

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

(505) 982-2043 (PHONE)
(505) 660-6612 (CELL)
(505) 982-2151 (FAX)

jamesbruc@aol.com

RECEIVED

JAN 13 2004

**OIL CONSERVATION
DIVISION**

January 10, 2004

Michael E. Stogner
Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Re: Application Reference Nos. pMES0-325255283 and pLR0-333627423

<u>Well:</u>	State "16" Well No. 1Y
<u>Location:</u>	330 feet FSL & 940 feet FEL
<u>Well Unit:</u>	E½ of Section 16, Township 9 South, Range 37 East, N.M.P.M., Lea County, New Mexico

Dear Mr. Stogner:

John R. Stearns applied for administrative approval of an unorthodox gas well location for the above well. Due to an objection by an offsetting interest owner, the matter was set for hearing on January 8, 2004 (Case No. 13203). At the hearing, no objector appeared. As a result, I ask that the matter be processed administratively.

Attached is Exhibit 1 presented at the hearing, which shows that the offset mineral owners were notified of the January 8th hearing.

Please call me if you need any further information on this matter.

Very truly yours,


James Bruce

Attorney for Applicant

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF JOHN R. STEARNS FOR
AN UNORTHODOX GAS WELL LOCATION, LEA
COUNTY, NEW MEXICO.

Case No. 13203

AFFIDAVIT REGARDING NOTICE

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

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


1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

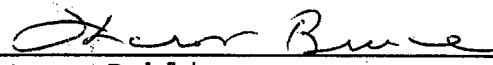
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

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

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


James Bruce

SUBSCRIBED AND SWORN TO before me this 5th day of January, 2004, by James Bruce.


Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION

CASE NUMBER

EXHIBIT NUMBER 1

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

(505) 982-2043 (PHONE)
(505) 982-2151 (FAX)

jamesbruce@aol.com

December 18, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

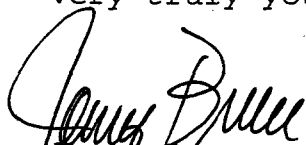
To: Mineral Owners in the N½
of Section 21, Township 9
South, Range 37 East, N.M.P.M.,
Lea County, New Mexico

Ladies and gentlemen:

John R. Stearns has filed an application with the New Mexico Oil Conservation Division requesting administrative approval of an unorthodox gas well location in the E½ of Section 16, Township 9 South, Range 37 East, NMPM, Lea County, New Mexico. The existing State 16 Well No. 1Y, to be re-completed in the Morrow formation, is located at an unorthodox location 330 feet from the south line and 940 feet from the east line of Section 16. This application is scheduled to be heard at 8:15 a.m. on Thursday, January 8, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You own a mineral interest in the offsetting acreage (the N½ of Section 21). As an offset owner, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, January 2, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for John R. Stearns





NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON

Governor

Joanna Prukop
Cabinet Secretary

December 15, 2003

Lori Wrotenbery

Director

Oil Conservation Division

John R. Stearns d/b/a Stearns
c/o **James Bruce**
P. O. Box 1056
Santa Fe, New Mexico 87504

Re: *Administrative application (application reference Nos. pMES0-325255283 and pLR0-333627423) for an exception to Division Rule 104.C (2) (a), revised by Division Order No. R-11231, issued by the New Mexico Oil Conservation Commission in Case No. 12119 on August 12, 1999, for John R. Stearns d/b/a Stearns existing State "16" Well No. 1-Y (API No. 30-025-34070) to be recompleted into the Undesignated West Sawyer-Morrow Gas Pool (97103) at an unorthodox deep gas well location 330 feet from the South line and 940 feet from the East line (Unit P) of Section 16, Township 9 South, Range 37 East, NMPM, Lea County, New Mexico, within a standard 320-acre stand-up gas spacing unit comprising the E/2 of Section 16.*

Dear Mr. Bruce:

The Division is in receipt of an objection filed in a timely manner by Richard Donald Jones, Jr. to the subject application; see copy of letter dated December 11, 2003 attached.

This application will be set for hearing before a Division Hearing Examiner on the next available docket scheduled for January 8, 2004. I have prepared the following advertisement in this matter:

"Application of John R. Stearns d/b/a Stearns for an unorthodox gas well location, Lea County, New Mexico. Applicant seeks an exception to Division Rule 104.C (2) (a) for the existing State "16" Well No. 1-Y (API No. 30-025-34070) to be recompleted into the Undesignated West Sawyer-Morrow Gas Pool (97103) at an unorthodox deep gas well location 330 feet from the South line and 940 feet from the East line (Unit P) of Section 16, Township 9 South, Range 37 East. The E/2 of Section 16 is to be dedicated to this well in order to form a standard 320-acre stand-up gas spacing unit for the Morrow formation. This unit is located approximately 11 miles east by north of Crossroads, New Mexico".

Should you have any questions concerning this matter, please contact me in Santa Fe by phone at (505) 476-3465 or by e-mail at mstogner@state.nm.us.

Sincerely,

Michael E. Stogner
Hearing Officer/Engineer

cc: New Mexico Oil Conservation Division - Hobbs
New Mexico State Land Office - Santa Fe
Richard Donald Jones, Jr. - Cedar Creek, TX

OFFSET OWNERS

Marilyn B. Salter
20031 82nd Avenue
Edmonds, Washington 98020

Beverly B. Strohl
4353 Brownfield Avenue
San Diego, California 92122

Patricia Boyle Young
P.O. Box 1639
Solana Beach, California 90806

J.L. Burke III
8428 Meadowknoll
Dallas, Texas 75243

Bill C. Cotner
P.O. Box 2236
Midland, Texas 79702

William J. Hill
1613 Winfield
Midland, Texas 79705

College of the Southwest
6610 Lovington Highway
Hobbs, New Mexico 88240

Texas Tech University
P.O. Box 41081
Lubbock, Texas 79409

W.L. Pevey, Jr.
P.O. Box 295
Hobbs, New Mexico 88241

Gary Don Reagan
P.O. Box 780
Hobbs, New Mexico 88241

Richard L. Westlake
P.O. Box 647
Salado, Texas 76571

Osler C. Hutson
P.O. Box 550
Gladewater, Texas 75647

Richard D. Jones, Jr.
200 North Gaines Road
Cedar Creek, Texas 78612

Wells Fargo Bank Texas, NA, Trustee
U/W/O Mary Catherine Jones FBO
Angela Leigh Simpson Starrett
3301 North Big Spring
Midland, Texas 79705

Kingdon R. Hughes
P.O. Box 2424
Midland, Texas 79702

Roy G. Barton, Individually
and as Trustee
P.O. Box 978
Hobbs, New Mexico 88241

Nancy B. Farmer
5136 East 35th Street
Tulsa, Oklahoma 74135

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

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

OFFICIAL USE

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

Postmark
Here
SANTA FE

Sent
 Richard L. Westlake
 P.O. Box 647
 Cim. Salado, Texas 76571

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richard L. Westlake
 P.O. Box 647
 Salado, Texas 76571

2. Article Number

(Transfer from service label)

7003 1010 0003 6980 5384

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wells Fargo Bank Texas, NA, Trustee
 U/W/O Mary Catherine Jones FBO
 Angela Leigh Simpson Starrett
 3301 North Big Spring
 Midland, Texas 79705

2. Article Number

(Transfer from service label)

7003 1010 0003 6980 5353

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

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

OFFICIAL USE

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

Postmark
Here
SANTA FE

Wells Fargo Bank Texas, NA, Trustee
 U/W/O Mary Catherine Jones FBO
 Angela Leigh Simpson Starrett
 3301 North Big Spring
 Midland, Texas 79705

PS Form 3800, June 2002

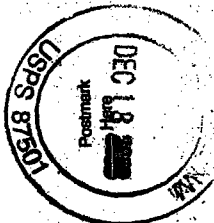
See Reverse for Instructions

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

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

OFFICIAL USE

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



Sent To
 Street A Gary Don Reagan
 P.O. Box 780
 City, St. Hobbs, New Mexico 88241

See Reverse for Instructions

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nancy Farmer
 5136 E 35 St
 Tulsa, OK 74135

2. Article Number (Copy from service label)

7003 2260 0006 7446 0582

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gary Don Reagan
 P.O. Box 780
 Hobbs, New Mexico 88241

2. Article Number

(Transfer from service label)

7003 1010 0003 6980 5391

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Nancy Farmer</i>	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
B. Received by (Printed Name) Nancy Farmer	C. Date of Delivery 12-26-03	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Nancy Farmer</i>	B. Date of Delivery 12/30/03
C. Signature <i>Nancy Farmer</i>	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, enter delivery address below:	

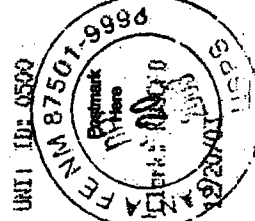
3. Service Type	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

OFFICIAL USE

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



Sent To
 Nancy B. Farmer
 Street 422 No. 5136 East 35th Street
 or PO Box No. Tulsa, Oklahoma 74135
 City, State, ZIP

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Marilyn B. Salter
 20031 82nd Avenue
 Edmonds, Washington 98020

PS Form 3800, June 2002

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marilyn B. Salter
 20031 82nd Avenue
 Edmonds, Washington 98020

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7003 1680 0000 7594 2734

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Marilyn Salter* ☐ Agent
 B. Received by (Printed Name) *Marilyn Salter* ☐ Addressed
 C. Date of Delivery *12/22/03*
 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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

College of the Southwest
 6610 Lovington Highway
 Hobbs, New Mexico 88240

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

7003 1010 0003 6980 5421

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

College of the Southwest
 6610 Lovington Highway
 City, St. Hobbs, New Mexico 88240

PS Form 3800, June 2002

See Reverse for Instructions

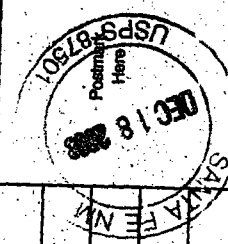


U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

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

1. Article Addressed to:
 Richard D. Jones, Jr.
 200 North Gaines Road
 Cedar Creek, Texas 78612

PS Form 3800, June 2002 See Reverse for Instructions



U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

1. Article Addressed to:
 Richard D. Jones, Jr.
 200 North Gaines Road
 Cedar Creek, Texas 78612

2. Article Number
 (Transfer from service label)
 7003 1010 0003 6980 5360

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

7. Article Addressed to:
 Richard D. Jones, Jr.
 200 North Gaines Road
 Cedar Creek, Texas 78612

8. Article Number
 (Transfer from service label)
 7003 1010 0003 6980 5360

9. PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Beverly B. Strohl
 4353 Brownfield Avenue
 San Diego, California 92122

2. Article Number
 (Transfer from service label)
 7003 1680 0000 7594 2727

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

7. Article Addressed to:
 Beverly B. Strohl
 4353 Brownfield Avenue
 San Diego, California 92122

8. Article Number
 (Transfer from service label)
 7003 1680 0000 7594 2727



U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

1. Article Addressed to:
 Beverly B. Strohl
 4353 Brownfield Avenue
 San Diego, California 92122

2. Article Number
 (Transfer from service label)
 7003 1680 0000 7594 2727

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

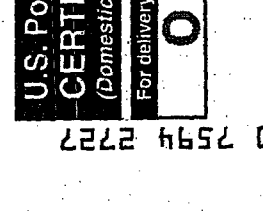
5. Is delivery address different from item 1? ☐ Yes ☐ No

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

7. Article Addressed to:
 Beverly B. Strohl
 4353 Brownfield Avenue
 San Diego, California 92122

8. Article Number
 (Transfer from service label)
 7003 1680 0000 7594 2727

9. PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

W.L. Pevey, Jr.
P.O. Box 295
Hobbs, New Mexico 88241

COMPLETE THIS SECTION ON DELIVERY

1. Signature

W.L. Pevey, Jr.

☐ Agent

☐ Addressee

B. Recipient's (Printed Name)

C. Date of Delivery

12-22-03

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

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

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

7003 1010 0003 6980 5407

Domestic Return Receipt

\$4

102585-02-M-1-540

2. Article Number

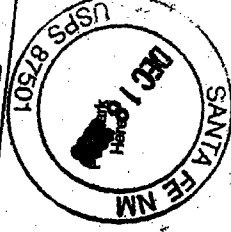
(Transfer from previous label)

PS Form 3811, August 2001

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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



Sent To

W.L. Pevey, Jr.
P.O. Box 295
City, St., Hobbs, New Mexico 88241

PS Form 3800, June 2002

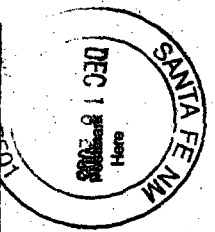
See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT¹
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Street Address: Bill C. Cotner
or PO Box: P.O. Box 2236
City, State: Midland, Texas 79702
PS Form 3800, June 2002 See Reverse for Instructions



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

1. Article Addressed to:

Kingdon R. Hughes
P.O. Box 2424
Midland, Texas 79702

2. Article Number
(Transfer from service label)

7003 1010 0003 6980 5346

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bill C. Cotner
P.O. Box 2236
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Bill C. Cotner*
B. Received by (Printed Name): *Bill C. Cotner*
C. Date of Delivery: *12-29-03*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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



2. Article Number
(Transfer from service label)

7003 1010 0003 6980 5445

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kingdon R. Hughes*
B. Received by (Printed Name): *Kingdon R. Hughes*
C. Date of Delivery: *12/24/03*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

7003 1010 0003 6980 5346

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT¹
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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



Sent To

Kingdon R. Hughes
P.O. Box 2424
Midland, Texas 79702

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT[®]
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To

Patricia Boyle Young
 P.O. Box 1639
 Solana Beach, California 90806

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patricia Boyle Young
 P.O. Box 1639
 Solana Beach, California 90806

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

7003 1010 0003 6980 5469

102505-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Texas Tech University
 P.O. Box 41081
 Lubbock, Texas 79409

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7003 1010 0003 6980 5414

Domestic Return Receipt

102505-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Patricia Boyle Young* Agent ☐
 Received by (Printed Name) *P. Young* Addressee ☐
 C. Date of Delivery *12-23-03*

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

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

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT[®]
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To

Texas Tech University
 P.O. Box 41081
 Lubbock, Texas 79409

PS Form 3800, June 2002

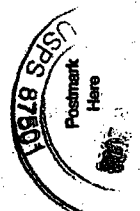
See Reverse for Instructions

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

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

OFFICIAL USE

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



Sent To
J.L. Burke III
8428 Meadowknoll
Dallas, Texas 75243

PS Form 3800, June 2002 See Reverse for Instructions

2545 0869 E000 0707 E002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roy G. Barton, Individually
and as Trustee
P.O. Box 978
Hobbs, New Mexico 88241

2. Article Number
(Transfer from service label)

7003 1010 0003 6960 5339

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

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

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

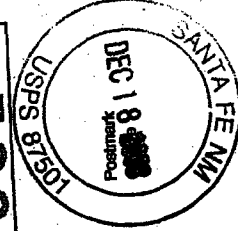
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ G.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

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

OFFICIAL USE



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

Sent To Roy G. Barton, Individually
and as Trustee
Street Apt No P.O. Box 978
or PO Box No Hobbs, New Mexico 88241
City, State, ZIP

See Reverse for Instructions

PS Form 3800, June 2002