

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF UNIT PETROLEUM COMPANY  
FOR COMPULSORY POOLING, EDDY COUNTY,  
NEW MEXICO.

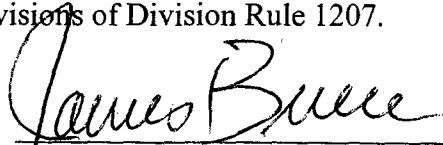
Case No. 13,566

AFFIDAVIT OF NOTICE

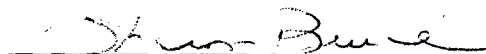
COUNTY OF SANTA FE    )  
                                  ) ss.  
STATE OF NEW MEXICO    )

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 stated herein.
2. I am an attorney for Unit Petroleum Company, and have personal knowledge of the matters stated herein.
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 proper interest owners, at their correct addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibit 1.
5. Applicant has complied with the notice provisions of Division Rule 1207.

  
James Bruce


SUBSCRIBED AND SWORN TO before me this 28th day of November, 2005 by  
James Bruce.

  
Notary Public

My Commission Expires:  
3/14/09

OIL CONSERVATION DIVISION

CASE NUMBER

 EXHIBIT NUMBER 5

**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](mailto:jamesbruc@aol.com)

September 15, 2005

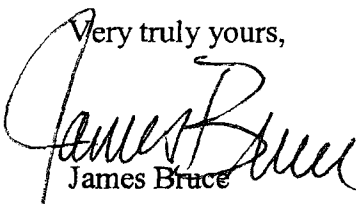
To: Persons on Exhibit A

Ladies and gentlemen:

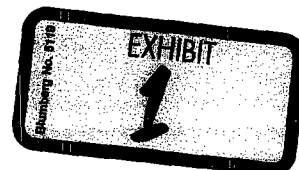
Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the E½ of Section 1, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 6, 2005, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, September 30, 2005 if you intend to participate at the hearing.

Very truly yours,

  
James Bruce

Attorney for Unit Petroleum Company



Anna Pauline Swearingen, SSP  
512 Cedar St.  
Concordia, KS 66901

David B. Brown, SSP  
P.O. Box 2888  
Houston, TX 77525

Edna Mae Watt, SSP  
400 Holland Drive  
Broderick, CA 95605

Flora Jane Hopkins, SSP  
Attn: Loma H. Webber  
24476 Chamalea Dr.  
Mission Viejo, CA 92691

Glen A. Swearingen and Barbara J. Swearingen,  
Trustees Of the Glen A. Swearingen Trust dated  
8/13/1999  
1066 Burroak Lane  
Salina, KS 67401-7748

Grant Allen Swearingen, SSP  
209 South Ashley Park  
Wichita, KS 67209

Helen J. Hardgrave, Trustee of the Meredith E.  
Hardgrave and Helen J. Hardgrave Revocable  
Living Trust  
6012 E. 114th St.  
Tulsa, OK 74137

Helen L. Marcotte, SSP  
319 Reed Ave.  
Salina, KS 67401

Higgins Trust, Inc.  
Attn: William P. Edwards  
P.O. Box 2421  
Gainesville, GA 30503-2421

James A. Brown and wife, Judith A. Brown  
P.O. Box 928  
Elk City, OK 73648

John Collier Major and Stephen Alfred Major, Trustees  
Under the Last Will and Testament of John Charles  
Major  
P.O. Box 250  
Reydon, OK 73660

Julie J. Martin, SSP  
P.O. Box 10911  
Southport, NC 28461-0911

Kenneth W. Brown, SSP  
7677 Jayhawk Dr.  
Riverside, CA 92509

Linda M. Harrel and husband, Don Harrel  
P.O. Box 443  
Fletcher, OK 73451

M.D. Vandaveer and wife, Lois Vandaveer  
12090 S. E. 84th Terrace Road  
Bellevue, FL 34420

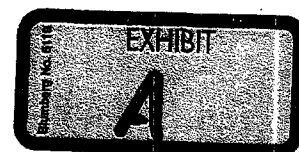
Marjorie Moran, SSP  
111 Nara Vista  
Albuquerque, NM 87107

Mary Lou Lundblade, SSP  
3013 West 72nd North  
Valley Center, KS 67147

Peggie Sue Lawson, SSP  
18395 W. FM 2790 South  
Lytle, TX 78052

Roy G. Barton, Jr. and Claudia R. Barton, Joint Tenants  
1919 Turner St.  
Hobbs, NM 88240

Ruby Rogers, SSP  
Rural Route 4  
Abilene, KS 67410



# U.S. Postal Service<sup>TM</sup>

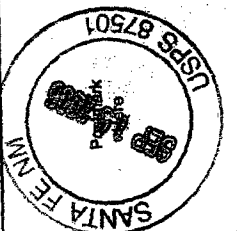
## CERTIFIED MAIL<sup>TM</sup> RECEIPT<sup>®</sup>

(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at: [www.usps.com](http://www.usps.com)

### OFFICIAL USE

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



Sent To: Florence Hopkins, SSP  
Attn: Loma H. Webber  
24476 Chamela Dr.  
Mission Viejo, CA 92691  
 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:

Florence Hopkins, SSP  
Attn: Loma H. Webber  
24476 Chamela Dr.  
Mission Viejo, CA 92691



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 (Transfer from service label) 7005 1160 0001 1248 1126  
 PS Form 3811, February 2004 Domestic Return Receipt Unit 1P 102595-02-M-1540

#### 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 W. Brown, SSP  
7677 Jayhawk Dr.  
Riverside, CA 92509

2. Article Number (Transfer from service label) 7005 1160 0001 1248 1195  
 PS Form 3811, February 2004 Domestic Return Receipt Unit 1P 102595-02-M-1540

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  
☒ Agent ☐ Addressee  
 B. Received by (Printed Name) CHARS BROOKS  
 C. Date of Delivery SEP 21 2005  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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



#### COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  
☒ Agent ☐ Addressee  
 B. Received by (Printed Name) Loma H. Webber  
 C. Date of Delivery 9-26-03  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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 (Transfer from service label) 7005 1160 0001 1248 1126  
 PS Form 3811, February 2004 Domestic Return Receipt Unit 1P 102595-02-M-1540

# U.S. Postal Service<sup>TM</sup>

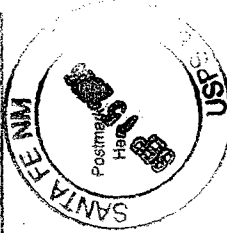
## CERTIFIED MAIL<sup>TM</sup> RECEIPT<sup>®</sup>

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For delivery information visit our website at: [www.usps.com](http://www.usps.com)

### OFFICIAL USE

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



Sent To:

Kenneth W. Brown, SSP  
7677 Jayhawk Dr.  
Riverside, CA 92509  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

5677 8427 1000 0977 5002

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

## OFFICIAL USE

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

Sent To

Julie J. Martin, SSP  
P.O. Box 10911  
Southport, NC 28461-0911

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:



Signature *J. Martin*

Received by (Printed Name) *J. Martin*

C. Date of Delivery *2-19-05*

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

If YES, enter delivery address below:

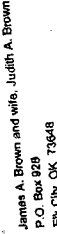
2. Article Number (Transfer from service label) 7005 1160 0001 1248 1188

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

### 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:



Signature *J. Martin*

Received by (Printed Name) *J. Martin*

C. Date of Delivery *2-19-05*

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 (Transfer from service label) 7005 1160 0001 1248 1133

Domestic Return Receipt

PS Form 3811, February 2004

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

## OFFICIAL USE

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

Sent To

James A. Brown and wife, Judith A. Brown  
P.O. Box 928  
Elk City, OK 73648

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

2005 1160 0001 1248 1133

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT<sup>TM</sup>**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

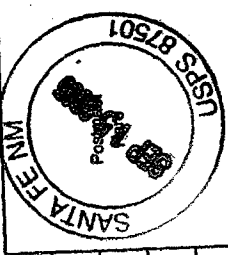
**OFFICIAL USE**

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

Helen J. Handgrave, Trustee of the Meredith E.  
Handgrave and Helen J. Handgrave Revocable  
Living Trust  
6012 E. 114th St.  
Tulsa, OK 74137

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:

Linda M. Harrel and husband, Don Harrel  
P.O. Box 443  
Fletcher, OK 73461

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

7005 1160 0001 1248 1201

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Don Harrel Date of Delivery 9/19/05
- 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:

Helen J. Handgrave, Trustee of the Meredith E.  
Handgrave and Helen J. Handgrave Revocable  
Living Trust  
6012 E. 114th St.  
Tulsa, OK 74137

- 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  
(Transfer from service label)

PS Form 3811, February 2004

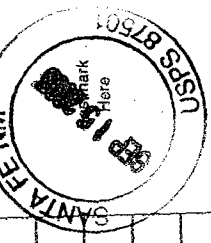
7005 1160 0001 1248 1164

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Don Harrel Date of Delivery 9/19/05
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:



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

Sent To  
Linda M. Harrel and husband, Don Harrel  
P.O. Box 443  
Fletcher, OK 73461  
City, State, ZIP+4

PS Form 3800, June 2002  
See Reverse for Instructions

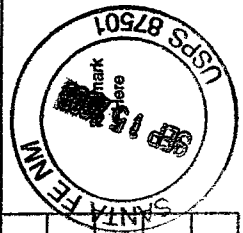
7005 1160 0001 0911 5002

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OFFICIAL USE

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

Sent To  
Higgins Trust, Inc.  
Attn: William P. Edwards  
P.O. Box 2421  
Gainesville, GA 30503-2421  
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, & 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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. and Claudia R. Barton, Joint Tenants  
1919 Turner St.  
Hobbs, NM 88240

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

7005 1160 0001 1248 1324

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

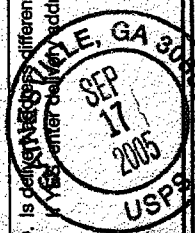
Higgins Trust, Inc.  
Attn: William P. Edwards  
P.O. Box 2421  
Gainesville, GA 30503-2421

COMPLETE THIS SECTION ON DELIVERY

A. Signature William P. Edwards ☐ Agent ☐ Addressee

B. Received by (Printed Name) William P. Edwards C. Date of Delivery 9-17-05

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



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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1160 0001 1248 1140

Unit 40

COMPLETE THIS SECTION ON DELIVERY

A. Signature Brenda Stewart ☐ Agent ☐ Addressee

B. Received by (Printed Name) Brenda Stewart C. Date of Delivery 9-19-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

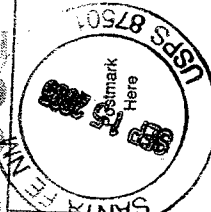
7005 1160 0001 1248 1324

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL USE

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



Sent To

Roy G. Barton, Jr. and Claudia R. Barton, Joint Tenants  
1919 Turner St.  
Hobbs, NM 88240  
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, a. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Edna Mae Wall, SSP  
400 Holland Drive  
Broderick, CA 95605

2. Article Number

(Transfer from service label)

7005 1160 0001 1248 1102

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Edna Mae Wall ☒ Agent ☐ Addressee

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

D. Is delivery restricted? ☐ Yes ☐ No  
If yes, enter delivery address below: \_\_\_\_\_

3. Service Type USPS

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

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

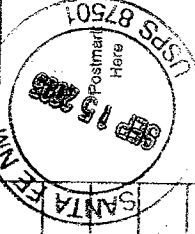
U.S. Postal Service™

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**OFFICIAL RECEIPT**



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

Sent To

Edna Mae Wall, SSP  
400 Holland Drive  
Broderick, CA 95605

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**

Mr. James Bruce  
PO Box 1056  
Santa Fe, NM 87504-1056



7005 1160 0001 1248 1119



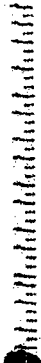
NOTICE  
RETURN  
TO  
SENDER

Reason for return  
Undelivered  
Addressed  
Incorrect  
No return  
Do not

David B. Brown, SSP  
P.O. Box  
Houston, TX

9/20

SEP 27 2005

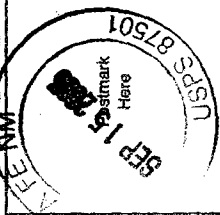


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**OFFICIAL USE**

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



Sent To

David B. Brown, SSP  
P.O. Box 2888  
Houston, TX 77255  
City, State, ZIP+4

PS Form 3800, June 2002

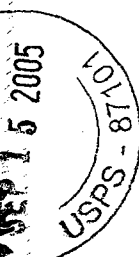
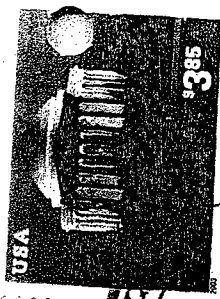
See Reverse for Instructions

7005 1160 0001 1248 1119

**CERTIFIED MAIL**

Mr. James Bruce  
PO Box 1056  
Santa Fe, NM 87504-1056

7005 1160 0001 1248 1294



*Handwritten: FWD*

Marjorie Moran, SSP  
111 Nara Vista  
Albuquerque, NM 87107

MORA111 871072028 1804 22 09/22/05  
RETURN TO SENDER  
MORAN  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

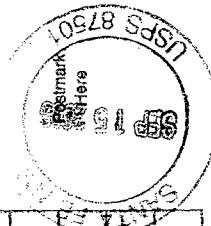
8710776017-11 0014

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

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



Sent To

Marjorie Moran, SSP  
111 Nara Vista  
Albuquerque, NM 87107  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

4627 8427 1000 0977 5002

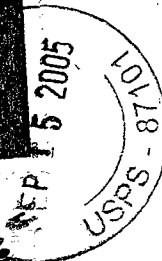
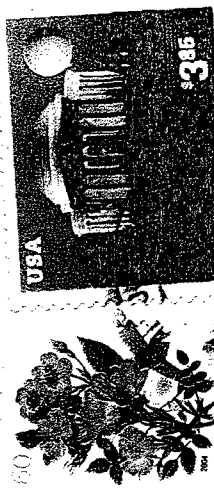
**CERTIFIED MAIL™**

Mr. James Bruce  
PO Box 1056  
Santa Fe, NM 87504-1056

7005 1160 0001 1248 1157

FORWARDING ORDER  
EXPIRED

Helen L. Marcotte, SSP  
319 Reed Ave.  
Salina, KS 67401



F.O.E.

1ST NOTICE  
2ND NOTICE  
RECEIVED

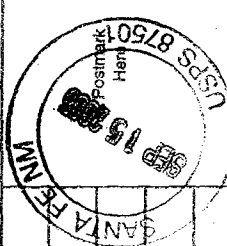
09-26-05

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



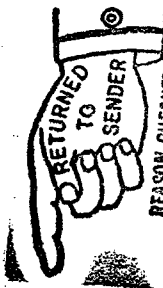
Sent To

Helen L. Marcotte, SSP  
319 Reed Ave.  
Salina, KS 67401  
City, State, Zip+4

2511 9421 1000 0911 5002

**CERTIFIED MAIL™**

Mr. James Bruce  
PO Box 1056  
Santa Fe, NM 87504-1056



REASON CHECKED

Unclaimed \_\_\_\_\_  
Attempted - Not known \_\_\_\_\_  
Insufficient Address \_\_\_\_\_  
No such street \_\_\_\_\_  
No such office in state \_\_\_\_\_  
Do not remail in this envelope

U.F.F.

7005 1160 0001 1248 1317

Ruby Rogers, SSP  
Rural Route 4  
Abilene, KS 67410

1ST NOTICE 09-26-05  
2ND NOTICE  
RETURN

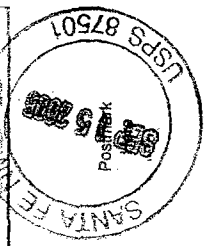
Name \_\_\_\_\_  
1st Notice \_\_\_\_\_  
2nd Notice \_\_\_\_\_  
Return \_\_\_\_\_



USPS - 87101

U.S. Postal Service™  
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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 \_\_\_\_\_  
Abilene, KS 67410

PS Form 3800, June 2002 See Reverse for Instructions

7005 1160 0001 1248 1317

**CERTIFIED MAIL™**

Mr. James Bruce  
PO Box 1056  
Santa Fe, NM 87504-1056

7005 1160 0001 1248 130P



SEP 15 2005

1ST NOTICE 092605  
2ND NOTICE  
RETURN

USPS - 87101

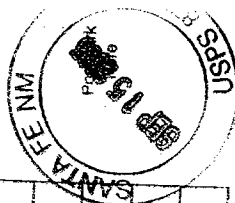
Peggie Sue Lawson, SSP  
18395 W. FM 2790 South  
Lytle, TX 78052

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**OFFICIAL USE**

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



Sent To

Peggie Sue Lawson, SSP  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

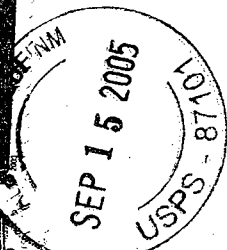
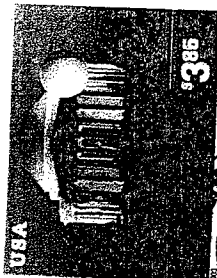
See Reverse for Instructions

**CERTIFIED MAIL™**

Mr. James Bruce  
PO Box 1056  
Santa Fe, NM 87504-1056

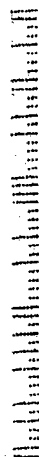
1ST NOTICE 92305  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

7005 1160 0001 1248 1171



John Collier Major and Stephen Alfred Major, Trustees  
Under the Last Will and Testament of John Charles  
Major  
P.O. Box 250  
Reydon, OK 73660

*FOR*



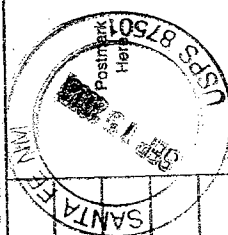
73660+0230-435-0000036

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



Sent To  
John Collier Major and Stephen Alfred Major, Trustees  
Under the Last Will and Testament of John Charles  
Major  
Street, Apt. No., P.O. Box 250  
or PO Box No.  
City, State, ZIP+4  
Reydon, OK 73660

PS Form 3800, June 2002 See Reverse for Instructions

1277 8427 1000 0977 5002

**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](mailto:jamesbruc@aol.com)

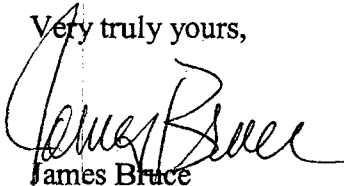
October 6, 2005

To: Persons on Exhibit A

Ladies and gentlemen:

You previously received a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the E½ of Section 1, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. **This matter has been re-scheduled for hearing at 8:15 a.m. on Thursday, November 3, 2005**, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **THE CASE MAY BE FURTHER RE-SCHEDULED, AND IT IS UP TO YOU TO CONTACT THE DIVISION TO DETERMINE WHETHER THE CASE HAS BEEN CONTINUED TO A DATE LATER THAN NOVEMBER 3rd.** As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

Very truly yours,



James Bruce

Attorney for Unit Petroleum Company

Anna Pauline Swearingen, SSP  
512 Cedar St  
Concordia, KS 66901

✓ David B. Brown, SSP  
P.O. Box 2888  
Houston, TX 77525

✓ Edna Mae Watt, SSP  
400 Holland Drive  
Broderick, CA 95605

✓ Flora Jane Hopkins, SSP  
Attn: Loma H. Webber  
24476 Chamalea Dr.  
Mission Viejo, CA 92691

Glen A. Swearingen and Barbara J. Swearingen,  
Trustees Of the Glen A. Swearingen Trust dated  
8/13/1999  
1066 Burroak Lane  
Salina, KS 67401-7748

Grant Allen Swearingen, SSP  
209 South Ashley Park  
Wichita, KS 67209

✓ Helen J. Hardgrave, Trustee of the Meredith E.  
Hardgrave and Helen J. Hardgrave Revocable  
Living Trust  
6012 E. 114th St.  
Tulsa, OK 74137

✓ Helen L. Marcotte, SSP  
319 Reed Ave.  
Salina, KS 67401

✓ Higgins Trust, Inc.  
Attn: William P. Edwards  
P.O. Box 2421  
Gainesville, GA 30503-2421

✓ James A. Brown and wife, Judith A. Brown  
P.O. Box 928  
Elk City, OK 73648

✓ John Collier Major and Stephen Alfred Major, Trustees  
Under the Last Will and Testament of John Charles  
Major  
P.O. Box 250  
Reydon, OK 73660

✓ Julie J. Martin, SSP  
P.O. Box 10911  
Southport, NC 28461-0911

✓ Kenneth W. Brown, SSP  
7677 Jayhawk Dr.  
Riverside, CA 92509

✓ Linda M. Harrel and husband, Don Harrel  
P.O. Box 443  
Fletcher, OK 73451

M.D. Vandaveer and wife, Lois Vandaveer  
12090 S. E. 84th Terrace Road  
Bellevue, FL 34420

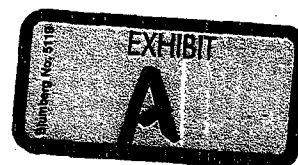
✓ Marjorie Moran, SSP  
111 Nara Vista  
Albuquerque, NM 87107

Mary Lou Lundblade, SSP  
3013 West 72nd North  
Valley Center, KS 67147

✓ Peggie Sue Lawson, SSP  
18395 W. FM 2790 South  
Lytle, TX 78052

Roy G. Barton, Jr. and Claudia R. Barton, Joint Tenants  
1919 Turner St.  
Hobbs, NM 88240

✓ Ruby Rogers, SSP  
Rural Route 4  
Abilene, KS 67410





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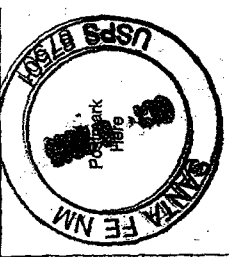
**OFFICIAL USE**

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

Sent To  
 Kenneth W. Brown, SGP  
 7877 Jayhawk Dr.  
 Riverside, CA 92509

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:

Edna Mae Vieg, SGP  
 400 Holland Drive  
 Breda, CA 95606

2. Article Number (Transfer from service label) 7005 1160 0003 4727 5514

PS Form 3811, February 2004 Domestic Return Receipt 42

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Edna M. Vieg ☐ Agent ☐ Addressee

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

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

CA 95691 OCT 12 2005

**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 W. Brown, SGP  
 7877 Jayhawk Dr.  
 Riverside, CA 92509

2. Article Number (Transfer from service label) 7005 1160 0003 4727 5514

PS Form 3811, February 2004 Domestic Return Receipt 42

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Kenneth W. Brown ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kenneth W. Brown C. Date of Delivery \_\_\_\_\_

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

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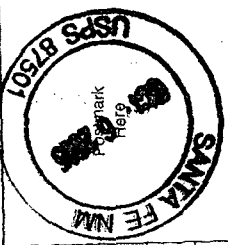
**OFFICIAL USE**

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

Sent To  
 Edna Mae Vieg, SGP  
 400 Holland Drive  
 Breda, CA 95606

Street, Apt. No., or PO Box No.  
 City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions



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For delivery information visit our website at [www.usps.com](http://www.usps.com)

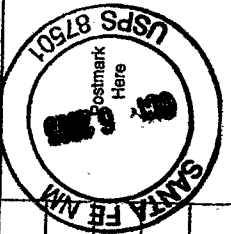
**OFFICIAL USE**

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

Sent To  
Helen J. Hargrave, Trustee of the Meredith E.  
Hargrave and Helen J. Hargrave Revocable  
Living Trust  
8012 E. 114th St.  
Tulsa, OK 74137

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:

Julia J. Martin, SSP  
P.O. Box 0911  
Sourport, NC 28461-0911

2. Article Number  
(Transfer from service)

PS Form 3811, February 2004

7005 1160 0003 4727 5538

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Helen J. Hargrave, Trustee of the Meredith E.  
Hargrave and Helen J. Hargrave Revocable  
Living Trust  
8012 E. 114th St.  
Tulsa, OK 74137

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Helen J. Hargrave ☐ Agent ☐ Addressee

B. Received by (Printed Name) Helen J. Hargrave C. Date of Delivery 10-12

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

7005 1160 0003 4727 5538

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

Signature Julia J. Martin ☐ Agent ☐ Addressee

Received by (Printed Name) J. Martin C. Date of Delivery 10/12/05

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

7005 1160 0003 4727 5538

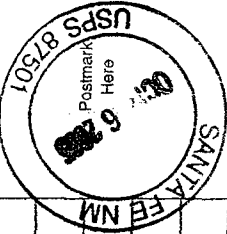
Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

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



Sent To  
Julia J. Martin, SSP  
P.O. Box 0911  
Sourport, NC 28461-0911

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

PS Form 3800, June 2002  
See Reverse for Instructions

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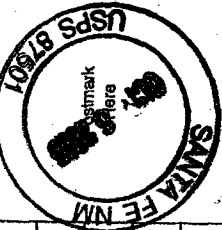
For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Sent To  
James A. Brown and wife, Judith A. Brown  
P.O. Box 428  
Enk City, OK 73648  
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:

Linda M. Harrel and husband, Don Harrel  
P.O. Box 443  
Fletcher, OK 73461

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 1160 0003 4727 5606

Domestic Return Receipt U

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James A. Brown and wife, Judith A. Brown  
P.O. Box 428  
Enk City, OK 73648

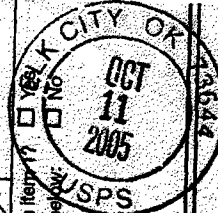
COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

If YES, enter delivery address below:



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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt U

7005 1160 0003 4727 5576

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

7005 1160 0003 4727 5606

Domestic Return Receipt U

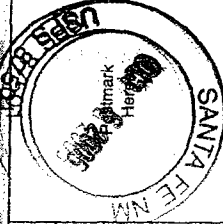
102595-02-M-1540

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OFFICIAL USE

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



Sent To

Streef, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

Linda M. Harrel and husband, Don Harrel  
P.O. Box 443  
Fletcher, OK 73461

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  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
Higgins Trust, Inc.  
Attn: William P. Edwards  
P.O. Box 2421  
Gainesville, GA 30603-2421

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:  
2. Article Number (Transfer from service label)  
PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
B. Received by (Printed Name)  
C. Date of Delivery  
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.  
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:  
2. Article Number (Transfer from service label)  
PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
B. Received by (Printed Name)  
C. Date of Delivery  
D. Is delivery address different from item 1? If YES, enter delivery address below:

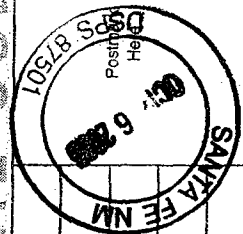
3. Service Type  
Certified Mail  
Registered  
Insured Mail  
Express Mail  
Return Receipt for Merchandise  
C.O.D.  
Restricted Delivery? (Extra Fee)  
Yes  
No

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://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  
Higgins Trust, Inc.  
Attn: Lorne H. Webber  
24776 Chambliss Dr.  
Mission Viejo, CA 92691

PS Form 3800, June 2002 See Reverse for Instructions



CERTIFIED MAIL

JAMES BRUCE  
PO BOX 1056  
SANTA FE NM 87504

ST NOTICE  
AND NOTICE  
RETURN

FORWARDING ORDER  
EXPIRED

7005 1160 0003 4727 5545

Helen L. Marcotte, SSP  
319 Reed Ave.  
Salina, KS 67401



4703



U.S. Postal Service™  
**CERTIFIED MAIL™ 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

Helen L. Marcotte, SSP  
Street, Apt. No.,  
or PO Box No.  
Salina, KS 67401  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7005 1160 0003 4727 5545

JAMES BRUCE  
PO BOX 1056  
SANTA FE NM 87504

1ST NOTICE  
2ND NOTICE  
RETURN

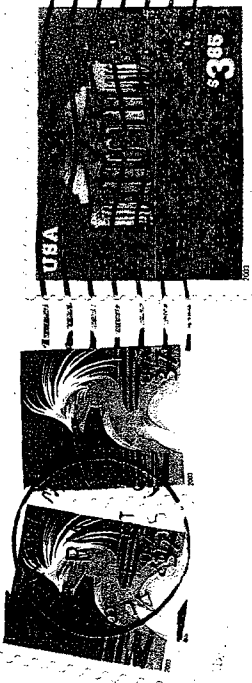
7005 1160 0003 4727 5569

**REASON CHECKED**  
☒ Reason Not No Address  
☐ Reasoning Order Expired  
☐ Address No Forwarding

John Collier Major and Stephen Alfred Major, Trustees  
Under the Last Will and Testament of John Charles  
Major  
P.O. Box 250  
Reydon, OK 73660

73660+0230-30 8002

FOR



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 \$

Santa Fe, NM 87504  
Postmark  
USPS 87504

Sent To  
John Collier Major and Stephen Alfred Major, Trustees  
Under the Last Will and Testament of John Charles  
Major  
P.O. Box 250  
City, State, ZIP+4  
Reydon, OK 73660

PS Form 3800, June 2002 See Reverse for Instructions

6955 2224 6000 0917 5005

CERTIFIED MAIL™

JAMES BRUCE  
PO BOX 1056  
SANTA FE NM 87504

7005 1160 0003 4727 5637

1ST NOTICE  
2ND NOTICE  
RETURN

FA

Ruby Rogers, SSP  
Rural Route 4  
Abilene, KS 67410

67410/3333



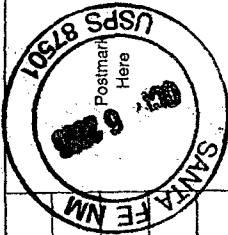
Name FA  
1st Notice 10-11-05  
2nd Notice 10-17  
Return 10-27

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CERTIFIED MAIL™ 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  
Ruby Rogers, SSP  
Rural Route 4  
Abilene, KS 67410

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE  
PO BOX 1056  
SANTA FE NM 87504

1ST NOTICE 102105

2ND NOTICE

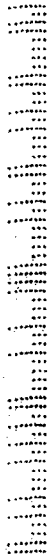
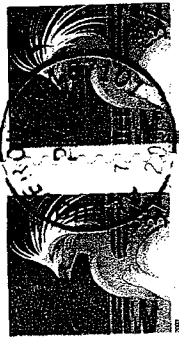
RETURN

7005 1160 0003 4727 5613



- ☒ Forwarding Order Expired
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Undelivered
- ☐ Refused
- ☐ No Such Person
- ☐ No Such Number

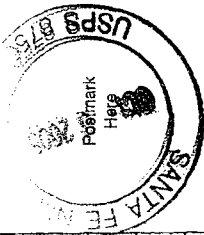
Marjorie Moran, SSP  
111 Nara Vista  
Albuquerque, NM 87107



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OFFICIAL USE

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



Sent To

Marjorie Moran, SSP  
111 Nara Vista  
Albuquerque, NM 87107

PS Form 3800, June 2002 See Reverse for Instructions

7005 1160 0003 4727 5613

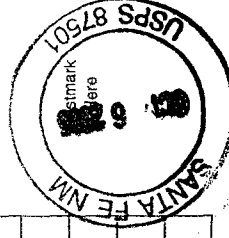


**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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



Sent To

David B. Brown, SSP  
P.O. Box 2889  
Houston, TX 77255  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 1160 0003 4727 5507

JAMES BRUCE  
PO BOX 1056  
SANTA FE NM 87504

7005 1160 0003 4727 5620

1ST NOTICE  
2ND NOTICE  
RETURN  
TO SENDER  
1160

UNDELIVERABLE  
IN ATTEMPT

IA  
Peggie Sue Lawson, SBP  
18395 W. FM 2790 South  
Lytle, TX 78062



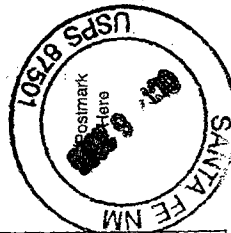
1st NOTICE  
2nd NOTICE  
RETURN

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**OFFICIAL USE**

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



Sent To

Peggie Sue Lawson, SBP  
18395 W. FM 2790 South  
Lytle, TX 78062  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

0295 2224 6000 0977 5002

**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](mailto:jamesbruc@aol.com)

October 6, 2005

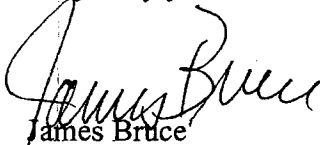
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the E½ of Section 1, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. **This matter has been scheduled for hearing at 8:15 a.m. on Thursday, November 3, 2005**, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, October 28, 2005 if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Unit Petroleum Company

Jesma Roberta Hopper, SSP  
2926 Columbine Lane  
Wichita, KS 67204

John A. Brown, SSP  
3669 Seneca Circle  
Las Vegas, NV 89109

Anna Pauline Swearingen, SSP  
512 Cedar St  
Concordia, KS 66901

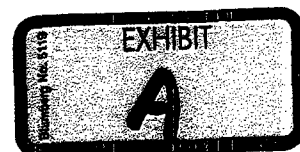
Glen A. Swearingen and Barbara J. Swearingen,  
Trustees Of the Glen A. Swearingen Trust dated  
8/13/1999  
1066 Burroak Lane  
Salina, KS 67401-7748

Grant Allen Swearingen, SSP  
209 South Ashley Park  
Wichita, KS 67209

Stanico Energy Corporation  
P.O. Box 32467  
Oklahoma City, OK 73123-2467

M.D. Vandaveer and wife, Lois Vandaveer  
12090 S. E. 84th Terrace Road  
Bellevue, FL 34420

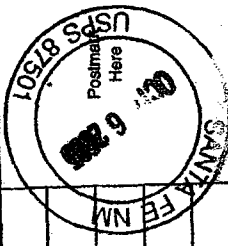
Mary Lou Lundblade, SSP  
3013 West 72nd North  
Valley Center, KS 67147



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

Sent To  
John A. Brown, SSP  
3800 Service Circle  
Las Vegas, NV 89109  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4



**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:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
*James Roberts Hopper, SSP*  
B. Received by (Printed Name) *James Roberts Hopper*  
C. Date of Delivery *10/11/05*  
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

Article Number  
7005 1160 0003 4727 8232  
Domestic Return Receipt *UV*  
PS Form 3811, February 2004 102595-02-M-1540

**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:

A. Signature ☒ Agent  
*John A. Brown, SSP*  
B. Received by (Printed Name) *John A. Brown*  
C. Date of Delivery *10-13-05*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

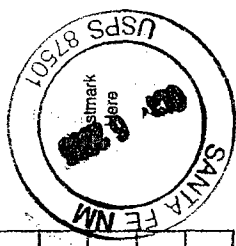
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number  
7005 1160 0003 4727 8225  
Domestic Return Receipt *UV*  
PS Form 3811, February 2004 102595-02-M-1540

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

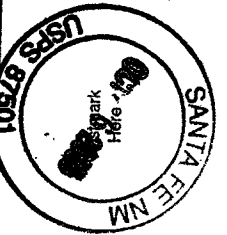
Sent To  
James Roberts Hopper, SSP  
3800 Service Circle  
Las Vegas, NV 89109  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4



7005 1160 0003 4727 8232

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**OFFICIAL USE**



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

Sent To  
Starbuck Energy Corporation  
P.O. Box 32487  
Oklahoma City, OK 73123-2487  
City, State, ZIP+4

PS Form 3800, June 2002  
See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
M.D. Vandaveer and wife, Lois Vandaveer  
12000 S. E. 84th Terrace Road  
Belleview, FL 34420

2. Article Number  
(Transfer from service label)  
7005 1160 0003 4727 5651

PS Form 3811, February 2004  
Domestic Return Receipt U2  
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
M.D. Vandaveer  
B. Received by (Printed Name)  
Lois Vandaveer  
C. Date of Delivery  
10/29/02  
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**

1. Article Addressed to:  
Starbuck Energy Corporation  
P.O. Box 32487  
Oklahoma City, OK 73123-2487

2. Article Number  
(Transfer from service label)  
7005 1160 0003 4727 5651

PS Form 3811, February 2004  
Domestic Return Receipt U2  
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
Lois Vandaveer  
B. Received by (Printed Name)  
Lois Vandaveer  
C. Date of Delivery  
10/29/02  
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

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

Sent To  
M.D. Vandaveer and wife, Lois Vandaveer  
12000 S. E. 84th Terrace Road  
Belleview, FL 34420  
City, State, ZIP+4

PS Form 3800, June 2002  
See Reverse for Instructions

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For delivery information visit our website at [www.usps.com](http://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  
Mary Lou Lundblad, SSP  
3013 West 72nd North  
Valley Center, KS 67147

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:

Anna Pauline Sweedinger, SSP  
512 Cedar St.  
Concordia, KS 66001

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1160 0003 4727 8218

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature Anna Pauline Sweedinger ☐ Agent
- B. Received by (Printed Name) Anna Pauline Sweedinger ☐ Addressee
- C. Date of Delivery 10/10/05
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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) ☐ 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:

Mary Lou Lundblad, SSP  
3013 West 72nd North  
Valley Center, KS 67147

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) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1160 0003 4727 5644

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature Mary Lou Lundblad ☐ Agent
- B. Received by (Printed Name) Mary Lou Lundblad ☐ Addressee
- C. Date of Delivery 10-11-05
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

Sent To

Anna Pauline Sweedinger, SSP  
512 Cedar St.  
Concordia, KS 66001

PS Form 3800, June 2002

See Reverse for Instructions

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To

Anna Pauline Sweedinger, SSP  
512 Cedar St.  
Concordia, KS 66001

PS Form 3800, June 2002

See Reverse for Instructions

8218 4727 0003 1160 7005

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>

**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:

2. Article Number  
*(Transfer from service label)*

PS Form 3811, February 2004

Domestic Return Receipt U

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Grant Allen Swearingen ☒ Agent ☐ Addressee

B. Received by (Printed Name) Grant Allen Swearingen C. Date of Delivery 10/14/05

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.  
☐ Restricted Delivery? (Extra Fee) ☐ Yes

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

Grant Allen Swearingen, SSP  
 208 South Ashley Park  
 Wichita, KS 67209

7005 1160 0003 4727 5675

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**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:

2. Article Number  
*(Transfer from service label)*

PS Form 3800, June 2002

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Grant Allen Swearingen ☒ Agent ☐ Addressee

B. Received by (Printed Name) Grant Allen Swearingen C. Date of Delivery 10-12-05

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

1501 E Magnolia 278  
 SALINA, KS 67401

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

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

Grant Allen Swearingen and Barbara J. Swearingen,  
 Trustees Of the Grant A. Swearingen Trust dated  
 8/13/1990  
 1009 Burr Oak Lane  
 Salina, KS 67401-7748

7005 1160 0003 4727 5682

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**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

2. Article Number  
*(Transfer from service label)*

PS Form 3811, February 2004

Domestic Return Receipt U

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Grant Allen Swearingen ☒ Agent ☐ Addressee

B. Received by (Printed Name) Grant Allen Swearingen C. Date of Delivery 10-12-05

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

1501 E Magnolia 278  
 SALINA, KS 67401

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

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

Grant Allen Swearingen, SSP  
 208 South Ashley Park  
 Wichita, KS 67209

7005 1160 0003 4727 5675

**U.S. Postal Service<sup>TM</sup>**  
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**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

2. Article Number  
*(Transfer from service label)*

PS Form 3811, February 2004

Domestic Return Receipt U

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Grant Allen Swearingen ☒ Agent ☐ Addressee

B. Received by (Printed Name) Grant Allen Swearingen C. Date of Delivery 10-12-05

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

1501 E Magnolia 278  
 SALINA, KS 67401

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

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

Grant Allen Swearingen and Barbara J. Swearingen,  
 Trustees Of the Grant A. Swearingen Trust dated  
 8/13/1990  
 1009 Burr Oak Lane  
 Salina, KS 67401-7748

7005 1160 0003 4727 5682



**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)

[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

October 20, 2005

Devon Energy Production Company, L.P.  
P.O. Box 108838  
Oklahoma City, Oklahoma 73101

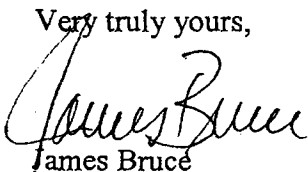
Attention: Meg Muhlinghouse  
Land Department

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the E½ of Section 1, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. **This matter has been scheduled for hearing at 8:15 a.m. on Thursday, November 17, 2005**, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, November 1, 2005 if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Unit Petroleum Company

**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:

Devon Energy Production Company, L.P.  
P.O. Box 108838  
Oklahoma City, Oklahoma 73101

2. Article Number  
(Transfer from service label)

7005 1160 0003 4727 9086

PS Form 3811, February 2004

Domestic Return Receipt

Unit - FP

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] ☐ Delivery

C. Date of Delivery 10/22/05

D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below: 24 ☐ Yes ☒ No

2005 USPS

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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OKLAHOMA CITY, OKLAHOMA

Postage	\$	0.37
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.42

Sent To

Devon Energy Production Company, L.P.  
P.O. Box 108838  
or PO Box No. Oklahoma City, Oklahoma 73101  
City, State, Zip+4

PS Form 3800, June 2002

See Reverse for Instructions

7005 1160 0003 4727 9086

**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](mailto:jamesbruc@aol.com)

November 10, 2005

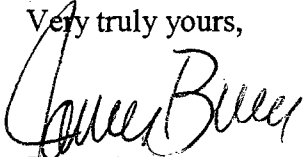
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the E½ of Section 1, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. **This matter has been scheduled for hearing at 8:15 a.m. on Thursday, December 1, 2005**, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, November 25, 2005 if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Unit Petroleum Company

Nelson Collier, Deceased  
2001 Salla Rd.  
Woodburn, OR 97071-2545

Joyce Ann Sasse  
10801 West Walnut Grove Lane  
Rocheport, MO 65279

Sharon K. Fenton  
3447 SE 35<sup>th</sup> St.  
Topeka, KS 66605

Richard Allen Swearingen  
3444 Happy Hollow Rd.  
Topeka, KS 66617

Ronald P. Watson/Mrs. Addie Swearingen  
1920 S. Ave. O  
Pecan Wood Estates, Apt. C  
Portales, NM 88130

Terry A. & Carla K. White  
P.O. Box 27  
Tunkawa, OK 74653

Harrie L. Perry, Jr. & Maxine J. Perry,  
Trustee (both deceased), to daughter  
Mrs. Charlotte Wells  
Rt. 1, Box 314B  
Burkeville, TX 75932

Larry Redford  
118 E Eden Park Rd  
Searcy, AR 72143-8936



Louise M. Richardson  
3731 John Lynde Rd  
Des Moines, IA 50312-3031

Roy G. Barton, Jr. and Claudia R. Barton  
1919 Turner St.  
Hobbs, NM 88240

Jonathan J. Peden and Ralph W. Peden  
2704 Meadow Grn  
Bedford, TX 76021-4926

James A. & Judith A. Brown  
P.O. Box 928  
Elk City, OK 73648

James A. Collier, deceased  
James A. Collier, son  
1113 Shady Oaks Dr.  
McKinney, TX 75070-5213  
(972) 540-1180

Howard Swearingen, deceased  
Evalyn Swearingen, wife  
1250 N. 50<sup>th</sup> Rd.  
Jamestown, KS 66948-9547

Craig & Sheryl Collins  
3209 Belle Ave.  
Topeka, KS 66614

Sheryl S. Johnson-Collins, ssp  
3209 Belle Ave.  
Topeka, KS 66614

Roy Leslie Hildom  
% Robert L. Hildom  
8 Haig Dr  
Rancho Mirage, CA 92270-3807

Marion Halene Hildom  
% Robert L. Hildom  
8 Haig Dr  
Rancho Mirage, CA 92270-3807

Robert L. Hildom  
8 Haig Dr  
Rancho Mirage, CA 92270-3807

Richard Alan Hildom  
% Robert L. Hildom  
8 Haig Dr  
Rancho Mirage, CA 92270-3807

Ella Buxman,  
2125 Ennis Ln  
Quincy, IL 62305

Irma Neece, aka Irma Buxman Neece,, aka  
Erma Buxman Neece, a married woman  
dealing in her s&s property  
2125 Ennis Ln  
Quincy, IL 62305

Emma Buxman,  
2125 Ennis Ln  
Quincy, IL 62305

Eugene Buxman, separate property  
2125 Ennis Ln  
Quincy, IL 62305

Warren Buxman,  
2125 Ennis Ln  
Quincy, IL 62305

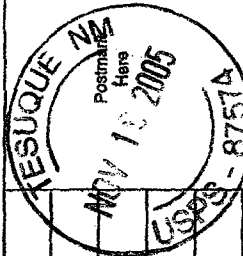
June Schreache  
1329 Spruce Street  
Quincy, IL 62301

Alma Gloor, fka Alma Buxman, as separate  
property  
3165 Ashbury  
Dubuque, IA 52001

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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  
 Warren Buxman, 2125 Emma Ln, Quincy, IL 62305  
 PS Form 3800, June 2002 See Reverse for Instructions



2220 E04E 9000 028T 5002

**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:  
 Eugene Buxman, separate property  
 2125 Emma Ln  
 Quincy, IL 62305

2. Article Number (Transfer from service label)  
 7005 1820 0006 3403 0265

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
 B. Received by (Printed Name) C. Date of Delivery  
 EUGENE BUXMAN 11/19/05  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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

Domestic Return Receipt U-4 102595-02-M-1540

**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:  
 Warren Buxman, 2125 Emma Ln, Quincy, IL 62305

2. Article Number (Transfer from service label)  
 7005 1820 0006 3403 0272

PS Form 3811, February 2004 Domestic Return Receipt U-4 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
 B. Received by (Printed Name) C. Date of Delivery  
 EUGENE BUXMAN 11/19/05  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

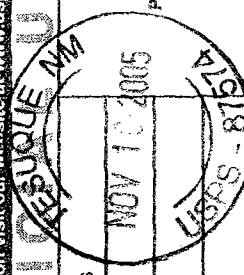
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt U-4 102595-02-M-1540

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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  
 Eugene Buxman, separate property  
 2125 Emma Ln  
 Quincy, IL 62305  
 PS Form 3800, June 2002 See Reverse for Instructions



5920 E04E 9000 028T 5002



**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:

Sheryl S. Johnson-Collins, ssp  
3209 Belle Ave.  
Topeka, KS 66614

2. Article Number  
(Transfer from service label)

7005 1820 0006 3403 0333

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1840

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Sheryl S. Johnson-Collins* C. Date of Delivery *11/19/02*
- 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

**U.S. Postal Service**  
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**TO BE KEPT BY ADDRESSEE**

Postage	\$ 0.60
Certified Fee	2.35
Return Receipt Fee (Endorsement Required)	4.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Postmark: 13 NOV 2002  
Clerk: 088800

Sent To

Sheryl S. Johnson-Collins, ssp  
3209 Belle Ave.  
Topeka, KS 66614

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0006 3403 0333

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**OFFICIAL USE**  
TO: 66113  
UNIT ID: 0574  
Postmark Here  
2005  
Clerk: 008600

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To  
Richard Allen Swearingen  
3444 Happy Hollow Rd.  
Tulpeh, KS 66817

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:

James A. Collier, deceased  
James A. Collier, son  
1113 Shady Oaks Dr.  
McKinney, TX 75070-5213  
(972) 646-1160

2. Article Number (Transfer from service label)  
7005 1820 0006 3405 1499

PS Form 3811, February 2004 Domestic Return Receipt U-4 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY.**

A. Signature ☒ Agent  
B. Received by (Printed Name) C. Date of Delivery  
M. Collier 1/18

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:

Richard Allen Swearingen  
3444 Happy Hollow Rd.  
Tulpeh, KS 66817

2. Article Number (Transfer from service label)  
7005 2570 0000 4603 0834

PS Form 3811, February 2004 Domestic Return Receipt U-4 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY.**

A. Signature ☒ Agent  
B. Received by (Printed Name) C. Date of Delivery  
Richard Swearingen 1/18/05

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

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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  
James A. Collier, deceased  
James A. Collier, son  
1113 Shady Oaks Dr.  
McKinney, TX 75070-5213

PS Form 3800, June 2002 See Reverse for Instructions

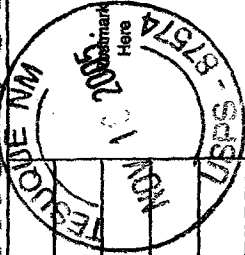
Postmark Here  
NOV 18 2005  
75074-87574

U.S. Postal Service<sup>TM</sup>  
CERTIFIED MAIL<sup>TM</sup> RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

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



Sent To  
Irene Neece, aka Irene Buxman Neece, aka  
Erene Buxman Neece, a married woman  
diesing in her sda property  
2126 Rmnia Ln  
Quincy, IL 62306  
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:

Irene Neece, aka Irene Buxman Neece, aka  
Erene Buxman Neece, a married woman  
diesing in her sda property  
2126 Rmnia Ln  
Quincy, IL 62306

2. Article Number  
(Transfer from service label)

7005 1820 0006 3403 0269

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

Craig & Sheryl Collins  
3209 Belle Ave.  
Topeka, KS 66614

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- Signature
- Received by (Printed Name)
- Date of Delivery
- Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Restricted Delivery? (Extra Fee)

4. Restricted Delivery? (Extra Fee)

7005 1820 0006 3403 0269

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- Signature
- Received by (Printed Name)
- Date of Delivery
- Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Restricted Delivery? (Extra Fee)

7005 1820 0006 3403 0357

Domestic Return Receipt

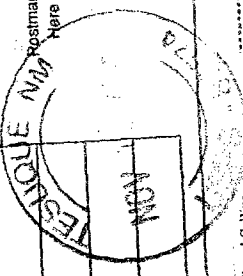
102595-02-M-1540

U.S. Postal Service<sup>TM</sup>  
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OFFICIAL USE

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



Sent To  
Craig & Sheryl Collins  
3209 Belle Ave.  
Topeka, KS 66614  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>

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

Sharon K. Fenton  
 3447 SE 35th St.  
 Topeka, KS 66605

UNIT ID: 0574  
 Postmark Here  
 Clerk: 0X8800

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:

Joyce Ann Stase  
 10801 West Walnut Grove Lane  
 Rockport, MO 65279

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

7005 1820 0006 3403 9299

accept

u-y

102595-02-M-1540

**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:

Sharon K. Fenton  
 3447 SE 35th St.  
 Topeka, KS 66605

NOV 22 2005

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Sharon K. Fenton ☐ Agent

B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

7005 1820 0006 3403 9305

u-y

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Steve Stase ☐ Agent

B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery  
 11-19-05

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

7005 1820 0006 3403 9299

accept

u-y

102595-02-M-1540

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Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>

UNIT ID: 0574

Postmark Here

Clerk: 0X8800

Sent To

Joyce Ann Stase  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

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

Sent To  
 James A. & Judith A. Brown  
 P.O. Box 926  
 Elk City, OK 73648

Postmark Here

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

2. Article Number (Transfer from service label)  
 7005 1820 0006 3405 1475

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

Sent To  
 James A. & Judith A. Brown  
 P.O. Box 926  
 Elk City, OK 73648

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

2. Article Number (Transfer from service label)  
 7005 1820 0006 3405 1475

PS Form 3811, February 2004

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

2. Article Number (Transfer from service label)  
 7005 1820 0006 3405 1466

PS Form 3811, February 2004

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

Sent To  
 Jonathan J. Peden and Ralph W. Peden  
 2704 Meadow Glen  
 Bedford, TX 76021-4926

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

2. Article Number (Transfer from service label)  
 7005 1820 0006 3405 1466

PS Form 3811, February 2004

102595-02-M-1540

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UNIT ID: 0574

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$

Postmark  
Here

Clerk: 0X8800

Sent To  
 Ronald P. Watson/Mrs. Addie Swearingen  
 1920 S. Ave. O  
 Pecan Wood Estates, Apt. C  
 Portales, NM 88130  
 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:

Roy G. Barton, Jr. and Claudia R. Barton  
 1919 Turner St.  
 Hobbs, NM 88240

2. Article Number  
 (Transfer from service label)

7005 1820 0006 3405 1451

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
**X Brenda Stewart** ☐ Agent ☐ Addressee
- B. Received by (Print Name)  
 Brenda Stewart ☐ Date of Delivery  
 11-18-03
- 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:

Ronald P. Watson/Mrs. Addie Swearingen  
 1920 S. Ave. O  
 Pecan Wood Estates, Apt. C  
 Portales, NM 88130

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
**X Mary Mendoza** ☐ Agent ☐ Addressee
- B. Received by (Printed Name)  
 Mary Mendoza ☐ Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7005 1820 0006 3405 1444

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Postmark  
Here

Sent To

Roy G. Barton, Jr. and Claudia R. Barton  
 1919 Turner St.  
 Hobbs, NM 88240  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

See Reverse for Instructions

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:

Larry Redford  
118 E Eden Park Rd  
Stacy, AR 72143-9936

2. Article Number  
(Transfer from service label)

7005 2570 0000 4603 0865

PS Form 3811, February 2004

Domestic Return Receipt

102598-02-M-1640

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received-by (Printed Name) LARRY REDFORD C. Date of Delivery 11/25/05
- 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

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Postage	\$ 0.00
Certified Fee	\$ 2.50
Return Receipt Fee (Endorsement Required)	\$ 1.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 4.50

USPS ID: 20574

Postmark here  
11/25/05  
Pierks 016800

Sent To

Larry Redford  
118 E Eden Park Rd  
Stacy, AR 72143-9936  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4603 0865


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## Track & Confirm

### Search Results

Label/Receipt Number: **7005 2570 0000 4603 0827**  
 Status: **Undeliverable as Addressed**

Your item was undeliverable as addressed at 5:06 pm on November 18, 2005 in DUBUQUE, IA 52002. It is being returned if appropriate information is available.

### Track & Confirm

Enter Label/Receipt Number.

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<b>OFFICIAL USE</b>							
Postage	\$						
Certified Fee							
Return Receipt Fee (Endorsement Required)							
Restricted Delivery Fee (Endorsement Required)							
Total Postage & Fees	\$						
<div style="float: right; text-align: center;"> </div>							
<table border="1"> <tr> <td>Sent To</td> <td>Alma Gloor, aka Alma Buxman, as separate property</td> </tr> <tr> <td>Street, Apt. No., or PO Box No.</td> <td>2165 Ashbury</td> </tr> <tr> <td>City, State, ZIP+4</td> <td>Dubuque, IA 52001</td> </tr> </table>		Sent To	Alma Gloor, aka Alma Buxman, as separate property	Street, Apt. No., or PO Box No.	2165 Ashbury	City, State, ZIP+4	Dubuque, IA 52001
Sent To	Alma Gloor, aka Alma Buxman, as separate property						
Street, Apt. No., or PO Box No.	2165 Ashbury						
City, State, ZIP+4	Dubuque, IA 52001						
PS Form 3800, June 2002 See Reverse for Instructions							



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## Track & Confirm

### Search Results

Label/Receipt Number: 7005 1820 0006 3403 9282  
Status: **Undeliverable as Addressed**

Your item was undeliverable as addressed at 11:00 am on November 18, 2005 in WOODBURN, OR 97071. It is being returned if appropriate information is available.

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### Track & Confirm

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<b>OFFICIAL USE</b>	
Postage	\$ 0.60
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65
UNIT ID: 0574	
Postmark Here	
NOV 18 2005	
WOODBURN, OR 97071	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
Nelson Collier, Deceased 2001 Salla Rd. Woodburn, OR 97071-2545	
PS Form 3800, June 2002	
See Reverse for Instructions	


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## Track & Confirm

### Search Results

Label/Receipt Number: 7005 2570 0000 4603 0872

Status: **Undeliverable as Addressed**

Your item was undeliverable as addressed at 4:05 pm on November 22, 2005 in DES MOINES, IA 50312. It is being returned if appropriate information is available.

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Enter Label/Receipt Number.

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<b>OFFICIAL USE</b>	
DES MOINES, IA 50312 UNIT ID: 0574	
Postage	\$ 0.60
Certified Fee	2.34
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
Louise M. Richardson 3731 John Lynde Rd Des Moines, IA 50312-3031	
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## Track & Confirm

### Search Results

Label/Receipt Number: 7005 1820 0006 3403 0326  
Status: **Delivered**

Your item was delivered at 8:31 am on November 19, 2005 in  
JAMESTOWN, KS 66948.

### Track & Confirm

Enter Label/Receipt Number.

### Notification Options

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<div style="text-align: center;"> </div>	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
Howard Swearingen, deceased Evalyn Swearingen, wife 1250 N. 80th Rd. Jamestown, KS 66948-0547	
PS Form 3800, June 2002	
See Reverse for Instructions	

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## Track & Confirm

### Search Results

Label/Receipt Number: 7005 1820 0006 3403 0319  
Status: **Delivered**

Your item was delivered at 10:39 am on November 23, 2005 in QUINCY, IL 62301.

[Additional Details >](#)[Return to USPS.com Home >](#)

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Enter Label/Receipt Number.

### Notification Options

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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.	June Schreache 1329 Spruce Street Quincy, IL 62301
City, State, ZIP+4	

PS Form 3800, June 2002 See Reverse for Instructions


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## Track & Confirm

### Search Results

Label/Receipt Number: 7005 2570 0000 4603 0858  
Status: **Delivered**

Your item was delivered at 11:14 am on November 19, 2005 in  
BURKEVILLE, TX 75932.

### Track & Confirm

Enter Label/Receipt Number.

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<b>OFFICIAL USE</b>		
Postage	\$ 0.60	UNIT ID: 0574
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	
<b>Sent To</b> Harrie L. Perry, Jr. & Maxine J. Perry, Trustee (both deceased), to daughter Mrs. Charlotte Wells Rt. 1, Box 914B Burkeville, TX 75932		

PS Form 3800, June 2002 See Reverse for Instructions


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Track &amp; Confirm

## Track & Confirm

### Search Results

Label/Receipt Number: 7005 1820 0006 3403 0197  
 Status: **Delivered**

Your item was delivered at 12:00 pm on November 19, 2005 in QUINCY, IL 62305.

### Track & Confirm

Enter Label/Receipt Number.

### Notification Options

Track & Confirm by email

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<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<div style="text-align: center;"> </div>	
<b>Sent To</b> Street, Apt. No., or PO Box No. City, State, ZIP+4	
Emma Buxman, 2125 Ennis Ln Quincy, IL 62305	
PS Form 3800, June 2002	
See Reverse for Instructions	

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## Track & Confirm

### Search Results

Label/Receipt Number: 7005 1820 0006 3403 0296  
Status: **Refused**

Your item was refused by the addressee at 10:14 am on November 22, 2005 in QUINCY, IL 62305 and is being returned to the sender. Information, if available, is updated every evening. Please check again later.

### Track & Confirm

Enter Label/Receipt Number.

### Notification Options

#### Track & Confirm by email

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<b>OFFICIAL USE</b>	
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.	Elle Buxman, 2125 Egan Ln Quincy, IL 62305
City, State, ZIP+4	
PS Form 3800, June 2002	
See Reverse for Instructions	

9520 E04E 9000 0296 5002

TESTUQUE NM  
NOV 13 2005  
Postmark Here

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**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

Postage	\$ 0.60	UNIT ID: 0574
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.00	
Restricted Delivery Fee (Endorsement Required)	1.00	
Total Postage & Fees	\$ 4.65	

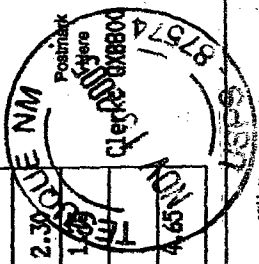
Sent To

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

City, State, ZIP+4

Marion Hansen Hildan  
 4 Robert L. Hildan  
 8 Hag Dr  
 Rancho Mirage, CA 92270-3807

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NECESSARY  
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UNITED STATES**

Postage	\$ 0.60	UNIT ID: 0574
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 2.90	

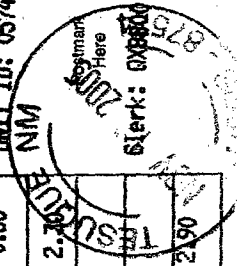
Sent To

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Terry A. & Carla K. White  
 P.O. Box 27  
 Tunkawa, OK 74653

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4940 E04E 9000 0287 5002

1490 E094 0000 0252 5002



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Postage	\$	0.60
Certified Fee	\$	2.30
Return Receipt Fee (Endorsement Required)	\$	1.75
Restricted Delivery Fee (Endorsement Required)	\$	4.65
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>9.30</b>

UNIT ID: 0574  
 NOV 13 2002  
 Postmark  
 Here  
 Clerk: 0574

**Sent To**

Robert L. Hudson  
 8 Hag Dr  
 Rancho Mirage, CA 92270-3807

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

City, State, ZIP+4

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Postage	\$	0.60
Certified Fee	\$	2.30
Return Receipt Fee (Endorsement Required)	\$	1.75
Restricted Delivery Fee (Endorsement Required)	\$	4.65
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>9.30</b>

UNIT ID: 0574  
 NOV 13 2002  
 Postmark  
 Here  
 Clerk: 0574

**Sent To**

Robert L. Hudson  
 8 Hag Dr  
 Rancho Mirage, CA 92270-3807

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

City, State, ZIP+4

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7005 1820 0005 3403 0371

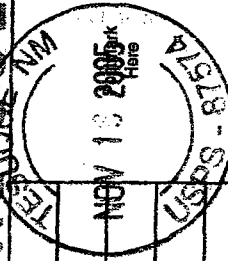
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



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or PO Box No.  
City, State, ZIP+4

Richard Alan Hildon  
 4 Robert L. Hildon  
 8 Hdg Dr  
 Rancho Mirage, CA 92270-3807

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2000 E04E 9000 0281 5002