

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


**IN THE MATTER OF THE APPLICATION  
OF KAISER-FRANCIS OIL COMPANY FOR  
PROMULGATION OF SPECIAL POOL RULES  
FOR THE EAST HAPPY VALLEY BONE SPRING  
POOL, FOR AN EXCEPTION TO THE GAS-OIL  
RATIO LIMITATION, AND ASSIGNMENT OF  
A SPECIAL DEPTH BRACKET ALLOWABLE  
EDDY COUNTY, NEW MEXICO**

**CASE NO. 13771**

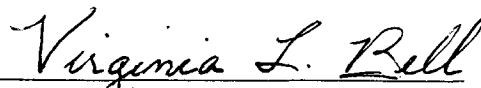
**AFFIDAVIT**

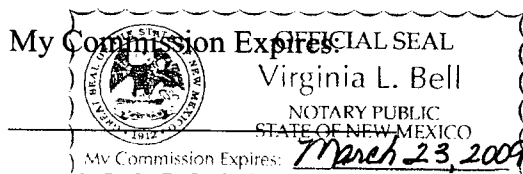
STATE OF NEW MEXICO   )  
  )ss.  
COUNTY OF SANTA FE   )

J. SCOTT HALL, attorney and authorized representative of Kaiser-Francis Oil Company, the Applicant herein, being first duly sworn, upon oath, states that the notice provisions of Rule 1210 of the New Mexico Oil Conservation Division have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested persons entitled to receive notice, as shown by Exhibit "A" attached hereto, and that pursuant to Rule 1210, notice has been given at the correct addresses provided by such rule.

  
\_\_\_\_\_  
J. SCOTT HALL

SUBSCRIBED AND SWORN to before me this 25th day of October, 2006

  
\_\_\_\_\_  
Notary Public



G:\Data\Clients\11375\35568\Pleadings\JSHAffidavit^102606.doc

NMOCD CASE NO. 13771  
OCTOBER 26, 2006  
KAISER-FRANCIS OIL CO.  
EXHIBIT NO. 19

# MILLER STRATVERT

## PROFESSIONAL ASSOCIATION

Ranne B. Miller  
Alice T. Lorenz  
Stephen M. Williams  
Stephan M. Vidmar  
Seth V. Bingham  
Timothy R. Briggs  
Rudolph Lucero  
Deborah A. Solove  
Gary L. Gordon  
Lawrence R. White  
Virginia Anderman  
Marte D. Lightstone  
J. Scott Hall\*  
Thomas R. Mack  
Thomas M. Domme

Ruth O. Pregenzer  
Jeffrey E. Jones  
James J. Widland  
Bradley D. Tepper\*\*  
Robin A. Goble  
James R. Wood  
Dana M. Kyle  
Kirk R. Allen  
Ruth Fuess  
H. Brook Laskey  
Paula G. Maynes  
M. Dylan O'Reilly  
Jennifer D. Hall  
Todd A. Schwarz

Nell Graham Sale  
Scott P. Hatcher  
Ann M. Conway  
Randall J. McDonald  
Robert H. Clark  
Richard L. Alvidrez  
Kelsey D. Green  
Marcy Baysinger  
Caroline Blankenship  
Matthew S. Rappaport  
Karen E. Wootton  
Joseph L. Romero  
Kelly A. Stone  
Deron B. Knoner

Patricia A. Bradley  
T. Aaron Garrett  
Amy P. Hauser  
Rebecca M. Alves  
Alisa R. Wigley-DeLara

### Of Counsel

William K. Stratvert  
James B. Collins  
Sharon P. Gross  
Terri S. Beach  
Robert D. Taichert

### Reply to Santa Fe

150 Washington Ave., Suite 300  
Santa Fe, NM 87501

Mailing Address:  
P.O. Box 1986  
Santa Fe, NM 87504-1986

Telephone: (505) 989-9614  
Facsimile: (505) 989-9857

Writer's Direct E-Mail:  
shall@mstlaw.com

\* Board Certified Specialist: Natural Resources - Oil & Gas Law  
\*\* Board Certified Specialist: Real Estate Law

October 6, 2006

### CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Mr. James Henry Dowley  
66 Jim Road, Box 5  
Belen, New Mexico 87002

Re: NMOCD Case No. 13771; Application of Kaiser-Francis Oil Company for Promulgation of Special Pool Rules for the East Happy Valley Bone Spring Pool, for an Exception to the Gas-Oil Ratio Limitation, and Assignment of a Special Depth Bracket Allowable Eddy County, New Mexico

Dear Mr. Dowley:

This will advise that Kaiser-Francis Oil Company has filed an application with the New Mexico Oil Conservation Division seeking an order for the promulgation of special pool rules establishing 160-acre spacing and proration units with the option for a second well and designated well locations in the East Happy Valley Bone Spring Pool located in the W/2 of Section 11, T22S, R26E, NMPM, Eddy County, New Mexico. Applicant further seeks an exception from the gas oil ratio limitation under Division Rule 506-A providing for a 4,000:1 gas-oil ratio and the establishment of a 382 barrel of oil per day depth bracket allowable. A copy of the application is enclosed.

This application will be set for hearing before a Division Examiner at 8:15 a.m. on October 26, 2006, at the New Mexico Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time.

Very truly yours,

*J. S. Hall*  
J. Scott Hall

JSH/glb

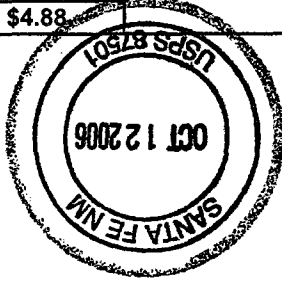
EXHIBIT "A"

7161 8863 9710 0000 6162

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEES	\$4.88

Mr. James Henry Dowley  
66 Jim Road, Box 5  
Belen, NM 87002

10/11/2006 9:46 AM



PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)



**STRATVERT**  
W OFFICES  
INGTON AVE., SUITE 300  
OX 1986 (87504-1986)  
NTA FE, NM 87501

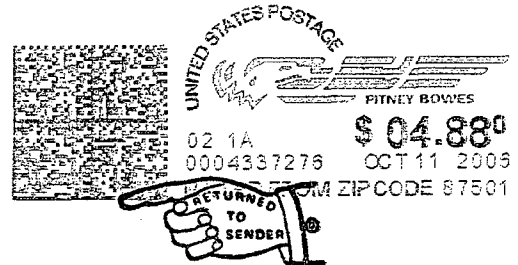
1ST NOTICE 10-1986  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

7161 8863 9710 0000 6162

RETURN RECEIPT REQUESTED

**CERTIFIED MAIL**

Mr. James Henry Dowley  
66 Jim Road, Box 5  
Belen, NM 87002



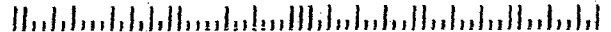
- ☐ Forwarding Order Expired
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Inclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ No Such Number

NIXIE 871 1 10 10/14/06

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 87504198686 \*0268-07411-12-44

875041986



7161 8863 9710 0000 6049

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Hexad Oil Company 203 West Wall Street Suite 1001 Midland, Texas 79701-4525</p> <p>10/6/2006 4:00 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 6049	A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>DE Smith</i>	C. Date of Delivery <i>10-11-6</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p>1. Article Addressed to:</p> <p>Hexad Oil Company 203 West Wall Street Suite 1001 Midland, Texas 79701-4525</p> <p>10/6/2006 4:00 PM</p>	
3. Service Type		<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5950

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
SENT TO:			
<p>Ms. Monte Jean Johnson R 735 E Derrick Road Carlsbad, New Mexic-8220</p> <p>10/6/2006 3:50 PM</p>			

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7161 8863 9710 0000 5950		A. Signature	
		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name)	
		C. Date of Delivery	
1. Article Addressed to:		Montie Jean Johnson 10-10-06	
Ms. Monte Jean Johnson R 735 E Derrick Road Carlsbad, New Mexic-8220  10/6/2006 3:50 PM		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5875

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. K. D. McPeters 502 West Gold Hobbs, New Mexic-1805</p> <p>10/6/2006 3:41 PM</p>			

PS FORM 3800


**UNITED STATES  
POSTAL SERVICE™**
**RECEIPT FOR CERTIFIED MAIL**

 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (SEE OTHER SIDE)

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5875		<b>A. Signature</b> <input checked="" type="checkbox"/> <i>K. D. McPeters</i>	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b>  Mr. K. D. McPeters 502 West Gold Hobbs, New Mexic-1805  10/6/2006 3:41 PM		<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b> 10-10-06
		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		<b>3. Service Type</b>	<input checked="" type="checkbox"/> <b>Certified</b>
		<b>4. Restricted Delivery? (Extra Fee)</b>	<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5783

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. Charles F. Goodwin Ms. Jolene R. Goodwin 1613 Jewel Carlsbad, New Mexic-8220</p> <p>10/6/2006 3:32 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5783	A. Signature <b>X</b> <i>Shabaker</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>S. Snider</i>	C. Date of Delivery <i>10/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p>1. Article Addressed to:</p> <p>Mr. Charles F. Goodwin Ms. Jolene R. Goodwin 1613 Jewel Carlsbad, New Mexic-8220</p> <p>10/6/2006 3:32 PM</p>	
3. Service Type		<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5400

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$3.70	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		<b>TOTAL POSTAGE AND FEE'S</b>	
<p>Mr. James W. Brunt Ms. Mary Helen Brunt 2907 Colfax Carlsbad, New Mexic-8220</p> <p>10/6/2006 2:45 PM</p>			

PS FORM 3800

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5400	A. Signature x <i>Ray Hood</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Ray Hood</i>	C. Date of Delivery <i>10/6/06</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<b>1. Article Addressed to:</b>  Mr. James W. Brunt Ms. Mary Helen Brunt 2907 Colfax Carlsbad, New Mexic-8220  10/6/2006 2:45 PM	
	<b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b>	
<b>4. Restricted Delivery? (Extra Fee)</b> <input checked="" type="checkbox"/> <b>Yes</b>		

PS Form 3811

Domestic Return Receipt



7161 8863 9710 0000 5905

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p><b>Ms. Rosalie A. Lewellen</b>  <b>1233 Boston Ave.</b>  <b>Deer Park, Texas 77536</b></p> <p>10/6/2006 3:45 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5905	A. Signature <b>X</b> <i>Rosalie Lewellen</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Rosalie Lewellen</i>	C. Date of Delivery <i>10-11-06</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<b>Ms. Rosalie A. Lewellen</b> <b>1233 Boston Ave.</b> <b>Deer Park, Texas 77536</b>  10/6/2006 3:45 PM	
3. Service Type		<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5899

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
<b>SENT TO:</b>			
<p>H. C. Hood Estate Julius L. Bergfeld, Jr., 2001 South Donnybrook Tyler, Texas 75701</p> <p>10/6/2006 3:44 PM</p>			

PS FORM 3800

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5899	A. Signature <b>X</b> <i>Caitlin Egan</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Caitlin Egan</i>	C. Date of Delivery <i>10-10-06</i>
	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	<b>1. Article Addressed to:</b>  <p>H. C. Hood Estate Julius L. Bergfeld, Jr., 2001 South Donnybrook Tyler, Texas 75701</p> <p>10/6/2006 3:44 PM</p>	
3. Service Type		<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5479

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. M. Brad Bennett Post Office 51510 Midland, Texas 79710-1510</p> <p>10/6/2006 2:55 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5479		A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>SMcGowen</i>	C. Date of Delivery <i>10/12/06</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:			
Mr. M. Brad Bennett Post Office 51510 Midland, Texas 79710-1510  10/6/2006 2:55 PM		3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5776

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. Edward John Gasseling 207 Jewel Street Carlsbad, New Mexico-8220</p> <p>10/6/2006 3:31 PM</p>			

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5776	A. Signature <i>X [Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Anna H. [Signature]</i>	C. Date of Delivery <i>10/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	<b>1. Article Addressed to:</b>  <p>Mr. Edward John Gasseling 207 Jewel Street Carlsbad, New Mexico-8220</p> <p>10/6/2006 3:31 PM</p>	
3. Service Type		<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5752

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
<b>SENT TO:</b>			
<p>Mr. Earl E. Gaertner 16 Valley Court Durango, Colorado 81301-3735</p> <p>10/6/2006 3:28 PM</p>			

PS FORM 3800

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5752	A. Signature X <i>Jaqueline Gaertner</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) J Gaertner	C. Date of Delivery 10-10-06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<b>1. Article Addressed to:</b>  Mr. Earl E. Gaertner 16 Valley Court Durango, Colorado 81301-3735  10/6/2006 3:28 PM		

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 6100

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Hayes Land Corporation Post Office Box 51510 Midland, Texas 79710-1510</p> <p>10/6/2006 4:05 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>7161 8863 9710 0000 6100</p> <p>1. Article Addressed to:</p> <p>Hayes Land Corporation Post Office Box 51510 Midland, Texas 79710-1510</p> <p>10/6/2006 4:05 PM</p>	<p>A. Signature <u><i>S. McGowan</i></u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <u>S. McGowan</u> C. Date of Delivery <u>10/11/06</u></p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES enter delivery address below:</p>	
	<p>3. Service Type <input checked="" type="checkbox"/> Certified</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5561

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Christin &amp; Guadalupe C. Aranda          Carlsbad Savings &amp; Loan Assoc.          604 Colfax Street          Carlsbad, New Mexic-8220</p> <p>10/6/2006 3:07 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5561	A. Signature <input checked="" type="checkbox"/> <i>Guadalupe Aranda</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>C Aranda</i>	C. Date of Delivery <i>10/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	1. Article Addressed to:  Christin & Guadalupe C. Aranda Carlsbad Savings & Loan Assoc. 604 Colfax Street Carlsbad, New Mexic-8220  10/6/2006 3:07 PM	
3. Service Type		<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5554

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>	TOTAL POSTAGE AND FEES	\$4.88	
<p>Mr. Alan Antweil Mary Francis Antweil Trust Post Office Drawer 220 Hobbs, New Mexic-8240</p> <p>10/6/2006 3:05 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5554	A. Signature <b>X</b> <i>Emily Valdez</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Emily Valdez</i>	C. Date of Delivery <i>10/11/06</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p>Mr. Alan Antweil Mary Francis Antweil Trust Post Office Drawer 220 Hobbs, New Mexic-8240</p> <p>10/6/2006 3:05 PM</p>	
<b>1. Article Addressed to:</b>	<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811

Domestic Return Receipt



7161 8863 9710 0000 5837

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p><b>Mr. Donald Allison Hood</b>  <b>Post Office Box 1740</b>  <b>Bracketville, Texas 7832</b></p> <p>10/6/2006 3:37 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5837	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p><b>Mr. Donald Allison Hood</b>  <b>Post Office Box 1740</b>  <b>Bracketville, Texas 7832</b></p> <p>10/6/2006 3:37 PM</p>	
1. Article Addressed to:	<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5820

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Ms. Susan D. Bergfeld 2001 South Donnybrook Tyler, Texas 75701</p> <p>10/6/2006 3:34 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5820	A. Signature <b>X</b> <i>Carlton Egan</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Carlton Egan</i>	C. Date of Delivery <i>10-10-06</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	<p>Ms. Susan D. Bergfeld 2001 South Donnybrook Tyler, Texas 75701</p> <p>10/6/2006 3:34 PM</p>	
3. Service Type		<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 1112

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.83
<p>Fred Brown Methanol, Inc. Post Office Box 1916 Pampa, Texas 79065</p> <p>10/6/2006 3:49 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5943		<b>A. Signature</b> X <i>Fred Brown Methanol</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		<b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b> <i>[Signature]</i> <b>OCT 11 2006</b>	
<b>1. Article Addressed to:</b>  Fred Brown Methanol, Inc. Post Office Box 1916 Pampa, Texas 79065  10/6/2006 3:49 PM		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below:	
		<b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b>	
		<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt


7161 8863 9710 0000 6087

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.39	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.64
<p>Gwendolyn Whetham Estate  Glenn Wetham Personal Representative  2318 Idaho Street  Carlsbad, New Mexic-8220</p> <p>10/6/2006 4:04 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 6087	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) Glenn Whetham	C. Date of Delivery 10/12/06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p>Gwendolyn Whetham Estate  Glenn Wetham Personal Representative  2318 Idaho Street  Carlsbad, New Mexic-8220</p> <p>10/6/2006 4:04 PM</p>	
<b>1. Article Addressed to:</b>	<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5721

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. M.T. Kingsley Ms. Jean Kingsley 1315 W. Thomas Street Carlsbad, New Mexic-8220</p> <p>10/6/2006 3:27 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7161 8863 9710 0000 5721	<p>A. Signature  <input checked="" type="checkbox"/> Jean Kingsley <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          J. KINGSLEY 10/12/06</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. M.T. Kingsley Ms. Jean Kingsley 1315 W. Thomas Street Carlsbad, New Mexic-8220</p> <p>10/6/2006 3:27 PM</p>	<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5509

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Ms. Tonya Jo Dowley Post Office Box 12019 Austin, Texas 78711-2019</p> <p>10/6/2006 3:01 PM</p>			

PS FORM 3800

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

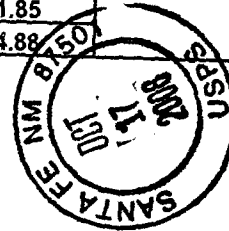
<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5509	A. Signature <b>X</b>	
	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below <input checked="" type="checkbox"/> No	
	<p><b>SPECIAL HANDLING</b></p> <p><b>OCT 12 2006</b></p>	
1. Article Addressed to:	<p>Ms. Tonya Jo Dowley Post Office Box 12019 Austin, Texas 78711-2019</p> <p>10/6/2006 3:01 PM</p>	
<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 6186

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
<b>SENT TO:</b>			
<p>Wadi Petroleum, Inc. 4355 Sylvanfield Dr. Suite 200 Houston, TX 77014-1649</p> <p>10/17/2006 9:40 AM</p>			



PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>7161 8863 9710 0000 6186</p> <p>1. Article Addressed to:</p> <p>Wadi Petroleum, Inc. 4355 Sylvanfield Dr. Suite 200 Houston, TX 77014-1649</p> <p>10/17/2006 9:40 AM</p>	A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 10/30/06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

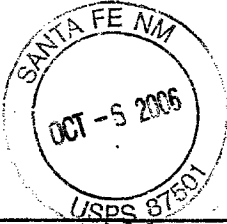
Domestic Return Receipt

7161 8863 9710 0000 5738

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.39	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.64

Mr. William B. Dunn  
1810 Hambone Heights Road  
Carlsbad, New Mexic-8220

10/6/2006 3:28 PM



PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<p><b>2. Article Number</b></p> <p>7161 8863 9710 0000 5738</p> <p><b>1. Article Addressed to:</b></p> <p>Mr. William B. Dunn 1810 Hambone Heights Road Carlsbad, New Mexic-8220</p> <p>10/6/2006 3:28 PM</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p><b>A. Signature:</b>  <input checked="" type="checkbox"/> Laurene Dunn <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b>          LAURENE DUNN 10-18-06</p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes          If YES enter delivery address below: <input type="checkbox"/> No</p> <p><b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b></p> <p><b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes</p>
---	---

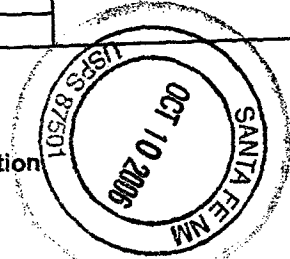
PS Form 3811

Domestic Return Receipt



5855 0000 0126 3998 1912

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
<b>SENT TO:</b>		<p>Hayes Land &amp; Production Corporation Post Office 51407 Midland, Texas 79710</p> <p>10/6/2006 3:10 PM</p>	



PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5585	A. Signature X	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) WOLFE DUNSON	C. Date of Delivery 10/16/06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p>Hayes Land &amp; Production Corporation Post Office 51407 Midland, Texas 79710</p> <p>10/6/2006 3:10 PM</p>	
	3. Service Type	<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5851

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. James G. Gilbert 199 Glen Dale Drive Woodland Park, CO 80863</p> <p>10/6/2006 3:38 PM</p>			

PS FORM 3800

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5851	A. Signature <input checked="" type="checkbox"/> <i>James Gilbert</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>JERRY GILBERT</i>	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p>Mr. James G. Gilbert 199 Glen Dale Drive Woodland Park, CO 80863</p> <p>10/6/2006 3:38 PM</p>	
1. Article Addressed to:	<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5547

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. G. Edward Spinnler, Jr. 5351 Painted Sky Lane El Paso, Texas 79912-6412</p> <p>10/6/2006 3:05 PM</p>			

PS FORM 3800

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5547	<b>A. Signature</b> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b>
	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b>	
<b>1. Article Addressed to:</b>  Mr. G. Edward Spinnler, Jr. 5351 Painted Sky Lane El Paso, Texas 79912-6412  10/6/2006 3:05 PM	<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes	
PS Form 3811 <span style="float: right;">Domestic Return Receipt</span>		

7161 8863 9710 0000 5813

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. William A. Wood 2375 Rosedale Drive Las Cruces, New Mexic-8005</p> <p>10/6/2006 3:34 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5813	<b>A. Signature</b> <input checked="" type="checkbox"/> <i>William A. Wood</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	<b>B. Received by (Printed Name)</b> William Wood	<b>C. Date of Delivery</b> 10-10-06
	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<b>1. Article Addressed to:</b>  Mr. William A. Wood 2375 Rosedale Drive Las Cruces, New Mexic-8005  10/6/2006 3:34 PM	
<b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b>		
<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes		

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5868

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	<b>SENT TO:</b>	TOTAL POSTAGE AND FEE'S	
<p>Mr. J. T. Janica Net Revenue Account Post Office Box 2188 Hobbs, New Mexic-8241</p> <p>10/6/2006 3:40 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<p><b>2. Article Number</b></p> <p>7161 8863 9710 0000 5868</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery 10/10/2006</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below <input type="checkbox"/> No</p>
<p><b>1. Article Addressed to:</b></p> <p>Mr. J. T. Janica Net Revenue Account Post Office Box 2188 Hobbs, New Mexic-8241</p> <p>10/6/2006 3:40 PM</p>	<p><b>3. Service Type</b> <input checked="" type="checkbox"/> <b>Certified</b></p> <p><b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes</p>

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5448

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
SENT TO:			
<p>Mr. James Clair Dowley Route 2 Box 80-A Rolff, Oklahoma 74865</p> <p>10/6/2006 2:49 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
<p>7161 8863 9710 0000 5448</p> <p>1. Article Addressed to:</p> <p>Mr. James Clair Dowley Route 2 Box 80-A Rolff, Oklahoma 74865</p> <p>10/6/2006 2:49 PM</p>		A. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5929

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. Douglas J. McCausland 6309 Dorado Beach NE Albuquerque, New Mexico-7111</p> <p>10/6/2006 3:48 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>7161 8863 9710 0000 5929</p> <p>1. Article Addressed to:</p> <p>Mr. Douglas J. McCausland 6309 Dorado Beach NE Albuquerque, New Mexico-7111</p> <p>10/6/2006 3:48 PM</p>		A. Signature <b>X</b> <i>Doug McCausland</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) <i>Doug McCausland</i>	C. Date of Delivery <i>10/7/06</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
		<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 6056

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
SENT TO:			
<p>Mr. Joe T. Janica Post Office Box 2188 Hobbs, New Mexic-8241</p> <p>10/6/2006 4:01 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7161 8863 9710 0000 6056	A. Signature	<input checked="" type="checkbox"/> Agent
	X <i>Joe T. Janica</i>	<input checked="" type="checkbox"/> Addressed
	B. Received by (Printed Name)	C. Date of Delivery
	<i>Joe T. Janica</i>	<i>10/6/2006</i>
	D. Is delivery address different from item 1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1. Article Addressed to:	<p>Mr. Joe T. Janica Post Office Box 2188 Hobbs, New Mexic-8241</p> <p>10/6/2006 4:01 PM</p>	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

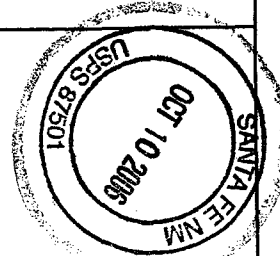
PS Form 3811

Domestic Return Receipt



7161 8863 9710 0000 6148

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.39	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.64
<p>Robert Crollett, Esq. Post Office Box 1683 Taos, NM 87571-1683</p> <p>10/9/2006 10:17 AM</p>			



PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>7161 8863 9710 0000 6148</p> <p>1. Article Addressed to:</p> <p>Robert Crollett, Esq. Post Office Box 1683 Taos, NM 87571-1683</p> <p>10/9/2006 10:17 AM</p>	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <i>SAWORA HERTZ</i></p>	<p>C. Date of Delivery <i>OCT 12 2006</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 6117

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Hexas Oil Company 203 West Wall Street Suite 1001 Midland, Texas 79701-4525</p> <p>10/6/2006 4:06 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 6117	A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) DGS myth	C. Date of Delivery 10-6-6
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p>1. Article Addressed to:</p> <p>Hexas Oil Company 203 West Wall Street Suite 1001 Midland, Texas 79701-4525</p> <p>10/6/2006 4:06 PM</p>	
3. Service Type		<input checked="" type="checkbox"/> <b>Certified</b>
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 6063

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. K. D. McPeters 502 West Gold Hobbs, New Mexic-8240</p> <p>10/6/2006 4:02 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 6063	A. Signature X <i>Luanne McPeters</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 10-10-06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	<p>Mr. K. D. McPeters 502 West Gold Hobbs, New Mexic-8240</p> <p>10/6/2006 4:02 PM</p>	
1. Article Addressed to:	3. Service Type	<input checked="" type="checkbox"/> <b>Certified</b>
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 1717

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. David F. Harris 4902 Lancashire Rd. Midland, Texas 79705</p> <p>10/6/2006 3:59 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>7161 8863 9710 0000 5844</p> <p>1. Article Addressed to:</p> <p>Mr. David F. Harris 4902 Lancashire Road Midland, Texas 79705</p> <p>10/6/2006 3:38 PM</p>		A. Signature <i>Sharon L. Harris</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) SHARON L. HARRIS	C. Date of Delivery 10/18
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5493

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Ms. Glenda Joyce Dowley Crume Post Office Box 12019 Austin, Texas 78711-2019</p> <p>10/6/2006 2:58 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 5493		A. Signature <b>X</b>	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Ms. Glenda Joyce Dowley Crume Post Office Box 12019 Austin, Texas 78711-2019  10/6/2006 2:58 PM		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <p style="text-align: center; font-size: 1.5em;">OCT 16 2006</p>	
		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 6124

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Hayes Land Corporation Post Office Box 51510 Midland, Texas 79710-1510</p> <p>10/9/2006 8:53 AM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7161 8863 9710 0000 6124	<p>A. Signature <i>S. McGowan</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. McGowan</i> C. Date of Delivery <i>10/16/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Hayes Land Corporation Post Office Box 51510 Midland, Texas 79710-1510</p> <p>10/9/2006 8:53 AM</p>	<p>3. Service Type <input checked="" type="checkbox"/> <b>Certified</b></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5745

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. Sam J. Elliott  Ms. Mildred E. Elliott  Route 1, Box 286-A  Carlsbad, New Mexico-8220</p> <p>10/6/2006 3:28 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)



**LER STRATVERT**

LAW OFFICES

150 WASHINGTON AVE., SUITE 300  
P.O. BOX 1986 (87504-1986)  
SANTA FE, NM 87501



7161 8863 9710 0000 5745

RETURN RECEIPT REQUESTED

**CERTIFIED MAIL**

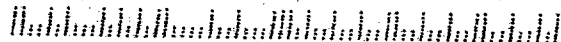
NOT DELIVERABLE  
AS ADDRESSEE -  
UNABLE TO FORWARD

Mr. Sam J. Elliott  
Ms. Mildred E. Elliott  
Route 1, Box 286-A

*Fwd*

E ELLI001 882202045 1N 14 10/12/06  
UNABLE TO FORWARD  
NO FORWARD ORDER ON FILE  
RETURN TO POSTMASTER

87504/1986



NOTICE 10-24-06  
NOTICE  
RN

7161 8863 9710 0000 5714

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. William Harvey Jones &amp; Ms. Frances Carol Jones Hansen Bldg., Suite 502 98 Uinta Drive, #12 Green River, WY 82935 10/6/2006 3:26 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

# ER STRATVERT

LAW OFFICES

WASHINGTON AVE., SUITE 300  
P.O. BOX 1986 (87504-1986)  
SANTA FE, NM 87504



7161 8863 9710 0000 5714

RETURN RECEIPT REQUESTED

**CERTIFIED MAIL**

Mr. William Harvey Jones  
& Ms. Frances Carol Jones  
Hansen Bldg., Suite 502  
98 Uinta Drive, #12  
Green River, WY

1ST NOTICE 10-22-06  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

- ☒ Not Deliverable As Addressed  
Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receptacle
- ☐ Box Closed - No Order
- ☐ Returned For Better Address
- ☐ Postage Due \_\_\_\_\_



7161 8863 9710 0000 5806

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.88

Mr. Fred Ward  
614 West Colfax Street  
Carlsbad, New Mexico-8220

10/6/2006 3:33 PM

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

**LLER STRATVERT**

LAW OFFICES

150 WASHINGTON AVE., SUITE 300  
P.O. BOX 1986 (87504-1986)  
SANTA FE, NM 87501



ST NOTICE  
ND NOTICE  
RETURN

10-19-06

NOT DELIVERABLE  
UNDELIVERABLE  
RETURN TO SENDER  
RETURN TO FORWARD

7161 8863 9710 0000 5806

RETURN RECEIPT REQUESTED

**CERTIFIED MAIL**

Mr. Fred Ward  
614 West Colfax Street

NSW  
122

7161 8863 9710 0000 5516

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. Albert R. Rust Ms. Geneva Rust 302 Jewel Street Carlsbad, New Mexico-8220</p> <p>10/6/2006 3:02 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)



**LLER STRATVER**

LAW OFFICES

150 WASHINGTON AVE., SUITE 300  
P.O. BOX 1986 (87504-1986)  
SANTA FE, NM, 87501



7161 8863 9710 0000 5516

RETURN RECEIPT REQUESTED

**CERTIFIED MAIL**

1ST NOTICE 10/18/06  
2ND NOTICE 10/23/06  
RETURN 10/28/06

NOT DELIVERABLE  
AS ADDRESSED -  
UNABLE TO FORWARD

Mr. Albert R. Rust  
Ms. Geneva Rust  
302 Jewel Street

87504/1986



*NSM*

7161 8863 9710 0000 5523

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. James N. Simpson Ms. Mary S. Simpson 1894 East Concorda Drive Tempe, AZ 85282</p> <p>10/6/2006 3:03 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7161 8863 9710 0000 5523		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		X <i>James E. Simpson</i>	
1. Article Addressed to:		B. Received by (Printed Name)	
		JAMES E SIMPSON	
Mr. James N. Simpson Ms. Mary S. Simpson 1894 East Concorda Drive Tempe, AZ 85282  10/6/2006 3:03 PM		C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		YES enter delivery address below:	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Form 3811

Domestic Return Receipt

7161 8863 9710 0000 5844

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
<b>SENT TO:</b>			
<p>Mr. David F. Harris 4902 Lancashire Road Midland, Texas 79705</p> <p>10/6/2006 3:38 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED.  
NOT FOR INTERNATIONAL MAIL.  
(SEE OTHER SIDE)

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7161 8863 9710 0000 6032	A. Signature <b>X</b> <i>Sharon L. Harris</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <b>SHARON L. HARRIS</b>	C. Date of Delivery <b>10/6</b>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	1. Article Addressed to:  Mr. David F. Harris 4902 Lancashire Rd. Midland, Texas 79705  10/6/2006 3:59 PM	
3. Service Type <input checked="" type="checkbox"/> <b>Certified</b>		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811

Domestic Return Receipt

0555 0000 0716 6988 1117

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. Paul A. Sneed  Ms. Doris A. Sneed  304 Jewel Street  Carlsbad, New Mexico-8220</p> <p>10/6/2006 3:04 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address



**ILLER, STRATVERT**

LAW OFFICES

150 WASHINGTON AVE., SUITE 300  
P.O. BOX 1986 (87504-1986)  
SANTA FE, NM 87501



7161 8863 9710 0000 5530

RETURN RECEIPT REQUESTED

**CERTIFIED MAIL**

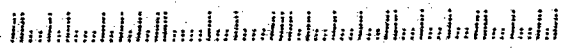
Mr. Paul A. Sneed  
Ms. Doris A. Sneed  
304 Jewel Street

*NSW*

NOTICE  
AND NOTICE  
RETURN  
10/18/06  
10-23  
10-28

NOT DELIVERABLE  
ADDRESSED  
UNABLE TO FORWARD

87304/1986



7161 8863 9710 0000 5691

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.39	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.64
<p>Mr. John Brazeal Ms. Patricia N. Brazeal Post Office Box 1322 Cloudcroft, New Mexico-1322</p> <p>10/6/2006 3:25 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)



**LLER STRATVERT**

LAW OFFICES

150 WASHINGTON AVE., SUITE 300  
P.O. BOX 1986 (87504-1986)  
SANTA FE, NM 87501



7161 8863 9710 0000 5691

RETURN RECEIPT REQUESTED

**CERTIFIED MAIL**

Mr. John Brazeal  
Ms. Patricia N. Brazeal

NOTICE 10-9  
NO NOTICE  
RETURN

REASON C  
☐ Moved, Left No Address  
☐ Forwarding Order Expired  
☐ Unable To Forward  
☐ Claimed - Not Known  
☐ No Such Street  
☐ Refused  
☐ Insufficient Address  
☐ No Such Number

7161 8863 9710 0000 5677

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEES	\$4.88
<p>James Brazeal Account Post Office Box 12019 Austin, Texas 78711-2019</p> <p>10/6/2006 3:24 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

7161 8863 9710 0000 5790

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Mr. Rodolfo A. Munoz  Ms. Lovella Munoz  Star Rt. 1, Box 154-A  Carlsbad, New Mexico-8220</p> <p>10/6/2006 3:32 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)



7161 8863 9710 0000 5707

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE'S	\$4.88
<p><b>Mr. Wilson Brazeal Ms. Rosezell Brazeal 1405 Tansil Street Carlsbad, New Mexico-8220</b></p> <p>10/6/2006 3:26 PM</p>			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (SEE OTHER SIDE)

7161 8863 9710 0000 5912

RETURN RECEIPT SERVICE	POSTAGE	\$0.63	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
SENT TO:		TOTAL POSTAGE AND FEE'S	\$4.88
<p>Magnum Hunter Production, Inc.  #774027  4027 Solutions Center  Chicago, IL 60677-4000</p> <p>10/6/2006 3:47 PM</p>			


PS FORM 3800



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

7161 8863 9710 0000 5653

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
<b>SENT TO:</b>	TOTAL POSTAGE AND FEE'S	\$4.88	
<p>Mr. Curtis Baker Ms. Deanna Baker HCR-60 Box 205 Bonners Ferry, ID 83805</p> <p>10/6/2006 3:22 PM</p> 			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

7161 8863 9710 0000 5486

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	<b>\$0.63</b>	<b>POSTMARK OR DATE</b>
	RESTRICTED DELIVERY FEE	<b>\$0.00</b>	
	CERTIFIED FEE	<b>\$2.40</b>	
	RETURN RECEIPT FEE	<b>\$1.85</b>	
<b>SENT TO:</b>	TOTAL POSTAGE AND FEE'S	<b>\$4.88</b>	
<p><b>Ms. Marilyn Brazeal</b> <b>Post Office Box 1017</b> <b>Lockeford, CA 95237</b></p> <p>10/6/2006 2:56 PM</p>			

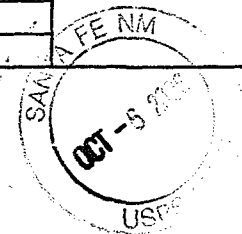
PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

7161 8863 9710 0000 5769

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.63	<b>POSTMARK OR DATE</b>  
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.40	
	RETURN RECEIPT FEE	\$1.85	
	TOTAL POSTAGE AND FEE'S	\$4.88	
<b>SENT TO:</b>  Ms. Lucille Garner 8124 E. Mulberry Scottsdale, AZ 85251  10/6/2006 3:30 PM			

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)