

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Article Addressed to:
 Board of Education
 School District #5, City
 of Farmington, NM
 2001 N. Dustin
 Farmington, NM 87401

4a. Article Number
 P 296 735 998

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 6-20-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
 Signature: (Addressee or Agent)
 J. Morgan

PS Form 3811, December 1994

BEFORE THE
OIL CONSERVATION DIVISION
 Case No. 11570 Exhibit No.
 Submitted By:
 Richardson Oil Company 19
 Hearing Date: July 11, 1996

Steven Dwight Berg
 351 Commercial Dr.,
 Suite D
 Savannah, GA 31406-3618

5. Received By: (Print Name)
 6. Signature: (Addressee or Agent)
 X [Signature]

4a. Article Number
 P 296 735 920

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Article Addressed to:
 Edward Walter Berg
 25 Wildwood Avenue
 Columbia SC 29203-5815

4a. Article Number
 P 296 735 922

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6-22-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
 Signature: (Addressee or Agent)
 Edward Berg

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Johnny F. Beecroft, Jr.
 1301 East 1st Street
 Winslow, AZ 86047-4166

4a. Article Number
 P 296 735 970

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 6-20-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
 Signature: (Addressee)
 Signature: (Agent)
 Johnny Beecroft Jr.

PS Form 3811, December 1994

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 Complete items 1 and/or 2 for additional services.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Article Addressed to:
 Robert L Bayless
 P.O. Box 168
 Farmington, NM 87499

4a. Article Number
 P 296 736 304

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 JUN 20 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
 Signature: (Addressee or Agent)
 J. McFarland

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 George K. Bacon
 3708 Crescent Avenue
 Farmington, NM 87401-4139

4a. Article Number
 P 296 735 984

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 6-20-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
 Signature: (Addressee)
 Signature: (Agent)
 George Bacon

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Article Addressed to:
 B & C Development Corp.
 P.O. Box 983
 Farmington, NM 87499-0983

4a. Article Number
 P 296 735 904

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6/24/96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
 Signature: (Addressee or Agent)
 Scott R. Brown

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Flossie Alsop, Trustee
 499 Shasta Park Drive
 Shasta Lake City, CA 96019

4a. Article Number
 P 296 735 928

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6/20/96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
 Signature: (Addressee or Agent)
 X Flossie Alsop

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Arvilla Ainsworth
 2602 W. Nicklaus Drive
 Payson, AZ 85541-3437

4a. Article Number
 P 296 735 967

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 6-24-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
 Signature: (Addressee)
 Signature: (Agent)
 Sandra D. Ainsworth

PS Form 3811, December 1994

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Amoco Production Company
 P.O. Box 800
 Denver, CO 80201

4a. Article Number
 P 296 736 298

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)

PS Form 3811, December 1994

Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Central Latin American District Council of the Assemblies of God, Inc.
 800 McCormick School Rd
 Farmington, NM 87401

4a. Article Number
 P 296 736 250

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 6-26-96

5. Signature (Addressee)
 David J. Garza

6. Signature (Agent)
 DAVID GARZA

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt

1. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Eleanor P. Caughren
 8901 Princess Jeanne NE
 Albuquerque, NM 87112-3939

4a. Article Number
 P 296 735 947

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6-20-96

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
 X Eleanor Caughren

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Ida L. Casaus
 1113 Montview Avenue
 Farmington, NM 87401

4a. Article Number
 P 296 736 285

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6-26-96

5. Received By: (Print Name)
 X Ida Casaus

6. Signature (Addressee or Agent)
 X Ida Casaus

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Betty Jean Carpenter
 125 E. Twilight
 Farmington, NM 87401-9238

4a. Article Number
 P 296 736 268

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6-20-96

5. Received By: (Print Name)
 X Betty Jean Carpenter

6. Signature (Addressee or Agent)
 X Betty Jean Carpenter

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Donna M. Cardin
 70 Timberline Trail
 Elizabethtown, KY 42701-8950

4a. Article Number
 P 296 735 913

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6-21-96

5. Received By: (Print Name)
 Wayne Cardin

6. Signature (Addressee or Agent)
 X Wayne Cardin

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Arthur B. Campbell
 609 S. Carlton
 Farmington, NM 87401-7818

4a. Article Number
 P 296 736 264

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6-20-96

5. Received By: (Print Name)
 X Arthur Campbell

6. Signature (Addressee or Agent)
 X Arthur Campbell

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Edward M. Calvin
 1615 Cedar Hill Road
 Charlottesville, VA 22901-2615

4a. Article Number
 P 296 736 256

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 6-28-96

5. Signature (Addressee)
 X Edward Calvin

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Cynthia Calvin
 747 Newport Street
 Denver, CO 80220-3507

4a. Article Number
 P 296 736 255

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 JUN 27 1996
 USPO

5. Signature (Addressee)
 X Cynthia Calvin

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Scott R. Brown
 P.O. Box 983
 Farmington, NM 87499-0983

4a. Article Number
 P 296 735 902

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6/24/96

5. Received By: (Print Name)
 Scott R. Brown

6. Signature (Addressee or Agent)
 X Scott R. Brown

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Ira B. Briner Trust
 4629 NW 11th Street
 Albuquerque, NM 87107-3703

4a. Article Number
 P 296 735 955

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 6-20-96

5. Received By: (Print Name)
 X Ira Briner

6. Signature (Addressee or Agent)
 X Ira Briner

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Inza Roxene Crawford
405 E. Mojave
Farmington, NM 87401

4a. Article Number
P 296 735 958

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-29-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Inza Roxene Crawford*

PS Form 3811, December 1994 Domestic Return Receipt

The Return Receipt will show to whom the article was delivered and the date delivered.

Consult postmaster for fee.

3. Article Addressed to:
Bertha Curry
904 McCormick Road
Farmington, NM 87401-7146

4a. Article Number
P 296 736 278

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
Bertha Curry

6. Signature: (Addressee or Agent)
X *Bertha Curry*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Thelma D. Gullede Coyle
11794 Scott Road
Redding, CA 96003-1314

4a. Article Number
P 296 735 933

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Thelma D. Coyle

6. Signature: (Addressee or Agent)
X *Thelma D. Coyle*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Robert Reid Coppinger
1600 E. Rochelle Ave. #8
Las Vegas, NV 89119-5557

4a. Article Number
P 296 735 911

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6/21/96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Michael L. Coppinger
901 Lynette Street
Marillo, TX 79109-5637

4a. Article Number
P 296 735 912

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Michael L. Coppinger*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Conoco Inc.
Attn: Mr. Bill Franklin
10 Desta Dr., Suite 100W
Midland, Texas 79705-4500

4a. Article Number
P 296 736 291

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Conita Gonzalez*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Verlin Leo Cluff
Box 356
Florance, AZ 85232-0356

4a. Article Number
P 296 735 981

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JUN 24 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)
X *Verlin Leo Cluff*

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Ivins Virgil Cluff
436 97th Place
Mesa, AZ 85208-2528

4a. Article Number
P 296 735 982

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6/24/96

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
X *Verlynn Cluff*

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
City of Farmington
c/o Mike Sullivan
800 Municipal Drive
Farmington, NM 87401

4a. Article Number
P 296 736 271

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *SWAKKINEN / Swakkinen*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Christmann Mineral
Company
1500 Broadway, Suite 800
Lubbock, TX 79401

4a. Article Number
P 296 736 295

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96 S. Madh...

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
C. E. Christmann

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 Domestic Return Receipt

delivered. Consult postmaster for fee.

3. Article Addressed to:
Dugan Production Corp.
P.O. Box 420
Farmington, NM 87499-0420

4a. Article Number
P 296 736 258

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-21-96

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

delivered. Consult postmaster for fee.

3. Article Addressed to:
Leola Hines Dobyns
8900 Aspen NE
Albuquerque, NM 87112-3902

4a. Article Number
P 296 735 909

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-21

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
F. Dickens, E. Dickens,
T. Roe, G. Roe, B. Tyler
Roy M. Pitchford, Steven
& Richard Hodgson
1018 Murray Drive
Farmington, NM 87401

4a. Article Number
P 296 736 290

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
Debra Williams

6. Signature: (Addressee or Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

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Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
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Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Diamond Head Properties,
L.P.
P.O. Box 2127
Midland, TX 79702-2127

4a. Article Number
P 296 736 296

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:
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Complete items 3, 4a, and 4b.
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Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
William W. Dickey
3858 Patterson Court
Redding, CA 96003-1824

4a. Article Number
P 296 735 932

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 20 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Desert Land Company
P.O. Box 194
Farmington, NM 87499-0194

4a. Article Number
P 296 735 900

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-21-96

5. Received By: (Print Name)
Kathy L. Turner

6. Signature: (Addressee or Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Denver Rio Grand Western
c/o The Anschutz Corp.
P.O. Box 209711
Houston, TX 77212

4a. Article Number
P 296 735 939

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 21 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X G. HOLT

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Davoil Inc.
P.O. Box 200292
Dallas, TX 75320-0292

4a. Article Number
P 296 735 938

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 21 1996

5. Received By: (Print Name)
Billy Wesley

6. Signature: (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Earl O. Daugherty and
Neva L. Daugherty Trust
1113 North Butler
Farmington, NM 87401-6353

4a. Article Number
P 296 735 936

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Cecil L. & Dorothy L.
Daniel, Trustees
708 McCormick School Rd
Farmington, NM 87401-7170

4a. Article Number
P 296 736 279

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
X Dorothy Daniel

6. Signature: (Addressee or Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

2. Restricted Delivery
Consult postmaster for fee.

1. Article Addressed to:
Mary L. Follansbee
3240 Garland Street
Wheat Ridge, CO 80033-5822

4a. Article Number
P 296 736 275

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 22 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
First National Bank of Farmington
P.O. Box 4540
Farmington, NM 87499-4540

4a. Article Number
P 296 735 924

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
Jennifer P. Wilkins

6. Signature: (Addressee or Agent)
X Jennifer M. Wilkins

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Alex & Edna Ferrendelli
1204 Cooper Street
Farmington, NM 87401

4a. Article Number
P 296 735 959

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-27-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
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The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
James L. Farnsworth
788 El Rodeo Road
Santa Barbara, CA 93110-1314

4a. Article Number
P 296 736 267

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X James Farnsworth

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Jerald J. Eaton
P.O. Box 630596
Nacogdoches, TX 75963-0596

4a. Article Number
P 296 735 940

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 27 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Jerald J. Eaton

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
James E. Eaton
P.O. Box 247
Bloomfield, NM 87413-0247

4a. Article Number
P 296 735 941

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)
JAMES E. EATON

6. Signature: (Addressee or Agent)
X James E. Eaton

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Eaton Limited Partnership
P.O. Box 839
Farmington, NM 87499-0839

4a. Article Number
P 296 735 942

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 20 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Dale L. Davis

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

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Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
E.M., Inc. (formerly 515 Inc.)
Attn: Mr. Ernie Martin
515 E. Main Street
Farmington, NM 87401

4a. Article Number
P 296 735 962

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Dale L. Davis

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Robert E. Dwyer
P.O. Box 312
Santa Fe, NM 87504-0312

4a. Article Number
P 296 735 927

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
21 JUN

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Tracy Duncan
P.O. Box 902
Hereford, TX 79045-0902

4a. Article Number
P 296 736 262

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-20-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Tracy Duncan

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3811, December 1994

The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Darrell Gene Hardy
c/o Richard Parmley, Jr.
232 N. Schwartz
Farmington, NM 87401

4a. Article Number
P 296 735 964

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
Evelyn Irwin

6. Signature: (Addressee or Agent)
X Evelyn Irwin

PS Form 3811, December 1994 Domestic Return Receipt

3. Article Addressed to:
Mable Elaine Hanson
3460 E. Canoga Place
Camarillo, CA 93010-3912

4a. Article Number
P 296 735 979

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-20-96

5. Signature (Addressee)

6. Signature (Agent)
Mable Hanson

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
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I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Cindy Teeples Hancock
741 Dolson Lane, Sp 13
Eagle, ID 83616-5615

4a. Article Number
P 296 735 971

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-21-96

5. Signature (Addressee)
Cindy Hancock

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Hallwood Energy Company
4582 S. Ulster Pkwy,
Suite 1700
Denver, CO 80237

4a. Article Number
P 296 736 299

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X ALAN WILSON

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Great Western Drilling
Company
P.O. Box 1659
Midland, TX 79702-1659

4a. Article Number
P 296 735 937

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-21-96

5. Received By: (Print Name)
John Bell

6. Signature: (Addressee or Agent)
X John Bell

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Betty D. Gracey
10107 Elmhurst NW
Albuquerque, NM 87114-4614

4a. Article Number
P 296 736 277

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-28-94

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Betty Gracey

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Justine Gordon Trust
809 E. Main Street
Farmington, NM 87401

4a. Article Number
P 296 735 966

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-22-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Justine Gordon

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Elna Goodman
P.O. Box 2622
Bloomfield, NM 87413-2622

4a. Article Number
P 296 736 266

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
Clyde Goodman

6. Signature: (Addressee or Agent)
X Clyde Goodman

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Betty Jean Gifford
RR 1 Box 16604
Umitilla, OR 97882

4a. Article Number
P 296 735 969

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-24-96

5. Signature (Addressee)
Betty Gifford

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Mike & Florence Garcia
1116 1/2 Murray Road
Farmington, NM 87401

4a. Article Number
P 296 736 251

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-20-96

5. Signature (Addressee)
Tatarcia Lybe-Say

6. Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
William F. Hoppe and
Beverly J. Hoppe
1000 Hallett Circle
Farmington, NM 87401-
9117

4a. Article Number
P 296 735 903

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 24 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Beverly J. Hoppe

Signature: (Addressee or Agent)
X Beverly J. Hoppe

PS Form 3811, December 1994 Domestic Return Receipt

The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee.

3. Article Addressed to:
Heidi Marie Hoffman
399 27 1/2 Road
Grand Junction, CO 81501

4a. Article Number
P 296 735 978

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JUN 24 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Heidi Hoffman

6. Signature (Agent)

PS Form 3811, December 1994 U.S.G.P.O. 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Lois P. Hodgson
RR1 Box 212
Blanco, NM 87412

4a. Article Number
P 296 736 288

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 20 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Debra Williams

Signature: (Addressee or Agent)
X Debra Williams

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Don Hodgson
1018 E. Murray Drive
Farmington, NM 87401-
7232

4a. Article Number
P 296 736 289

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 20 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Debra Williams

Signature: (Addressee or Agent)
X Debra Williams

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Clarence Hodgson Estate
c/o Mrs. Evelyn T. Tyler
1018 Murray Drive
Farmington, NM 87401-
7232

4a. Article Number
P 296 736 287

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 20 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Debra Williams

Signature: (Addressee or Agent)
X Debra Williams

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Arlen D. Hill
1527 South 69th E. Ave.
Tulsa, OK 74112-7436

4a. Article Number
P 296 735 921

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 20 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Debra Williams

Signature: (Addressee or Agent)
X Debra Williams

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Herd Partners, Ltd.
P.O. Box 130
Midland, TX 79702-0130

4a. Article Number
P 296 736 293

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 25 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Debbie King

Signature: (Addressee or Agent)
X Debbie King

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
R. F. Haynsworth
P.O. Box 3237
El Paso, TX 79923-3237

4a. Article Number
P 296 736 282

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Debra Williams

Signature: (Addressee or Agent)
X Debra Williams

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Tanis Harris
P.O. Box 692
Flora Vista, NM 87415-
0692

4a. Article Number
P 296 736 261

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JUN 20 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Tanis Harris

Signature: (Addressee)
Tanis Harris

Signature: (Agent)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Oliver W. Harris
#9 Road 5821
Farmington, NM 87401-
9526

4a. Article Number
P 296 735-995

4b. Service Type
 Registered Certified
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JUN 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Oliver W. Harris

Signature: (Addressee)
Oliver W. Harris

Signature: (Agent)
Oliver W. Harris

PS Form 3811, December 1994 Domestic Return Receipt

The Return Receipt will show to whom the article was delivered and the date delivered.

Consult postmaster for fee.

Article Addressed to:
Lois R. Leese Living Tr
812 Crest View Drive
Farmington, NM 87401-9109

4a. Article Number
P 296 735 901

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96 M Maaten

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)

Signature: (Addressee or Agent)
X Lois Leese

Form 3811, December 1994 Domestic Return Receipt

The Return Receipt will show to whom the article was delivered and the date delivered.

Consult postmaster for fee.

3. Article Addressed to:
Allie G. Ledbetter
712 McCormick School Rd
Farmington, NM 87401

4a. Article Number
P 296 736 280

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96 M

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Dorothy DANIEL

6. Signature: (Addressee or Agent)
X Dorothy Daniel

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Bernard W. Koski
1008 Kopra
Truth or Consequence, NM 87901

4a. Article Number
P 296 735 963

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
BERNARD KOSEKI

Signature: (Addressee or Agent)
X B Koski

Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Kerr-McGee Corporation
c/o John J. O'Brien, Jr.
P.O. Box 25861
Oklahoma City, OK 73125

4a. Article Number
P 296 736 292

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 21 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X KERR MCGEE

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Merrill and Lucy Kempton
P.O. Box 293
Farmington, NM 87499-0293

4a. Article Number
P 296 736 508

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Lucy Mac Kempton

Signature: (Addressee or Agent)
X Merrill Kempton

Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Madeline S. Keenan
820 North Butler
Farmington, NM 87401-6858

4a. Article Number
P 296 735 996

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6/21/96

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)
X Madeline Keenan

PS Form 3811, December 1994 U.S.G.P.O. 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Company
c/o Evelyn Kozinor
1906 Zuni
Farmington, NM 87401-2460

4a. Article Number
P 296 735 997

4b. Service Type
 Registered Insured
 Certified Return Receipt for Merchandise

7. Date of Delivery
20 1996

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)
Evelyn Kozinor

Signature (Agent)

Form 3811, December 1994 U.S.G.P.O. 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Weldon C. Julander Trust
P.O. Box 2773
Littleton, CO 80161-2773

4a. Article Number
P 296 736 284

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Weldon Julander

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Doris McGee Jones
P.O. Box 966
Thoreau, NM 87323-0966

4a. Article Number
P 296 736 260

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-21-96

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)
Doris McGee Jones

Signature (Agent)

Form 3811, December 1994 U.S.G.P.O. 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Mona Ivy
2500 E. Harmony, Lt 351
Fort Collins, CO 80525-9588

4a. Article Number
P 296 736 265

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6/19

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Mona Ivy

Form 3811, December 1994 Domestic Return Receipt

Article Addressed to:
Manon Markham McMullen
2200 Berkley
Wichita Falls, TX 76308

4a. Article Number
P 296 736 297

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-22-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)

Signature: (Addressee or Agent)
X *[Signature]*

Form 3811, December 1994 Domestic Return Receipt

Article Addressed to:
Edna J. McCoy, Trustee
P.O. Box 583
Flora Vista, New Mexico 87415

4a. Article Number
P 296 735 961

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Edna J. McCoy

Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Rod Markham
1500 Broadway, Suite 1212
Lubbock, TX 79401-3192

4a. Article Number
P 296 736 294

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Nancy Stence

Signature: (Addressee or Agent)
X *[Signature]*

Form 3811, December 1994 Domestic Return Receipt

SENDER:
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Jeanne Scott Mapp
120 Sunlit Grove Drive
St. Petersburg, FL 33702-3228

4a. Article Number
P 296 735 952

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 21 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)

Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
James Kenneth Luther
25 West Spruce Street
Farmington, NM 87401-6631

4a. Article Number
P 296 735 898

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)

Signature: (Addressee or Agent)
X *[Signature]*

Form 3811, December 1994 Domestic Return Receipt

SENDER:
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Dorothy H. Loughner
6672 Welch Court
Arvada, CO 80004-2226

4a. Article Number
P 296 736 276

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)

Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Lisa A. Lorenz
230 S RR 4 Lane
Portales, NM 88130

4a. Article Number
P 296 736 283

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Lisa A. Lorenz

Signature: (Addressee or Agent)
X *[Signature]*

Form 3811, December 1994 Domestic Return Receipt

SENDER:
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Venna Bernice Long
78 North 100 West
Spanish Fork, UT 84660-1707

4a. Article Number
P 296 735 976

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Venna Long

Signature: (Agent)
X *[Signature]*

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Fern Knight Lane, Wayne
B. & Martha C. Lane
P.O. Box 822
Farmington, NM 87499

4a. Article Number
P 296 735 965

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)

Signature: (Addressee or Agent)
X *[Signature]*

Form 3811, December 1994 Domestic Return Receipt

SENDER:
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
Liston E. Leyendecker
2718 Aberdeen Court
Fort Collins, CO 80525-2201

4a. Article Number
P 296 736 254

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-24-96

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)

Signature: (Agent)
X *[Signature]*

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

3. Article Addressed to:
J. C. Patterson
5706 Fawn Drive
Farmington, NM 87402

4a. Article Number
P 296 736 259

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-20

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee)
J. C. Patterson

Signature (Agent)
J. C. Patterson

Form 3811, December 1991 U.S.G.P.O. : 1992-307-5301 DOMESTIC RETURN RECEIPT

3. Article Addressed to:
Hannes H. Parnegg
Hertzmark & Parnegg
P.O. Box 3667
Albuquerque, NM 87190-3667

4a. Article Number
P 296 735 926

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 21 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Isaac F. & Angelina Padilla
377 Rd 5569
Farmington, NM 87401-1428

4a. Article Number
P 296 736 263

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Margarie Padilla

6. Signature: (Addressee or Agent)
X *Margarie Padilla*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Geneva Hines Pace
1305 Camina Vega
Farmington, NM 87401-8031

4a. Article Number
P 296 735 908

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Mr./Mrs. Wm. H. Nygren
Journey Inn Rentals
816 Crest View Drive
Farmington, NM 87401

4a. Article Number
P 296 736 281

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Wm H Nygren

6. Signature: (Addressee or Agent)
X *Wm H Nygren*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Anna Noel, Trustee
511 McDonald Road
Farmington, NM 87401-3583

4a. Article Number
P 296 735 905

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Anna Noel*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Agnes F. Nelson
1304 N. Mesa Verde Ave.
Farmington, NM 87401-7016

4a. Article Number
P 296 735 956

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Agnes Nelson*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Joe and Consuelo Narvaez
1220 E. Camino De La Sombre
Tucson, AZ 85718

4a. Article Number
P 296 735 960

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-25-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Consuelo Narvaez*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Richard M. Mumma
302 N. Court #A
Farmington, NM 87401-6934

4a. Article Number
P 296 735 897

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 22 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Richard Mumma

6. Signature: (Addressee or Agent)
X *Richard Mumma*

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Rocky C. Mace
635 E. Main Street
Farmington, NM 87401

4a. Article Number
P 296 735 957

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Rocky Mace

6. Signature: (Addressee or Agent)
X *Rocky Mace*

PS Form 3811, December 1994 Domestic Return Receipt

Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Stephen F. Saiz and Patricia Leyba-Saiz
1116 E. Murray Road
Farmington, NM 87401

4a. Article Number
P 296 736 253

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-20-96

5. Signature (Addressee)
Patricia Leyba-Saiz

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Ross & Cecelia Saiz
P.O. Box 693
Flora Vista, NM 87499-0693

4a. Article Number
P 296 735 945

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-29-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1991 Domestic Return Receipt

Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Carol Dee Rowley
700 W. Temple Road
Tooele, UT 84074

4a. Article Number
P 296 735 974

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JUN 26 1996

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Fern Cluff Reidhead
413 S. 97th Place
Mesa, AZ 85208-2527

4a. Article Number
P 296 735 980

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JUN 25 1996

5. Signature (Addressee)
Fern Cluff Reidhead

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Bernice Pulliam
2544 N. Treat Avenue
Tucson, AZ 85716-2401

4a. Article Number
P 296 735 968

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
[Signature]

5. Signature (Addressee)
Bernice Pulliam

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Shawnee Teeple Plunkett
1810 15th Avenue
Santa Cruz, CA 95062-1704

4a. Article Number
P 296 735 972

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-20

5. Signature (Addressee)
Shawnee Plunkett

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Robert Pickett
1019 Third Street
Anacortes, WA 98221-1503

4a. Article Number
P 296 735 954

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Karen Wood

PS Form 3811, December 1994 Domestic Return Receipt

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Linda Peterson
41880 RCR 44
Steamboat, CO 80487

4a. Article Number
P 296 735 923

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 21 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Linda Peterson

PS Form 3811, December 1994 Domestic Return Receipt

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Anna M. Perez
429 East Broadway
Farmington, NM 87401-6441

4a. Article Number
P 296 735 925

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 22 1996

5. Received By: (Print Name)
Anna M Perez

6. Signature: (Addressee or Agent)
Anna M Perez

PS Form 3811, December 1994 Domestic Return Receipt

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Helen Pennington
2609 E. 24th Street
Farmington, NM 87401-4413

4a. Article Number
P 296 735 944

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6/20/96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to:
iane Olson Watkins
35 E. 3000 N #101
Dayton, UT 84040-6554

4a. Article Number
P 296 735 935

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 22 1996

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
iane Olson Watkins

Signature: (Addressee or Agent)
iane Olson Watkins

Form 3811, December 1994 Domestic Return Receipt

The Return Receipt will show to whom the article was delivered and the date delivered.

Consult postmaster for fee.

3. Article Addressed to:
Alton J. Ward
P.O. Box 88
Alamogordo, NM 88311

4a. Article Number
P 296 735 899

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 21 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
CHARLENE WARD

6. Signature: (Addressee or Agent)
Charlene Ward

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Zelma Hines Tycksen
1309 Hines Road
Farmington, NM 87401-8171

4a. Article Number
P 296 735 910

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-95

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Howard Tycksen

6. Signature: (Addressee or Agent)
Howard Tycksen

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Kelly Prespentt
Tres Rios Habitat for Humanity, Inc.
P.O. Box 324
Farmington, NM 87499-0324

4a. Article Number
P 296 736 000

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JUN 20 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Patricia Stemsrud

6. Signature (Agent)

PS Form 3811, December 1994 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
James Larry Teeples
22320 Sunshine Drive
Wittmann, AZ 85361-9669

4a. Article Number
P 296 735 977

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
June 24 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Charles D Teeple

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Charles Duane Teeples
P.O. Box 2043
Coolidge, AZ 85228-2043

4a. Article Number
P 296 735 975

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-21-96

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Charles D Teeple

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Alvin E. Sturdevant and Augusta A. Sturdevant
1900 Southside River Rd
Farmington, NM 87401-7859

4a. Article Number
P 296 735 943

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Gary Sturdevant

6. Signature: (Addressee or Agent)
Gary Sturdevant

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Larry D. Simmons
2815 Main Avenue
Durango, CO 81301-5930

4a. Article Number
P 296 736 270

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Larry D Simmons

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Fred & Rosita Shorty
1201 Mountview Avenue
Farmington, NM 87401

4a. Article Number
P 296 736 286

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-25-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Rosita Shorty

6. Signature: (Addressee or Agent)
Rosita Shorty

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Dr. Ralph Scott
P.O. Box 27195
Las Vegas, NV 89126-1195

4a. Article Number
P 296 735 953

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 29 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
R. Scott

PS Form 3811, December 1994 Domestic Return Receipt

The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Camille Mildred Williams
423 Erie
South Haven, MI 49090-1323

4a. Article Number
P 296 735 916

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96

5. Received By: (Print Name)
Camille Mildred Williams

6. Signature: (Addressee or Agent)
X C. M. Williams

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 Domestic Return Receipt

3. Article Addressed to:
Robert H. Whitenack
34752 Perry Road, Apt. 4
Union City, CA 94587-5271

4a. Article Number
P 296 736 274

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96

5. Received By: (Print Name)
Robert H. Whitenack

6. Signature: (Addressee or Agent)
X Robert H. Whitenack

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
Ira Kyrk Westbrook
P.O. Box 1282
Farmington, NM 87499-1282

4a. Article Number
P 296 735 906

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-25-96

5. Received By: (Print Name)
Ira Kyrk Westbrook

6. Signature: (Addressee or Agent)
X Ira Kyrk Westbrook

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
Garth Westbrook
1955 Arapahoe, Apt. 907
Denver, CO 80202-1834

4a. Article Number
P 296 735 907

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-25-96

5. Received By: (Print Name)
Garth Westbrook

6. Signature: (Addressee or Agent)
X Garth Westbrook

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
John F. and Lucille H. Werner, Trustees
1701 E. 30th Street
Farmington, NM 87401

4a. Article Number
P 296 735 999

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
John F. and Lucille H. Werner

6. Signature: (Addressee or Agent)
X John F. and Lucille H. Werner

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
Mr. & Mrs. Arthur Welsh
Welsh Family Trust, #206
6301 Indian School Rd NE
Albuquerque, NM 87110-8113

4a. Article Number
P 296 735 915

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-21-96

5. Received By: (Print Name)
Lee A. Welsh

6. Signature: (Addressee or Agent)
X Lee A. Welsh

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
Reider Watson
1702 County Road 200-N
Villa Grove, IL 61956-9735

4a. Article Number
P 296 735 951

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-22-96

5. Received By: (Print Name)
Reider Watson

6. Signature: (Addressee or Agent)
X Reider Watson

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
Jack Watson
15230 S. 1st Street
Dekalb, IL 60115

4a. Article Number
P 296 735 950

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-21-96

5. Received By: (Print Name)
Dorothy Watson

6. Signature: (Addressee or Agent)
X Dorothy Watson

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
David W. Watson
628 Gladeview Drive
Farmington, NM 87401-6070

4a. Article Number
P 296 735 946

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-21-96

5. Received By: (Print Name)
David W. Watson

6. Signature: (Addressee or Agent)
X David W. Watson

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
Chauncey B. Watson, Jr.
15363 S. First Road
Dekalb, IL 60115-8926

4a. Article Number
P 296 735 949

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-21-96

5. Received By: (Print Name)
Dorothy Watson

6. Signature: (Addressee or Agent)
X Dorothy Watson

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Christine T. Willins
Living Trust
P.O. Box 898
Belen, NM 87002-0898

4a. Article Number
P 296 736 257

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
6-20-96

5. Signature (Addressee)

6. Signature (Agent)
Christine T. Willins

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Paul James Williams
423 Erie
South Haven, MI 49090-1323

4a. Article Number
P 296 735 919

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-24-96

5. Received By: (Print Name)
PAUL JAMES WILLIAMS

6. Signature: (Addressee or Agent)
X *Paul James Williams*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Lisa Marie Williams
6414 North Hoyne
Chicago, IL 60645-5602

4a. Article Number
P 296 735 914

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)
Lisa Marie Williams

6. Signature: (Addressee or Agent)
X *Lisa Marie Williams*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Elizabeth W. Williams
912 Fairgrounds Road
Farmington, NM 87401-7386

4a. Article Number
P 296 735 948

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
Elizabeth W. Williams

6. Signature: (Addressee or Agent)
X *Elizabeth W. Williams*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Dolly Williams
2402 Huldy
Houston, TX 77019-6722

4a. Article Number
P 296 735 917

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-20-96

5. Received By: (Print Name)
Dolly Williams

6. Signature: (Addressee or Agent)
X *Dolly Williams*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 **Domestic Return Receipt**

CERTIFIED

P 296 736 273

MAIL



RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203



AUTHORIZED TIME FOR
FORWARDING EXPIRED

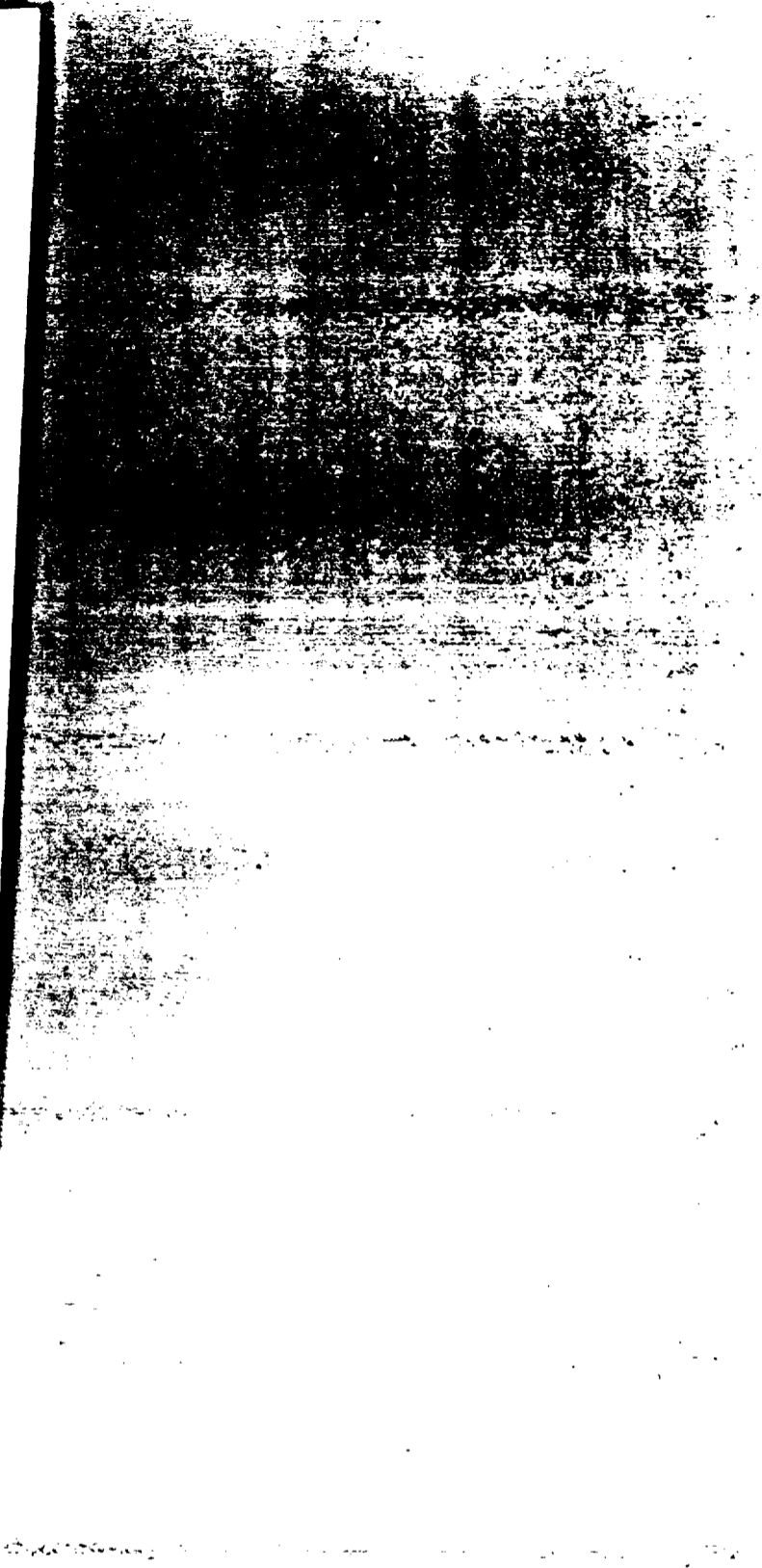
Esther L. Bugay
c/o Joseph L. Bugay, PR
3245 Garland Street
Wheat Ridge, CO 80033-5821



- Moved, left no address
- No such number
- Moved, not forwardable
- Addressee unknown

PL

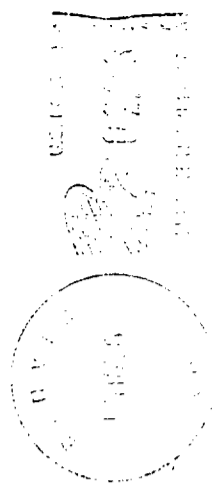
Name
1st Notice
2nd Notice
Return



CERTIFIED

P 296 735 934

MAIL



PT

INSUFFICIENT ADDRESS

RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203

*need #
OPT &*

Ruby Lee Methard
626 Main Street
Red Bluff, CA 96080-3344

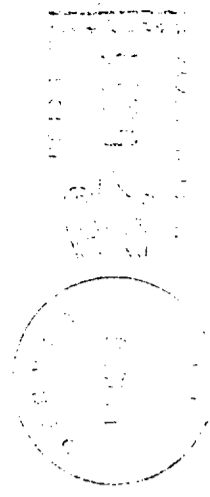
*INSUFF.
ADD.*



CERTIFIED

P 296 736 303

MAIL



20 1990

RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203

RETURNS TO SENDER

RT 317 INIT DATE
VACANT REFUSED
ATTENTION NOT KNOWN
INSUFFICIENT ADDRESS
NO SUCH STREET
APT. SP STE
FORWARDING ORDER EXPIRED
MOVED LEFT NO ADDRESS
NO MAIL RECEIPTABLE

Vincent S. Mulford, Jr.
23 W Fourth, Suite 609
Tulsa, OK 74103-5084



N

CERTIFIED

P 296 735 973

MAIL



RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203

Chancie L. Teeple, Jr.
2785 E. County Road 316
Citrus, FL 32113

6/22



Unclaimed
 Unknown
 No Such P.O. Box No.
 Moved, Left No Address
 No Such Rt. No. Box No.
 Forward Expired
 No Such Mailing Address
 Box Closed, No Order
 Postage Due



CERTIFIED

P 296 736 272

MAIL



RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203

Virginia L. Rogers
6495 Camino Del Pargue
Carlsbad, CA 92008



Unclaimed
 Unknown
 No Such P.O. Box No.
 Moved, Left No Address
 No Such Rt. No. Box No.
 Forward Expired
 No Such Mailing Address
 Box Closed, No Order
 Postage Due

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2285

SANTA FE, NEW MEXICO 87504-2285

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

JASON KELLAHIN (RETIRED 1991)

June 18, 1996

TO: John & Luern Hunt
86-D Highland Meadows
Laguna, NM 87026-9700

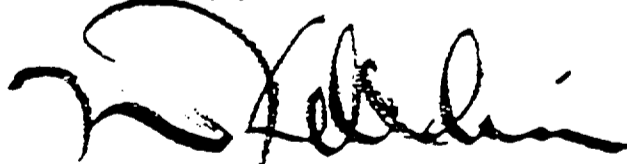
*Re: Application of Richardson Operating Company
for Compulsory Pooling, Downhole Commingling
and an Unorthodox Gas Well Location
San Juan County, New Mexico*

On behalf of Richardson Operating Company, please find enclosed our application for compulsory pooling, downhole commingling and an unorthodox well location for its ROPCO 15 GW "A" PC "B" FC Well No. 1, (Unit H) E/2 Section 15, T29N, R13W, NMPM, which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for July 11, 1996. The hearing will be held at the Division hearing room located at 2040 S. Pacheco, Santa Fe, New Mexico.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, July 5, 1996, with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin



P 296 735 994
MAIL

RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
 Denver, Colorado 80203

John & Luern Hunt
 86-D Highland Meadows
 Laguna, NM 87026-9700

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

John & Luern Hunt
 86-D Highland Meadows
 Laguna, NM 87026-9700

5. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

P 296 735 994

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 * U.S.A.P.O.: 1992-507-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



P 296 735 994



Receipt for Certified Mail
 No Insurance Coverage Provided

John & Luern Hunt
 86-D Highland Meadows
 Laguna, NM 87026-9700

PS Form 3800, June 1991

Postage	\$ 78
Contract Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return the original Shipping to Whom & Date Delivered	1.10
Return the original Shipping to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
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SHIPPED JAN 13 1996

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

June 18, 1996

TO: John J. Dempsey
1022 Warm Springs Avenue
Boise, ID 83712-7947

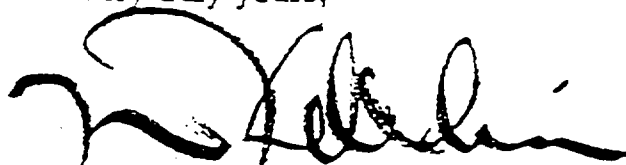
*Re: Application of Richardson Operating Company
for Compulsory Pooling, Downhole Commingling
and an Unorthodox Gas Well Location
San Juan County, New Mexico*

On behalf of Richardson Operating Company, please find enclosed our application for compulsory pooling, downhole commingling and an unorthodox well location for its ROPCO 15 GW "A" PC "B" FC Well No. 1, (Unit H) E/2 Section 15, T29N, R13W, NMPM, which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for July 11, 1996. The hearing will be held at the Division hearing room located at 2040 S. Pacheco, Santa Fe, New Mexico.

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Very truly yours,



W. Thomas Kellahin



RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203

MAIL

P 296 735 993

John J. Dempsey
1022 Warm Springs Avenue
Boise, ID 83712-7947



P 296 735 993



Receipt for
Certified Mail

No Insurance Coverage Provided

John J. Dempsey
1022 Warm Springs Avenue
Boise, ID 83712-7947

Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing In Whom, Date, and Addressee's Address	1.10
TOTAL Postage & Fees	\$ 2.98

Postmark or Date

SHIPPED JUN 18 1996

PS Form 3800, June 1991

PS Form 3811, December 1991 * U.S.G.P.O. * 1692-307-530 **DOMESTIC RETURN RECEIPT**

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 John J. Dempsey
 1022 Warm Springs Avenue
 Boise, ID 83712-7947

4a. Article Number
 P 296 735 993

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

9. Signature (Print name)

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100. Signature (Print name)

Thank you for using Return Receipt Service.

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2285

SANTA FE, NEW MEXICO 87504-2285

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

JASON KELLAHIN (RETIRED 1991)

June 18, 1996

TO: Ruth Cluff Hale
P.O. Box 246
Rimrock, AZ 86335-0246

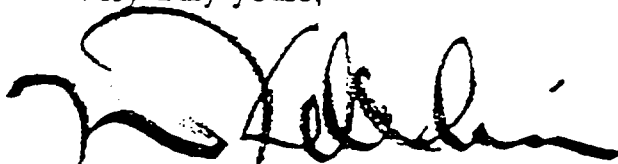
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Very truly yours,

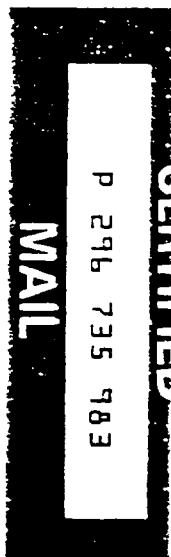


W. Thomas Kellahin

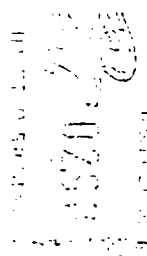
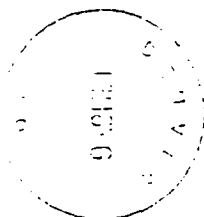


RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203



Ruth Cluff Hale
P.O. Box 246
Rimrock, AZ 86335-0246



DOMESTIC RETURN RECEIPT

PS Form 3800, June 1991 * 1991-06-01

1. I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number: P 296 735 983

4b. Service Type:

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:

Ruth Cluff Hale
P.O. Box 246
Rimrock, AZ 86335-0246

9. Signature (Agent)

Your RETURN ADDRESS completed on the reverse side.

SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
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Thank you for using Return Receipt Service.



Receipt for
Certified Mail
No Insurance Coverage Provided

Ruth Cluff Hale
P.O. Box 246
Rimrock, AZ 86335-0246

P 296 735 983

Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98

Postmark or Date
SHIPPED JUN 18 1996

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285

TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

MASON KELLAHIN (RETIRED 1991)

June 18, 1996

TO: Doris T. Reay
1105 W. 12th Street
Cisco, TX 76437-3657

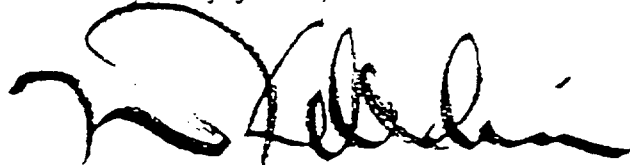
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Very truly yours,



W. Thomas Kellahin



P 296 736 269

RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203

Doris T. Reay
1105 W. 12th Street
CISCO, TX 76437-3657



P 296 736 269



Receipt for Certified Mail
No Insurance Coverage Provided

Doris T. Reay
1105 W. 12th Street
CISCO, TX 76437-3657

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Doris T. Reay
1105 W. 12th Street
CISCO, TX 76437-3657

4a. Article Number

P 296 736 269

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Form 3800, June 1991

Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

SHIPPED JAN 1991

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2285

SANTA FE, NEW MEXICO 87504-2285

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
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NATURAL RESOURCES-OIL AND GAS LAW

TELEPHONE (505) 982-4285

TELEFAX (505) 282-2047

JASON KELLAHIN (RETIRED 1991)

June 18, 1996

TO: Estelle Williams Turner
270 Villeneuve West
Montreal Quebec PQ H2V
2-2 Canada

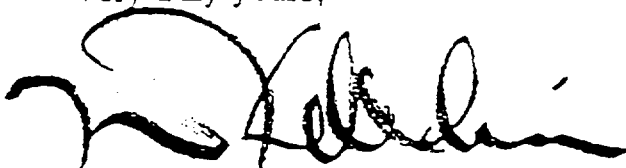
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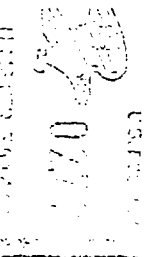
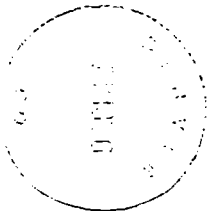


RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203

P 296 735 918
MAIL

Estelle Williams Turner
270 Villeneuve West
Montreal Quebec PQ H2V
2-2 Canada



Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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3. Article Addressed to:
 Estelle Williams Turner
 270 Villeneuve West
 Montreal Quebec PQ H2V
 2-2 Canada

4a. Article Number
 P 296 735 918

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 X

6. Signature: (Addressee or Agent)

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

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3 Form 3800, June 1991



Receipt for Certified Mail
No Insurance Coverage Provided

Estelle Williams Turner
270 Villeneuve West
Montreal Quebec PQ H2V
2-2 Canada

Postage	\$.52
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.10
TOTAL Postage & Fees	\$ 2.72
Postmark or Date	

SLIPPER 19 1995