Langley Greer 3H

ELECTED IN	OWNER NAME	INTEREST OWNER TYPE	ADDRESS LINE 1
✓	ALANN P BEDFORD TR	CHARLOTTE LANGE TRST	1235 KINGSTON AVE
	Albert Walter Goal Testamentary Trust	WARREN BK & TR CO TRST	
	Alvin Luskey		
	BAREN HEALEY 1988 TR	BAREN HEALEY TRST	PO BOX 888
✓	BEVERLY BOWEN DELUCIA	8454 DAY ST	
✓	Billy Glen Spradlin		
	BLACK STONE MINERALS CO LP	PO BOX 201709	
✓	BRADFORD ACE CHRISTMAS		
✓	Broughton Petroleum, Inc.	MARK CHAPMAN	
	CANDY CHRISTMAS		
	Cathie Cone McCown		
	CHARLES R WIGGINS	PO BOX 10862	
	CLARENCE W JOHNSON and Steven D. Johnson, JTWS	HC 1 BOX 46	
✓	David Luskey		
	Diane Woodard-Frost Revocable Living Trust dtd 12-16-98		
✓	DORCHESTER MINERALS LP	3838 OAKLAWN AVE STE 300	
✓	ELISABETH B BUTLER TRST	DECLARATION OF TRUST OF	221 AVENIDA PRINCESSA
✓	ELLEN ANNE W WILLIAMS TRST OF	THE WILLIAMS REVOC LIVING TR	1801 CRESTMONT COURT
	Elyse Saunders Patteson Trust Investment L.L.C.	C/O FARMERS NATL CO AGENT	COMMERCE BANK NA, CO-TRST
	Exxon Mobil Corporation	NEW MEXICO INC	P O BOX 951027
✓	FASKEN FOUNDATION	P O BOX 162786	
✓	Gavin R. Garrett Revocable Trust	GAVIN R. GARRETT TR 4780	TEXAS AMERICAN BANK FT. WORTH AGT
	GLASS GLEN BURNIE FOUNDATION	JAMES A ARNOLD &	DAVID D DENHAM CO-TRSTS
	GOODRICH FAMILY TR #2	MINERALS MGMT DEPT, JPMORGAN CHASE BK NA TRUST	ACCT #2355560008
	GOODRICH MARITAL DED TR #1	MINERALS MGMT DEPT, JPMORGAN CHASE BK NA TRUST	ACCT #23555500
✓	HEADINGTON ROYALTY INC	REBECCA TARRH AIF	PO BOX 848495
	HELEN JANE CHRISTMAS BARBY		
✓	HELEN L BEDFORD FAMILY TR	EDWIN LEARMONT BEDFORD &	PO BOX 2047
	HENRY D BEDFORD JR	664 FATTIG CREEK RD	
	HINKLE INVESTMENT CO	PO BOX 967	
✓	HUGH CORRIGAN III	P O BOX 50460	
	IRENE FARDON GLAISTER	FARDON HOUSE,FROG LANE	MILTON-UNDER-WYNCHWOOD
	J PATRICK CORRIGAN	PO BOX 690068	
✓	JIMMY D MOREY REVOCABLE TRUST	DTD 2/22/89	DRAWER NO 99084
Faxed 1/7	John H. Hendrix Corporation		
✓	Joyce Ann Brown		
✓	JUNE DANGLADE SPEIGHT	PO BOX 1687	
	JWP-Mkp Trust, U/A dtd 10/7/80	P.O. Box 1059	
✓	KATHERINE CONE KECK		
	Kathleen Cone Testamentary Trust FBO Cathie Cone Auvenshine's Children	CHILDREN OF CATHIE CONE AUVENSHINE	
	Kathleen Cone Testamentary Trust FBO Kenneth G. Cone'sChildren	KENNETH G CONE	KATHERINE SHAPIRA AIF
✓	Kathleen Cone Testamentary Trust FBO Tom R. Cone's Children	TOM R CONE CHILDRENS TR	BANK OF OKLAHOMA TRUST
	Kenneth G. Cone	KATHERINE SHAPIRA AIF	
	Leo Wiman		
	Louis Luskey, send to 4005 Hildring Dr. W. Fort Worth, Texas 76109		
	LYETH OIL TRUST	KANALY TRUST COMPANY	4550 POST OAK PLACE DR STE 139
Returned	LYMAN P ANDERSON (Deceased, use this address for Executor of Estate)	PO BOX 988	
	Lynne W. Phillips Trust dtd 5/11/99		
	MAECENAS MINERALS LLP	PO BOX 176	
✓	Malloy Oil and Gas Properties, L.L.P.		
✓	MARILYN HANSON	1613 W PECAN	
✓	MARILYN M LAW REV TR	DTD 2/3/89	DRAWER NO 99084
✓	Marjorie Cone Kastman		
	Marjorie Jean Nagle		
	MARY H CYPERT (from Lowell Cypert Estate, changed per AOH)	5235 KINGFISHER	
✓	MARY JANE ANDREWS	3908 LEXINGTON DR	
✓	MARY T CHRISTMAS HOLLADAY		
	Milward Kent Miller		
	Naruna Company		
	ONEZ NORMAN ROONEY TEST TRUST	DTD 3/28/77 FBO JAMES M MOREY	P O BOX 960031
✓	Oxy USA	HAT ASSET TEAM	
✓	PAUL & BETTY PHILLIPS TR	PAUL G, PAUL M, AND/OR	MARK PHILLIPS CO-TRSTS
✓	Pecos Bend Royalties, Inc. LP		
✓	PETCO LTD	PO BOX 911	
	PETER FRANCIS JONES	1725 NEIL ARMSTRONG ST #101C	
	Phillips-Murray Revocable Trust dtd 8-20-99	G. PHILLIPS & J. MURRAY TRUST	
	R. D. Goodrich Asset Partners LP		
	RACHEL B FARDON (Address Unknown)	""CASTRO"" UPPER ROSE HILL"	
	RANDY GEISELMAN	2700 RACQUET CLUB DR	
	Randy Lee Cone		
✓	Redwing Oil L.L.C.		
	REVELLE CRISTINA PHILLIPS	P O BOX 4038	
	Robert D. Goodrich Mineral Trust		TEXAS AMERICAN BANK FT. WORTH TRUST
	Ross M. Phillips Testamentary Trust, Wilma M. Phillips and Curtis Darling Trustees		
✓	S. E. Cone, Jr.		
	SAPPINGTON ENERGY INTEREST LTD	PO BOX 678365	
	Southern Cross Royalty, L.P.		
✓	Southland Royalty Company (now ConocoPhillips)	ATTN: THOMAS J. SCARBROUGH	CONOCOPHILLIPS COMPANY
	SUE SAUNDERS GRAHAM	PO BOX 987	
	SUSAN ELISABETH BOWEN	PO BOX 584	
	The Long Trust	LARRY LONG TRUSTEE	
	Thomas R. Cone (Mortgage Acct)	CORNERSTONE BANK F/A/O	
	Thomas W. Ellison		
✓	TOLES COMPANY LLC		
✓	W. A. Pruett whose wife is Pearl R. Pruett C/O **Stanley Erb Hess**, 769274 and Sue Hess Edmonson, 769283		
	WALTER A BRUNDRETT from Margaret S. Brundrett, deceased wife	SUFFIELD BY THE RIVER 279	
✓	WENDELIN JONES	RENATE DYMESICH GUARDIAN	P O BOX 461
✓	White Star Energy		
	WILMA M PHILLIPS TR 11/11/85	WILMA M PHILLIPS TRST	PO BOX 4539
	WINDOM ROYALTIES LLC	C/O NOBLE ROYALTIES	PO BOX 660082
Total:	90		
Elected:	37		
Percentage:	41%		

W:\Permian_North\Operated Wells\Langley Greer #3H (617712)\Pooling Agreement\Pooling elections.xls

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 14027..... Exhibit No. 3
Submitted by:
CHESAPEAKE OPERATING, INC.
Hearing Date: January 10, 2008

Chesapeake ENERGY

Ed J. Birdshead
Landman

November 28, 2007

CERTIFIED MAIL (7007 1490 0002 6933 6399)

John H. Hendrix
John H. Hendrix Corporation
P.O. Box 3040
Midland, TX 79702-3040

RE: Pooling Declaration and Agreement for
Proposed Langley Greer 3H
N/2 Section 21-T22S-R36E
Lea County, New Mexico

Dear Mr. Hendrix:

Chesapeake Exploration, L.L.C., as operator, is preparing to drill a new well in the N/2 of section 21-T22S-R36E. Please find enclosed, Pooling Declaration and Agreement prepared for the proposed Langley Greer 3H. This well will be drilled to the Devonian, McKee, or Ellenburger formation. Spacing for these pools will be the N/2 of the section, or 320 acres, in the event the well is a gas well. All mineral owners are subject to one of two leases covering either the NW/4 or the NE/4 of section 21-T22S-R36E. These leases are held by production. One is dated May 26, 1926, from Annie L. and B. A. Christmas, as lessor, to Wesley McCallister, as lessee, and the other is dated April 9, 1927, from Henry D. Greer, as lessor, to F. E. Vosberg, as lessee. Neither of these leases contain a pooling provision. At your earliest convenience, please have one copy of this agreement signed and notarized and return a signed copy to the undersigned.

You should have already received a compulsory pooling notice for this well. In the event that we do not receive a signed copy of the Pooling Declaration and Agreement from you, your interest will be pooled through an order from the New Mexico Oil Conservation Division.

Please feel free to call or email me in the event that you have any questions concerning this matter.

Sincerely,

for BOH

Ed Birdshead

Attachments

Chesapeake Energy Corporation
P.O. Box 18496 • Oklahoma City, OK 73154-0496 • 6100 N. Western Avenue • Oklahoma City, OK 73118
405.879.8409 • fax 405.879.1450 • ebirdshead@chkenergy.com

POOLING DECLARATION AND AGREEMENT

THIS AGREEMENT, made and entered into as of November 27, 2007, by and between Chesapeake Exploration L.L.C., hereinafter referred to as "Operator" and the undersigned Lessors, hereinafter designated "Mineral Owners",

WITNESSETH:

WHEREAS, Operator and the undersigned parties are the owners of the following described oil and gas leases to wit:

1. Oil and Gas Lease dated May 26, 1926, from Annie L. and B. A. Christmas, as lessor, to Wesley McCallister, as lessee, recorded Lea County, New Mexico, in Book 4 at page 163, covering a 160 acre tract in NE4, Section 21, Township 22S, Range 36E, N.M.P.M., and other lands;

2. Oil and Gas Lease dated April 9, 1927, from Henry D. Greer, as lessor, to F.E. Vosberg, as lessee, recorded Lea County, New Mexico, in Book 4 at page 628, covering a 160 acre tract in NW4, Section 21, Township 22S, Range 36E, N.M.P.M., and other lands;

WHEREAS, the N2 of Section 21 in Township 22S, Range 36E, N.M.P.M. has been included within a 320 acre drilling unit as established by the Langley Devonian Gas Pool, Langley Ellenburger Gas Pool and McKee Gas Pool and N.M.S.A. § 70-2-18 (2007) authorizes the voluntary pooling of separately owned tracts in all or part of a spacing unit;

WHEREAS, Operator, for itself and other owners of the oil and gas leases covering the lands in all the N2 of Section 21 above-described, desire to pool the above-described leases and lands as said leases and lands covering the N2 of said Section 21, hereinafter referred to as "pooled area";

WHEREAS, certain of the leases above-described lack pooling clauses and the Lessors or Mineral Owners thereof desire to pool voluntarily their interests in said land and leases as such cover the N2 of said Section 21.

NOW THEREFORE, Operator does hereby pool and communitize the N2 of Section 21, Township 22S, Range 36E, N.M.P.M., Lea County, New Mexico, into one pooled and communitized area as provided for in the oil and gas leases above set forth; and

The undersigned Mineral Owners, for valuable consideration, receipt of which is hereby acknowledged, do hereby consent to such pooling and do hereby pool and communitize their interests in the N2 of said Section 21 into one pooled and communitized area; and

Each undersigned Mineral Owner agrees that:

3. All operations conducted upon the pooled area for development or production of gas shall be considered for all purposes, except payment of royalty, to be operations upon each tract comprising the pooled area under the terms of the above-mentioned lease or leases covering such tract. Operator shall have the right to conduct all such operations as if the pooled area were covered by a single oil and gas lease;

4. All gas produced from the pooled area shall be allocated to the tracts comprising the pooled area in the proportion that the acreage contained in each tract bears to the acreage contained in the entire pooled area. The share of production so allocated to each tract shall be considered for all purposes, including payment of royalty, to have been produced from such tract under the terms of the above-mentioned lease or leases covering such;

5. There shall be no obligation on the Operator to offset any well or wells completed in the same formation on separate component tracts into which the pooled area is now or may hereafter be divided, nor shall the Operator be required to measure separately the pooled gas by reason of the diverse ownership thereof, but the Operator shall not be released from their obligation to protect said pooled area from drainage of pooled gas by a well or wells which may be drilled off-setting said area; and

This Agreement may be executed in counterpart with the same effect as execution of a single instrument and shall be binding upon the executory parties and all persons claiming under them as covenants running with the described land; and

This Agreement shall become effective as to each party as of the date this instrument or a counterpart thereof is signed, and shall continue in force and effect as long thereafter as the above-described leases remain in force and effect as to the tracts comprising the pooled area.

IN WITNESS WHEREOF, this instrument is executed as of the date first hereinabove written.

Chesapeake Exploration, L.L.C

By:_____
Henry J. Hood, Senior Vice President –
Land and Legal & General Counsel

STATE OF OKLAHOMA)
)§
COUNTY OF OKLAHOMA)

This instrument was acknowledged before me on this _____ day of _____ 2007, by Henry J. Hood, as Senior Vice President - Land and Legal & General Counsel of Chesapeake Exploration, L.L.C. on behalf of said limited liability company.

_____
Notary Public

My Commission Expires:_____

Commission Number:_____

By:_____

Individual Acknowledgement

STATE OF _____)
)§
COUNTY OF _____)

This instrument was acknowledged before me on this _____ day of _____ 2007, by _____

_____

Name(s) of Person(s)

_____
Notary Public

My Commission Expires:_____

Commission Number:_____

By:_____

Representative Acknowledgement

STATE OF _____)
)§
COUNTY OF _____)

This instrument was acknowledged before me on this _____ day of _____ 2007, by _____

_____

Name(s) of Person(s)

as _____ of _____

Type of authority, e.g., officer, trustee, etc. Name of party behalf of whom instrument was executed

_____
Notary Public

My Commission Expires:_____

Commission Number:_____

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7006 2760 0001 6392 7864

Alann P. Bedford Trust (Mad
Alann Peckham Bedford)
Charlotte Lange, Trustee
1235 Kingston Ave
Alexandria, VA 22302-3809

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:

Alann P. Bedford Trust (Madeleine Alann Peckham Bedford)
Charlotte Lange, Trustee
1235 Kingston Ave
Alexandria, VA 22302-3809

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) JEAN LANGE 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
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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Total Postage & Fees	$ 5.55

7006 2760 0001 6392 7857

Baren Healey 1988 Trust
Baren Healey, Trustee
P.O. Box 888
Davis, OK 73030

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:

Baren Healey 1988 Trust
Baren Healey, Trustee
P.O. Box 888
Davis, OK 73030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Casey Kilbourne C. Date of Delivery 12/24/07

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) 7006 2760 0001 6392 7857

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

7006 2760 0001 6392 7840

Beverly Bowen DeLu
8454 Day Street
Sunland, CA 91040

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:

Beverly Bowen DeLucia
8454 Day Street
Sunland, CA 91040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) FRANK DeLUCIA C. Date of Delivery 12-20-07

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 ...) 7006 2760 0001 6392 7840

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Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

SANTA

Sen
Stre or P
City

Black Stone Minerals C
P.O. Box 201709
Houston, TX 77216-17

7006 2760 0001 6392 7833

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:

Black Stone Minerals Co. LP
P.O. Box 201709
Houston, TX 77216-1709

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 12/21/07

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) 7006 2760 0001 6392 7833

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

SANTA

Sen
Stre or F
City

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

7006 2760 0001 6392 7826

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

1. Article Addressed to:

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

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) CHARLES R. WIGGINS | C. Date of Delivery 12-21-07

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) 7006 2760 0001 6392 7826

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Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Se
Si or
Ci

Clarence W. Johnson
Steven D. Johnson, J
HC 1 Box 46
Coalings, CA 93210

7006 2760 0001 6392 7819

SENDER: COMPLET

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

1. Article Addressed to:

Clarence W. Johnson &
Steven D. Johnson, JTWS
HC 1 Box 46
Coalings, CA 93210

ELIVERY

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

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) 7006 2760 0001 6392 7819

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Sent To: Dorchester Minerals LP
Street, Apt. No., or PO Box No.: 3838 Oaklawn Avenue, S
City, State, ZIP+4: Dallas, TX 75219-4541

7006 2760 0001 6392 7802

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:
Dorchester Minerals LP
3838 Oaklawn Avenue, Suite 300
Dallas, TX 75219-4541

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karyn J Bailey ☐ Agent ☐ Addressee

B. Received by (Printed Name) KARYN BAILEY C. Date of Delivery 10 Dec 07

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) 7006 2760 0001 6392 7802

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Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Sent To: Elisabeth B. Butler
Street, Apt. No., or PO Box No.: Declaration Of Trust
City, State, ZIP+4: 221 Avenida Princessa
San Clemente, CA 92672

7006 2760 0001 6392 7796

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:
Elisabeth B. Butler
Declaration Of Trust
221 Avenida Princessa
San Clemente, CA 92672

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Butler ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12/20/07

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) 7006 2760 0001 6392 7796

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Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Sent To: Ellen Anne W. Williams
Street, Apt. No., or PO Box No.: The Williams Revoc. Li
City, State, ZIP+4: 1801 Crestmont Court
Glendale, CA 91208-26

7006 2760 0001 6392 7789

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:
Ellen Anne W. Williams, Trustee
The Williams Revoc. Living Trust
1801 Crestmont Court
Glendale, CA 91208-2619

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ellen Anne Wallace Williams ☐ Agent ☐ Addressee

B. Received by (Printed Name) ELLEN ANNE WALLACE WILLIAMS 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) 7006 2760 0001 6392 7789

PS Form 3811, February 2004

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only, No Ins

For delivery information visit ou

OFFICI

Postage	$ .F
Certified Fee	2.6
Return Receipt Fee (Endorsement Required)	2.1
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.5

Sent T
Street, or PO
City, S

Elyse S. Patterson, Trust
Trust Investment L.L.C.
c/o Farmers Natl Co Age
Commerce Bank NA, Co.
Oil & Gas Dept.
P.O. Box 3480
Omaha, NE 68103-0480

7006 2760 0001 6392 7772

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:

Elyse S. Patterson, Trustee (Elyse Saunders Patteson
Trust Investment L.L.C.)
c/o Farmers Natl Co Agent
Commerce Bank NA, Co-Trust
Oil & Gas Dept.
P.O. Box 3480
Omaha, NE 68103-0480

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rick L. Hager ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rick L. Hager 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) 7006 2760 0001 6392 7772

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

SANTA FE NEW MEXICO 87501 8888-
DEC 17 2007
Postmark Here
USPS

Sen
Stre
or P
City

Fasken Foundation
P.O. Box 162786
Austin, TX 78716-2786

7006 2760 0001 6392 7765

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only, No In

For delivery information visit

OFFIC

Postage	$
Certified Fee	2.1
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5

Glass Glen Burnie F
James A. Arnold &
Co-Trsts
P.O. Box 587
Nowata, OK 74048

7006 2760 0001 6392 7758

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:

Glass Glen Burnie Foundation
James A. Arnold & David D Denham
Co-Trsts
P.O. Box 587
Nowata, OK 74048-0587

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James A. Arnold ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-19-07

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) 7006 2760 0001 6392 7758

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

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuranc
For delivery information visit our web
OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Headington Royalty In
Rebecca Tarrh Aif
P.O. Box 848495
Dallas, TX 75284-849

7006 2760 0001 6392 7741

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:

Headington Royalty Inc.
Rebecca Tarrh Aif
P.O. Box 848495
Dallas, TX 75284-8495

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Wright ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 19 2007

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) 7006 2760 0001 6392 7741

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cove
For delivery information visit our website at w
OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$5.55

SANTA FE

Helen L. Bedford Family Tr
Edwin Learmont Bedford
P.O. Box 2047
Newport, OR 97365-0146

7006 2760 0001 6392 7727

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Helen L. Bedford Family Trust
Edwin Learmont Bedford
P.O. Box 2047
Newport, OR 97365-0146

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Edwin L Bedford ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
EDWIN L. BEDFORD 12/24/07

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

DEC 24 2007

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) 7006 2760 0001 6392 7727

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECI
(Domestic Mail Only; No Insurance Co
For delivery information visit our website at
OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
	5.55

SANTA FE

Henry D. Bedford Jr.
664 Fattig Creek Rd.
Roundup, MT 59072-6424

7006 2760 0001 6392 7703

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:

FROM
Henry D. Bedford Jr.
664 Fattig Creek Rd.
Roundup, MT 59072-6424
Att: From

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Henry Bedford ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
12-24-07

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) 7006 2760 0001 6392 7703

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

From: Origin ID: SAFA (505) 988-4421
Ocean Munds-Dry
Holland&Hart
110 North Guadalupe

Santa Fe, NM 87505
UNITED STATES

FedEx. Express

CL 8888887/2123

Ship Date: 18DEC07
ActWgt: 1 LB
System#: 2028741/INET7091
Account#: S *********
TotWgt: 1 LB

REF: 49837-0025
DESC-1: Business Correspondence
DESC-2:
DESC-3:
DESC-4:
EEI: NO EEI 30.37(a)
COUNTRY MFG: US
CARRIAGE VALUE: .00 USD
CUSTOMS VALUE: USD
T/C: S 087108309 D/T: S 087108309
SIGN: Ocean Munds-Dry
EIN/VAT:

SHIP TO: 5059884421 BILL SENDER

Irene Fardon Glaister

Fardon House/Frog Lane
Milton-Under-Wynchwood

OXon, OX7
GB

TRK# 0430 7904 0712 2055

IP 25K BOX

AM

STN
-GB-
OX7

X5-HYCA

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The Warsaw Convention may apply and will govern and in most cases limit the liability of Federal Express for loss or delay of or damage to your shipment. Subject to the conditions of the contract.

CONSIGNEE COPY - PLEASE PLACE IN POUCH

Shipping Label: Your shipment is complete This shipping label constitutes the air waybill for this shipment.

1.Use the "Print" feature from your browser to send this page to your laser or inkjet printer. Fold the printed page along the horizontal line.

2. Place 2 originals of the shipping label in the pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional charges, along with the cancellation of your FedEx account number.

LEGAL TERMS AND CONDITIONS OF FEDEX SHIPPING DEFINITIONS. On this Air Waybill, "we", "our", "us", and "FedEx" refer to Federal Express Corporation, its subsidiaries and branches and their respective e agents, and independent contractors. The terms "you" and "your" refer to the shipper, its employees, principals and agents. If your shipment originates outside the United States, your contract of carriage is with the Fe subsidiary, branch or independent contractor who originally accepts the shipment from you. The term "package" means any container or envelope that is accepted by us for delivery, including any such items tendered our automated systems, meters, manifests or waybills. The term "shipment" means all packages which are tendered to and accepted by us on a single Air Waybill. AIR CARRIAGE NOTICE. For any international ship the Warsaw Convention, as amended, may be applicable. The Warsaw Convention, as amended, will then govern and in most cases limit FedEx's liability for loss, delay of, or damage to your shipment. The Warsaw amended, limits FedEx's liability. For example in the U.S. liability is limited to $9.07 per pound (20$ per kilogram), unless a higher value for carriage is declared as described below and you pay any applicable supplen charges. The interpretation and operation of the Warsaw Convention's liability limits may vary in each country. There are no specific stoppingplaces which are agreed to and FedEx reserves the right to route the shipr FedEx deems appropriate. ROAD TRANSPORT NOTICE. Shipments transported solely by road to or from a country which is a party to the Warsaw Convention or the Contract for the International Carriage of Goods "CMR") are subject to the terms and conditions of the CMR, notwithstanding any other provision of this Air Waybill to the contrary. For those shipments transported solely by road, if a conflict arises between the provis CMR and this Air Waybill, the terms of the CMR shall prevail. LIMITATION OF LIABILITY. If not governed by the Warsaw Convention, the CMR, or other international treaties, laws, other government regulations, orde requirements, FedEx's maximum liability for damage, loss, delay, shortage, misdelivery, nondelivery, misinformation or failure to provide information in connection with your shipment is limited by this Agreement and s terms and conditions of the contract of carriage. Please refer to the contract of carriage set forth in the applicable FedEx Service Guide or its equivalent to determine the contractual limitation. FedEx does not provid or all-risk insurance, but you may pay an additional charge for each additional U.S. $100 (or equivalent local currency for the country of origin) of declared value for carriage. If a higher value for carriage is declared ar additional charge is paid, FedEx's maximum liability will be the lesser of the declared value for carriage or your actual damages. LIABILITIES NOT ASSUMED. IN ANY EVENT, FEDEX WON'T BE LIABLE FOR ANY I WHETHER DIRECT, INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL IN EXCESS OF THE DECLARED VALUE FOR CARRIAGE (INCLUDING BUT NOT LIMITED TO LOSS OF INCOME OR PROFITS) ACTUAL VALUE OF THE SHIPMENT, IF LOWER, WHETHER OR NOT FEDEX HAD ANY KNOWLEDGE THAT SUCH DAMAGES MIGHT BE INCURRED. FedEx won't be liable for your acts or omissions, including to incorrect declaration of cargo, improper or insufficient packaging, securing, marking or addressing of the shipment, or for the acts or omissions of the recipient or anyone else with an interest in the shipment or viola party of the terms of this agreement. FedEx won't be liable for damage, loss, delay, shortage, misdelivery, nondelivery, misinformation or failure to provide information in connection with shipments of cash, currency o prohibited items or in instances beyond our control, such as acts of God,perils of the air, weather conditions, mechanical delays, acts of public enemies,war, strike, civil commotion, or acts or omissions of public autho customs and health officials) with actual or apparent authority. NO WARRANTY. We make no warranties, express or implied. CLAIMS FOR LOSS, DAMAGE OR DELAY. ALL CLAIMS MUST BE MADE IN WRITING A STRICT TIME LIMITS. SEE OUR TARIFF. APPLICABLE FEDEX SERVICE GUIDE, OR STANDARD CONDITIONS OF CARRIAGE FOR DETAILS. The Warsaw Convention provides specific written claims procedur delay or non-delivery of your shipment. Moreover, the interpretation and operation of the Warsaw Convention's claims provisions may vary in each country. Refer to the Convention to determine the claims period for y The right to damages against us shall be extinguished unless an action is brought within two years, as set forth in the Convention. FedEx is not obligated to act on any claim until all transportation charges have been amount may not be deducted from the transportation charges. If the recipient accepts the shipment without noting any damage on the delivery record, FedEx will assume the shipment was delivered in good condition to consider a claim for damage, the contents, original shipping carton and packing must be made available to us for inspection. MANDATORY LAW. Insofar as any provision contained or referred to in this Air Waybill contrary to any applicable international treaties, laws, government regulations, orders or requirements such provisions shall remain in effect as a part of our agreement to the extent that it is not overridden. The invalid unenforceability of any provisions shall not affect any other part of this Air Waybill. Unless otherwise indicated, FEDERAL EXPRESS CORPORATION, 2005 Corporate Avenue, Memphis, TN 38132, USA, is the first c shipment. Email address located at www.fedex.com.

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

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cove
For delivery information visit our website at
OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
	$ 5.55

Hinkle Investment Co.
P.O. Box 967
King City, CA 93930

7006 2760 0001 6392 7697

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:

Hinkle Investment Co.
P.O. Box 967
King City, CA 93930

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addr

B. Received by (Printed Name) C. Date of De
C. Hinkle 12-28-

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No
Box 967
King City, Ca 93930

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from se) 7006 2760 0001 6392 7697

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Hugh Corrigan III
P.O. Box 50460
Midland, TX 79710

7006 2760 0001 6392 7680

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:

Hugh Corrigan III
P.O. Box 50460
Midland, TX 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cheryl Burns ☒ Agent ☐ Addres

B. Received by (Printed Name) C. Date of Deliv
Cheryl BURNS 12/26/0

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 Merchandi
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 7680

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

DEC 17 2007
Postmark
San Diego

J. Patrick Corrigan
P.O. Box 690068
Vero Beach, FL 32969

7006 2760 0001 6392 7666

or Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insuranc

For delivery information visit our webs
OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

7006 2760 0001 6392 7659

Jimmy D. Morey Revoc
dtd 2/22/89
Drawer No. 99084
Fort Worth, TX 76199-

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. Morey Revocable Trust
dtd 2/22/89
Drawer No. 99084
Fort Worth, TX 76199-0084

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

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) 7006 2760 0001 6392 7659

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

U.S. Postal Service™
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

7006 2760 0001 6392 7642

John W. Phillips
Jwp-Mkp Trust, U/A D
P.O. Box 1059
Menlo Park, CA 9402

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:

John W. Phillips
Jwp-Mkp Trust, U/A Dtd 10/7/80
P.O. Box 1059
Menlo Park, CA 94026

A. Signature
[signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] | C. Date of Delivery 12/20/07

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) 7006 2760 0001 6392 7642

U.S. Postal Service™
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

7006 2760 0001 6392 7628

June Danglade Speight
P.O. Box 1687
Lovington, NM 88260

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

June Danglade Speight
P.O. Box 1687
Lovington, NM 88260

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery DEC 21

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) 7006 2760 0001 6392 7628

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

U.S. Postal Service
CERTIFIED MAIL RE
(Domestic Mail Only; No Insurance
For delivery information visit our webs
OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee	$ 5.55

7006 2760 0001 6392 7611

Lyeth Oil Trust
Kanaly Trust Company
45550 Post Oak Place Dr.
Houston, TX 77027-3163

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:

Lyeth Oil Trust
Kanaly Trust Company
45550 Post Oak Place Dr. Ste. 139
Houston, TX 77027-3163

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

JULIUS MA 77027
DEC 20 200

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) 7006 2760 0001 6392 7611

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

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insura
For delivery information visit our we
OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee	$ 5.55

7006 2760 0001 6392 7604

Lyman P. Anderson
Executor of Estate
P.O. Box 988
Port Lavaca, TX 77

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:

Lyman P. Anderson (Deceased)
Executor of Estate
P.O. Box 988
Port Lavaca, TX 77979

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agnes A. Brimer ☐ Agent ☐ Addressee

B. Received by (Printed Name) AGNES A. BRIMER C. Date of Delivery 12-26-07

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 serv 7006 2760 0001 6392 7604

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

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insura
For delivery information visit our we
OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee	$ 5.55

7006 2760 0001 6392 7598

Maecenas Minerals LL
P.O. Box 176
Abilene, TX 79604

- 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:

Maecenas Minerals LLP
P.O. Box 176
Abilene, TX 79604

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

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 [illegible]) 7006 2760 0001 6392 7598

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

U.S. Postal Service™
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Postage	$ .175
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

7006 2760 0001 6392 7581

Marilyn Hanson
1613 W. Pecan
Midland, TX 79705-74

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:

Marilyn Hanson
1613 W. Pecan
Midland, TX 79705-7427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) M. HANSON C. Date of Delivery 12-21

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) 7006 2760 0001 6392 7581

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

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insura
For delivery information visit our w
OFFICIA

Postage	$ .17
Certified Fee	2.4
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.5

7006 2760 0001 6392 7574

Marilyn M. Law Rev
2/3/89
Drawer No. 99084
Forth Worth, TX 76

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:

Marilyn M. Law Rev. Trust dtd
2/3/89
Drawer No. 99084
Forth Worth, TX 76199-0084

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

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) 7006 2760 0001 6392 7574

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

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Ins
For delivery information visit
OFFICI

Postage	$ .7
Certified Fee	2.4
Return Receipt Fee (Endorsement Required)	2.1
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.5

7006 2760 0001 6392 7567

Mary H. Cypert
5235 Kingfisher
Houston, TX 7703

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 H. Cypert
5235 Kingfisher
Houston, TX 77035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-2007

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) 7006 2760 0001 6392 7567

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

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	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Mary Jane Andrews
3908 Lexington Dr.
Alexandria, LA 71303-352

7006 2760 0001 6392 7550

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 Jane Andrews
3908 Lexington Dr.
Alexandria, LA 71303-3527

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

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) 7006 2760 0001 6392 7550

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Exxon Mobil Corporati
New Mexico Inc.
P.O. Box 951027
Dallas, TX 75395-1027

7006 2760 0001 6392 7543

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Exxon Mobil Corporation
New Mexico Inc.
P.O. Box 951027
Dallas, TX 75395-1027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 2 0 2007

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) 7006 2760 0001 6392 7543

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

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

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

OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Onez Norman Roone
Dtd 3/28/77 Fbo Jame
P.O. Box 960031
Oklahoma City, OK 7

7006 2760 0001 6392 7536

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:

Onez Norman Rooney Test. Trust
Dtd 3/28/77 Fbo James M Morey
P.O. Box 960031
Oklahoma City, OK 73196-0031

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X DeWayne Chesney ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 1 8 2007

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) 7006 2760 0001 6392 7536

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

U.S. Postal Service
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Paul & Betty Phillips Trust
Paul G, Paul M, and/or Mark Ph
Trustees
6210 Mesita Dr.
San Diego, CA 92115

7006 2760 0001 6392 7529

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Paul & Betty Phillips Trust
Paul G, Paul M, and/or Mark Phillips, Co-Trustees
6210 Mesita Dr.
San Diego, CA 92115

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tiffany Phillips ☐ Agent ☐ Addres

B. Received by (Printed Name) Tiffany Phillips C. Date of Deli

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 Merchanc
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 7529

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Postmark Here

Peter Francis Jones
1725 Neil Armstrong St #101c
Montebello, CA 90640-1918

7006 2760 0001 6392 7505

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

For delivery information visit our website at

OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

PETCO Ltd.
P.O. Box 911
Breckenridge, TX 76424-0

7006 2760 0001 6392 7512

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:

PETCO Ltd.
P.O. Box 911
Breckenridge, TX 76424-0911

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Christie Spencer ☐ Agent ☐ Address

B. Received by (Printed Name) Christie Spencer C. Date of Delive 2/21/0

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 7512

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Randy Geiselman
2700 Racquet Club Dr.
Midland, TX 79701

7006 2760 0001 6392 7499

Randy Geiselman
2700 Racquet Club Dr.
Midland, TX 79701

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:

Randy Geiselman
2700 Racquet Club Dr.
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Randy Geiselman ☐ Agent ☐ Addressee

B. Received by (Printed Name) K. GEISELMAN C. Date of Delivery 12-21-

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) 7006 2760 0001 6392 7499

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

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

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Revelle Cristina Phillips
P.O. Box 4038
Santa Fe, NM 87502

7006 2760 0001 6392 7475

Revelle Cristina Phillips
P.O. Box 4038
Santa Fe, NM 87502

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:

Revelle Cristina Phillips
P.O. Box 4038
Santa Fe, NM 87502

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Revelle Cristina Phillips ☐ Agent ☐ Addressee

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

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

CONFORMED COPY OF ORIGINAL FILED IN USBC SANTA FE, NM DEC 19 2007

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) 7006 2760 0001 6392 7475

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

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

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Sappington Energy Interest Ltd.
P.O. Box 678365
Dallas, TX 75267-8365

7006 2760 0001 6392 7482

Sappington Energy Interest Ltd.
P.O. Box 678365
Dallas, TX 75267-8365

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:

Sappington Energy Interest Ltd.
P.O. Box 678365
Dallas, TX 75267-8365

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. Fraser ☐ Agent ☐ Addressee

B. Received by (Printed Name) DEC 21 2007 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) 7006 2760 0001 6392 7482

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

U.S. Postal Service
CERTIFIED MAIL™ RE
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Sue Saunders Graham
P.O. Box 987
Roswell, NM 88202

7006 2760 0001 6392 7468

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:

Sue Saunders Graham
P.O. Box 987
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JIMI GADZIA C. Date of Delivery 12-1907

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) 7006 2760 0001 6392 7468

PS Form 3811, February 2004

U.S. Postal Service
CERTIFIED MAIL™ RECE
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For delivery information visit our website

OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Susan Elisabeth Bowen
P.O. Box 584
Verdugo City, CA 91046-0584

7006 2760 0001 6392 7451

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:

Susan Elisabeth Bowen
P.O. Box 584
Verdugo City, CA 91046-0584

DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

VERDUGO CITY CA 91046
DEC 27 2007
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) 7006 2760 0001 6392 7451

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

U.S. Postal Service
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cove

For delivery information visit our website at

OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

Margaret's Trust
Bank of New York, Trustee
123 Main Street
White Plains, NY 10602.

7006 2760 0001 6392 7444

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's Trust
Bank of New York, Trustee
123 Main Street
White Plains, NY 10602.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

DEC 20 2007
WHITE PLAINS, NY 10602-9998

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) 7006 2760 0001 6392 7444

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C

For delivery information visit our website

OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Wendelin Jones
Renate Dymesich Guardi
P.O. Box 461
Cottonwood, CA 96022

7006 2760 0001 6392 7437

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:

Wendelin Jones
Renate Dymesich Guardian
P.O. Box 461
Cottonwood, CA 96022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
12/31/07

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) 7006 2760 0001 6392 7437

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

U.S. Postal Service™
CERTIFIED MAIL™ F
(Domestic Mail Only; No Insura

For delivery information visit our we

OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Wilma M. Phillips Tr
Wilma M. Phillips, Tr
P.O. Box 4539
Sedona, AZ 86340-45

7006 2760 0001 6392 7420

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:

Wilma M. Phillips Trust 11/11/85
Wilma M. Phillips, Trustee
P.O. Box 4539
Sedona, AZ 86340-4539

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Pierre E Jones II

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) 7006 2760 0001 6392 7420

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

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran

For delivery information visit our web

OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Windom Royalties LL
c/o Noble Royalties
P.O. Box 660082
Dallas, TX 75266-008

7006 2760 0001 6392 7413

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:

Windom Royalties LLC
c/o Noble Royalties
P.O. Box 660082
Dallas, TX 75266-0082

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 20 2007

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) 7006 2760 0001 6392 7413

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

U.S. Postal Service
CERTIFIED MAIL™ RI
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For delivery information visit our web
OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Gavin R. Garrett Revocable Trust
Gavin R. Garrett, Trustee 4780
Texas American Bank Ft. Worth Ag
P.O. Drawer 99033
Fort Worth, TX 76199-0033

7006 2760 0001 6392 7406

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:

Gavin R. Garrett Revocable Trust
Gavin R. Garrett, Trustee 4780
Texas American Bank Ft. Worth Agt
P.O. Drawer 99033
Fort Worth, TX 76199-0033

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

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) 7006 2760 0001 6392 7406

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

U.S. Postal Service
CERTIFIED MAIL™ REC
Domestic Mail Only; No Insurance C

For delivery information visit our website a
OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

R. D. Goodrich Asset Pa
P.O. Drawer 99084
Fort Worth, TX 76199-00

7006 2760 0001 6392 7390

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:

R. D. Goodrich Asset Partners LP
P.O. Drawer 99084
Fort Worth, TX 76199-0084

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

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) 7006 2760 0001 6392 7390

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

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C

For delivery information visit our website
OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Naruna Company
P.O. Box 630
Fort Worth, TX 76101-

7006 2760 0001 6392 7383

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:

Naruna Company
P.O. Box 630
Fort Worth, TX 76101-0630

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) G R Garrett | C. Date of Delivery 12 22 07

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 fr 7006 2760 0001 6392 7383

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

7006 2760 0001 6392 7376

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	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

SANTA FE NM DEC 17 2007 USPS Postmark Here

Robert D. Goodrich Mineral Trust
Texas American Bank Ft. Worth
Trust
P.O. Drawer 99033
Fort Worth, TX 76199-0033

HOLLAND&HART

110 North Guadalupe Suite 1 Santa Fe, NM 87501
P.O. Box 2208 Santa Fe, NM 87504-2208

7006 2760 0001 6392 7376

12.28
1-2
1-2

INSUFFICIENT ADDRESS

Robert D. Goodrich Mineral Trust
Texas American Bank Ft. Worth
Trust
P.O. Drawer 99033
Fort Worth TX 76199

Hasler

016H16505669
$05.55⁰
12/17/2007
Mailed From 87504
US POSTAGE

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C

For delivery information visit our website

OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Malloy Oil And Gas Proper
L.L.P.
P.O. Box 18414
Oklahoma City, OK 73154

7006 2760 0001 6392 7369

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:

Malloy Oil And Gas Properties,
L.L.P.
P.O. Box 18414
Oklahoma City, OK 73154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Margaret Malloy ☐ Agent ☐ Addressee

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

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

OKLAHOMA CITY, OK DEC 26 2007

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) 7006 2760 0001 6392 7369

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

U.S. Postal Service
CERTIFIED MAIL™ REC
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For delivery information visit our website

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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Southland Royalty Company (Now C
Attn: Thomas J. Scarbrough
ConocoPhillips Company
600 N. Dairy Ashford, 3WL-14066
Houston, TX 77079

7006 2760 0001 6392 7352

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:

Southland Royalty Company (Now ConocoPhillips)
Attn: Thomas J. Scarbrough
ConocoPhillips Company
600 N. Dairy Ashford, 3WL-14066
Houston, TX 77079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom Scarbrough ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom Scarbrough C. Date of Delivery 12-27-07

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) 7006 2760 0001 6392 7352

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

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co

For delivery information visit our website at

OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Kathleen Cone Testamentary Trust fbo
Cone's Children
Tom R. Cone Childrens Trust
Bank Of Oklahoma Trust
P.O. Box 1588
Tulsa, OK 74101-1588

7006 2760 0001 6392 7345

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:

Kathleen Cone Testamentary Trust fbo Tom R. Cone's Children
Tom R. Cone Childrens Trust
Bank Of Oklahoma Trust
P.O. Box 1588
Tulsa, OK 74101-1588

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] 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) 7006 2760 0001 6392 7345

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

U.S. Postal Service
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Randy Lee Cone
P.O. Box 552
Jay, OK 74346

7006 2760 0001 6392 7932

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:

Randy Lee Cone
P.O. Box 552
Jay, OK 74346

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

JAY OK DEC 19 2007

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) 7006 2760 0001 6392 7932

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

U.S. Postal Service
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OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Kathleen Cone Testamentary
Cone Auvenshine's Children
Children Of Cathie Cone Auv
P.O. Box 507
Dripping Spring, TX 78260

7006 2760 0001 6392 7901

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:

Kathleen Cone Testamentary Trust fbo Cathie Cone Auvenshine's Children
Children Of Cathie Cone Auvenshine
P.O. Box 507
Dripping Spring, TX 78260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Cathie McCown C. Date of Delivery 12/20

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) 7006 2760 0001 6392 7901

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

7006 2760 0001 6392 7338

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

OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

DEC 17 2007
Postmark Here
USPS

Kathleen Cone Testamentary Trust fbo
Kenneth G. cone's children
Kenneth G. Cone
Katherine Shapira AIF
P.O. Box 11310
Midland, TX 79702

7006 2760 0001 6392 7321

U.S. Postal Service
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance

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OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.55

The Long Trust
Larry Long, Trustee
P.O. Box 3096
Kilgore, TX 75663

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 Long Trust
Larry Long, Trustee
P.O. Box 3096
Kilgore, TX 75663

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

KILGORE TX
DEC 24 2007
USPS - 75662-9998

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) 7006 2760 0001 6392 7321

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

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	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

SANTA FE NM 87501 DEC 17 2007 Postmark USPS

7006 2760 0001 6392 7314

Billy Glen Spradlin
29 Rim Road
Fort Worth, TX 76199-0033

HOLLAND&HART LLP

110 North Guadalupe Suite 1 Santa Fe, NM 87501
P.O. Box 2208 Santa Fe, NM 87504-2208

7006 2760 0001 6392 7314

12.28
1-2
1-12

RETURNED TO SENDER

NO SUCH STREET

NOTICE NOTICE

NOT IN DIRECTORY

Billy Glen Spradlin
29 Rim Road
Fort Worth, TX 761[redacted]

Hasler

016H16505669

$05.55

12/17/2007

Mailed From 87504

US POSTAGE

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

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

OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Thomas R. Cone (Mo
Cornerstone Bank F/A
P.O. Box 78
Southwest City, MO

7006 2760 0001 6392 7307

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 R. Cone (Mortgage Acct)
Cornerstone Bank F/A/O
P.O. Box 78
Southwest City, MO 64863

A. Signature: [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] C. Date of Delivery

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

DEC 21 2007 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) 7006 2760 0001 6392 7307

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

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

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

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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Cathie Cone McCown
P.O. Box 658
Dripping Spring, TX 786

7006 2760 0001 6392 7284

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:

Cathie Cone McCown
P.O. Box 658
Dripping Spring, TX 78620-0658

A. Signature: [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name): Cathie McCown C. Date of Delivery: 12/21/07

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) 7006 2760 0001 6392 7284

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

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	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

DEC 17 2007 Postmark USPS

Kenneth G. Cone
Katherine Shapira AIF
P.O. Box 11310
Midland, TX 79702

7006 2760 0001 6392 7277

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran
For delivery information visit our web
OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Marjorie Cone Kastma
P.O. Box 5930
Lubbock, TX 79408-

7006 2760 0001 6392 7260

SENDER: COMPLE
- Complete items 1
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:

Marjorie Cone Kastman
P.O. Box 5930
Lubbock, TX 79408-5930

CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
DELIVERY

X [signature] ☐ Agent ☐ Addressee

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

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

LUBBOCK TX DTS 79408 DEC 19 2007 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) 7006 2760 0001 6392 7260

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

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website
OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

S. E. Cone, Jr.
P.O. Box 10321
Lubbock, TX 79408

7006 2760 0001 6392 7253

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:

S. E. Cone, Jr.
P.O. Box 10321
Lubbock, TX 79408

LUBBOCK TX DTS 79408 DEC 19 2007 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [illegible] — C. Date of Delivery 12-19-7

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) 7006 2760 0001 6392 7253

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our websit
OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Katherine Cone Keck
1801 Ave. of the Stars, S
Los Angeles, CA 90067

7006 2760 0001 6392 7246

SENDER: COMPLETE TH
- 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:

Katherine Cone Keck
1801 Ave. of the Stars, Suite 446
Los Angeles, CA 90067

CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
ERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] — C. Date of Delivery [illegible]

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) 7006 2760 0001 6392 7246

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only, No I

For delivery information visit

OFFIC

Postage $.
Certified Fee 2.
Return Receipt Fee (Endorsement Required) 2.
Restricted Delivery Fee (Endorsement Required)

Joyce Ann Brow
P.O. Box 72
Watrous, NM 8

7006 2760 0001 6392 7239

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joyce Ann Brown
P.O. Box 72
Watrous, NM 87753

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joyce Ann Brown
C. Date of Delivery 12-19-07

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) 7006 2760 0001 6392 7239

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

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 $ .75
Certified Fee 2.65
Return Receipt Fee (Endorsement Required) 2.15
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.55

DEC 17 2007 Postmark Here
USPS

7006 2760 0001 6392 7222

B.A. Christmas Jr. Estate
Helen Jane Barby, Personal Rep.
500260
P.O. Box 425
Okarche, OK 73762

U.S. Postal Service
CERTIFIED MAIL RE
(Domestic Mail Only; No Insurance C

For delivery information visit our website

OFFICIAL

Postage $ .75
Certified Fee 2.65
Return Receipt Fee (Endorsement Required) 2.15
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.55

Mary T. Christmas Hollad
P.O. Box 848
Alice, TX 78333

7006 2760 0001 6392 7215

SENDER: COMPLETE THIS

- 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 T. Christmas Holladay
P.O. Box 848
Alice, TX 78333

CERTIFIED MAIL

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) BOB STOUT
C. Date of Delivery 12-21-07

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

DEC 21 2007

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) 7006 2760 0001 6392 7215

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

U.S. Postal Service™
CERTIFIED MAIL™ RE

(Domestic Mail Only; No Insurance

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OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

7006 2760 0001 6392 7208

Bradford Ace Christma
P.O. Box 173
Wagon Mound, NM 8

SENDER: COMPLE

- 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:

Bradford Ace Christmas
P.O. Box 173
Wagon Mound, NM 87752

DELIVERY

A. Signature
X Bradley Christmas ☑ Agent ☐ Addressee

B. Received by (Printed Name) Bradley Christmas | C. Date of Delivery 12/18/07

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) 7006 2760 0001 6392 7208

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

U.S. Postal Service™
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OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

DEC 17 2007 Postmark Here

7006 2760 0001 6392 7192

Candy Christmas
P.O. Box 771272
Ocala, FL 34477-1272

Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cover

For delivery information visit our website at ww

OFFICIAL

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

7006 2760 0001 6392 7185

Helen Jane Christmas Barby
P.O. Box 425
Okarche, OK 73762-0425

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Helen Jane Christmas Barby
P.O. Box 425
Okarche, OK 73762-0425

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) 7006 2760 0001 6392 7185

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

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insu

For delivery information visit ou

OFFICI

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.5

Alvin Luskey
2601 N. Main
Ft. Worth, TX 761

7006 2760 0001 6392 7161

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:

Alvin Luskey
2601 N. Main
Ft. Worth, TX 76106

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 12/21/7

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) 7006 2760 0001 6392 7161

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

U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insura

For delivery information visit our w

OFFICI

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.5

David Luskey
4005 Hildring Dr
Ft. Worth, TX 76

7006 2760 0001 6392 7154

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Luskey
4005 Hildring Dr W
Ft. Worth, TX 76109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. LUSKEY C. Date of Delivery 12-21-7

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.

2. Article Number (Transfer from service label) 7006 2760 0001 6392 7154

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

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OFFICIA

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Louis Luskey
4005 Hildring Dr. W
Ft. Worth, TX 76109

7006 2760 0001 6392 7147

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:

Louis Luskey
4005 Hildring Dr. W
Ft. Worth, TX 76109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DAVID LUSKEY C. Date of Delivery 12-21-7

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) 7006 2760 0001 6392 7147

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

U.S. Postal Service™
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Leo Wiman
P.O. Box 12073
Dallas, TX 75225

7006 2760 0001 6392 7130

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Leo Wiman
P.O. Box 12073
Dallas, TX 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery DEC 26

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) 7006 2760 0001 6392 7130

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

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OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

DEC 17 2007 SAN DIEGO CA 92199-9998 Postmark Here USPS

Thomas W. Ellison
1541 Marley Dr.
Los Angeles, CA 90069

7006 2760 0001 6392 7123

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

OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

John H. Hendrix Corpo
P.O. Box 3040
Midland, TX 79702-30

7006 2760 0001 6392 7116

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:

John H. Hendrix Corporation
P.O. Box 3040
Midland, TX 79702-3040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery DEC 28 2007

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) 7006 2760 0001 6392 7116

PS Form 3811, February 2004

U.S. Postal Service
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(Domestic Mail Only; No Insurance C
For delivery information visit our website
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
	$ 5.55

Oxy USA
Hat Asset Team
P.O. Box 27570
Houston, TX 77227-757

7006 2760 0001 6392 7109

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
Hat Asset Team
P.O. Box 27570
Houston, TX 77227-7570

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

DEC 20 2

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) 7006 2760 0001 6392 7109

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

U.S. Postal Service
CERTIFIED MAIL™ RE
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For delivery information visit our websi
OFFICIA

Postage	.75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

SANTA FE DEC 17 2007 USPS

Southern Cross Royalty,
P.O. Box 100
Davis, OK 73030-0100

7006 2760 0001 6392 7093

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:

Southern Cross Royalty, L.P.
P.O. Box 100
Davis, OK 73030-0100

OMD LG

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janet Healey ☐ Agent ☐ Addressee

B. Received by (Printed Name) Janet Healey 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 se 7006 2760 0001 6392 7093

U.S. Postal Service
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our websi
OFFICIA

Postage	.75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

DEC 17 2007 USPS

Broughton Petroleum, In
Mark Chapman
P.O. Box 1389
Sealy, TX 77474-1389

7006 2760 0001 6392 7086

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:

Broughton Petroleum, Inc.
Mark Chapman
P.O. Box 1389
Sealy, TX 77474-1389

OMD LG

A. Signature
X M. Quinton ☐ Agent ☐ Addressee

B. Received by (Printed Name) M. Quinton C. Date of Delivery 12-27-07

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) 7006 2760 0001 6392 7086

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

Instructions

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insurance)
For delivery information visit our website

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Albert Walter Goal Testamentary Trust
Warren Bank & Trust Co.
111 E. Cypress Street
Warren, AR 71671

7006 2760 0001 6392 7079

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 Walter Goal Testamentary Trust
Warren Bank & Trust Co., Trustee
111 E. Cypress Street
Warren, AR 71671

OMD - LG

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

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) 7006 2760 0001 6392 7079

PS Form 3811, February 2004 Domestic Return Receipt

CERTIFIED MAIL

U.S. Postal Service
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Postage	$ .45
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.25

W. A. Pruett Whose Wife Is Pearl R.
C/O Stanley Erb Hess, 769274 And
Sue Hess Edmonson, 769283
P.O. Box 1982
Coeur D Alene, ID 83816-1908

7006 2760 0001 6392 7062

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:

W. A. Pruett Whose Wife Is Pearl R. Pruett
C/O Stanley Erb Hess, 769274 And
Sue Hess Edmonson, 769283
P.O. Box 1982
Coeur D Alene, ID 83816-1908

OMD - LG

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

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) 7006 2760 0001 6392 7062

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

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insurance)
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

White Star Energy, Inc.
P.O. Box 51108
Midland, Texas 79710

7006 2760 0001 6392 7055

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:

White Star Energy, Inc.
P.O. Box 51108
Midland, Texas 79710

OMD / Langley Greer

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Kyle Ford 12/21/07

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 7006 2760 0001 6392 7055

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6392 7048

U.S. Postal Service
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Milward Kent Miller
204 Riverhill Blvd.
Kerrville, TX 78028-65

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:

Milward Kent Miller
204 Riverhill Blvd.
Kerrville, TX 78028-6531

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Carol Miller C. Date of Delivery 12/20/07

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) 7006 2760 0001 6392 7048

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

7006 2760 0001 6392 7031

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

DEC 17
Postmark Here

Marjorie Jean Nagle
5322 Jundalon Ln.
Houston, TX 77056-7221

See Reverse for Instructions

7006 2760 0001 6392 7024

U.S. Postal Service
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co
For delivery information visit our website
OFFICIAL

Postage	$ .75 DEC 17
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Redwing Oil L.L.C.
P.O. Box 30277
Winston Salem, NC 27130

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:

Redwing Oil L.L.C.
P.O. Box 30277
Winston Salem, NC 27130

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mary Phillips 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) 7006 2760 0001 6392 7024

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

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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

SANTA FE NM
Postmark
DEC 14 2007
USPS 87501

7006 2760 0001 6392 7949

Ross M. Phillips Testamentary
Trust Wilma M. Phillips & Curtis
Darling Trustees
P.O. Box 4539
Sedona, AZ 86340-4539

PS Form 3800, August 2006 See 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:

Ross M. Phillips Testamentary
Trust Wilma M. Phillips & Curtis
Darling Trustees
P.O. Box 4539
Sedona, AZ 86340-4539

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] 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) 7006 2760 0001 6392 7949

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
	$ 5.55

Lynne W. Phillips Trust Dtd
5/11/99
P.O. Box 2448
Idyllwild, CA 92549-2448

7006 2760 0001 6392 7000

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:
Lynne W. Phillips Trust Dtd
5/11/99
P.O. Box 2448
Idyllwild, CA 92549-2448

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynne W Phillips ☐ Agent ☐ Addr

B. Received by (Printed Name) LYNNE W PHILLIPS C. Date of De

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 Merch
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 7000

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

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at ww

OFFICIAL U

Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

DEC 1

Diane Woodard-Frost Revocable
Living Trust Dtd 12-16-98
7441 S. Winston Ave
Tulsa, OK 74136

7006 2760 0001 6392 6997

PS Form 3800, August 2006

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:
Diane Woodard-Frost Revocable
Living Trust Dtd 12-16-98
7441 S. Winston Ave
Tulsa, OK 74136

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Diane Woodard-Frost ☐ Agent ☒ Addre

B. Received by (Printed Name) Diane Woodard-Frost C. Date of Del 12-19-0

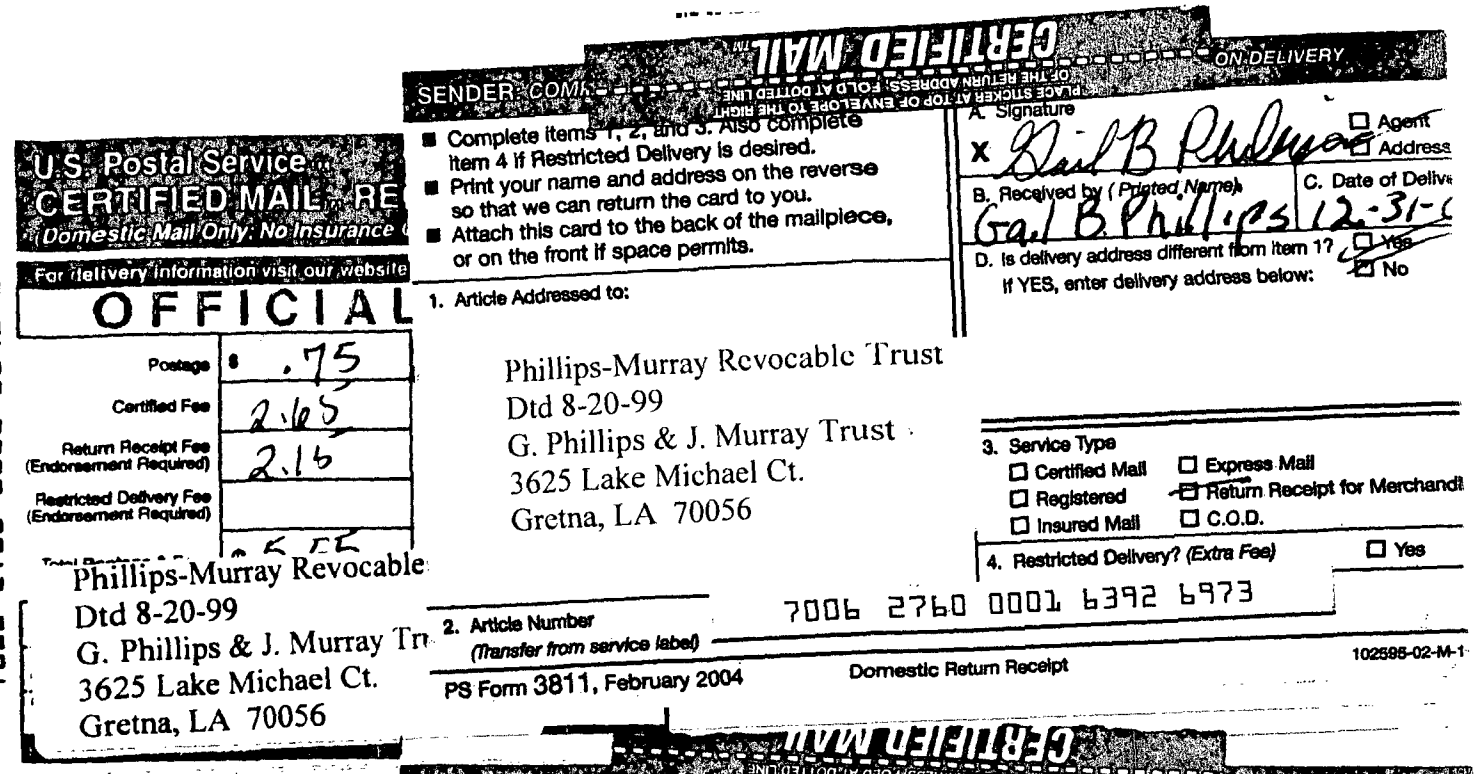
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 6997

Domestic Return Receipt 102595-0



U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insurance)
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	

7006 2760 0001 6392 6973

Phillips-Murray Revocable
Dtd 8-20-99
G. Phillips & J. Murray Tr
3625 Lake Michael Ct.
Gretna, LA 70056

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

1. Article Addressed to:

Phillips-Murray Revocable Trust
Dtd 8-20-99
G. Phillips & J. Murray Trust
3625 Lake Michael Ct.
Gretna, LA 70056

COMPLETE THIS SECTION ON DELIVERY
A. Signature: X Gail B Phillips ☐ Agent ☐ Addressee
B. Received by (Printed Name): Gail B. Phillips C. Date of Delivery: 12-31-
D. Is delivery address different from item 1? ☐ Yes ☑ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 6973

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insurance)
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Postage	$ .75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

7006 2760 0001 6392 6966

Sally S. Toles
P.O. Box 1300
Roswell, NM 88202-

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:

Sally S. Toles
P.O. Box 1300
Roswell, NM 88202-1300

COMPLETE THIS SECTION ON DELIVERY
A. Signature: X R. Myrline Chance ☐ Agent ☐ Addressee
B. Received by (Printed Name): R. Myrline Chance 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) 7006 2760 0001 6392 6966

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only; No Insurance)
For delivery information visit our website
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

7006 2760 0001 6392 7871

Goodrich Marital Ded. Trus
Minerals Mgmt Dept, JP M
Bank NA Trust
Acct #23555500
P.O. Box 2605
Ft. Worth, TX 76113

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:

Goodrich Marital Ded. Trust #1
Minerals Mgmt Dept, JP Morgan Chase
Bank NA Trust
Acct #23555500
P.O. Box 2605
Ft. Worth, TX 76113

COMPLETE THIS SECTION ON DELIVERY
A. Signature: X Agent ☐ Addressee
B. Received by (Printed Name): Agent C. Date of Delivery: 12-1-2006
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7006 2760 0001 6392 7871

PS Form 3811, February 2004

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Postage	$,72
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
	5.55

Goodrich Family Trust #2
Minerals Mgmt Dept, JP Morgan
Bank NA Trust
Acct #235556008
P.O. Box 2605
Ft. Worth, TX 76113

7006 2760 0001 6392 7888

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:

Goodrich Family Trust #2
Minerals Mgmt Dept, JP Morgan Chase
Bank NA Trust
Acct #235556008
P.O. Box 2605
Ft. Worth, TX 76113

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Boley ☐ Agent
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) 7006 2760 0001 6392 7888

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

U.S. Postal Service
CERTIFIED MAIL RE
(Domestic Mail Only; No Insurance

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Postage	$,75
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.55

Pecos Bend Royalties, Inc
P.O. Box 2802
Midland, Texas 79702

7006 2760 0001 6392 7895

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:

Pecos Bend Royalties, Inc.
P.O. Box 2802
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lou Pearson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lou Pearson C. Date of Delivery 12-21-7

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

2802

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) 7006 2760 0001 6392 7895

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