BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF ARCH PETROLEUM INC.
AND WESTBROOK OIL CORPORATION
FOR APPROVAL OF TWO NON-STANDARD
GAS SPACING AND PRORATION UNITS IN
THE JALMAT GAS POOL, LEA COUNTY, NEW MEXICO. Case No. 13,274

AFFIDAVIT REGARDING NOTICE

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

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

1. I am over the age of eighteen, and have personal knowledge of the matters stated herein.

2. I am an attorney for applicant.

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

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

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

James Bruce

James Bruce

SUBSCRIBED AND SWORN TO before me this 7th day of April, 2005, by James Bruce.

Sharon Bruce

Notary Public

My Commission Expires:
3/14/09

Oil Conservation Commission
Case No. 13274
Exhibit No. 8

Pogo

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

March 17, 2005

To: Royalty and overriding royalty owners in the S½ §20-23S-37E, NMPM, Lea County, New Mexico

Ladies and gentlemen:

Enclosed is a copy of an application for approval of two non-standard gas spacing and proration units in the Jalmat Gas Pool, filed with the New Mexico Oil Conservation Division by Arch Petroleum Inc. and Westbrook Oil Corporation, regarding the above acreage. Currently the S½ §20 is dedicated solely to the Steeler A Well No. 1, located in the NW¼SW¼ §20. Applicants seek to form two Jalmat units: The SW¼ §20, to be dedicated to Westbrook's Steeler A Well No. 1; and the SE¼ §20, to be dedicated to Arch's Resler B Well No. 1, drilled but not completed in the NW¼SE¼ §20. The county records indicate that your interests in the SW¼ §20 may differ from your interests in the SE¼ §20. As a result, the Division has required that notice of this application be given to you.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 7, 2005, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the two well units, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, April 1, 2005 if you intend to participate in the hearing.

Very truly yours,

James Bruce

James Bruce

Attorney for Applicants

EXHIBIT

A

EXHIBIT A

FORTSON OIL COMPANY
301 COMMERCE STREET STE 3301
FORT WORTH TX 76102

GEODYNE NOMINEE CORPORATION
GEODYNE RESOURCES INC
P O BOX 972290
DALLAS TX 75397-2290

OTTIS JONES GRAY - DCSD
P O BOX 3725
MIDLAND TX 79702

URSULA JONES GOSS
P O BOX 431
CHRISTOVAL TX 76935

OTIS LEONARD JONES
44101 NORTHWEST WOOLLEN
BANKS OR 97106

GLADYS PETRILLA
1517 MARTIN
SAN ANGELO TX 76901

ALBERT C JONES
4424 KINGSTON
AMARILLO TX 79109

RALPH SHELBY JONES
14777 WUNDERLICH DR #807
HOUSTON TX 77069-2822

RUSSELL KING JONES
3509 W SHANDON
MIDLAND TX 79707

THE TOLES COMPANY
P O DRAWER 1300
ROSWELL NM 88202

OKLAHOMA MEDICAL RESEARCH
FOUNDATION - BANK OF OKLAHOMA
N A AS AGENT
P O BOX 1588
TULSA OK 74101

OXY USA WTP LP
P O BOX 841735
DALLAS TX 75284-1735

MAPOO-NET
C/O MINERAL ACQUISITION PRTNRS
ATTN LESLIE HALLMARK
P O BOX 268947
OKLAHOMA CITY OK 73126

GORDON DONALD GAYLE
P O BOX 113
WASHINGTON DC 20013

GRETCHEN E NEARBURG A WIDOW
1129 CHALLENGER
AUSTIN TX 78734

ANNA A NEARBURG REISCHMAN
SEPARATE PROPERTY
1320 W 4TH STREET
ROSWELL NM 88201-1029

HEIRS OF WANDA GRACE JONES
RUSSELL K JONES POA
3404 ALICIA CT
MIDLAND TX 79707-6636

VERNELL C ANTHONY A WIDOW
P O BOX 1874
KINGSLAND TX 78369

WILLS ROYALTY INC
P O BOX 1658
CARLSBAD NM 88221-1658

FIRST ROSWELL COMPANY
P O BOX 1797
ROSWELL NM 88202-1797

TRUST AGREEMENT DATED 6/18/77
BANK OF OKLAHOMA & RITA LOUISE
WILLIS CO-TRUSTEES

MARION W DEFORD A WIDOW
AND HEIRS OF MARY ANNA DEFORD
6509 MESA DRIVE
AUSTIN TX 78731-2703

MARY LEE SAUNDERS
SEPARATE PROPERTY
P O BOX 58531
SALT LAKE CITY UT 84158

RICHARD BLOTTER REVOCABLE TR
UTA DATED 6/24/1991
CATHY BLOTTER TRUSTEE
P O BOX 3546
LAKE JACKSON TX 77566-3546

ROBERT L GRAHAM JR
JIMI S GADZIA LIMITED POA
2508 CORTEZ CT
ROSWELL NM 88201

JIMI S GADZIA
2508 CORTEZ CT
ROSWELL NM 88201

BROOK H GRAHAM
4600 WEST 63RD STREET
ARVADA CO 80003

NANCY KAY JONES HARGROVE
SEPARATE PROPERTY
P O BOX 460294
HOUSTON TX 77056-8294

CYNTHIA HARPER MURCHISON
SEPARATE PROPERTY
P O BOX 1637
DRIPPING SPRINGS TX 78620

LEMOYNE HARPER ODELL
SEPARATE PROPERTY
802 RIVERCREST DRIVE
ABILENE TX 79605-2841

U/W/O ELYSE SAUNDERS PATTERSON
EDWARD T MATHENY JR & COMMERCE
BANK OF KANSAS CITY TRUSTEES
P O BOX 1588
TULSA OK 74101-1588

THE ESTATE OF CURTIS S GRAHAM
JIMI S GADZIA PERSONAL REPRESENTATIVE
2508 CORTEZ CT
ROSWELL NM 88201

JIMMY D EVANS AND WIFE
LINDA B EVANS
P O BOX 1855
EUNICE NM 88231-1855

MARGARET TODD SHERRILL
4920 N CARRIAGE ROAD
HOBBS NM 88242

THOMAS E TODD JR
P O BOX 338
RUIDOSO NM 88345

MARY ANNE TODD
P O BOX 2381
WIMBERLEY TX 78676-7281

HARRY L TODD JR
14017 TANGLEWOOD
DALLAS TX 75234

RAYMOND L TODD
1107 SHAWNEE TRAIL
CARROLLTON TX 75007

TOMMY T TODD
6722 E NORTHWEST HIGHWAY
DALLAS TX 75231

ANNE T BARFIELD
P O BOX 738
WIMBERLEY TX

BONNIE RESLER KARLSRUD
840 CRESCENT
BOULDER CO 80303

WAYNE RESLER AKA
JOSEPH WAYNE
795 WOODLAND AVENUE
EL PASO TX 79922

7004 1160 0002 5646 4734

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NEW MEXICO 87601-9998 USPS
MAR 18 2005
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Sent To: JIMMY D EVANS AND WIFE
Street, Apt. No.; or PO Box No.: LINDA B EVANS
P O BOX 1855
City, State, ZIP+4: EUNICE NM 88231-1855

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HEIRS OF WANDA GRACE JONES
RUSSELL K JONES POA
3404 ALICIA CT
MIDLAND TX 79707-6636

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4543

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Katherine ☒ Agent ☐ Addressee

B. Received by (Printed Name) Katherine Jones

C. Date of Delivery 3/22/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JIMMY D EVANS AND WIFE
LINDA B EVANS
P O BOX 1855
EUNICE NM 88231-1855

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4734

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ ~~Agent~~ ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery 3-21-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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MAR 18 2005
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Sent To: HEIRS OF WANDA GRACE JONES
Street, Apt. No.; or PO Box No.: RUSSELL K JONES POA
3404 ALICIA CT
City, State, ZIP+4: MIDLAND TX 79707-6636

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1454

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

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Sent To: ALBERT C JONES
Street, Apt. No.; or PO Box No.: 4424 KINGSTON
City, State, ZIP+4: AMARILLO TX 79109

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARY ANNE TODD
P O BOX 2381
WIMBERLEY TX 78676-7281

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Anne Barfield ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANNE BARFELD C. Date of Delivery 3/22/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4765

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ALBERT C JONES
4424 KINGSTON
AMARILLO TX 79109

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Ginger Jones ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ginger Jones C. Date of Delivery 3/23/5

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 2510 0002 2809 1454

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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Sent To: MARY ANNE TODD
Street, Apt. No.; or PO Box No.: P O BOX 2381
City, State, ZIP+4: WIMBERLEY TX 78676-7281

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4505

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Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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Sent To: OXY USA WTP LP
Street, Apt. No.; or PO Box No.: P O BOX 841735
City, State, ZIP+4: DALLAS TX 75284-1735

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OKLAHOMA MEDICAL RESEARCH
FOUNDATION - BANK OF OKLAHOMA
N A AS AGENT
P O BOX 1588
TULSA OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Duke [signature] ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

TULSA OK 74103 MAR 21 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 (Transfer from service label): 7004 1160 0002 5646 4482

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA WTP LP
P O BOX 841735
DALLAS TX 75284-1735

COMPLETE THIS SECTION ON DELIVERY

A. Signature X A.Vasquez ☐ Agent ☐ Addressee

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

MAR 21 2005

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7004 1160 0002 5646 4505

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7004 1160 0002 5646 4482

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Total Postage & Fees	$

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Sent To: OKLAHOMA MEDICAL RESEARCH FOUNDATION - BANK OF OKLAHOMA
N A AS AGENT
Street, Apt. No.; or PO Box No.: P O BOX 1588
City, State, ZIP+4: TULSA OK 74101

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1409

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

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Sent To: GEODYNE NOMINEE CORPORATION
GEODYNE RESOURCES INC
Street, Apt. No.; or PO Box No.: P O BOX 972290
City, State, ZIP+4: DALLAS TX 75397-2290

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GRETCHEN B NEARBURG A WIDOW
1129 CHALLENGER
AUSTIN TX 78734

2. Article Number (Transfer from service label): 7004 1160 0002 5646 4529

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GEODYNE NOMINEE CORPORATION
GEODYNE RESOURCES INC
P O BOX 972290
DALLAS TX 75397-2290

2. Article Number (Transfer from service label): 7004 2510 0002 2809 1409

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery MAR 2 0 2005
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

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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Sent To: GRETCHEN B NEARBURG A WIDOW
Street, Apt. No.; or PO Box No.: 1129 CHALLENGER
City, State, ZIP+4: AUSTIN TX 78734

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1423

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NEW MEXICO 87501-9998
MAR 18 2005
Postmark Here

Sent To: URSULA JONES GOSS
Street, Apt. No.; or PO Box No.: P O BOX 431
City, State, ZIP+4: CHRISTOVAL TX 76935

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CYNTHIA HARPER MURCHISON
SEPARATE PROPERTY
P O BOX 1637
DRIPPING SPRINGS TX 78620

2. Article Number (Transfer from service label): 7004 1160 0002 5646 4697

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Cynthia M Murchison ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery: 3/23/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

URSULA JONES GOSS
P O BOX 431
CHRISTOVAL TX 76935

2. Article Number (Transfer from service label): 7004 2510 0002 2809 1423

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Merilyne Gibson ☒ Agent ☐ Addressee

B. Received by (Printed Name): MERILYNE GIBSON

C. Date of Delivery: 3-23-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NEW MEXICO 87501-9998 USPS
MAR 18 2005
Postmark Here

Sent To: CYNTHIA HARPER MURCHISON
SEPARATE PROPERTY
Street, Apt. No.; or PO Box No.: P O BOX 1637
City, State, ZIP+4: DRIPPING SPRINGS TX 78620

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4598

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

Postmark Here

SANTA FE NEW MEXICO 87501-9998 USPS MAR 18 2005

Sent To: MARION W DEFORD A ...
AND HEIRS OF MARY ANNA DEFORD
Street, Apt. No.; or PO Box No.: 6509 MESA DRIVE
City, State, ZIP+4: AUSTIN TX 78731-2703

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LEMOYNE ... ODELL
SEPARATE PROPERTY
802 RIVERCREST DRIVE
ABILENE TX 79605-2841

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W. W. Odell ☐ Agent ☐ Addressee

B. Received by (Printed Name): W. W. ODELL
C. Date of Delivery: 3/25/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service la... 7004 1160 0002 5646 4703

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARION W DEFORD A WIDOW
AND HEIRS OF MARY ANNA DEFORD
6509 MESA DRIVE
AUSTIN TX 78731-2703

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marion DeFord ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service lab... 7004 1160 0002 5646 4598

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

78731+2703 36

7004 1160 0002 5646 4703

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OFFICIAL USE

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

Postmark Here

SANTA FE NEW MEXICO 87501-9998 USPS MAR 18 2005

Sent To: LEMOYNE HARPER ODELL
SEPARATE PROPERTY
Street, Apt. No.; or PO Box No.: 802 RIVERCREST DRIVE
City, State, ZIP+4: ABILENE TX 79605-2841

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1430

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

SANTA FE NEW MEXICO 87501-9998
Postmark Here
MAR 18 2005
USPS

Sent To: OTIS LEONARD JONES
Street, Apt. No.; or PO Box No.: 44101 NORTHWEST WOOLLEN
City, State, ZIP+4: BANKS OR 97106

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BONNIE RESLER KARLSRUD
840 CRESCENT
BOULDER CO 80303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Resler Karlsrud ☐ Agent ☐ Addressee

B. Received by (Printed Name): B Karlsrud
C. Date of Delivery: 3/21/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7004 1160 0002 5646 4666

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OTIS LEONARD JONES
44101 NORTHWEST WOOLLEN
BANKS OR 97106

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Otis Jones ☐ Agent ☒ Addressee

B. Received by (Printed Name): OTis Jones
C. Date of Delivery: 3-22-5

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7004 2510 0002 2809 1430

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7004 1160 0002 5646 4666

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

NEW MEXICO 87501-9998
Postmark Here
MAR 18 2005
USPS

Sent To: BONNIE RESLER KARLSRUD
Street, Apt. No.; or PO Box No.: 840 CRESCENT
City, State, ZIP+4: BOULDER CO 80303

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4802

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TULSA, OK 74101

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

UNIT NM 87501-9998
Postmark Here
MAR 29 2005
Clerk: KTBJD3
03/29/05
USPS

Sent To

Street, Apt. No.; or PO Box No. P.O. Box 1588

City, State, ZIP+4 Tulsa, OK 74101

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MAPOO-NET
C/O MINERAL ACQUISITION PRTNRS
ATTN LESLIE HALLMARK
P O BOX 268947
OKLAHOMA CITY OK 73126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mike Martz
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

MAR 25 2005 OK 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 (Transfer from service label) 7004 1160 0002 5646 4499

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bank of Okla., Truster
u/t/a d. 6/15/77
P.O. Box 1588
Tulsa, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mike Garcia
☐ Agent
☑ Addressee

B. Received by (Printed Name) Mike Garcia

C. Date of Delivery

TULSA OK 74103 APR 01 2005 USPS

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4802

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

7004 1160 0002 5646 4499

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

SANTA FE NEW MEXICO 87501-9998
Postmark Here
MAR 8 2005
USPS

Sent To MAPOO-NET

Street, Apt. No.; or PO Box No. C/O MINERAL ACQUISITION PRTNRS
ATTN LESLIE HALLMARK
P O BOX 268947

City, State, ZIP+4 OKLAHOMA CITY OK 73126

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4659

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

Postmark Here: SANTA FE NEW MEXICO 87501-9998 USPS MAR 18 2005

Sent To: ANNE T BARFIELD
Street, Apt. No.; or PO Box No.: P O BOX 738
City, State, ZIP+4: KIMBERLEY TX

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PORTSON OIL COMPANY
301 COMMERCE STREET STE 3301
FORT WORTH TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature X K Crooch ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery MAR 21 2005

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 2510 0002 2809 1393

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ANNE T BARFIELD
P O BOX 738
KIMBERLEY TX

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Anne Barfield ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANNE BARFIELD C. Date of Delivery 3/22/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4659

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

7004 2510 0002 2809 1393

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

Postmark Here: NEW MEXICO 875 USPS MAR 2005

Sent To: PORTSON OIL COMPANY
Street, Apt. No.; or PO Box No.: 301 COMMERCE STREET STE 3301
City, State, ZIP+4: FORT WORTH TX 76102

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4567

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

NEW MEXICO 87501-9998 SANTA FE USPS Postmark Here MAR 18 2005

Sent To WILLS ROYALTY INC
Street, Apt. No.; or PO Box No. P O BOX 1658
City, State, ZIP+4 CARLSBAD NM 88221-1658

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROBERT L GRAHAM JR
JIMI S GADZIA LIMITED POA
2508 CORTEZ CT
ROSWELL NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Jimi S Gadzia ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 3/21/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4628

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WILLS ROYALTY INC
P O BOX 1658
CARLSBAD NM 88221-1658

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

CARLSBAD NM 88220 MAR

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4567

PS Form 3811, August 2001 — Domestic Return Receipt — A — 102595-02-M-1540

7004 1160 0002 5646 4628

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

NEW MEXICO 87501-9998 SANTA FE USPS Postmark Here MAR 18 2005

Sent To ROBERT L GRAHAM JR
Street, Apt. No.; or PO Box No. JIMI S GADZIA LIMITED POA
2508 CORTEZ CT
City, State, ZIP+4 ROSWELL NM 88201

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4772

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

Postmark: XICO 87501-9998 MAR 18 2005 USPS

Sent To: HARRY L TODD JR
Street, Apt. No.; or PO Box No.: 14017 TANGLEWOOD
City, State, ZIP+4: DALLAS TX 75234

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JIMI S GADZIA
2508 CORTEZ CT
ROSWELL NM 88201

2. Article Number (Transfer from service label): 7004 1160 0002 5646 4635

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Jimi Gadzia ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 3-21-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HARRY L TODD JR
14017 TANGLEWOOD
DALLAS TX 75234

2. Article Number (Transfer from service label): 7004 1160 0002 5646 4772

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Harry Todd ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7004 1160 0002 5646 4635

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OFFICIAL USE

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

Postmark: NEW MEXICO 87501-9998 MAR 18 2005 USPS

Sent To: JIMI S GADZIA
Street, Apt. No.; or PO Box No.: 2508 CORTEZ CT
City, State, ZIP+4: ROSWELL NM 88201

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4796

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

SANTA FE NEW MEXICO 87501-9998
MAR 18 2005
Postmark Here
USPS

Sent To: TOMMY T TODD
Street, Apt. No.; or PO Box No.: 6722 E NORTHWEST HIGHWAY
City, State, ZIP+4: DALLAS TX 75231

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RAYMOND L TODD
1107 SHAWNEE TRAIL
CARROLLTON TX 75007

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery 4-4-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4789

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

TOMMY T TODD
6722 E NORTHWEST HIGHWAY
DALLAS TX 75231

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☒ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery 3/21/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4796

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

7004 1160 0002 5646 4789

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OFFICIAL USE

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

SANTA FE NEW MEXICO 87501-9998
Postmark Here
MAR 18 2005
USPS

Sent To: RAYMOND L TODD
Street, Apt. No.; or PO Box No.: 1107 SHAWNEE TRAIL
City, State, ZIP+4: CARROLLTON TX 75007

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4611

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OFFICIAL USE

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

NEW MEXICO 87501-9998 SANTA FE USPS
Postmark Here MAR 18 2005

Sent To: RICHARD BLOTTER REVOCABLE TR.
UTA DATED 6/24/1991
CATHY BLOTTER TRUSTEE
Street, Apt. No.; or PO Box No.: P O BOX 3546
City, State, ZIP+4: LAKE JACKSON TX 77566-3546

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

MARGARET TODD SHERRILL
4920 N CARRIAGE ROAD
HOBBS NM 88242

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Margaret Sherrill ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) MARGARET SHERRILL
C. Date of Delivery 3-20-05

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

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

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

2. Article Number
(Transfer from service label) 7004 1160 0002 5646 4741

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

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

RICHARD BLOTTER REVOCABLE TR
UTA DATED 6/24/1991
CATHY BLOTTER TRUSTEE
P O BOX 3546
LAKE JACKSON TX 77566-3546

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cathy Blotter ☐ Agent ☐ Addressee

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

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

LAKE JACKSON, TX 77566 MAR 21 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
(Transfer from service label) 7004 1160 0002 5646 4611

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

7004 1160 0002 5646 4741

U.S. Postal Service™
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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

MEXICO 87501-9998
Postmark Here MAR 18 2005

Sent To: MARGARET TODD SHERRILL
Street, Apt. No.; or PO Box No.: 4920 N CARRIAGE ROAD
HOBBS NM 88242
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 2809 1485

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

SANTA FE NEW MEXICO 87501-9998 USPS Postmark Here MAR 18 2005

Sent To
Street, Apt. No.; or PO Box No. — THE TOLES COMPANY, P O DRAWER 1300, ROSWELL NM 88202
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THOMAS E TODD JR
P O BOX 338
RIUDOSO NM 88345

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cecilia Todd ☐ Agent ☐ Addressee

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

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

RUIDOSO NM 88345 USPS MAR 22 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 (Transfer from service label) 7004 1160 0002 5646 4758

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THE TOLES COMPANY
P O DRAWER 1300
ROSWELL NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 3-22-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 2510 0002 2809 1485

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7004 1160 0002 5646 4758

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

NEW MEXICO 87501 Postmark Here MAR 18 2005

Sent To
Street, Apt. No.; or PO Box No. — THOMAS E TODD JR, P O BOX 338, RUIDOSO NM 88345
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1461

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

SANTA FE NEW MEXICO 87501-9998
MAR 18 2005
Postmark Here
USPS

Sent To: RALPH SHELBY JONES
Street, Apt. No.; or PO Box No.: 14777 WUNDERLICH DR #807
City, State, ZIP+4: HOUSTON TX 77069-2822

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARY LEE SAUNDERS
SEPARATE PROPERTY
P O BOX 58531
SALT LAKE CITY UT 84158

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4604

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Mary Lee S... ☐ Agent ☐ Addressee

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

MAR 26 2005 USPS

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

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RALPH SHELBY JONES
14777 WUNDERLICH DR #807
HOUSTON TX 77069-2822

22 MAR 2005

2. Article Number (Transfer from service label) 7004 2510 0002 2809 1461

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Shelby Jones C. Date of Delivery 3/25/05

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

WILLOW PLACE STA
MAR 25 2005

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7004 1160 0002 5646 4604

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OFFICIAL USE

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

SANTA FE NEW MEXICO 87501-9998
Postmark Here
MAR 18 2005
USPS

Sent To: MARY LEE SAUNDERS
SEPARATE PROPERTY
Street, Apt. No.; or PO Box No.: P O BOX 58531
City, State, ZIP+4: SALT LAKE CITY UT 84158

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4710

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OFFICIAL USE

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

SANTA FE NEW MEXICO 87501-9998 USPS MAR 18 2005 Postmark Here

Sent To: U/W/O ELYSE SAUNDERS PATTERSON
EDWARD T MATHENY JR & COMMERCE
BANK OF KANSAS CITY TRUSTEES
Street, Apt. No.; or PO Box No.: P O BOX 1588
City, State, ZIP+4: TULSA OK 74101-1588

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ANNA A NEARBURG REISCHMAN
SEPARATE PROPERTY
1320 W 4TH STREET
ROSWELL NM 88201-1029

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anna A. Reischman ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANNA A. REISCHMAN C. Date of Delivery 3-22-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4536

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

U/W/O ELYSE SAUNDERS PATTERSON
EDWARD T MATHENY JR & COMMERCE
BANK OF KANSAS CITY TRUSTEES
P O BOX 1588
TULSA OK 74101-1588

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Duke [illegible] ☐ Agent ☑ Addressee

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

TULSA OK 74[illegible] MAR 21 2005 USPS

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4710

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

7004 1160 0002 5646 4536

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OFFICIAL USE

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

SANTA FE NEW MEXICO 87501-9998 USPS MAR 18 2005 Postmark Here

Sent To: ANNA A NEARBURG REISCHMAN
SEPARATE PROPERTY
Street, Apt. No.; or PO Box No.: 1320 W 4TH STREET
City, State, ZIP+4: ROSWELL NM 88201-1029

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4574

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OFFICIAL USE

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

SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 USPS

Postmark Here

Sent To

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

FIRST ROSWELL COMPANY
P O BOX 1797
ROSWELL NM 88202-1797

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THE ESTATE OF CURTIS S GRAHAM
JIMI S GADZIA PERSONAL REPRESENTATIVE
2508 CORTEZ CT
ROSWELL NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jimi S Gadzia ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 3/21/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4727

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FIRST ROSWELL COMPANY
P O BOX 1797
ROSWELL NM 88202-1797

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kay Srader ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kay Srader

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4574

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7004 1160 0002 5646 4727

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

SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 USPS

Postmark Here

Sent To

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

THE ESTATE OF CURTIS S GRAHAM
JIMI S GADZIA PERSONAL REPRESENTATIVE
2508 CORTEZ CT
ROSWELL NM 88201

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1416

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OFFICIAL USE

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

SANTA FE NEW MEXICO 87501-9998 USPS
MAR 18 2005
Postmark Here

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

OTTIS JONES GRAY - DCSD
P O BOX 3725
MIDLAND TX 79702

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

[redacted]K H GRAHAM
[redacted]0 WEST 63RD STREET
[redacted]ADA CO 80003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) — B Graham
C. Date of Delivery — 3-21-05

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

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

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

2. Article Number
(Transfer from service label) 7004 1160 0002 5646 4642

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

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

OTTIS JONES GRAY - DCSD
P O BOX 3725
MIDLAND TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name) — Everett Gray
C. Date of Delivery — 4-1-05

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

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

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

2. Article Number
(Transfer from service label) 7004 2510 0002 2809 1416

PS Form 3811, August 2001 — Domestic Return Receipt — A — 102595-02-M-1540

7004 1160 0002 5646 4642

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

SANTA FE NEW MEXICO 87501-9998 USPS
MAR 18 2005
Postmark Here

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

BROOK H GRAHAM
4600 WEST 63RD STREET
ARVADA CO 80003

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4550

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OFFICIAL USE

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

Postmark Here

SANTA FE NEW MEXICO 87501-9998 MAR 18 2005 USPS

Sent To VERNELL C ANTHONY A WIDOW
Street, Apt. No.; or PO Box No. P O BOX 1874
City, State, ZIP+4 KINGSLAND TX 78369

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

VERNELL C ANTHONY A WIDOW
P O BOX 1874
KINGSLAND TX 78369

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vernell C Anthony ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 3-28-05

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

KINGSLAND TX 78639 MAR 28 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 *(Transfer from service label)* 7004 1160 0002 5646 4550

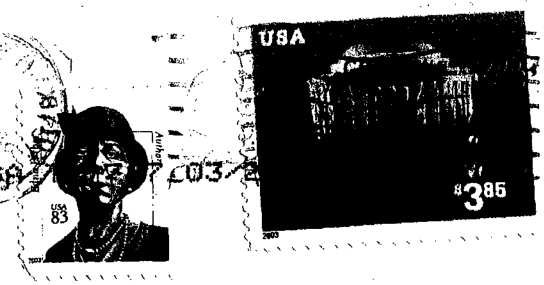
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

JAMES BRUCE
PO BOX 1056
NTA FE NM 87504

CERTIFIED MAIL™

7004 2510 0002 2809 1478

DLAND/ODESSA 03



RETURNED TO SENDER

UNCLAIMED

3/21/5 3/28
4-1-05
4-6-05

RUSSELL KING JONES
3509 W SHANDON
MIDLAND TX 79707

1ST NOTICE 4-15
2ND NOTICE ______
RETURN ______

79707+5815 51

[redacted]

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark Here

SANTA FE NEW MEXICO 87501 9998 USPS MAR 18 2005

Sent To
RUSSELL KING JONES
Street, Apt. No.; or PO Box No.: 3509 W SHANDON
City, State, ZIP+4: MIDLAND TX 79707

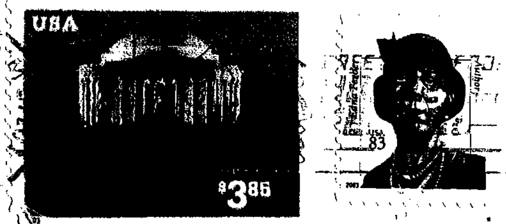
PS Form 3800, June 2002 — See Reverse for Instructions

7004 2510 0002 2809 1478

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87564

CERTIFIED MAIL™

7004 1160 0002 5646 4512



RETURNED TO SENDER
REASON CHECKED
Unclaimed____ Refused____
Attempted-Not known____
Insufficient Address ✓
No such street____ number____
No such office in state____
Do not remail in this envelope

1ST NOTICE 4-12-05
2ND NOTICE ____
RETURN ____

[redacted] DONALD GAYLE
P O [redacted]
WASHINGTON DC [redacted]

[redacted]

7004 1160 0002 5646 4512

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OFFICIAL USE

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

Postmark Here

SANTA FE NEW MEXICO 87501-9998 USPS MAR 18 2005

Sent To	GORDON DONALD GAYLE
Street, Apt. No.; or PO Box No.	P O BOX 113
City, State, ZIP+4	WASHINGTON DC 20013

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GLADYS PETRILLA
1517 MARTIN
SAN ANGELO TX 76901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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

2. Article Number
(*Transfer from service label*) 7004 2510 0002 2809 1447

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

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

SANTA FE NEW MEXICO 87501-9998
MAR 18 2005
USPS
Postmark Here

7004 2510 0002 2809 1447

Sent To
GLADYS PETRILLA
Street, Apt. No.; or PO Box No. 1517 MARTIN
City, State, ZIP+4 SAN ANGELO TX 76901

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

CERTIFIED MAIL™

7004 1160 0002 5646 4680

$3.85

RETURNED TO SENDER
UNCLAIMED

3-22-05

1ST NOTICE 5
2ND NOTICE 6
RETURN

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

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

Postmark Here
SANTA FE NEW MEXICO 87501
MAR 18 2005
USPS

Sent To: NANCY KAY JONES HARGROVE
SEPARATE PROPERTY
Street, Apt. No.; or PO Box No.: P O BOX 460294
City, State, ZIP+4: HOUSTON TX 77056-0294

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1160 0002 5646 4680

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 RESLER AKA
JOSEPH WAYNE
795 WOODLAND AVENUE
EL PASO TX 79922

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Petra Lopez ☐ Agent ☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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

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

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

2. Article Number
(*Transfer from service label*) 7004 1160 0002 5646 4673

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

7004 1160 0002 5646 4673

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

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

OFFICIAL USE

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

SANTA FE NEW MEXICO 87501-9998
Postmark Here
MAR 1 0 2005
USPS

Sent To	WAYNE RESLER AKA JOSEPH WAYNE
Street, Apt. No.; or PO Box No.	795 WOODLAND AVENUE
City, State, ZIP+4	EL PASO TX 79922

PS Form 3800, June 2002 See Reverse for Instructions