STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION OF CHESAPEAKE OPERATING, INC. FOR STATUTORY UNITIZATION OF THE TRINITY BURRUS UNIT AREA, LEA COUNTY, NEW MEXICO.

CASE NO. 13582

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Chesapeake Operating, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the addresses shown on Exhibit "A" attached hereto, and that true and correct copies of the notice letter and proof of receipt are attached hereto.

William F. Carr
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of October 2005 by William F. Carr.

Barbara Ann Hart
Notary Public

My Commission Expires: 3/28/08

3461267_1.DOC

Application of
Chesapeake Operating, Inc. for
Statutory Unitization
Lea County, New Mexico

EXHIBIT A

Trinity Burrus Abo Working Interest Owners Address List

ABO Petroleum
P O Box 900
Artesia, NM 88211-0900

Blake Arnold
5600 N May Ave Ste 125
Oklahoma City, OK 73112

The Blanco Company
P O Box 3010
Ruidoso, NM 88355

Cardinal River Energy Company,
aka Cardinal River Farms, Inc.
900 Oil Center East
2601 NW Expressway
Oklahoma City, OK 73112

Charles B. Read
P O Box 1518
Roswell, NM 88202

Chesapeake Investments
An Oklahoma Limited Partnership
P O Box 18756
Oklahoma City, OK 73154

Chesapeake Exploration Limited Partnership
P O Box 18496
Oklahoma City, OK 73154-0496

Chesapeake Permian Limited Partnership
P O Box 18496
Oklahoma City, OK 73154-0496

Claude C. Arnold
c/o Arnold Oil Properties Inc.
5600 N. May Avenue, Suite 125
Oklahoma City, OK 73112

David C. Story
1816 Rising Star Lane
Edmond, OK 73034

Energen Resources Corporation
3300 North "A" Street
Building 4, Suite 100
Midland, TX 79705

H.J. Freede Inc.
Aka Dr. H.J. Freede
430 NW 13th Street
Oklahoma City, OK 73103

J C Henderson
P O Box 1712
Midland, TX 79702

J Durwood Pate Trust Dated 4-16-89
J Durwood Pate Trustee
3625 Goodger Drive, Suite D
Oklahoma City, OK 73112

Jack Ahlen
200 W. First Street, Suite 533
Roswell, NM 88201

James D. Pate, Jr. Trust dated 8-8-86
James D. Pate Jr., Trustee
3625 Goodger Drive, Suite D
Oklahoma City, OK 73112

Jerry Dickson
17103 Preston Road
LB 112, Suite 185
Dallas, TX 75248

Joe H. Pate Trust
3625 Goodger Drive, Suite A
Oklahoma City, OK 73112

Larry Fenity
2301 Brookside Avenue
Edmond, OK 73034

Monarch Resources LLC
P O Box 1197
Oklahoma City, OK 73101-1197

MYCO Industries
423 W. Main Street
Artesia, NM 88210-2030

Patricia Dimsha
1919 W. Jefferson
Lovington, NM 88260

Rehoboth Inc.
20 N. Broadway, Suite 1800
Oklahoma City, OK 73102

Robert & Dawn Willis
200 W. 1st Street, Suite 533
Roswell, NM 88201

Stanley J. Dimsha
3245 E. University Ave, Apt #913
Las Cruces, NM 88011

Stephen R. Howard
430 NW 13th Street
Oklahoma City, OK 73103

TLW Investments Inc.
P O Box 54525
Oklahoma City, OK 73154-1525

Tropical Minerals Inc.
P O Box 1197
Oklahoma City, OK 73101-1197

Yates Drilling
105 South 4th Street
Artesia, NM 88210

Yates Petroleum
105 South 4th Street
Artesia, NM 88210

Unleased Acreage

Trinity Burrus Abo Royalty Owners Address List:

MMS / BLM – Payor 06605
P O Box 5810
Denver, CO 80217-5810

State of New Mexico
Commissioner of Public Lands
P O Box 1148
Santa Fe, NM 87504-1148

07 Ranch Mineral Ltd Partnership
P O Box 1090
Plains, TX 79355

First National Bank Brownfield, TX
Trustee of the Anita Field Irrevocable Trust
P O Box 1067
Brownfield, TX 79316-1067

Anita Field Irrevocable Trust First National
Bank Brownfield Successor Trustee
P O Box 1067
Brownfield, TX 79316-1067

Dan Field
P O Box 1105
Lovington, NM 88260

Field Irwin
P O Box 350
Fort Sumner, NM 88119

Geraldine Hisel
621 Anthony Drive
Clovis, NM 88101

Janet Leigh Montoya
4643 East Co Rd 9 South
Monte Vista, CO 81144

Jo Nell Ingram
408 Sunshine
Alamogordo, NM 88310

Megan Smith Field
1523 Madison
Austin, TX 78757

Mike Field
2112 Indiana Ave
Lubbock, TX 79410

Sarah K. Burrus
P O Box 1090
Plains, TX 79410

Sarah K. Burrus Trustee
P O Box 1090
Plains, TX 79355

Sarah K Burrus Trustee
U/W/O Mabel Field Deceased
F/B/O Clint Field Burrus
P O Box 1090
Plains, TX 79355

Sarah K Burrus Trustee
U/W/O Mabel Nancy Field Deceased
F/B/O Sally Ann Burrus
P O Box 1090
Plains, TX 79355

Mabel Nancy Field Irrevocable Trust
F/B/O Megan Field
Sarah Burrus Trust
P O Box 1090
Plains, TX 79355

The Blanco Company
P O Box 3010
Ruidoso, NM 88355

Charles B. Read
P O Box 1518
Roswell, NM 88202

Cindy Hales
25123 SE 42nd Drive
Issaquah, WA 98029

Gary Hodge
3672 La Cuesta
El Paso, TX 79936

Gene Hodge
1808 Cord
Odessa, TX 79762

Glen Hodge
1303 Windward
Wylie, TX 75098

Janice D. Maxwell
5215 Walton Drive
Klamath Falls, OR 97603

Jimmy P. Hodge
P O Box 565
Lovington, NM 88260

Joyce Burt
P O Box 7144
Klamath Falls, OR 97602

Joyce Hodge Sellers
P O Box 626
Lovington, NM 88260

June Danglade Speight
219 N. Main Avenue
Lovington, NM 88260-4016
(505) 396-3101

First Roswell Company
P.O. Box 1797
Roswell, NM 88202

Manon Markham McMullen (UNLEASED)
1500 Broadway, Suite 1212
Lubbock, TX 79401

Roderick Allen Markham (UNLEASED)
1500 Broadway, Suite 1212
Lubbock, TX 79401

Bill J. Markham & Rosemarie Markham, Co-Trustees of the C. B. Markham, Jr., Estate Trust (UNLEASED)

C. B. Markham, Jr.,
And Bessie Markham, Co-Trustees
of the C.B. Markham, Jr., Estate Trust (UNLEASED)

Albert David White, Jr.
2402 Sweetwater Country Club
Apopka, FL 32712

Donald Marshall Markham & LaDonna Rieger Markham,
Trustees of the Donald Marshall Markham Family Trust
PO Box 241
Center Point, TX 78010-0241

Clarence Richard Markham and Joyce Stanley Markham, Trustees (UNLEASED)
of the Clarence Richard Markham Family Trust
3110 38th Street
Lubbock, TX 79413

William Ray Proctor
1209 S. County Road West
Odessa, TX 79763

James Russell Proctor
2352 N. Yale
Mesa, AZ 85123

Margaret Hannifin Wygocki for life,
Remainder to her issue
721 Robbins Road
Lansing, Michigan 48971

Betty Hannifin Akins for life, remainder to her issue
7107 S. Hudson Circle
Littleton, CO 80121

Patrick J. Hannifin, as Trustee of the P. J. Hannifan Family Trust, for
The life of Patrick J. Hannifan, remainder to the issue of Patrick J. Hannifan
765 Santa Camelia Dr.
Solona Beach, CA 92075

Kathryn Hannifan McCormick for life, remainder to her issue
2905 San Pablo NE
Albuquerque, NM 87110

Robert H. Hannifin for life, remainder
To Hannifin Bros, LLC
P.O. Box 218
Midland, TX 79702

Nuevo Seis Limited Partnership
P.O. Box 2588
Roswell, NM 88202-2588

New Mexico Western Minerals, Inc.
P.O. Box 1738
Roswell, NM 88202

Pitch Energy Corporation
P.O. Box 304
Artesia, NM 88211-0304

Tex Zia Properties, Ltd.
P.O. Box 261427
Plano, TX 75026-1427

Noelle M. Anderson, James R. Anderson, Joseph J. Anderson
and C. Robert Anderson, as joint tenants
440 Davis Court #210
San Francisco, CA 94111

Phillip Henry Ingber
2231 Via Maderos
Los Altos, CA 94024

Peter Sexton Ingber
1812 Sand Hill Road, Apt. 307
Palo Alto, CA 94304

Nancy Ingber Brown
733 Walnut Avenue
Burlingame, CA

Henlen Steckmest Finne
Grinlunden 9
N-1359
Eiksmarka, Norway

Capt. Jhens Feragen (UNLEASED)
P. O. Box 203
Ross, CA

Ragnhilde Marie Poulsson Levine (UNLEASED)
12 Idlewood Road
Kentfield, CA

Harald Muller (UNLEASED)
2999 Pacific Avenue
San Francisco, CA

Erick Krag
P.O. Box 1114
Georgetown, CO 80444

Lyman W. Bruce (UNLEASED)

Myrtle Bruce (UNLEASED)

The heirs or devisees of Mr. and Mrs. Peter J. Gundlach (UNLEASED)

Einar Petersen (UNLEASED)
2423 Filbert Street
San Francisco, CA

Gudmund Olsen (UNLEASED)
167 Delores Street
San Francisco, CA

Ann Dennard Allison
P.O. Box 64035
Lubbock, TX 79464

Michael Herd Moore
P.O. Box 1669
Santa Rosa Beach, FL 32459

David H. Arrington (UNLEASED)

Davis A. Coppedge
466 Goodwin Drive
Richardson, TX 75081

James T. Coppedge
P.O. Box 43
Spencer, Indiana 47460

Brent W. McWhorter
6140 E. Voltaire Avenue
Scottsdale, AZ 85254

Mary J. McWhorter
769 Canyon Road
Logan, Utah 84321

Teddy Lowe Hartley
P.O. Box 845
Clovis, NM 88102

Robert Thomas Hartley
P.O. Box 1024
Clovis, NM 88102

Wayne K. Watkins
Arthur Park at West Neck
2605 Merlin Court
Virginia Beach, VA 23456

Constance J. Brainerd
1012 N. Lea Street
Roswell, NM 88201

Bonnie Brainerd, Successor Trustee of the
Brainerd Children's Management Trust
602 E. 5th Street
Roswell, NM 88201

William G. Liakos and Kay Hendricks Liakos
Trustees of the William G. Liakos and Kay
Hendricks Liakos Revocable Trust
1000 N. Lea Street
Roswell, NM 88201

Gregory Minge Duggar
P. O. Box 96
Dell City, TX 79837-0096

Waverly Duggar
Box 1,
Dell City, TX 79837

Charlie R. Wiggins
P.O. Box 10862
Midland, TX 79702

Walter R. Farrington, III
5990 Lindenshire Lane, #123
Dallas, TX 75230

Virginia Ann Valen
19 Westgate Way
San Anselmo, CA 94960

Dewey L. Hodson & Barbara J. Hodson
3423 S. West Street
Stillwater, OK 74074

Howard David Hodson & Glenda H. Hodson
10227 Atkins Road
Bentonville, AR 71712

Elza Pruitt
1208 Wall Street
Ft. Scott, KS 66701

Lyndon L. Lindsey
12156 E. Exposition Ave.
Aurora, CO 80012

Wiletta Irene Lindsey Dotson & Donald D.
Dotson Revocable Trust (4/13/95)
307 Caroline
New Ibernia, LA 70560

Larry Jean Hodge
PO Box 626
Lovington NM 88260

Charles H. Walker
12343 Narcoossee Road
Orlando, FL 32827

Ella Pruitt
749 Fountain
Wellington, KS 67152

Donald Pruitt
1212 Joanne
Mulvane, KS 67110

Nancy C. Miller
856 S. 200 Street
Pittsburg, Ks 66762

Jerry Pruitt
9912 Zircon Drive SW
Lakewood, WA 98498

Dwight E. Pruitt
309 Woodridge Court
Augusta, KS 67010

James Lee Pruitt
113 Timber Ridge Circle
Burleson, TX 76028

Overriding Royalty Owners

Robert C. Callan, Jr.
609 Heatherstone Road
Edmond, OK 73034

Leo Boyd Elliott, Jr. aka L. Boyd Elliott, Jr.
600 Still Hollow Road
Edmond, OK 73034

William C. Dean
1504 Brighton Ave
Oklahoma City, OK 73120

Environmental Risk Reduction, Inc.
17232 W. HWY 66
Calumet, OK 73014

Don Kent Johnson, aka Kent Johnson
804 Park Harvey Center
200 N. Harvey Street
Oklahoma City, OK 73012

Gregory A. Wilson
P O Box 368
Mustang, OK 73064

Fred C. Bryla
1620 Futurity Lane
Richmond, TX 77469

Karen S. Linck
3418 Onion Creek
Sugar Land, TX 77479-2548

Larry W. Lathrop
16321 Stone Oak Court
Cypress, TX 77429

Patricia S. Thompson
5511 Hialeah Drive
Houston, TX 77092

Victor T. Linck
3418 Onion Creek
Sugar Land, TX 77479-2548

Enerstar Resources O&G LLC
P O Box 606
Carlsbad, NM 88221

Bob Blundell
P O Box 386
Carlsbad, NM 88221

Peak Investments
P O Drawer 3130
Midland, TX 79702

Discovery Exploration
410 North Main
Midland, TX 79701

James P. Hodge
DBA JPH Oil Producers
P O Box 565
Lovington, NM 88260

Jon G. Massey
P O Box 57597
New Orleans, LA 70157

Ogallala Resources, Inc.
P O Box 368
Mustang, OK 73064

Centerpoint Resources Inc.
P O Box 1821
Midland, TX 79702

Claudia J. Roebuck
2813 N. Donnelly Ave.
Oklahoma City, OK 73107

Diana Wickham
3400 Venice Blvd
Oklahoma City, OK 73112

Jack Ahlen
533 Petroleum Building
200 W. First Street
Roswell, NM 88201

Stanley J. Dimsha
18965 Harnett Street
Northridge, CA 91326

Patricia L. Dimsha
1919 W. Jefferson Ave.
Lovington, NM 88260

Allante Joint Venture
550 W. Texas Ave, Suite 1000
Midland, TX 79701

Dick Jackson
P O Box 606
Carlsbad, NM 88221

Stephen R. Howard
3311 Beachwater Drive
Katy, TX 77450

Dean Kinsolving
P. O. Box 325
Tatum, NM 88267

Lewis E. MacNaughton
17103 Preston Road., LB 112, Ste. 185
Dallas, TX 75248

Mark Mladenka
1413 Bedford
Midland, TX 79701

Star, Inc.
P.O. Box 148
Lovington, NM 88260

Chesapeake Permian, L.P.
P. O. Box 18496
Oklahoma City, OK 73154-0496

(Do not send a Notice)

HOLLAND&HART

William F. Carr
wcarr@hollandhart.com

September 28, 2005

CERTIFIED MAIL-
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS IN THE TRINITY BURRUS UNIT AREA.

Re: Application of Chesapeake Operating, Inc. for statutory unitization, of the Trinity Burrus Unit Area, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Chesapeake Operating, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order statutorily unitizing 1720 acres, more or less, of Federal, State of New Mexico and Fee lands for the purpose of establishing a secondary recovery project, and at a later date a tertiary recovery project in the Trinity-Wolfcamp Pool. The vertical limits of the unitized formation to be included within the proposed unit shall be the separate common source of supply of oil and gas underlying the Unit Area which is commonly known as the Wolfcamp formation, but geologically known as the Abo Dolomite formation, as found in Limark Corporation State DZ #2 well, located in the Southwest Quarter of the Southwest Quarter (SW/4 SW/4) of Section 23, Township 12 South, Range 38 West, NMPM, Lea County, New Mexico, at the drilling depth interval of 9,063 feet to 9,131 feet (-5,257 feet to –5,325 feet), as measured by Compensated Neutron/Formation-Density/Induction Log. The Unit will comprise the following described acreage:

TOWNSHIP 12 SOUTH, RANGE 38 EAST, NMPM

Section 15:	SW/4 SE/4
Section 22:	E/2, E/2 W/2
Section 23:	W/2, W/2 E/2
Section 26:	W/2 W/2, NE/4 NW/4, SE/4 SW/4
Section 27:	E/2, E/2 W/2

Said unit is to be designated the Trinity Burrus Unit.

Among the matters to be considered at the hearing on this application will be the necessity of unit operations; the designation of a unit operator; the determination of the horizontal and vertical limits of the unit area; the determination of the fair, reasonable and equitable allocation of production and costs of production, including capital

HOLLAND&HART

investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investments in wells and equipment; a non-consent penalty for risk to be charged against carried working interest owners within the unit area upon such terms and conditions to be determined by the Division as just and reasonable; and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including, but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations.

This application has been set for hearing before a Division Examiner on October 20, 2005 at the Oil Conservation Division Hearing Room in its Santa Fe office located at 1220 South Saint Francis Drive, Santa Fe, NM 87505. You are not required to attend this hearing but, as the owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing, but in no event later than the Friday preceding the scheduled hearing, at the Division's Santa Fe Office. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

William F. Carr
Attorney for Chesapeake Operating, Inc.

Enclosure

cc: Mr. Terry Frohnapfel
Chesapeake Operating, Inc.

Registered No. RB265766556US

Date Stamp

Reg. Fee	7.50		
Handling Charge		Return Receipt	1.75
Postage	8.70	Restricted Delivery	
Received by			

To Be Completed By Post Office

SANTA FE NM 87501 0500 Clerk KXCD7Q 09/28/05 2005

Domestic insurance up to $25,000 is included in the fee. International Indemnity is limited. *(See Reverse).*

Customer Must Declare Full Value $ 43.93

☑ With Postal Insurance ☐ Without Postal Insurance

OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM: HOLLAND & HART
110 N. GUADALUPE ST SUITE 1
SANTA FE NM 87501

TO: HELEN STECKMEST FINNE
GRINLUNDEN 9
N-1359
EIKSMARKA, NORWAY

PS Form **3806,** **Receipt for Registered Mail** *Copy 1 - Customer*
May 2004 (7530-02-000-9051) *(See Information on Reverse)*
For domestic delivery information, visit our website at *www.usps.com* ®

UNITED STATES POSTAL SERVICE

***** WELCOME TO *****
SANTA FE MAIN POST OFFICE
SANTA FE, NM 87501-9998
09/28/05 02:34PM

store USPS Trans 50
kstn sys5002 Cashier KXCD7Q
ashier's Name SPARKY
tock Unit Id WINSPARKY
O Phone Number 505-988-2239
SPS # 3401500500

1. Air Letter-post 0.00
Destination: Norway
Weight: 15.20 oz.
Postage Type: Affixed
Affix [illegible] -17.95
To [illegible] 17.95
Ba[illegible] 8.70

Registered 7.50
FE[illegible]
Return Receipt 1.75

Subtotal 0.00
Total 0.00

Number [illegible]

Completed by the office of origin. *(A remplir par le bureau d'origine.)*

Item Description *(Nature de l'envoi)* ☒ Registered Article *(Envoi recommandé)* ☐ Letter *(Lettre)* ☐ Printed Matter *(Imprimé)* ☐ Other *(Autre)* ☐ Recorded Delivery *(Envoi à livraison attestée)* ☐ Express Mail International

☐ Insured Parcel *(Colis avec valeur déclarée)* | Insured Value *(Valeur déclarée)* 43.93 | Article Number RB265766556US

Office of Mailing *(Bureau de dépôt)* HELEN STECKMEST FINNE | Date of Posting *(Date de dépôt)*

Addressee Name of Firm *(Nom ou raison sociale du destinataire)* GRINLUNDEN # 9

Street and No. *(Rue et No.)* N-1359

Place and Country *(Localité et pays)* EIKSMARKA, NORWAY 10/17

Completed at destination. *(A compléter à destination.)*

This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail *(Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si des règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à expéditeur).*

Postmark of the office of destination *(Timbre à date du bureau de destination)*

☐ The article mentioned above was duly delivered. *(L'envoi mentionné ci-dessus a été dûment livré.)* Date

Signature of Addressee *(Signature du destinataire)* Helen Steckmest Finne

Office of Destination Employee Signature *(Signature de l'agent du bureau de destination)*

PS Form **2865,** February 1997 *(Reverse)*

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

OFFICIAL USE

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

WFC Ches TBU

SANTA FE NM 87501 SEP 29 2005 Postmark Here

7001 1140 0002 9558 4683

ABO Petroleum
PO Box 900
Artesia, NM 88211-0900

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:

ABO Petroleum
PO Box 900
Artesia, NM 88211-0900

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: FRAN HUFFMAN — B. Date of Delivery:

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from* 7001 1140 0002 9558 4683

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

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

OFFICIAL USE

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

WFC Ches

SANTA FE NM 87501 SEP 29 2005 Postmark Here LSPS

7001 1140 0002 9558 4812

Jack Ahlen
200 W. First Street, Suite 533
Roswell, NM 88201

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:

Jack Ahlen
200 W. First Street, Suite 533
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: — B. Date of Delivery: 10-3-05

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy f* 7001 1140 0002 9558 4812

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Jack Ahlen
533 Petroleum Building
200 W. First Street
Roswell, NM 88201

7001 1140 0002 9558 6137

PS Form 3800, June 2002 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jack Ahlen
533 Petroleum Building
200 W. First Street
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 10-3-05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6137

PS Form 3811, July 1999 Domestic Return Receipt

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

OFFICIAL USE

WTC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 Postmark USPS Here

Allante Joint Venture
550 W Texas Ave, Ste. 1000
Midland, TX 79701

7001 1140 0002 9558 6106

PS Form 3800, January 2001 — 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:

Allante Joint Venture
550 W Texas Ave, Ste. 1000
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Barbara Ehrlich — B. Date of Delivery

C. Signature
X Ehrlich ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6106

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

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

OFFICIAL USE

WTC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-5[illegible] SEP 29 2005 Postmark Here USPS

Ann Dennard Allison
PO Box 64035
Lubbock, TX 79464

7001 1140 0002 9558 5390

PS Form 3800, January 2001 — 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:

Ann Dennard Allison
PO Box 64035
Lubbock, TX 79464

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* [illegible] — B. Date of Delivery 10-3

C. Signature
X [illegible] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5390

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

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

7001 1140 0002 9558 5994

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Noelle M. Anderson, James R. Anderson, Joseph J. Anderson and C. Robert Anderson, as joint tenants
440 Davis Court #210
San Francisco CA 94111

for Instructions

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

7001 1140 0002 9558 4676

OFFICIAL

WFC Ches. 49837 0003

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Blake Arnold
5600 N May Ave, Suite 125
Oklahoma City, OK 73112

for Instructions

MAIL RETURNED

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:

Blake Arnold
5600 N May Ave, Suite 125
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 10-3-05

C. Signature: C Robert ☐ Agent ☐ Addressee

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

SEP 3 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy* 7001 1140 0002 9558 4676

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

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

7001 1140 0002 9558 4751

OFFICIAL USE

WFC Ches Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 OFFICE SEP 29 2005 Postmark Here USPS

Claude C. Arnold
c/o Arnold Oil Properties Inc.
5600 N May Avenue, Suite 125
Oklahoma City, OK 73112

PS Form 3800, January 2001 — 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:

Claude C. Arnold
c/o Arnold Oil Properties Inc.
5600 N May Avenue, Suite 125
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 10-3-05

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

39TH ST STN USPS OCT 2005 OKLAHOMA CITY OK 73112

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy f* 7001 1140 0002 9558 4751

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

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

7001 1140 0002 9558 5949

OFFICIAL USE WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 OFFICE SEP 29 2005 Postmark Here USPS

David H. Arrington
214 W. Texas, Suite 400
Midland, Texas 79701

PS Form 3800, January 2001 — 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:

David H. Arrington
214 W. Texas, Suite 400
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 10-3

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5949

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

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

7001 1140 0002 9558 4690

OFFICIAL USE

WFC Ches.

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 2005 Postmark Here
SANTA FE NM 87501-9998 USPS

The Blanco Company
PO Box 3010
Ruidoso, NM 88355

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:

The Blanco Company
PO Box 3010
Ruidoso, NM 88355

NM 88345 OCT 1 2005 USPS

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Phil White ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy* 7001 1140 0002 9558 4690

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

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

7001 1140 0002 9558 5093

OFFICIAL USE WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 2005 Postmark Here
SANTA FE NM 87501-9998 USPS

The Blanco Company
P O Box 3010
Ruidoso, NM 88355

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:

The Blanco Company
P O Box 3010
Ruidoso, NM 88355

NM 88345 OCT 1 2005 USPS

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Phil White ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5093

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

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

7001 1140 0002 9558 5628

OFFICIAL USE

WFO/CHES

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 Postmark Here
SANTA FE NM 87501-9998 USPS

Bob Blundell
P O Box 386
Carlsbad, NM 88221

See Reverse for Instructions

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

7001 1140 0002 9558 5321

OFFICIAL USE

WFO/CHES

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 Postmark Here
SANTA FE NM 87501-9998 USPS

Constance Brainerd
1012 N. Lea Street
Roswell, NM 88201

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:

Bob Blundell
P O Box 386
Carlsbad, NM 88221

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

OCT 3 2005 USPS
ISAAC NM 87120

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5628

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Constance Brainerd
1012 N. Lea Street
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-1-05

C. Signature
X Constance Brainerd ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5321

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

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

7001 1140 0002 9558 5314

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Ronnie Brainerd, Successor
Trustee of the Brainerd
Children's Management Trust
602 E. 5th Street
Roswell, NM 88201

for Instructions

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

7001 1140 0002 9558 5420

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Nancy Ingber Brown
733 Walnut Avenue
Burlingame, CA

for Instructions

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

7001 1140 0002 9558 5680

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 Postmark Here

Fred C. Bryla
1620 Futurity Lane
Richmond, TX 77469

PS Form 3800, January 2001 — 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:

Fred C. Bryla
1620 Futurity Lane
Richmond, TX 77469

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Lynn Bryla — B. Date of Delivery 10/2/05

C. Signature
X Lynn Bryla — ☑ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5680

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

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

7001 1140 0002 9558 5147

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 Postmark Here

Sarah K Burrus
PO Box 1090
Plains, TX 79355-1090

PS Form 3800, January 2001 — 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:

Sarah K Burrus
PO Box 1090
Plains, TX 79355-1090

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Sarah K Burrus — B. Date of Delivery 10/3/05

C. Signature
X Sarah K Burrus — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5147

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

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

OFFICIAL USE

WFC/CHS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 23 2005 LSPS

Postmark Here

7001 1140 0002 9558 5130

Sarah K Burrus Trustee
PO Box 1090
Plains, TX 79355

PS Form 3800, January 2001 — 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:

Sarah K Burrus Trustee
PO Box 1090
Plains, TX 79355

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Sarah K Burrus — B. Date of Delivery: 10/3/05

C. Signature: X Sarah K Burrus ☐ Agent ☐ Addressee

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

PLAINS TX OCT 3 2005

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

4. Restricted Delivery? *(Extra Fee)*

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5130

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

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

OFFICIAL USE

WFC/CHS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 23 2005 LSPS

Postmark Here

7001 1140 0002 9558 5123

Sarah K Burrus Trustee
U/W/O Mabel Field Deceased
F/B/O Clint Field Burrus
PO Box 1090
Plains, TX 79355-1090

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:

Sarah K Burrus Trustee
U/W/O Mabel Field Deceased
F/B/O Clint Field Burrus
PO Box 1090
Plains, TX 79355-1090

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Sarah K Burrus — B. Date of Delivery: 10/3/05

C. Signature: X Sarah K Burrus ☐ Agent ☐ Addressee

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

OCT 3 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5123

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

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

OFFICIAL USE WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 Postmark Here USPS

7001 1140 0002 9558 5116

Sarah K. Burrus Trustee
U/W/O Mabel Nancy Field Dec
F/B/O Sally Ann Burrus
PO Box 1090
Plains, TX 79355-1090

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:

Sarah K. Burrus Trustee
U/W/O Mabel Nancy Field Dec
F/B/O Sally Ann Burrus
PO Box 1090
Plains, TX 79355-1090

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Sarah K Burrus — B. Date of Delivery: 10/3/05

C. Signature: X Sarah K. Burrus ☐ Agent ☐ Addressee

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

PLAINS TX OCT 2 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

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5116

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

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

OFFICIAL USE WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 Postmark Here USPS

7001 1140 0002 9558 5017

Joyce Burt
PO Box 7144
Klamath Fall, OR97602

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 Burt
PO Box 7144
Klamath Fall, OR97602

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: CLYDE C. BURT — B. Date of Delivery: 10-3-05

C. Signature: X Clyde C. Burt ☑ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5017

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

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

7001 1140 0002 9558 5741

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Robert C. Callen, Jr.
609 Heatherstone Road
Edmond, OK 73034

for Instructions

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

7001 1140 0002 9558 4706

WFC Ches.

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Cardinal River Energy Company
900 Oil Center East
2601 NW Expressway
Oklahoma City, OK 73112

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:

Cardinal River Energy Company
900 Oil Center East
2601 NW Expressway
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Judith Blanton — B. Date of Delivery 10-4-05

C. Signature — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 4706

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

MAIL RETURNED

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

7001 1140 0002 9558 6168

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 Postmark Here

Centerpoint Resources Inc.
PO Box 368
Mustang, OK 73064

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 1140 0002 9558 4737

WFC Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 Postmark Here

Chesapeake Exploration LP
PO Box 18756
Oklahoma City, OK 73154

or 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:

Chesapeake Exploration LP
PO Box 18756
Oklahoma City, OK 73154

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

OKLAHOMA CITY, OK OCT 1 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy f* 7001 1140 0002 9558 4737

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

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

OFFICIAL USE

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

WFC Ches

SANTA FE NM 87501 SEP 29 2005 Postmark Here USPS

Chesapeake Investments an
Oklahoma Limited Partnership
PO Box 18756
Oklahoma City, OK 73154

for Instructions

7001 1140 0002 9558 4720

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:

Chesapeake Investments an
Oklahoma Limited Partnership
PO Box 18756
Oklahoma City, OK 73154

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* BRIAN IMES — B. Date of Delivery

C. Signature
X
☐ Agent
☐ Addressee

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

OKLAHOMA CITY, OK SHARTEL STA OCT 1 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy* 7001 1140 0002 9558 4720

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

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

OFFICIAL USE

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

WFC Ches

SANTA FE NM 87501 SEP 29 2005 Postmark Here USPS

Chesapeake Permian LP
PO Box 18756
Oklahoma City, OK 73154

for Instructions

7001 1140 0002 9558 4744

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:

Chesapeake Permian LP
PO Box 18756
Oklahoma City, OK 73154

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* BRIAN IMES — B. Date of Delivery

C. Signature
X
☐ Agent
☐ Addressee

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

OKLAHOMA CITY, OK SHARTEL STA OCT 1 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy* 7001 1140 0002 9558 4744

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

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

WFC/CHES

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

SEP 29 2005

Davis A. Coppedge
466 Goodwin Drive
Richardson, TX 75081

See Reverse for Instructions

7001 1140 0002 9558 5376

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:

Davis A. Coppedge
466 Goodwin Drive
Richardson, TX 75081

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5376

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

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

WFC/CHES

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

SEP 29 2005

James T. Coppedge
PO Box 43
Spencer, Indiana 47460

See Reverse for Instructions

7001 1140 0002 9558 5369

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 T. Coppedge
PO Box 43
Spencer, Indiana 47460

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 10/3/05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5369

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SAN ANTONIO TX 782 SEP 29 2005 Postmark Here USPS

William C. Dean
1504 Brighton Ave
Oklahoma City, OK 73120

PS Form 3800, January 2001 — See Reverse for Instructions

7001 1140 0002 9558 5727

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:

OKLAHOMA CITY OK OCT 7 2005 LSPS 73120

William C. Dean
1504 Brighton Ave
Oklahoma City, OK 73120

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Amy Dean — B. Date of Delivery

C. Signature: X Amy Dean — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5727

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

CANTON TX 675 SEP 29 2005 Postmark Here USPS

Jerry Dickson
17103 Preston Road
LB 112, Suite 185
Dallas, TX 75248

for Instructions

7001 1140 0002 9558 4836

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:

Jerry Dickson
17103 Preston Road
LB 112, Suite 185
Dallas, TX 75248

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 10-4-05

C. Signature: X Elaine Dickson — ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy fro* 7001 1140 0002 9558 4836

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

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

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Patricia L. Dimsha
1919 W. Jefferson Ave
Lovington, NM 88260

PS Form 3800, January 2001 — See Reverse for Instructions

7001 1140 0002 9558 6113

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patricia L. Dimsha
1919 W. Jefferson Ave
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* PATRICIA DIMSHA B. Date of Delivery 10-7

C. Signature
X [signature] ☐ Agent ☑ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6113

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

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

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Patricia Dimsha
1919 W. Jefferson
Lovington, NM 88260

for Instructions

7001 1140 0002 9558 4881

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patricia Dimsha
1919 W. Jefferson
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* PATRICIA LOGAN B. Date of Delivery 10-7

C. Signature
X [signature] ☐ Agent ☑ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy f* 7001 1140 0002 9558 4881

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CLARITA CA 91350
SEP 29 2005
Postmark Here
USPS

Stanley J. Dimsha
18965 Harnett Street
Northridge, CA 19326

7001 1140 0002 9558 6120

See Reverse for Instructions

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CLARITA CA 91350
SEP 29 2005
Postmark Here
USPS

Stanley J. Dimsha
18965 Harnett Street
Northridge, CA 91326

7001 1140 0002 9558 4911

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:

Stanley J. Dimsha
18965 Harnett Street
Northridge, CA ~~10326~~
91326

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X
☐ Agent
☑ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6120

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

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

WFC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Discovery Exploration
410 North Main
Midland, TX 79701

7001 1140 0002 9558 5604

See Reverse for Instructions

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

WFC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Wiletta Irene Lindsey Dotson &
Donald D Dotson Rev Trust
(4-13-95)
307 Caroline
New Ibernia, LA 70560

7001 1140 0002 9558 5826

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:

Discovery Exploration
410 North Main
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Marla Wootan — B. Date of Delivery 10/3/05

C. Signature — X Marla Wootan — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5604

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

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

7001 1140 0002 9558 5291

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SAN ANGELO TX 76904 SEP 2005 USPS Postmark Here

Gregory Minge Duggar
PO Box 96
Dell City, TX 79837

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:

Gregory Minge Duggar
PO Box 96
Dell City, TX 79837

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
B. Duggar 10/3/05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5291

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

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

7001 1140 0002 9558 5918

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SAN ANGELO TX 76904 SEP 2005 USPS Postmark Here

Waverly Duggar
Box 1
Dell City, TX 79837

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:

Waverly Duggar
Box 1
Dell City, TX 79837

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Mary E Fleming 9-4-05

C. Signature
X [signature] ☑ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5918

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

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

OFFICIAL USE

WFC/ Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE SPRINGS CA 90670 SEP 29 2005 Postmark Here USPS

Leo Boyd Elliot, Jr
600 Still Hollow Road
Edmond, OK 73034

See Reverse for Instructions

7001 1140 0002 9558 5734

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:

Leo Boyd Elliot, Jr
600 Still Hollow Road
Edmond, OK 73034

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Boyd Elliott — B. Date of Delivery 10305

C. Signature
X Boyd Elliott ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5734

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

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

OFFICIAL USE

WFC Ches.

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	9.05
Total Postage & Fees	$

SANTA FE SPRINGS CA 90670 SEP 29 2005 Postmark Here USPS

Energen Resources Corporation
3300 North "A" Street
Building 4, Suite 100
Midland, TX 79705

See Reverse for Instructions

7001 1140 0002 9558 4775

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:

Energen Resources Corporation
3300 North "A" Street
Building 4, Suite 100
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Sue Overby — B. Date of Delivery 10/3/05

C. Signature
X Sue Overby ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Cop* 7001 1140 0002 9558 4775

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

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

7001 1140 0002 9558 5635

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Enerstar Resources O&G LLC
PO Box 606
Carlsbad, NM 88221

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:

Enerstar Resources O&G LLC
PO Box 606
Carlsbad, NM 88221

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Linda Folsom — B. Date of Delivery:

C. Signature: X Linda Folsom — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5635

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

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

7001 1140 0002 9558 5710

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Environmental Risk Reduction,
Inc.
17232 W. HWY 66
Calumet, OK 73014

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:

Environmental Risk Reduction,
Inc.
17232 W. HWY 66
Calumet, OK 73014

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Tom Robertson — B. Date of Delivery: 10-5-05

C. Signature: X Tom Robertson — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5710

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

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

WFC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CLARA CA 95051-9998 SEP 29 2005 Postmark Here USPS

Walter R. Farrington, III
5990 Lindenshire Lane, #123
Dallas, TX 75230

See Reverse for Instructions

7001 1140 0002 9558 5901

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:

Walter R. Farrington, III
5990 Lindenshire Lane, #123
Dallas, TX 75230

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-4-05

C. Signature X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5901

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

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

WFC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CLARA CA 95051-9998 SEP 29 2005 Postmark Here USPS

Larry Fenity
2301 Brookside Avenue
Edmond, OK 73034

See Reverse for Instructions

7001 1140 0002 9558 4850

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 Fenity
2301 Brookside Avenue
Edmond, OK 73034

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X ☐ Agent ☑ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy fr* 7001 1140 0002 9558 4850

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

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

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-9998 SEP 16 2005 Postmark Here USPS

7001 1140 0002 9558 6014

Capt. Jhens Feragen
P. O. Box 203
Ross, CA 94957-0203

See Reverse for Instructions

MAIL RETURNED

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

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-9998 SEP 29 2005 Postmark Here USPS

7001 1140 0002 9558 5222

Anita Field Irrevocable Trust First
National Bank Brownfield
Successor Trustee
PO Box 1067
Brownfield, TX 79316-1067

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:

Anita Field Irrevocable Trust First
National Bank Brownfield
Successor Trustee
PO Box 1067
Brownfield, TX 79316-1067

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 10-3-05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy* 7001 1140 0002 9558 5222

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

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

7001 1140 0002 9558 5215

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

CANTWELL, NM 87501 SEP 29 2005 Postmark Here USPS

Dan Field
PO Box 1105
Lovington, NM 88260

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:

Dan Field
PO Box 1105
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 10-1-05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5215

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

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

7001 1140 0002 9558 5109

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

CANTWELL, NM 87501 SEP 29 2005 Postmark Here USPS

Mabel Nancy Field Irrevocable
Trust
F/B/O Megan Field
Sarah Burrus Trust
PO Box 1090
Plains, TX 79355-1090

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:

Mabel Nancy Field Irrevocable
Trust
F/B/O Megan Field
Sarah Burrus Trust
PO Box 1090
Plains, TX 79355-1090

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Sarah K Burrus | B. Date of Delivery: 10/3/05

C. Signature
X Sarah K Burrus ☐ Agent ☐ Addressee

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

PLAINS, TX 79355 OCT 3 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5109

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

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

7001 1140 0002 9558 5161

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CENIA 87501 SEP 29 2005 USPS Postmark Here

Megan Smith Field
1523 Madison
Austin, TX 78757

for Instructions

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

7001 1140 0002 9558 5154

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE SEP 29 2005 USPS Postmark Here

Mike Field
2112 Indiana Avenue
Lubbock, TX 79410

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:

Mike Field
2112 Indiana Avenue
Lubbock, TX 79410

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10/4/05

C. Signature
x

☐ Agent
☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from se* 7001 1140 0002 9558 5154

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

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

7001 1140 0002 9558 5239

WFC/CWS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-9998 SEP 29 2005 Postmark Here

First National Bank Brownfield, TX
Trustee of the Anita Field Irrvoc Tst
PO Box 1067
Brownfield, TX 79316-1067

See Reverse for Instructions

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

7001 1140 0002 9558 4980

WFC/CWS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-9998 SEP 29 2005 Postmark Here USPS

First Roswell Company
PO Box 1797
Roswell, NM 88202

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:

First Roswell Company
PO Box 1797
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Kay Srader — B. Date of Delivery 10-3-05

C. Signature
X Kay Srader ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* —

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 4980

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

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

7001 1140 0002 9558 4782

WFC Ches. Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here
SEP 29 2005
USPS

H J Freede, Inc.
430 NW 13th Street
Oklahoma City, OK 73103

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:

H J Freede, Inc.
430 NW 13th Street
Oklahoma City, OK 73103

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10/3

C. Signature
Dottie Shears ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy fr* 7001 1140 0002 9558 4782

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

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

7001 1140 0002 9558 5079

WFC/Ches	
Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here
SEP 29 2005
USPS

Cindy Hales
25123 SE 42nd Drive
Issaquah, WA 98029

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:

Cindy Hales
25123 SE 42nd Drive
Issaquah, WA 98029

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* C Hales B. Date of Delivery 10-3-05

C. Signature
X C Hales ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5079

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Patrick J. Hannifin as trustee of
PJ Hannifin Family Trust,
765 Santa Camelia Drive
Solona Beach, CA 92075

7001 1140 0002 9558 5512

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:

Patrick J. Hannifin as trustee of
PJ Hannifin Family Trust,
765 Santa Camelia Drive
Solona Beach, CA 92075

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5512

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Robert H Hannifin for life,
remainder to Hannifin Bros, LLC
PO Box 218
Midland, TX 79702

7001 1140 0002 9558 5499

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert H Hannifin for life,
remainder to Hannifin Bros, LLC
PO Box 218
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Julie Truitt — B. Date of Delivery 10-5-05

C. Signature — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5499

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

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

7001 1140 0002 9558 5345

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here
SEP 23 2005
USPS

Robert Thomas Hartley
PO Box 1024
Clovis, NM 88102

for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Thomas Hartley
PO Box 1024
Clovis, NM 88102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-03-05

C. Signature
x Tom Hartley ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5345

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

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

7001 1140 0002 9558 5352

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here
SEP 23 2005
USPS

Teddy Lowe Hartley
PO Box 845
Clovis, NM 88102

PS Form 3811, July 1999 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:

Teddy Lowe Hartley
PO Box 845
Clovis, NM 88102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* TED HARTLEY B. Date of Delivery 10/3/05

C. Signature
x Ted Hartley ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5352

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

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

O F F I C I A L U S E

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

WFC Ches.

SEP 29 2005 Postmark Here — USPS

7001 1140 0002 9558 4799

J C Henderson
PO Box 1712
Midland, TX 79702

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:

J C Henderson
PO Box 1712
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Cort Henderson — B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

OCT 4 — MIDLAND TEXAS

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

USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from* 7001 1140 0002 9558 4799

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

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

O F F I C I A L U S E

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

WFC/Ches

SANTA FE NM 87501 — SEP 29 2005 Postmark Here — USPS

7001 1140 0002 9558 5192

Geraldine Hisel
621 Anthony Drive
Clovis, NM 88101

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:

Geraldine Hisel
621 Anthony Drive
Clovis, NM 88101

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Geraldine Hisel — B. Date of Delivery 10-7-05

C. Signature
X Geraldine Hisel ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy f* 7001 1140 0002 9558 5192

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Gary Hodge
3672 La Cuesta
El Paso, TX 79936

for instructions

7001 1140 0002 9558 5062

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gary Hodge
3672 La Cuesta
El Paso, TX 79936

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5062

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Gene Hodge
1808 Cord
Odessa, TX 79762

for instructions

7001 1140 0002 9558 5055

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

1. Article Addressed to:

Gene Hodge
1808 Cord
Odessa, TX 79762

A. Received by *(Please Print Clearly)*: Gene P. Hodge
B. Date of Delivery: 10-3-05
C. Signature: X Gene P. Hodge ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5055

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 9.05**

Postmark Here

Glen Hodge
1303 Windward
Wylie, TX 75098

7001 1140 0002 9558 5048

for Instructions

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 9.05**

Postmark Here

James P. Hodge
DBA JPH Oil Producers
PO Box 565
Lovington, NM 88260

7001 1140 0002 9558 5598

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 P. Hodge
DBA JPH Oil Producers
PO Box 565
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 10-3-05

C. Signature
X [signature] ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5598

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

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

7001 1140 0002 9558 5024

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

USPS

Jimmy P. Hodge
PO Box 565
Lovington, NM 88260

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:

Jimmy P. Hodge
PO Box 565
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-3-05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5024

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

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

7001 1140 0002 9558 5895

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

USPS

Larry Jean Hodge
P. O. Box 626
Lovington, NM 88260

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:

Larry Jean Hodge
P. O. Box 626
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* N Hodge B. Date of Delivery 10/3/05

C. Signature
X [signature] ☐ Agent ☑ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5895

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

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

WTC/CMES

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA MONICA CA 90401 SEP 20 2005 Postmark Here USPS

Dewey L Hodson & Barbara J Hodson
3423 S West Street
Stillwater, OK 74074

for Instructions

7001 1140 0002 9558 5864

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

WTC/CMES

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA MONICA CA 90401 SEP 20 2005 Postmark Here USPS

Howard David Hodson & Glenda H Hodson
10227 Atkins Road
Bentonville, AR 71712

for Instructions

7001 1140 0002 9558 5857

MAIL RETURNED

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:

Howard David Hodson & Glenda H Hodson
10227 Atkins Road
Bentonville, AR 71712

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Glenda H. Hodson — B. Date of Delivery 9.30.05

C. Signature
X Glenda H. Hodson ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5857

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

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

OFFICIAL USE

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 USPS Postmark Here

Stephen R Howard
430 NW 13th Street
Oklahoma City, OK 73103

PS Form 3800, January 2001 See Reverse for Instructions

7001 1140 0002 9558 6083

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Stephen R Howard
430 NW 13th Street
Oklahoma City, OK 73103

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 10/3

C. Signature
X Bertha Shearer ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 6083

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

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

OFFICIAL USE

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 USPS Postmark Here

Stephen R. Howard
3311 Beachwater Drive
Katy, TX 77450

See Reverse for Instructions

7001 1140 0002 9558 4928

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Stephen R. Howard
3311 Beachwater Drive
Katy, TX 77450

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mrs S P Howard B. Date of Delivery 10-4-05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy f 7001 1140 0002 9558 4928

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

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

7001 1140 0002 9558 5437

WFC/Chus

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Peter Sexton Ingber
1812 Sand Hill Road, Apt. 307
Palo Alto, CA 94304

for instructions

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

7001 1140 0002 9558 5444

WFC/Chus

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Phillips Henry Ingber
2231 Via Maderos
Los Altos, CA 94024

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:

Phillips Henry Ingber
2231 Via Maderos
Los Altos, CA 94024

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* ROTH AND LOUBER
B. Date of Delivery 10/4/05

C. Signature
X

☐ Agent
☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5444

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

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

7001 1140 0002 9558 5178

OFFICIAL USE

WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here
SEP 2005
LSPS

Jo Nell Ingram
408 Sunshine
Alamogordo, NM 88310

for instructions

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

7001 1140 0002 9558 5208

OFFICIAL USE

WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here
SEP 2005
LSPS

Field Irwin
PO Box 350
Fort Sumner, NM 88119

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:

Jo Nell Ingram
408 Sunshine
Alamogordo, NM 88310

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 10-3-05

C. Signature
X
☐ Agent
☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy fr* 7001 1140 0002 9558 5178

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Field Irwin
PO Box 350
Fort Sumner, NM 88119

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X
☐ Agent
☐ Addressee

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

FORT SUMNER NM 88119 OCT 5 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy* 7001 1140 0002 9558 5208

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

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

WFO/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 Postmark Here

Dick Jackson
PO Box 606
Carlsbad, NM 88221

7001 1140 0002 9558 6090

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dick Jackson
PO Box 606
Carlsbad, NM 88221

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6090

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

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

WFO/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 Postmark Here

Don Kent Johnson
804 Park Harvey Center
200 N. Harvey Street
Oklahoma City, OK 73012

7001 1140 0002 9558 5703

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:

Don Kent Johnson
804 Park Harvey Center
200 N. Harvey Street
Oklahoma City, OK 73012

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-5-05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5703

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

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

WFC/CHLS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Dean Kinsolving
P O Box 325
Tatum, NM 88267

7001 1140 0002 9558 6076

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:

Dean Kinsolving
P O Box 325
Tatum, NM 88267

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Dean Kinsolving B. Date of Delivery 10-4-05

C. Signature X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 6076

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

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

WFC/CHLS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Erick Krag
PO Box 1114
Georgetown, CO 80444

7001 1140 0002 9558 5406

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-9998
SEP 29 2005 Postmark Here
USPS

Larry W. Lathrop
16321 Stone Oak Court
Cypress, TX 77429

7001 1140 0002 9558 5666

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 W. Lathrop
16321 Stone Oak Court
Cypress, TX 77429

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Cristina — B. Date of Delivery: 10/05

C. Signature: X Cristina ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5666

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-9998
SEP 29 2005 Postmark Here
USPS

William G. Liakos and Kay
Hendricks Liakos Trustees of
the William G. Liakos and Kay
Hendricks Liakos Rev Trust
1000 N. Lea Street
Roswell, NM 88201

7001 1140 0002 9558 5307

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William G. Liakos and Kay
Hendricks Liakos Trustees of
the William G. Liakos and Kay
Hendricks Liakos Rev Trust
1000 N. Lea Street
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 10-1-05

C. Signature: X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5307

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

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

7001 1140 0002 9558 5673

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Karen S. Linck
3418 Onion Creek
Sugar Land, TX 77479-2548

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 1140 0002 9558 5642

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Victor T. Linck
3418 Onion Creek
Sugar Land, TX 77479-2548

PS Form 3800, January 2001 See Reverse for Instructions

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here
SEP 29 2005
USPS

Lyndon L. Lindsey
12156
Aurora, CO 80012

for Instructions

7001 1140 0002 9558 5833

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here
SEP 29 2005
USPS

MMS / BLM - Payor 06605
P O Box 5810
Denver, CO 80217-5810

for Instructions

7001 1140 0002 9558 5260

MAIL
RETURNED

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:

MMS / BLM - Payor 06605
P O Box 5810
Denver, CO 80217-5810

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
SEP 30 2005

C. X **RECEIVED BY** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
OPTIMUM MANAGEMENT SYSTEMS
AGENT FOR MINERALS MANAGEMENT SYSTEMS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number 7001 1140 0002 9558 5260

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

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

7001 1140 0002 9558 6069

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Lewis E MacNaughton
17103 Preston Road
LB 112, Suite 185
Dallas, TX 75248

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:

Lewis E MacNaughton
17103 Preston Road
LB 112, Suite 185
Dallas, TX 75248

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-4-05

C. Signature
X [signature] ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6069

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

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

7001 1140 0002 9558 6007

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

USPS

Clarence Richard Markham and
Joyce Stanley Markham, Trustees
of the Clarence Richard Markham
Family Trust
3110 38th Street
Lubbock, TX 79413

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:

Clarence Richard Markham and
Joyce Stanley Markham, *Trustees*
of the Clarence Richard Markham
Family Trust
3110 38th Street
Lubbock, TX 79413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Joyce Markham B. Date of Delivery 10-4

C. Signature
X Joyce Markham ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6007

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

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

WFC/Jones

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

7001 1140 0002 9558 6021

Donald Marshall Markham &
LaDonna Rieger Markham,
Trustees of the Donald Marshall
Markham Family Trust
P. O. Box 241
Center Point, TX 78010-0241

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:

Donald Marshall Markham &
LaDonna Rieger Markham,
Trustees of the Donald Marshall
Markham Family Trust
P. O. Box 241
Center Point, TX 78010-0241

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Don Markam
B. Date of Delivery: 10-5-05

C. Signature
X [signature]
☐ Agent
☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6021

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

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

WFC/Jones

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

7001 1140 0002 9558 6038

Roderick Allen Markham
1500 Broadway, Suite 1212
Lubbock, TX 79401

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:

Roderick Allen Markham
1500 Broadway, Suite 1212
Lubbock, TX 79401

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Nancy Hart
B. Date of Delivery: 10/4/05

C. Signature
X [signature]
☐ Agent
☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6038

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

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

7001 1140 0002 9558 5581

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Jon G. Massey
P O Box 57597
New Orleans, LA 70157

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 1140 0002 9558 5031

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Janice D. Maxwell
5215 Walton Drive
Klamath Falls, OR 97603

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:

Janice D. Maxwell
5215 Walton Drive
Klamath Falls, OR 97603

COMPLETE THIS SECTION ON DELIVERY

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

Janice D Maxwell

C. Signature

X Janice D Maxwell ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5031

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

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

7001 1140 0002 9558 5505

WFC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Kathryn Hannifin McCormick
For Life, Remainder to her issue
2905 San Pablo NE
Albuquerque, NM 87110

See Reverse for Instructions

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

7001 1140 0002 9558 4973

WFC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Manon Markham McMullen
1500 Broadway, Suite 1212
Lubbock, TX 79401

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:

Manon Markham McMullen
1500 Broadway, Suite 1212
Lubbock, TX 79401

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10/4/02

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 4973

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

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

7001 1140 0002 9558 5932

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501
Postmark Here
USPS

Brent W. McWhorter
6140 E. Voltaire Avenue
Scottsdale, AZ 85254

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 1140 0002 9558 5925

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501
Postmark Here
USPS

Mary J. McWhorter
769 Canyon Road
Logan, Utah 84321

PS Form 3800, January 2001 — 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:

Brent W. McWhorter
6140 E. Voltaire Avenue
Scottsdale, AZ 85254

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery: 10-3-5

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 5932

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary J. McWhorter
769 Canyon Road
Logan, Utah 84321

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Sue J. McWhorter | B. Date of Delivery: 10/1/05

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 5925

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 USPS Postmark Here

Nancy C. Miller
856 S 200 Street
Pittsburg, KS 66762

for Instructions

7001 1140 0002 9558 5789

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nancy C. Miller
856 S 200 Street
Pittsburg, KS 66762

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Nancy C Miller B. Date of Delivery Oct 3 05

C. Signature
X Nancy C Miller ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5789

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here USPS

Mark Mladenka
1413 Bedford
Midland, TX 79701

for Instructions

7001 1140 0002 9558 6052

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:

Mark Mladenka
1413 Bedford
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Mark Mladenka B. Date of Delivery 10/6/05

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6052

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 Postmark Here USPS

7001 1140 0002 9558 4867

Monarch Resources LLC
PO Box 1197
Oklahoma City, OK 73101-1197

or 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:

Monarch Resources LLC
PO Box 1197
Oklahoma City, OK 73101-1197

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

OKLAHOMA CITY OK 73102 OCT 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

2. Article Number (Copy 7001 1140 0002 9558 4867

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here USPS

7001 1140 0002 9558 5185

Janet Leigh Montoya
4643 East Co Rd 9 south
Monte Vista, CO 81144

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:

Janet Leigh Montoya
4643 East Co Rd 9 south
Monte Vista, CO 81144

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery
F Montoya | 10/3/05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from serv 7001 1140 0002 9558 5185

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

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

7001 1140 0002 9558 5383

WFC/Ames

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Michael Herd Moore
PO Box 1669
Santa Rosa Beach, FL 32459

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 1140 0002 9558 5970

WFC/Ames

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Harald Muller
2999 Pacific Avenue
San Francisco, CA 94115

PS Form 3800, January 2001 — See Reverse for Instructions

MAIL RETURNED

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

OFFICIAL USE

Postage $ 5.00
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 9.05

Postmark Here
USPS

7001 1140 0002 9558 4874

MYCO Industries
423 W. Main Street
Artesia, NM 88210-2030

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:

MYCO Industries
423 W. Main Street
Artesia, NM 88210-2030

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
x Kaci Hanway ☐ Agent ☐ Addressee

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

OCT 0 3 2004

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (C 7001 1140 0002 9558 4874

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

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

OFFICIAL USE

Postage $ 5.00
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 9.05

Postmark Here
USPS

7001 1140 0002 9558 5475

New Mexico Western Minerals,
Inc.
PO Box 304
Artesia, NM 88211-0304

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:

New Mexico Western Minerals,
Inc.
PO Box 304
Artesia, NM 88211-0304

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
x Amy Johnson ☐ Agent ☑ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 5475

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Nuevo Seis Limited Partnership
PO Box 2588
Roswell, NM 88202-2588

7001 1140 0002 9558 5482

PS Form 3800, January 2001 — 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:

Nuevo Seis Limited Partnership
PO Box 2588
Roswell, NM 88202-2588

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Marvis Schertz — B. Date of Delivery 10-3-05

C. Signature — X [signature] — ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5482

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Ogallala Resources, Inc.
PO Box 368
Mustang, OK 73064

7001 1140 0002 9558 5574

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:

Ogallala Resources, Inc.
PO Box 368
Mustang, OK 73064

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Deb Wilson — B. Date of Delivery

C. Signature — X [signature] — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5574

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

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

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

CSPS

7001 1140 0002 9558 5956

Gudmund Olsen
167 Delores Street
San Francisco, CA 94103

See Reverse for Instructions

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

OFFICIAL USE

WFC
Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

CSPS

7001 1140 0002 9558 4805

J Durwood Pate Trust
J Durwood Pate, Trustee
3625 Goodger Drive, Suite D
Oklahoma City, OK 73112

of 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:

J Durwood Pate Trust
J Durwood Pate, Trustee
3625 Goodger Drive, Suite D
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 10-3

C. Signature
X C. LaCava ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fr 7001 1140 0002 9558 4805

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

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

WFC/CHES

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 Postmark Here USPS

James D. Pate, Jr. Trust
James D. Pate, Jr., Trustee
3625 Goodger Drive, Suite D
Oklahoma City, OK 73112

See for instructions

7001 1140 0002 9558 4829

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 D. Pate, Jr. Trust
James D. Pate, Jr., Trustee
3625 Goodger Drive, Suite D
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-3

C. Signature
x C. LaCava ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy fro* 7001 1140 0002 9558 4829

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

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

WFC/CHES

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 Postmark Here USPS

Joe H. Pate Trust
3625 Goodger Drive, Suite D
Oklahoma City, OK 73112

See for instructions

7001 1140 0002 9558 4843

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:

Joe H. Pate Trust
3625 Goodger Drive, Suite D
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-3

C. Signature
x C. LaCava ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy fror* 7001 1140 0002 9558 4843

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

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

7001 1140 0002 9558 5611

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Peak Investments
P O Drawer 3130
Midland, TX 79702

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 1140 0002 9558 5963

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

Einar Petersen
2423 Filbert Street
San Francisco, CA 94123-3315

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 1140 0002 9558 5468

WFC/ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE, NM 87501 SEP 29 Postmark Here USPS

Pitch Energy Corporation
PO Box 304
Artesia, NM 88211-0304

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:

Pitch Energy Corporation
PO Box 304
Artesia, NM 88211-0304

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Amy Johnson ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5468

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

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

7001 1140 0002 9558 5987

WFC/ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE, NM 87501 SEP 29 Postmark Here USPS

Ragnhilde Marie Poulsson
Levine
12 Idlewood Road
Kentfield, CA 94904-2753

for Instructions

MAIL RETURNED

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

7001 1140 0002 9558 5543

WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

James Russell Proctor
2352 N. Yale
Mesa, AZ 85123

PS Form 3800, January 2001 — See Reverse for Instructions

MAIL RETURNED

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

7001 1140 0002 9558 5550

WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

William Ray Proctor
1209 S. County Road West
Odessa, TX 79763

PS Form 3800, January 2001 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William Ray Proctor
1209 S. County Road West
Odessa, TX 79763

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 10-3-05

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5550

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

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

WFC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SAN TAN BEACH NM 87503 SEP 29 2005 Postmark Here

7001 1140 0002 9558 5796

Donald Pruitt
1212 Joanne
Mulvane, KS 67110

PS Form 3800, February 2004 — See Reverse for Instructions

MAIL RETURNED

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

WFC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SAN TAN BEACH NM 87503 SEP 29 2005 Postmark Here

7001 1140 0002 9558 5765

Dwight D Pruitt
309 Woodridge Court
Augusta, KS 67010

PS Form 3800, February 2004 — 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:

Dwight D Pruitt
309 Woodridge Court
Augusta, KS 67010

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* DAD PRUITT — B. Date of Delivery 10/3

C. Signature
X Patricia L. Pruitt — ☐ Agent ☑ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5765

PS Form 3811, July 1999 Domestic Return Receipt

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

7001 1140 0002 9558 5840

OFFICIAL USE

WTC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CENIA 87501 SEP 29 2005 Postmark Here USPS

Elza Pruitt
1208 Wall Street
Ft. Scott, KS 66701

PS Form 3800, January 2001 — See Reverse for Instructions

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

7001 1140 0002 9558 5802

OFFICIAL USE

WTC/CMS

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CENIA 87501 SEP 29 2005 Postmark Here USPS

Ella Pruitt
749 Fountain
Wellington, KS 67152

PS Form 3800, January 2001 — 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:

Elza Pruitt
1208 Wall Street
Ft. Scott, KS 66701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Mary Jo Pruitt — B. Date of Delivery 10-3-05

C. Signature
X Mary Jo Pruitt ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5840

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

MAIL RETURNED

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

7001 1140 0002 9558 5758

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 9.05**

SANTA ANA CA 92799 SEP 2005 Postmark Here USPS

James Lee Pruitt
113 Timber Ridge Circle
Burleson, TX 76028

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 1140 0002 9558 5772

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 9.05**

SANTA ANA CA 92799 SEP 2005 Postmark Here USPS

Jerry Pruitt
9912 Zircon Drive SW
Lakewood, WA 98498

PS Form 3800, January 2001 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:

Jerry Pruitt
9912 Zircon Drive SW
Lakewood, WA 98498

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* JERRY W PRUITT — B. Date of Delivery 10/3/05

C. Signature X [signature] ☐ Agent ☑ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5772

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

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

7001 1140 0002 9558 5246

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 Postmark Here USPS

07 Ranch Mineral Ltd
Partnership
PO Box 1090
Plains, TX 79355-1090

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:

07 Ranch Mineral Ltd
Partnership
PO Box 1090
Plains, TX 79355-1090

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Sarah K Burrus
B. Date of Delivery: 10/3/05

C. Signature
X Sarah K Burrus
☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy) 7001 1140 0002 9558 5246

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

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

7001 1140 0002 9558 4713

WFC Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 Postmark Here USPS

Charles B. Read
PO Box 1518
Roswell, NM 88202

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles B. Read
PO Box 1518
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery: 10-3-05

C. Signature
X
☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 4713

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

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

WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 USPS Postmark Here

7001 1140 0002 9558 5086

Charles B. Read
PO Box 1518
Roswell, NM 88202

PS Form 3800, January 2001 ... for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles B. Read
PO Box 1518
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 10-03-05

C. Signature: X Nancy Williams ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5086

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

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

WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 USPS Postmark Here

7001 1140 0002 9558 4898

Rehoboth Inc.
20 N. Broadway, Suite 1800
Oklahoma City, OK 73102

...or 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:

Rehoboth Inc.
20 N. Broadway, Suite 1800
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* NICHOLAS HARDWICK | B. Date of Delivery: 10/3/05

C. Signature: X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from ...label)* 7001 1140 0002 9558 4898

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

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

7001 1140 0002 9558 6151

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 USPS Postmark Here

Claudia J. Roebuck
2813 N Donnelly Ave
Oklahoma City, OK 73107

PS Form 3800, January 2001 — 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:

Claudia J. Roebuck
2813 N Donnelly Ave
Oklahoma City, OK 73107

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 10/1/05

C. Signature: X C Roebuck ☐ Agent ☐ Addressee

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

OCT 1 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

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6151

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

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

7001 1140 0002 9558 6045

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here USPS

Star, Inc.
PO Box 148
Lovington, NM 88260

PS Form 3800, January 2001 — 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:

Star, Inc.
PO Box 148
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 10-4-05

C. Signature: X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6045

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

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

7001 1140 0002 9558 5000

OFFICIAL USE WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here — SANTA FE NM 87501 SEP 29 2000 USPS

Joyce Hodge Sellers
PO Box 626
Lovington, NM 88260

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 Hodge Sellers
PO Box 626
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* N Hodge — B. Date of Delivery 10/3/00

C. Signature — X Natalie Hodge — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5000

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

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

7001 1140 0002 9558 4997

OFFICIAL USE WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here — SANTA FE NM 87501 SEP 29 2000 USPS

June Danglade Speight
219 N Main Avenue
Lovington, NM 88360-4016

for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

June Danglade Speight
219 N Main Avenue
Lovington, NM 88360-4016

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* F Henderson — B. Date of Delivery 10/4/0-

C. Signature — X F Henderson — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 4997

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

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

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 USPS Postmark Here

7001 1140 0002 9558 5253

State of New Mexico
Commissioner of Public Lands
PO Box 1148
Santa Fe, NM 87504-1148

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:

State of New Mexico
Commissioner of Public Lands
PO Box 1148
Santa Fe, NM 87504-1148

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X
☐ Agent
☐ Addressee

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

SANTA FE NM OCT 3 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from servic* 7001 1140 0002 9558 5253

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

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

OFFICIAL USE

WFC Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SEP 29 2005 USPS Postmark Here

7001 1140 0002 9558 4768

David C. Story
1816 Rising Star Lane
Edmond, OK 73034

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:

David C. Story
1816 Rising Star Lane
Edmond, OK 73034

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X
☐ Agent
☐ Addressee

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

OCT 3 2005

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(C* 7001 1140 0002 9558 4768

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CLARA CA 95051-9998 SEP 20 2005 Postmark Here USPS

Tex Zia Properties, Ltd
PO Box 261427
Plano, TX 75026-1427

7001 1140 0002 9558 5451

PS Form 3800, January 2001 See Reverse for Instructions

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CLARA CA 95051-9998 SEP 20 2005 Postmark Here USPS

Patricia S. Thompson
5511 Hialeah Drive
Houston, TX 77092

7001 1140 0002 9558 5659

PS Form 3800, January 2001 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:

Tex Zia Properties, Ltd
PO Box 261427
Plano, TX 75026-1427

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* W. Montgomery B. Date of Delivery 10/6/05

C. Signature ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5451

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 USPS Postmark

7001 1140 0002 9558 4935

TLW Investments Inc.
PO Box 54525
Oklahoma City, OK 73154-1525

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:

TLW Investments Inc.
PO Box 54525
Oklahoma City, OK 73154-1525

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* BRIAN IMES — B. Date of Delivery

C. Signature
X — ☐ Agent ☐ Addressee

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

OKLAHOMA CITY OK 731 TELL STA OCT 1 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

2. Article Number *(Co* 7001 1140 0002 9558 4935

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

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

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 29 2005 USPS Postmark Here

7001 1140 0002 9558 4942

Tropical Minerals Inc.
PO Box 1197
Oklahoma City, OK 73101-1197

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:

Tropical Minerals Inc.
PO Box 1197
Oklahoma City, OK 73101-1197

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* H.W. Colvert — B. Date of Delivery

C. Signature
X H.W. Colvert — ☐ Agent ☐ Addressee

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

OKLAHOMA CITY OK 731 TELL STA OCT 5 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

2. Article Number *(Cop* 7001 1140 0002 9558 4942

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

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

OFFICIAL USE

WTC/Lanes

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CENIA 91501 SEP 29 2005 Postmark Here USPS

Virgina Ann Valen
19 Westgate Way
San Anselmo, CA 94960

See Reverse for Instructions

7001 1140 0002 9558 5277

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:

Virgina Ann Valen
19 Westgate Way
San Anselmo, CA 94960

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-4-05

C. Signature
X V A Valen ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5277

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

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

OFFICIAL USE

WTC/Lanes

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA CENIA 91501 SEP 29 2005 Postmark Here USPS

Charles H Walker 12343
Narcoosee Road Orlando, FL
32827

See Reverse for Instructions

7001 1140 0002 9558 5819

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles H Walker 12343
Narcoosee Road Orlando, FL
32827

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
TRGARCIA VENTURA BR ORLANDO FL SEP 2005 USPS - 32817

C. Signature
X J R Garcia ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5819

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

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

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA ANA, CA 92701 SEP 29 2005 USPS

Postmark Here

7001 1140 0002 9558 5338

Wayne K. Watkins
Arthur Park at West Neck
2605 Merlin Court
Virginia Beach, VA 23456

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:

Wayne K. Watkins
Arthur Park at West Neck
2605 Merlin Court
Virginia Beach, VA 23456

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* WAYNE WATKINS — B. Date of Delivery 10/5/05

C. Signature
X Wayne K. Watkins ☐ Agent ☑ Addressee

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

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

Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5338

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

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

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA ANA, CA 92701 SEP 29 2005 USPS

Postmark Here

7001 1140 0002 9558 5567

Albert David White
2402 Sweetwater Country Club
Apopka, Fl 32712

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:

Albert David White
2402 Sweetwater Country Club
Apopka, Fl 32712

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5567

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

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

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

SEP 29 2005

Diana Wickham
3400 Venice Blvd
Oklahoma City, OK 73112

7001 1140 0002 9558 6144

PS Form 3800, January 2001 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:

Diana Wickham
3400 Venice Blvd
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10/1/05

C. Signature ☒ Agent ☒ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 6144

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

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

OFFICIAL USE

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

SEP 29 2005

Charlie R Wiggins
PO Box 10862
Midland, TX 79702

7001 1140 0002 9558 5284

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:

Charlie R Wiggins
PO Box 10862
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* CHARLES R. WIGGINS B. Date of Delivery 10-5-05

C. Signature ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5284

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

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

WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

SEP 29 2005 USPS

7001 1140 0002 9558 4904

Robert & Dawn Willis
200 W. 1st Street, Suite 533
Roswell, NM 88201

PS Form 3800, January 2001 — See Reverse for Instructions

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

WFC/Chas

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

Postmark Here

SEP 29 2005 USPS

7001 1140 0002 9558 5697

Gregory A. Wilson
P O Box 368
Mustang, OK 73064

PS Form 3800, January 2001 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert & Dawn Willis
200 W. 1st Street, Suite 533
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) — B. Date of Delivery: 10-3-05

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): 7001 1140 0002 9558 4904

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

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

7001 1140 0002 9558 5536

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-9998 SEP 29 2005 Postmark Here USPS

Margaret Hannifin Wygocki for
life, remainder to her issue
721 Robbins Road
Lansing, Michigan 48971

See Reverse for Instructions

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

7001 1140 0002 9558 4959

WFC/Ches

Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501-9998 SEP 29 2005 Postmark Here USPS

Yates Drilling
105 South 4th Street
Artesia, NM 88210

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:

Margaret Hannifin Wygocki for
life, remainder to her issue
721 Robbins Road
Lansing, Michigan 48971

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 10-4-05

C. Signature
x [signature] ☐ Agent ☐ Addressee

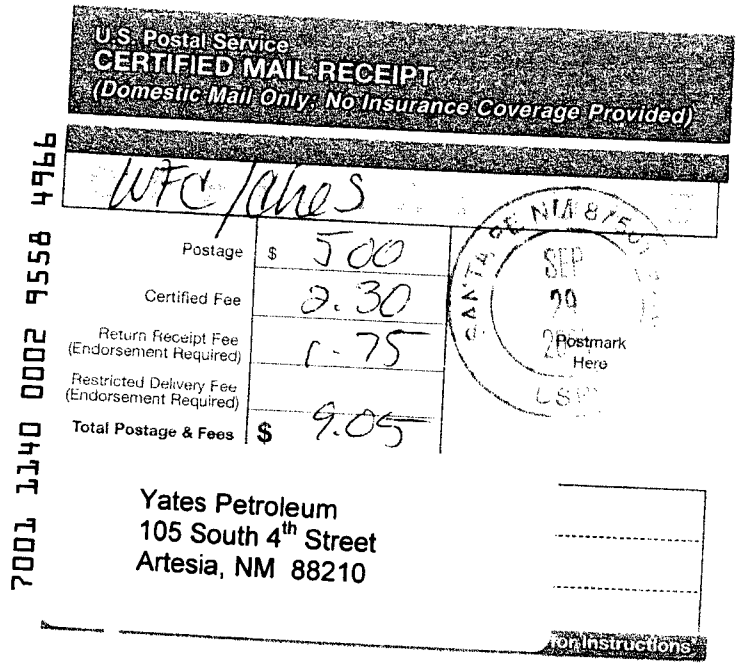
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5536

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



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

WFC/Ames

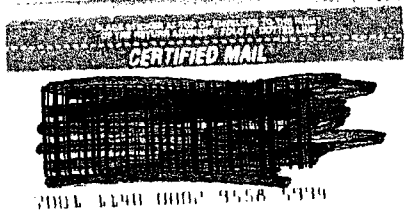
Postage	$ 5.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.05

SANTA FE NM 87501 SEP 20 Postmark Here

7001 1140 0002 9558 4966

Yates Petroleum
105 South 4th Street
Artesia, NM 88210

See Instructions



HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

Noelle M. Anderson, James R. Anderson, Joseph J. Anderson and C. Robert Anderson, as joint tenants
440 Davis Court #210
San Francisco CA 94111

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:

Noelle M. Anderson, James R. Anderson, Joseph J. Anderson and C. Robert Anderson, as joint tenants
440 Davis Court #210
San Francisco CA 94111

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5994

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

7001 1140 0002 9558 5833

HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

IA
4

Lyndon L. Lindsey
12156
Aurora, CO 80012

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by *(Please Print Clearly)* B. Date of Delivery C. Signature X ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Lyndon L. Lindsey 12156 Aurora, CO 80012	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 *(Copy from service label)* 7001 1140 0002 9558 5833

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

CERTIFIED MAIL

[redacted]

7001 1140 0002 9558 6168

HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

Centerpoint Resources Inc.
PO Box 368
Mustang, OK 73064

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by *(Please Print Clearly)* B. Date of Delivery C. Signature X ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Centerpoint Resources Inc. PO Box 368 Mustang, OK 73064	3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. *Restricted Delivery? (Extra Fee)* ☐ Yes
2. Article Number *(Copy from service label)*	7001 1140 0002 9558 6168

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

A11

[redacted]

7001 1140 0002 9558 5543

HOLLAND&HART [redacted] Chesapeake

PROC352 852132021 1704 35 10/04/05
FORWARD TIME EXP RTN TO SEND
PROCTOR
145 N MCRAE LN
SAINT DAVID AZ 85630-6120

RETURN TO SENDER

James Russell Proctor
2352 N. Yale
Mesa, AZ 85123

CERTIFIED MAIL

7001 1140 0002 9558 5475

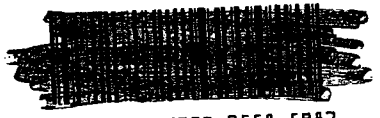
HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

PITCH

New Mexico Western Minerals, Inc.
PO Box 304
Artesia, NM 88211-0304

PRIORITY MAIL
UNITED STATES POSTAL SERVICE



7001 1140 0002 9558 5987

HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

01505

NOT AT THIS ADDRESS

Ragnhilde Marie Poulsson
Levine
12 Idlewood Road
Kentfield, CA 94904-2753

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:

Ragnhilde Marie Poulsson
Levine
12 Idlewood Road
Kentfield, CA 94904-2753

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 5987

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

CERTIFIED MAIL

7001 1140 0002 9558 5802

HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

Ella Pruitt
749 Fou
Ve

RTS

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:

Ella Pruitt
749 Fountain
Wellington, KS 67152

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 5802

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

7001 1140 0002 9558 5796

HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

10/5/05

NTP

Donald Pruitt
1212 Joanne
Mulvane, KS 67110

NIXIE 2204 1 15 10/04/05

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
RETURN TO SENDER

7001 1140 0002 9558 5970

10-15-05

HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

Harald Muller
2999 Pacific Avenue
San Francisco, CA 94115

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:

Harald Muller
2999 Pacific Avenue
San Francisco, CA 94115

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

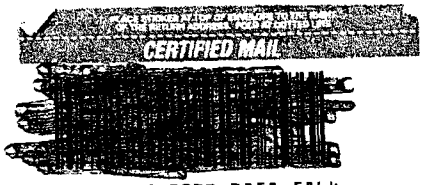
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 5970

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



7001 1140 0002 9558 5864

HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

Dewey L Hodson & Barbara J
Hodson
3423 S West Street
[redacted]

HOLLAND&HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

10-15-05

Capt. Jhens Feragen
P. O. Box 203
Ross, CA 94957-0203

Name

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

C. Signature

X

☐ Agent
☐ Addressee

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

Capt. Jhens Feragen
P. O. Box 203
Ross, CA 94957-0203

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

Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 6014

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

213

Affidavit of Publication

STATE OF NEW MEXICO)
) ss.
COUNTY OF LEA)

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertisting Director of **THE LOVINGTON DAILY LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Notice Of Publication

was published in a regular and entire issue of **THE LOVINGTON DAILY LEADER** and not in any supplement thereof, for one (1) day, beginning with the issue of October 1, 2005 and ending with the issue of October 1, 2005.

And that the cost of publishing said notice is the sum of $ 78.82 which sum has been (Paid) as Court Costs.

Joyce Clemens

Subscribed and sworn to before me this 18th day of October.

Debbie Schilling

Debbie Schilling
Notary Public, Lea County, New Mexico
My Commission Expires June 22, 2006

LEGAL NOTICE
NOTICE OF PUBLICATION

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on October 20, 2005, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by October 10, 2005. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13582:
Application of Chesapeake Operating, Inc. for statutory unitization of the Trinity Burrus Unit Area, Lea County, New Mexico. Applicant in the above-styled cause, seeks an order unitizing, for the purpose of establishing an enhanced recovery project, all mineral interest in the Wolfcamp formation, Trinity-Wolfcamp Pool, underlying 1720 acres more or less, of Federal, State and Fee lands in the following acreage:

TOWNSHIP 12 SOUTH, RANGE 38 EAST, NMPM
Section 15: SW/4 SE/4
Section 22: E/2, E/2 W/2
Section 23: W/2, W/2 E/2
Section 26: W/2 W/2, NE/4 NW/4, SE/4 SW/4
Section 27: E/2, E/2 W/2

Said unit to be designated the Trinity Burrus Unit. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the designation of horizontal and vertical limits of the unit area; the determination of the fair, reasonable, and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investment in wells and equipment and such other matters as may be necessary and appropriate for carrying on efficient unit operations, including but not limited to, unit voting procedures, selection, removal or substitution of unit operator and time of commencement and termination of unit operations. Applicant also requests that any such order issued in this case include a non-consent penalty for risk to be charged against carried working interests within the unit area upon such terms and conditions to be determined by the Division as just and reasonable. Said unit area is located approximately 25 miles northeast of Lovington, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 29th day of September 2005.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Mark E. Fesmire, P.E. / Direc

Published in the Lovington Daily Leader, October 1, 2005.