2680 9960

PS Form 3800, June 2002

See Reverse

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9977

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 Waikiki Partners LP
 P.O. Box 2127
 Midland, TX 79702-2127
 (MH-EB-DU Hearing Notice)

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:

 Waikiki Partners LP
 P.O. Box 2127
 Midland, TX 79702-2127
 (MH-EB-DU Hearing Notice)

 RECEIVED
 MAY 23 2005

 TULSA
 LAND DEPT

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
Virginia Bushnell	5-16-05
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7002 2410 0004 2680 9977

PS Form 3800, June 2002

See Reverse

PS Form 3811, July 1999

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102595-00-M-095

7002 2410 0004 2680 9984

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 Edith Coppedge Wheeler
 P.O. Box 64035
 Lubbock, TX 79464
 (MH-EB-DU Hearing Notice)

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:

 Edith Coppedge Wheeler
 P.O. Box 64035
 Lubbock, TX 79464
 (MH-EB-DU Hearing Notice)

 RECEIVED
 MAY 16 2005

 TULSA
 LAND DEPT

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
Edith Wheeler	5-14-05
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7002 2410 0004 2680 9984

PS Form 3800, June 2002

See Reverse

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9939

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OFFICIAL USE

Dorothy Scribner
 6395 Quay Road AL
 Tucumcari, NM 88401
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____
 \$ _____

PS Form 3800, June 2002 See Reverse

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 Scribner
 6395 Quay Road AL
 Tucumcari, NM 88401
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) DJ Scribner B. Date of Delivery 5/13/05
- C. Signature [Signature] ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

RECEIVED
 MAY 16 2005
 TULSA

- 3A. 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)

7002 2410 0004 2680 9939

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9946

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OFFICIAL USE

Virginia Denalta Phillips
 1460 E. 52nd St.
 Tulsa, OK 74105
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____
 \$ _____

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse

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:

Virginia Denalta Phillips
 1460 E. 52nd St.
 Tulsa, OK 74105
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Virginia Denalta Phillips B. Date of Delivery 5/20/05
- C. Signature [Signature] ☐ Agent ☒ Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

RECEIVED
 MAY 23 2005
 TULSA

- 3A. 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)

7002 2410 0004 2680 9946

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9953

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OFFICIAL USE

Margie Pearl Patterson
 P.O. Box 1966
 Eunice, NM 88231
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____
 \$ _____

deceased husband Paul Patterson

PS Form 3800, June 2002 See Reverse

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:

Paul Patterson Sr.
~~Margie Pearl Patterson~~
 P.O. Box 1966
 Eunice, NM 88231
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 5-12-05
- C. Signature [Signature] ☐ Agent ☐ Address
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

RECEIVED
 MAY 16 2005
 TULSA

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)

7002 2410 0004 2680 9953

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

7002 2410 0004 2680 9892

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Official Use

The Black Trust
419 W. Cain
P.O. Box 278
Hobbs, NM 88241-0278
(MH-EB-DU Hearing Notice)

Postage paid by addressee

PS Form 3800, June 2002 See Reverse

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 Black Trust
419 W. Cain
P.O. Box 278
Hobbs, NM 88241-0278
(MH-EB-DU Hearing Notice)

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
X
Is delivery address different from item 1? If YES, enter delivery address below:
MAY 23 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 9908

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Official Use

Shriners Hospitals for Children
c/o The Northern Trust Bank of TX
P.O. Box 226270
Dallas, TX 75222-6270
(MH-EB-DU Hearing Notice)

Postage paid by addressee

PS Form 3800, June 2002 See Reverse

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:

Shriners Hospitals for Children
c/o The Northern Trust Bank of TX
P.O. Box 226270
Dallas, TX 75222-6270
(MH-EB-DU Hearing Notice)

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
Roosevelt Ballard 5-17-05
C. Signature
X ROOSEVELT BALLARD ☐ Agent ☐ Addressee
Is delivery address different from item 1? If YES, enter delivery address below:
MAY 17 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 9922

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Official Use

Kenneth Noel Headley
P.O. Box 1q359
Tijeras, NM 87059
(MH-EB-DU Hearing Notice)

Postage paid by addressee

PS Form 3800, June 2002 See Reverse

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 Noel Headley
P.O. Box 1q359
Tijeras, NM 87059
(MH-EB-DU Hearing Notice)

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
Kenneth Headley 5-12-05
C. Signature
X Kenneth Headley ☐ Agent ☐ Addressee
Is delivery address different from item 1? If YES, enter delivery address below:
MAY 16 2005
TULSA LAND DEPT.

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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National Finance Credit Corp.
 P.O. Box 1897
 Ft. Worth, TX 76101
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____
 \$ _____

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:

National Finance Credit Corp.
 P.O. Box 1897
 Ft. Worth, TX 76101
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **MAY 13 2005** B. Date of Delivery
- C. Signature **Pat Sumners** ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

MAY 16 2005

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)

7002 2410 0004 2680 9861

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

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J. Hiram Moore Trust
 P.O. Box 910833
 Dallas, TX 75391-0833
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____
 \$ _____

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:

J. Hiram Moore Trust
 P.O. Box 910833
 Dallas, TX 75391-0833
 (MH-EB-DU Hearing Notice)

RECEIVED

MAY 16 2005

TULSA LAND DEPT

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **MAY 12 2005** B. Date of Delivery
- C. Signature **X K. Ponder** ☐ 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)

7002 2410 0004 2680 9878

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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Margaret C. Lemaster
 1400 S. Sun Kist St, Space 43
 Anaheim, CA 92806-5616
 (MH-EB-DU Hearing Notice)

\$ _____
 \$ _____
 \$ _____
 \$ _____

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:

Margaret C. Lemaster
 1400 S. Sun Kist St, Space 43
 Anaheim, CA 92806-5616
 (MH-EB-DU Hearing Notice)

COMPLETE THIS SECTION ON DELIVERY

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

MAY 16 2005

TULSA

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)

7002 2410 0004 2680 9885

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0957

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OFFICIAL U.S.

Kelly H. Baxter
 P.O. Box 1649
 Austin, TX 78767-1649
 (MH-EB-DU Hearing Notice)

Post
 H
 5/11/05

\$

\$

Cete convey
 R-1 to Kelly
 Baxter

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:

Kelly H. Baxter
 P.O. Box 1649
 Austin, TX 78767-1649
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

RECEIVED
 MAY 23 2005
 TULSA
 LAND DEPT

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Kelly H. Baxter 5-20-05

C. Signature
 X [Signature] ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 8598

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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OFFICIAL U.S.

Habell Trust dtd 11/15/84
 6507 N. Lober Place
 San Gabriel, CA 91775
 (MH-EB-DU Hearing Notice)

\$

\$

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:

Habell Trust dtd 11/15/84
 6507 N. Lober Place
 San Gabriel, CA 91775
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

RECEIVED
 MAY 17 2005
 TULSA
 LAND DEPT

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Habell 5/12/05

C. Signature
 X [Signature] ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 9847

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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OFFICIAL U.S.

Robin G. Lemaster
 P.O. Box 1281
 Brawley, CA 92227
 (MH-EB-DU Hearing Notice)

\$

\$

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:

Robin G. Lemaster
 P.O. Box 1281
 Brawley, CA 92227
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

RECEIVED
 MAY 20 2005
 TULSA
 LAND DEPT

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Robin G. Lemaster 5/12/05

C. Signature
 X [Signature] ☐ Agent ☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0004 2680 9854

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7002 2410 0004 2680 8567

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BP America Production Co.
 501 Westlake Park Blvd
 Houston, TX 77079
 (MH-EB-DU Hearing Notice)

Postmark Here

\$

\$

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BP America Production Co.
 501 Westlake Park Blvd
 Houston, TX 77079
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

7002 2410 0004 2680 8567

PS Form 3800, June 2002

See Reverse

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) E. Hernandez B. Date of Delivery MAY 25 2005
- C. Signature X E. Hernandez ☐ Agent ☐ Addressed ☐ Yes ☐ No
- 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

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Freda Long
 P.O. Box 1342
 Lake Isabella, CA 93240
 (MH-EB-DU Hearing Notice)

Postmark Here

\$

\$

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:

Freda Long
 P.O. Box 1342
 Lake Isabella, CA 93240
 (MH-EB-DU Hearing Notice)

2. Article Number (Copy from service label)

7002 2410 0004 2680 8581

PS Form 3800, June 2002

See Reverse

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-095

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Barbara Anderson B. Date of Delivery MAY 16 2005
- C. Signature X Barbara Anderson ☐ Agent ☐ Addressed ☐ Yes ☐ No
- 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

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Gilbert J. Eaton
 461 Rittenhouse Blvd.
 Jeffersonville, PA 19403
 (MH-EB-DU Hearing Notice)

Postmark Here

\$

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7002 2410 0004 2680 9915

PS Form 3800, June 2002

See Reverse for Instructions

7002 2410 0004 2680 8529

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Lawrence Dale Long
11704 Piño Ave NE, NBU
22004
Albuquerque, NM 87122
(MH-EB-DU Hearing Notice)

\$
\$

Postmark
Here

7002 2410 0004 2680 9991

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Francis R. Reeves
2416 NW 111th St.
Oklahoma City, OK 73120
(MH-EB-DU Hearing Notice)

\$
\$

Postmark
Here

7002 2410 0004 2680 9366

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Benischek Properties LLC
3600 N. Harvey Pkwy.
Oklahoma City, OK 73118
(MH-EB-DU Hearing Notice)

\$
\$

Postmark
Here

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Kenneth Long
1547 Ringe
Las Vegas, NV 89110
(MH-EB-DU Hearing Notice)

Postmark
Here