

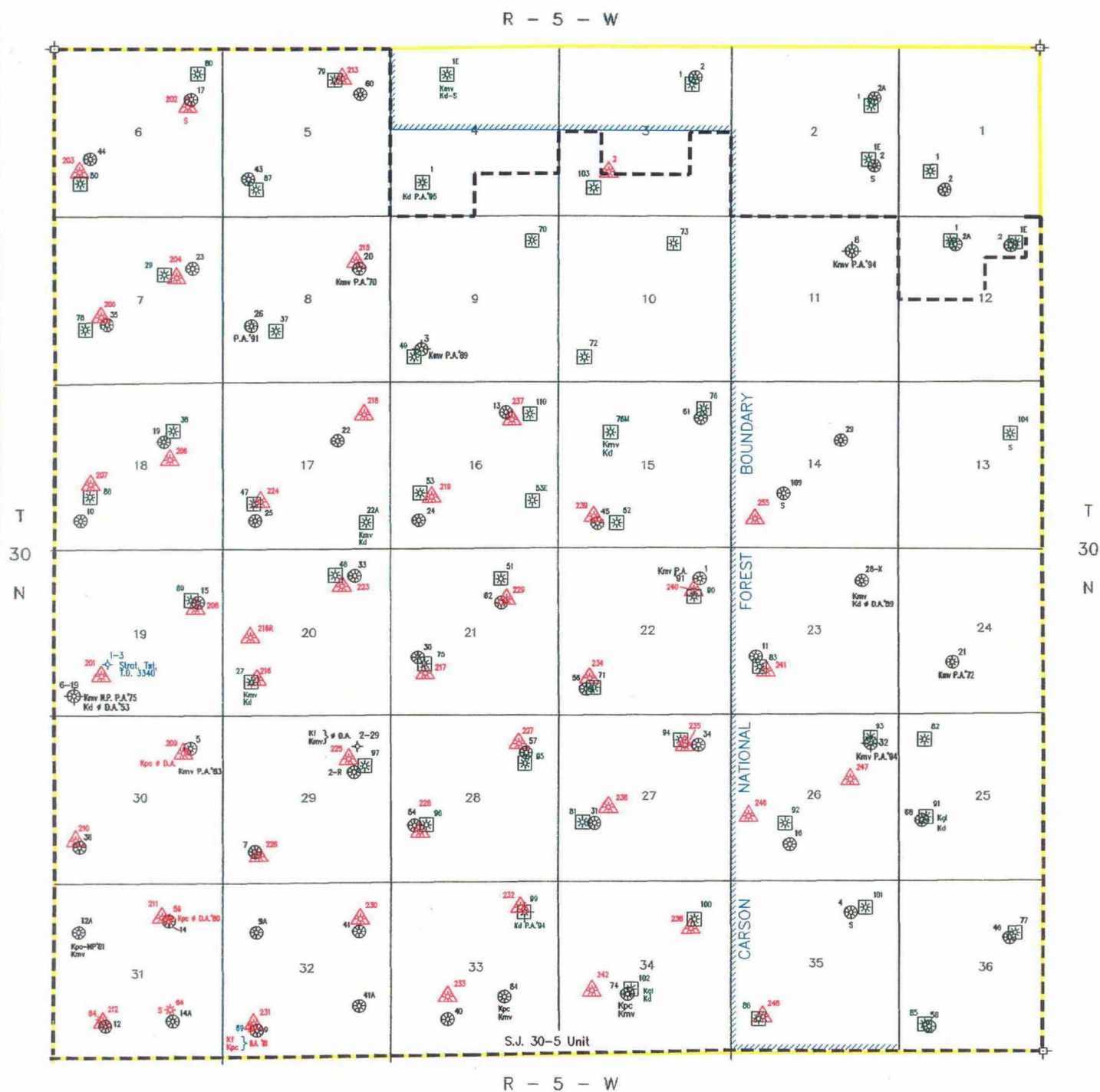
EXHIBIT A

**PHILLIPS PETROLEUM COMPANY**






San Juan 30-5 Unit

**Application for Downhole Commingling  
Reference Case**

## Exhibit A.1



## PRODUCING INTERVAL

- |   |                 |      |           |     |               |
|---|-----------------|------|-----------|-----|---------------|
|  | FRUITLAND       | Kf   |           |     |               |
|  | PICTURED CLIFFS | Kpe  |           |     |               |
|  | MESAVERDE       | Kmrv |           | Kch | CLIFFHOUSE    |
|  | GALLUP          | Kgl  | Kt        | Kpi | MENEFEE       |
|  | DAKOTA          | Kd   | Kgh       |     | POINT LOOKOUT |
|   |                 |      | TOCITO    |     |               |
|   |                 |      | GREENHORN |     |               |

PHILLIPS PETR. CO.

SAN JUAN 30-5 UNIT

Rio Arriba County, New Mexico

ALL HORIZONS SHOWN

# SAN JUAN 30-5 UNIT PA OWNERSHIP SUMMARY

**I. FRUITLAND PARTICIPATING AREA, TWENTIETH EXPANSION  
EFFECTIVE 12/1/94, 11199.78 ACRES**

<u>OWNER NAME</u>	<u>PERCENTAGE</u>
Phillips New Mexico Partners, L.P.	48.90649%
Phillips San Juan Partners, L.P.	23.56082
Williams Production Company	25.19230
San Juan Basin Partnership	1.03966
Amoco Production Company	0.71430
Four Star Oil & Gas Company	0.58573

**II. PICTURED CLIFFS PARTICIPATING AREA, THIRD EXPANSION  
EFFECTIVE 11/1/82, 1280 ACRES**

<u>OWNER NAME</u>	<u>PERCENTAGE</u>
Phillips Petroleum Company	82.00000%
Williams Production Company	18.00000

**III. MESAVERDE PARTICIPATING AREA, THIRTY-SECOND EXPANSION  
EFFECTIVE 10/1/85, 16,247.51 ACRES**

<u>OWNER NAME</u>	<u>PERCENTAGE</u>
Phillips Petroleum Company	65.90722%
Williams Production Company	25.38849
Burlington Resources Oil & Gas Company	6.67567
Four Star Oil & Gas Company	0.40375
Wells Fargo Bank, N.A., in trust	0.34467
EJE Brown Company	0.34467
MAR Oil & Gas Corporation	0.24619
Kerr-McGee Corporation	0.17234
Thomas A. & Mary E. Dugan	0.17234
Langdon D. Harrison Trust	0.12925
Sunwest Bank, Agent for Kathleen Quinn	0.11489
Ruth Zimmerman Trust	0.05745
Robert Tinnin	0.04308

**IV. DAKOTA PARTICIPATING AREA, FIFTEENTH EXPANSION  
EFFECTIVE 7/1/84, 11316.64 ACRES**

<u>OWNER NAME</u>	<u>PERCENTAGE</u>
Phillips-New Mexico Partners, L.P.	83.93729%
Amoco Production Company	13.43154
Burlington Resources Oil & Gas Company	2.63117

**V. DAKOTA "A" PARTICIPATING AREA, INITIAL  
EFFECTIVE 7/19/73, 68.63 ACRES**

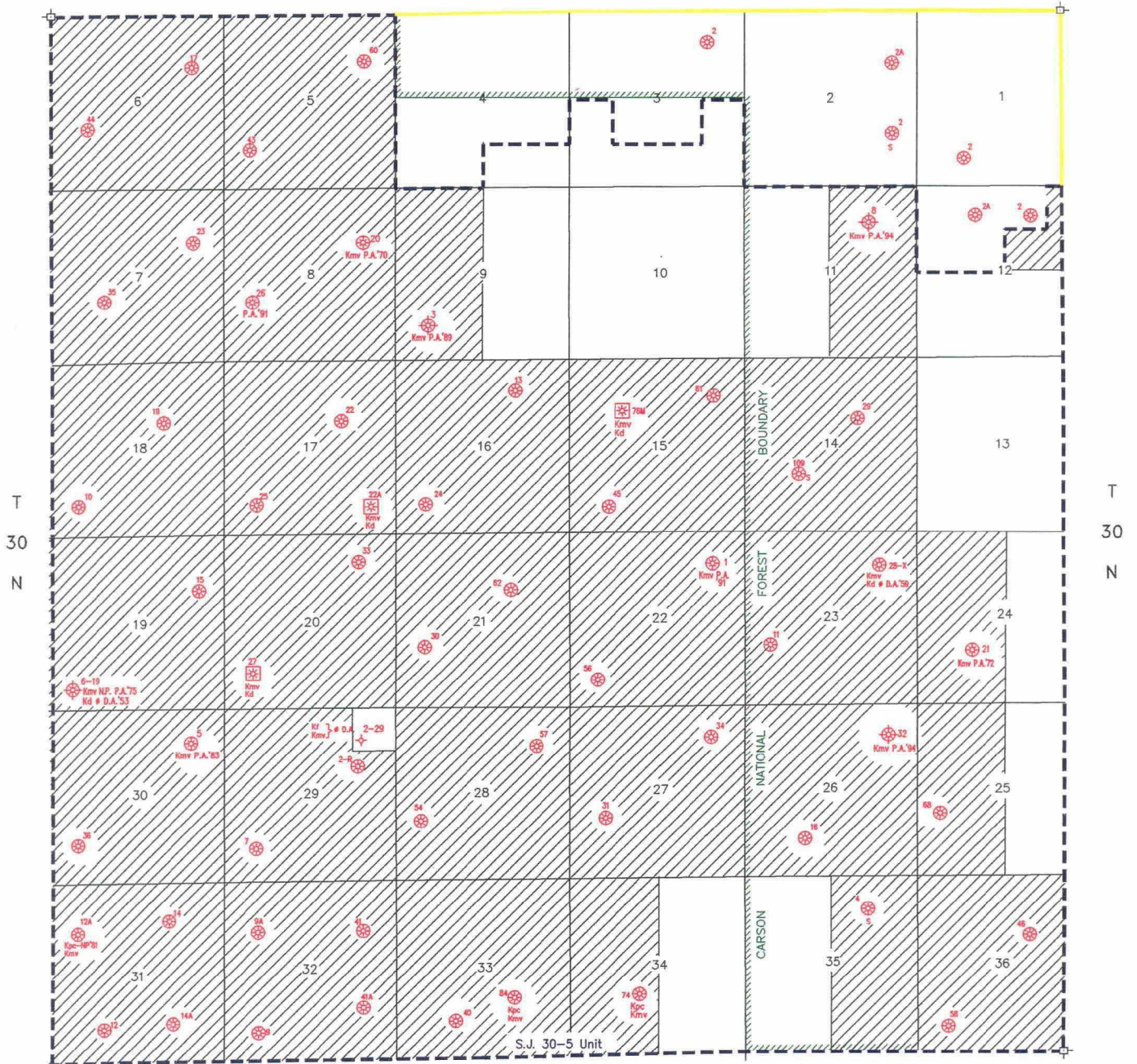
<u>OWNER NAME</u>	<u>PERCENTAGE</u>
Schalk Development Company	100.00000%

S.J. 30-5 Unit

## SHOWING FRUITLAND COAL DEVELOPMENT



R - 5 - W



PRODUCING INTERVAL

MESAVERDE  
Kmv { Kch CLIFFHOUSE  
Km MENEFEE  
Kpl POINT LOOKOUT



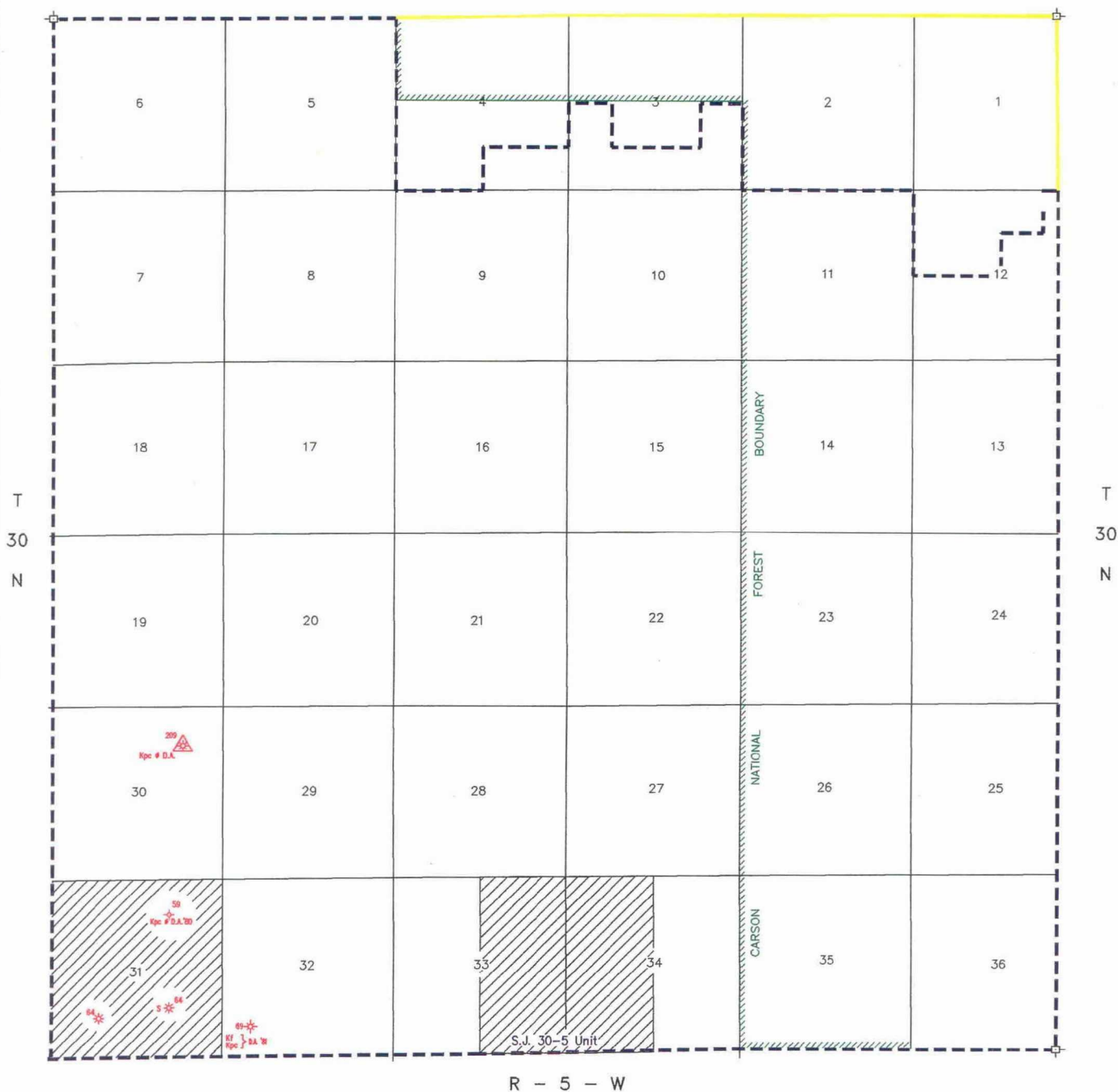
MESAVERDE P.A.  
32nd. EXPANSION  
EFFECTIVE DATE 10-1-'85  
16,247.51 ACRES

PHILLIPS PETR. CO.

SAN JUAN 30-5 UNIT  
Rio Arriba County, New Mexico

SHOWING MESAVERDE DEVELOPMENT

R - 5 - W



R - 5 - W

PRODUCING INTERVAL

\* PICTURED CLIFFS Kpc



PICTURED CLIFFS P.A.  
3rd. EXPANSION  
EFFECTIVE DATE 11-1-82  
1280 ACRES

PHILLIPS PETR. CO.

SAN JUAN 30-5 UNIT  
Rio Arriba County, New Mexico

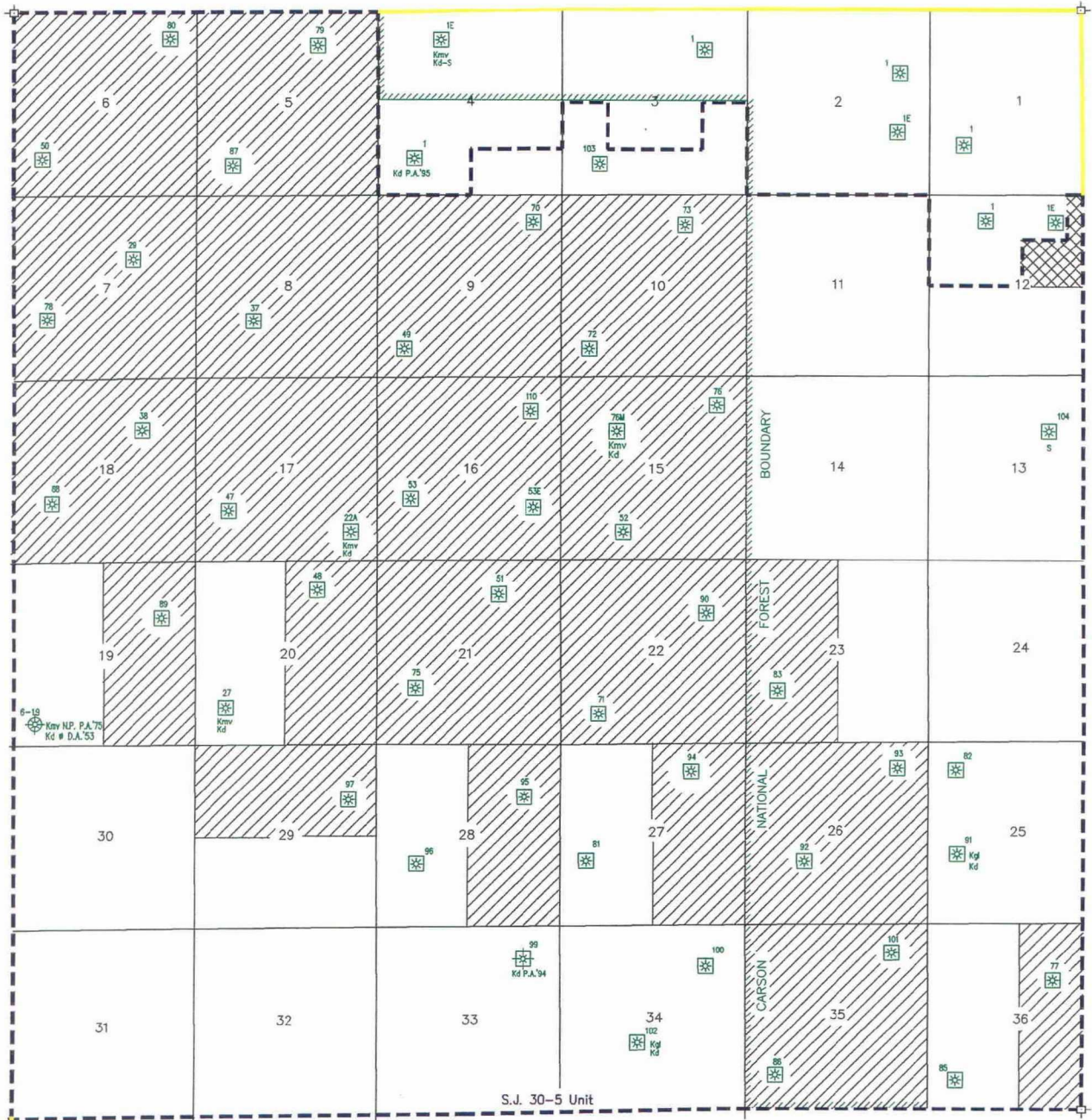
SHOWING PICTURED CLIFFS DEVELOPMENT



R - 5 - W

T  
30  
N

T  
30  
N



S.J. 30-5 Unit

R - 5 - W

PRODUCING INTERVAL



DAKOTA P.A.  
15th. EXPANSION  
EFFECTIVE DATE 7-1-84  
11,316.64 ACRES

DAKOTA Kd



DAKOTA "A" P.A.  
INITIAL  
EFFECTIVE 7-19-73  
68.63 ACRES

PHILLIPS PETR. CO.

SAN JUAN 30-5 UNIT  
Rio Arriba County, New Mexico

SHOWING DAKOTA DEVELOPMENT

W. Thomas Kellahin, Notary Public  
My Commission Expires: April 17, 2000



Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  DUEAN PRODUCTION CORP. 709 E. MURRAY DRIVE FARMINGTON, NM 87499-0420		4a. Article Number <b>P24765797L</b>	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) <b>X [Signature]</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery <b>1-2-97</b>		8. Addressee's Address (Only if requested and fee is paid)	
8. Addressee's Address (Only if requested and fee is paid)		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  DUEAN PRODUCTION CORP. 709 E. MURRAY DR. FARMINGTON, NM 87499-0420		4a. Article Number <b>P24765797L</b>	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) <b>X [Signature]</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery <b>1-2-97</b>		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.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  SCHALK DEVELOPMENT COMPANY P.O. Box 25825 ALBUQUERQUE, NM 87125		4a. Article Number <b>P247658110</b>	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) <b>X [Signature]</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery <b>01/02/97</b>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		Domestic Return Receipt	

Domestic Return Receivable

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.

3. Article Addressed to:

ROBERT WITTEN & FREDERIC S. NATHAN,  
TRUSTEES U/W BARBARA WITTEN F/B/D  
ELIZABETH WITTEN  
c/o ROBERT C. WITTEN  
535 EAST 86TH STREET  
NEW YORK NY 10028

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

- 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

2247656970

4b. Service Type

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

7. Date of Delivery

1-1-95

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

Domestic Return Receipt

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.
- 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:

CATHERINE M VIOLA EXECUTIVE  
OF LAWRENCE E. VIOLA  
P O BOX 9626  
SAVANNAH GA 31412-9626

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

- 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

2247658000

4b. Service Type

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

7. Date of Delivery

1-1-95

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

Domestic Return Receipt

Thank you for using Return Receipt Service.



SAN JUAN 30-5 UNIT  
GWI/NWI/ORRI/RI OWNERS

Agapita Julianita Gomez Abeyta  
Amoco Production Company  
Angelina L. Barela  
B. A. Reed  
BB Royalty Partnership  
Beatrice Gomez Rodriquez  
Betty J. Preston Decendent's Trust  
Burlington Resources O&G Co.  
C. Fred Luthy, Jr.  
C. A. Hanson  
Calvin H. Layland  
Carole Melinda Myatt Vaught  
Carolyn Nielsen Sedberry  
Celso Cipriano Gomez  
Charles D. Edmonson  
Cheryl L. Potenziani  
Clifford Lealand  
Commissioner of Public Lands  
Conoco Incorporated  
Cross Timers Production Company  
Cyrene L. Innian  
D. H. Myatt Estate  
Dan D. Lopez  
Daniel Ponder Brennand  
David William Brennand  
Dawn Genevieve Lealand  
Deane Wallace Burnett  
Delfinita G. Chavez  
Department of Interior-MMS  
Devin Wallace Smith  
Diocese of Gallup  
Douglas Cameron McLeod  
Edgar John Layland  
Edward Layland Myatt, Jr.  
EJE Brown Company  
Elesida Enriquez  
Elliot Eugene Hatheway  
Elva Kalb Duran Trustee  
Enna Lealand  
Estate of Albert E. Fagan  
Estate of Enrique Espinosa  
Estate of Pattie Ann Beamon Lundell  
Evelyn Layland  
F. Faith Finnerger  
Florence Vallejos  
Four Star Oil & Gas Company

Frank A., Sr. & Harriett Bates Cronican Rev.Trust  
Gary Max Myatt  
Genevieve Perry, Guard./Marvin A. Lealand  
Genevieve Candelaria  
Genoveva Juanita Gomez Candelaria  
George W. Umbach  
George K. Hatheway  
Georgianne Nilsen  
Gerald G. & Alta Jane Williams  
Geraldine H. McFadden  
Grace Layland  
Greg & Jo Ann W. Ireton  
Guy R. Campbell  
H.O. & T.K. Pool Trust  
Hannett, Steele Group  
Herbert J. Newcomb  
Herman Myatt  
Holmes P. McLish  
I. H. Stewart  
Irwin E. Taylor M.D., Exec. of Pearl R. Taylor  
Isobel Upton  
J. B. Rivers, Jr.  
J. W. Myatt Estate  
James Layland  
Jessie Mae Wakeland  
Joe Hernandez  
Joe C. & Gregorita G. Jaquez  
John C. Harrington, Jr.  
John L. Hatheway  
John Edmund & Shirley Ann Chouteau  
Jose Eugenio Gomez  
Juan Cristobal, Jr. & Lila P. Gomez  
Juan C. Gomez, Jr.  
Juanita Walters  
Juanita V. Peterson  
Julia Page  
June E. Benart  
Kathleen Quinn  
Kerr McGee Corporation  
Laura Dichter  
Lawrence Layland  
Lee A. Lopez  
Lois G. Myatt  
Lois B. Willard  
Madeline M. Thomas  
Malcolm Smith

Manuel F. Martinez, Jr.  
Manuel Lopez  
Map 1995-A, L.P.  
Mar Oil & Gas Corporation  
Margarette Plamons  
Maria G. Jaquez  
Maria Ruben Gomez Jaquez  
Maria Delfinita Gomez & Flavio Chavez  
Maria Matilde Martinez, Trustee  
Marian Isern Trust C  
Marian Isern Trust D  
Marilyn B. Leland Hodgkinson  
Mark A. Schauer  
Martin Layland  
Marvin Layland  
Mary Ann Isern Deen  
Melvin D. Lealand  
Merle Britting, Trustee  
Milton Schwartz  
Molly Jacques Trust  
Mrs. Herbert C. Owen  
Neil D. & Jane M. Schwed  
Patrick J. Ohornett  
Patsy L. Williamson  
Pedro Lopez  
PGP San Juan Limited Partnership  
Phillips- New Mexico Partners, L.P.  
Phillips-San Juan Partners, L.P.  
Richard M. Lopez  
Robert P. Tinnin  
Robert Umbach  
Robert E. Beamon  
Roger B. Nielson  
Rosalie Martinez  
Ruby Meredith  
Ruth Zimmerman Trust  
San Juan Basin Partnership  
Sharon M Lealand Kady  
TC/SJ 1994-A  
The Estate of Laverne Lealand  
Thomas A. & Mary E. Dugan  
Thurman Layland  
Tony S. Lopez  
Tony J. Martinez  
Total Minatome Corporation  
Trustee for the Charles W. McCarty Trust  
Union Oil Company of California  
Virginia Mata Estate  
Wendt & Associates

Wesley E. Leck  
William Michael Myatt  
Williams Production Company  
WWR Enterprises, Inc.

P 562 701 199

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Melanie D. Leland</i>	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$ .55
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, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.75</b>
Postmark or Date 12/31/96	

P 247 658 032

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>PLP San Juan Limited Partnership</i>	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$ .55
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, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.75</b>
Postmark or Date 12/31/96	

PS Form 3800, April 1995

P 247 658 006

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Patsy L. Williams</i>	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 31 2.75</b>
Postmark or Date 12/31/96	

PS Form 3800, April 1995

P 562 701 009

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Melanie M. Thomas</i>	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.75</b>
Postmark or Date 12/30/96	

P 562 701 188

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Melanie M. Thomas</i>	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.75</b>
Postmark or Date 12/31/96	

PS Form 3800, April 1995

P 562 701 017

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Melanie M. Thomas</i>	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 31 2.75</b>
Postmark or Date 12/30/96	

PS Form 3800, April 1995



P 562 701 098

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Michael Sealard*  
Street & Number

Post Office, State, &amp; ZIP Code

Postage \$ .55

Certified Fee 1.10

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom &amp; Date Delivered

Return Receipt Showing to Whom, Date, &amp; Addressee's Address

TOTAL Postage &amp; Fees \$ 2.75

Postmark or Date

12/31/96

P 247 658 029

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Weadt & Associates*  
Street & Number

Post Office, State, &amp; ZIP Code

Postage \$ .55

Certified Fee 1.10

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom &amp; Date Delivered

Return Receipt Showing to Whom, Date, &amp; Addressee's Address

TOTAL Postage &amp; Fees \$ 2.75

Postmark or Date

12/31/96

PS Form 3800, April 1995

P 562 701 193

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Shurman Layland*  
Street & Number

Post Office, State, &amp; ZIP Code

Postage \$ .55

Certified Fee 1.10

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom &amp; Date Delivered

Return Receipt Showing to Whom, Date, &amp; Addressee's Address

TOTAL Postage &amp; Fees \$ 2.75

Postmark or Date

12/31/96

PS Form 3800, April 1995

P 358 636 251

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Robert E. Seamon*  
Street & Number

Post Office, State, &amp; ZIP Code

Postage \$ .55

Certified Fee 1.10

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom &amp; Date Delivered

Return Receipt Showing to Whom, Date, &amp; Addressee's Address

TOTAL Postage &amp; Fees \$ 2.75

Postmark or Date

12/31/96

P 358 636 491

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Robert Umbach*  
Street & Number

Post Office, State, &amp; ZIP Code

Postage \$ .55

Certified Fee 1.10

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom &amp; Date Delivered

Return Receipt Showing to Whom, Date, &amp; Addressee's Address

TOTAL Postage &amp; Fees \$ 2.75

Postmark or Date

12/31/96

PS Form 3800, April 1995

P 562 701 189

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Sharon M. Sealard Kelly*  
Street & Number

Post Office, State, &amp; ZIP Code

Postage \$ .55

Certified Fee 1.10

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom &amp; Date Delivered

Return Receipt Showing to Whom, Date, &amp; Addressee's Address

TOTAL Postage &amp; Fees \$ 2.75

Postmark or Date

12/31/96

PS Form 3800, April 1995

P 562 700 998

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Estate of Patti Ann*  
Street & Number  
*Blanton, Lurde*  
Post Office, State, & ZIP Code

Postage	\$ .55
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, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.75
Postmark or Date	12/30/96

PS Form 3800, April 1995  
FACSIMINGTON, MD 21740  
USPS

P 562 701 012

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*John R. Hatheway*  
Street & Number  
Post Office, State, & ZIP Code

Postage	\$ .55
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, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.75
Postmark or Date	12/30/96

PS Form 3800, April 1995

FACSIMINGTON, MD 21740  
USPS

P 562 701 173

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Genevieve Perry*  
Street & Number  
Post Office, State, & ZIP Code

Postage	\$ .55
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, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.75
Postmark or Date	12/31/96

PS Form 3800, April 1995

FACSIMINGTON, MD 21740  
USPS

P 562 700 993

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Laura Richter*  
Street & Number  
Post Office, State, & ZIP Code

Postage	\$ .55
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, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.75
Postmark or Date	12/30/96

PS Form 3800, June 1991  
FACSIMINGTON, MD 21740  
USPS

P 247 658 003

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See Reverse)

Sent to  
*Lisa S. Myatt*  
Street and Number  
Post Office, State, & ZIP Code

Postage	\$ .55
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, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.75
Postmark or Date	12/31/96

PS Form 3800, June 1991

FACSIMINGTON, MD 21740  
USPS

P 247 658 003

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to  
*Ermi MacWhelard*  
Street & Number  
Post Office, State, & ZIP Code

Postage	\$ .55
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, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.75
Postmark or Date	12/31/96

PS Form 3800, April 1995

FACSIMINGTON, MD 21740  
USPS





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

3. Article Addressed to:

THURMAN LAYLAND  
P O BOX 154574  
IRVING TX 75015

4a. Article Number

P562701193

4b. Service Type

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

7. Date of Delivery

11/5/97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X R. W. Smith

PS Form 3811, December 1994

Domestic Return Receipt

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.
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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:**

ATTN: MA. ROMERO  
PO BOX 5155  
SANTA FE NM 87502

**4a. Article Number**

P247658014

**4b. Service Type**

- ☐ Registered
- ☐ Express Mail
- ☒ 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)**

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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.

**4a. Article Number**

P247658024

**4b. Service Type**

- ☐ Registered
- ☐ Express Mail
- ☒ 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)**

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:**

MANUEL LOPEZ  
4088 COUNTRY ROAD 203 #14  
DURANGO CO 81301-8573

**4a. Article Number**

P562700986

**4b. Service Type**

- ☐ Registered
- ☐ Express Mail
- ☒ 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)**

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service

Domestic Return Receipt

PS Form 3811, December 1994

Domestic Return Receipt

Domestic Return Receipt

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:

4a. Article Number

MARIA MATILDE MARTINEZ, TR

4b. Service Type

MARTINEZ 1990 REVOCABLE TR  
6535 LA CIENEGA DRIVE  
NORTH HIGHLANDS CA 95560

☐ Registered  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ Insured  
☐ COD

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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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:

4a. Article Number

MARIA G. JAQUEZ  
338 ROAD 3000  
AZTEC NM 87410

4b. Service Type

☐ Registered  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ Insured  
☐ COD

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Domestic Return Receipt

PS Form 3811, December 1994

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

5. Received By: (Print Name)

9. Signature: (Addressee or Agent)

7. Date of Delivery

☒ Certified  
☐ Insured  
☐ COD  
☒ Return Receipt for Merchandise

4b. Service Type

4a. Article Number

MARIA RUBEN GOMEZ JAQUEZ  
P O BOX 10 ROAD 2980  
AZTEC NM 87410

3. Article Addressed to:

Consult postmaster for fee.

2. ☐ Restricted Delivery

1. ☐ Addressee's Address

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

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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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:

4a. Article Number

MARGARETTE PLEMONS  
P O BOX 1082  
ALVARADO TX 76009

4b. Service Type

☐ Registered  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ Insured  
☐ 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)

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.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARK A. SCHAUER  
PO BOX 620126  
LITTLETON CO 80162

4a. Article Number

247658026

4b. Service Type

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

5. Received By: (Print Name)

MARK A. SCHAUER

6. Signature: (Addressee or Agent)

X *Mark A. Schauer*

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.

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**SENDER:**

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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:

MARTIN LAYLAND  
15657 RICHVALE DRIVE  
WHITTIER CA 90604-3409

4a. Article Number

2562701034

4b. Service Type

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

5. Received By: (Print Name)

15657 RICHVALE DRIVE

6. Signature: (Addressee or Agent)

X *Mark A. Schauer*

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.

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

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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:

MARVIN LAYLAND  
ROUTE 5 BOX 1042  
CLEBURNE TX 76031

4a. Article Number

2562701190

4b. Service Type

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

5. Received By: (Print Name)

MARK A. SCHAUER

6. Signature: (Addressee or Agent)

X *Mark A. Schauer*

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

PS Form 3811, December 1994

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:

MARVIN LAYLAND  
BOULDER VALLEY BANK & TRUST,  
TRUSTEE  
3800 ARAPAHOE  
BOULDER CO 80303

4a. Article Number

2562701016

4b. Service Type

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

5. Received By: (Print Name)

15657 RICHVALE DRIVE

6. Signature: (Addressee or Agent)

X *Mark A. Schauer*

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.

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: 1900 PHILTOWER BLDG. 427 S. BOSTON TULSA OK 74103-4133		4a. Article Number 247658025	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 1-6-97	
5. Received By: (Print Name) _____		8. Addressee's Address (Only if requested and fee is paid) _____	
6. Signature: (Addressee or Agent) _____		Domestic Return Receipt	
PS Form 3811, December 1994			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: NIEL D. & JANE M. SCHWED, JOINT TENANTS 32 TREHAVEN DRIVE SAN RAFAEL CA 94903		4a. Article Number 562701008	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 1-3-97	
5. Received By: (Print Name) _____		8. Addressee's Address (Only if requested and fee is paid) _____	
6. Signature: (Addressee or Agent) _____		Domestic Return Receipt	
PS Form 3811, December 1994			

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3. Article Addressed to: MILTON SCHWARTZ 4151 SOUTHWEST FWY., SUITE 330 HOUSTON TX 77027		4a. Article Number 562701014	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 1-3-97	
5. Received By: (Print Name) _____		8. Addressee's Address (Only if requested and fee is paid) _____	
6. Signature: (Addressee or Agent) _____		Domestic Return Receipt	
PS Form 3811, December 1994			

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3. Article Addressed to: MERLE BRITTING, TRUSTEE P O BOX 20170 WICHITA KS 67208		4a. Article Number 247658021	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 01-06-97	
5. Received By: (Print Name) _____		8. Addressee's Address (Only if requested and fee is paid) _____	
6. Signature: (Addressee or Agent) _____		Domestic Return Receipt	
PS Form 3811, December 1994			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	8. Addressee's Address (Only if requested and fee is paid)
RICHARD M. LOPEZ 1375 COUNTY ROAD 975 IGNACIO CO 81137	P562701025	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Insured <input type="checkbox"/> COD	JAN 3 1997 PS 43118
5. Received By: (Print Name)	7. Date of Delivery		
6. Signature: (Addressee or Agent) X <i>Richard M. Lopez</i>			
PS Form 3811, December 1994			
Domestic Return Receipt			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	8. Addressee's Address (Only if requested and fee is paid)
PEDRO LOPEZ 784 ARBOLES-LOPEZ ROAD IGNACIO CO 81137	P562701027	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Insured <input type="checkbox"/> COD	JAN 3 1997 PS 43118
5. Received By: (Print Name)	7. Date of Delivery		
6. Signature: (Addressee or Agent) X <i>Pedro Lopez</i>			
PS Form 3811, December 1994			
Domestic Return Receipt			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	8. Addressee's Address (Only if requested and fee is paid)
MOLLY JACQUES TRUST C/O SOUTHWEST BANK OF ALBUQUERQUE AND MOLLY A. JACQUES CO-TRUSTEES P O BOX 26900 ALBUQUERQUE NM 87125-6900	P562701180	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Insured <input type="checkbox"/> COD	JAN 3 1997 PS 43118
5. Received By: (Print Name)	7. Date of Delivery		
6. Signature: (Addressee or Agent) X <i>Molly Jacques</i>			
PS Form 3811, December 1994			
Domestic Return Receipt			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	8. Addressee's Address (Only if requested and fee is paid)
BOBBI L. COLEMAN P O BOX 3209 TULSA OK 74101	P562701000	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Insured <input type="checkbox"/> COD	JAN 3 1997 PS 43118
5. Received By: (Print Name)	7. Date of Delivery		
6. Signature: (Addressee or Agent) X <i>Bobbi L. Coleman</i>			
PS Form 3811, December 1994			
Domestic Return Receipt			

Thank you for using Return Receipt Service.

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

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  RUBY MEREDITH ROUTE 6 BOX 994 CLEBURNE TX 76031		4a. Article Number <b>PS62701175</b>	
5. Received By: (Print Name)  X <i>[Signature]</i> PS Form 3811, December 1994		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i> PS Form 3811, December 1994		7. Date of Delivery <b>1-9-97</b>	
8. Addressee's Address (Only if requested and fee is paid)		Domestic Return Receipt	

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3. Article Addressed to:  RUTH ZIMMERMAN TRUST 842 MUIRLANDS VISTA WAY LA JOLLA CA 92037		4a. Article Number <b>PS247658017</b>	
5. Received By: (Print Name)  X <i>[Signature]</i> PS Form 3811, December 1994		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i> PS Form 3811, December 1994		7. Date of Delivery <b>01-04-97</b>	
8. Addressee's Address (Only if requested and fee is paid)		Domestic Return Receipt	

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3. Article Addressed to:  SAN JUAN BASIN PARTNERS CO VALERO ENERGY CORP. ATTN: BUD BEEM MAIL STATION 12EE BOX 500 SAN ANTONIO TX 78292-0500		4a. Article Number <b>PS58641250</b>	
5. Received By: (Print Name)  X <i>[Signature]</i> PS Form 3811, December 1994		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i> PS Form 3811, December 1994		7. Date of Delivery <b>JAN - 6 1997</b>	
8. Addressee's Address (Only if requested and fee is paid)		Domestic Return Receipt	

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3. Article Addressed to:  WESTBANK OF ALBUQUERQUE, N.M. TRUSTEE FOR THE CHARLES W. MCCABE P O BOX 26900 ALBUQUERQUE NM 87125		4a. Article Number <b>PS62700994</b>	
5. Received By: (Print Name)  X <i>[Signature]</i> PS Form 3811, December 1994		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i> PS Form 3811, December 1994		7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)		Domestic Return Receipt	

Thank you for using Return Receipt Service.

the left - meter - the over - side?

**SENDER**

- Complete the \_\_\_\_\_
- Complete the \_\_\_\_\_

$$\frac{d}{dt} \left( \frac{1}{2} \dot{\theta}^2 \right) = \frac{1}{2} \dot{\theta}^2$$
$$F_{\mu\nu} = \partial_\mu A_\nu - \partial_\nu A_\mu$$
[illegible]

C/O TEXACO COMPANY  
P.O. BOX 20864

1276

1. Amber and John are my best friends.

...completer' or the other side?

**SEMINAR**

- <sup>m</sup> Complete rates = full rate for off-spring + ...  
Complete rates = full rate for off-spring + ...

441.33.0, 441.33.1

2. *Abstracting this paper* (as well as a full contribution) into a single abstract, and submitting both

$\frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{4}$

Order Addressed to:  
ROGER B. NELSON  
6424 BELT ON ROAD

[illegible]

chain Recent 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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- 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:**

TONY S. LOPEZ  
P O BOX 371154  
DENVER CO 80237-1154

**Received By: (Print Name)**

Signature: (Addressee or Agent)  
X *Tony Lopez*  
Form 3811, December 1994

**4a. Article Number**

1562 701 024

**4b. Service Type**

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

**7. Date of Delivery**

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

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:**

1612 SOUTH GLIRMARY  
AZTEC NM 87410

**5. Received By: (Print Name)**

Signature: (Addressee or Agent)  
X *Antonio Martinez*  
PS Form 3811, December 1994

**4a. Article Number**

1247 658 009

**4b. Service Type**

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

**7. Date of Delivery**

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

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.
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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:**

TOTAL MINATOME CORPORATION  
P O BOX 201769  
HOUSTON TX 77216-1769

**Received By: (Print Name)**

Signature: (Addressee or Agent)  
X *COREY JAMES*  
PS Form 3811, December 1994

**4a. Article Number**

1358 636 490

**4b. Service Type**

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

**7. Date of Delivery**

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**

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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:**

FARMINGTON NM 87499-0420

**5. Received By: (Print Name)**

Signature: (Addressee or Agent)  
X *ARMY STREET*  
PS Form 3811, December 1994

**4a. Article Number**

1247 658 011

**4b. Service Type**

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

**7. Date of Delivery**

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

Domestic Return Receipt

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3. Article Addressed to: WILLIAM MICHAEL MYATT 6313 WAKELAND CT. FORT WORTH TX 76133		4a. Article Number P392 014 677	
5. Received By: (Print Name) S. MYATT		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>S. Myatt</i>		7. Date of Delivery 1-7-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: WITH ADDRESS PRODUCTION COMPANY P O BOX 3102 TULSA OK 74101		4a. Article Number P358 636 493	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery JAN 3 1997	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: SUNWEST BANK OF ALBUQ. AGENT P O BOX 26900 ALBUQUERQUE NM 87125-6900		4a. Article Number P358 636 494	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 1-7-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: UNION OIL COMPANY OF CALIFORNIA 14141 SOUTHWEST FREEWAY SUGARLAND, TX 77478		4a. Article Number P358 641 251	
5. Received By: (Print Name) Ted Martinez		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Ted Martinez</i>		7. Date of Delivery 1-7-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: H. O. & T. K. POOL TRUST CO FIRST INTERSTATE BANK OF DENVER P O BOX 5825 DENVER CO 80217 ATTN: TRUST MINERALS		4a. Article Number 247658015	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 1-3-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: EVELYN LAYLAND 308 BELLEVUE CLEBURNE TX 76031		4a. Article Number 2562701174	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 1-7-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: VIRGINIA MATA ESTATE, DECEASED LLOYD K. HOLTZ, ADMINISTRATOR 2431 EAST 51ST STREET, SUITE 20 EXPRESSWAY TOWER TULSA OK 74105-6034		4a. Article Number 2562701013	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 1-3-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: WESLEY E. LECK 411 NORTH WALNUT CLEBURNE TX 76031		4a. Article Number 2562701174	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 1-7-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
GEORGE W. UMABACH 2620 SOUTH MARYLAND PARKWAY, #410 LAS VEGAS NV 89109	8247658031	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	1/13
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
	Domestic Return Receipt		
PS Form 3811, December 1994			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
GENOVEVA JUANITA GOMEZ CANDELA P O BOX 348 BLANCO NM 87412	562701032	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	JAN 3 1997
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
	Domestic Return Receipt		
PS Form 3811, December 1994			

Thank you for using Return Receipt Service.

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3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
GRACE LAYLAND 8924 SAN JUAN SOUTH GATE CA 90280	562701035	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	1/13/97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
	Domestic Return Receipt		
PS Form 3811, December 1994			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
GENEADEN H. MCFADDEN 1635 E. HALEAH DRIVE AURORA CO 80015-4103	562701004	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	1-4-97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
	Domestic Return Receipt		
PS Form 3811, December 1994			

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3. Article Addressed to: GERALD & JOY ANN W. IRETON 1430 CHARTWELL VIEW COLORADO SPRINGS CO 80906		4a. Article Number 1562 700 992	
5. Received By: (Print Name) Gerald W. Ireton		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 6-14-92	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

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

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: GERALD G. & ALTA JANE WILLIAMS, TRUSTEES 315 NORTH CLARK DRIVE AZTEC NM 87410		4a. Article Number 15476 58005	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 12-09	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: GEORGE K. HATHWAY, TRUSTEE DATED JUNE 16, 1988 3232 WEST BRITTON ROAD, STE. OKLAHOMA CITY OK 73120		4a. Article Number 1562 700 999	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 1-6-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: GEORGE K. HATHWAY 1136 SOUTH QUEBEC AVENUE TULSA OK 74112		4a. Article Number 1562 701 011	
5. Received By: (Print Name) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 1-31-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

Completed on the reverse side?

**SENDER:**

- Complete items 1 through 3, 4a and 4c
- Complete items 3, 4a and 4c

Attach this form to the front of the remittance or on the back if space runs out

Article Number:

I also wish to receive the following services (for an additional fee):  
1. Addressed to:  
2. Insurance coverage:  
3. Other services:  
Louisiana Department of Social Services

Article Number: 18606 765 441

Return Receipt to:

Completed on the reverse side?

**SENDER:**

- Complete items 1 through 3 for additional services
- Complete items 3, 4a and 4c

Attach this form to the front of the remittance or on the back if space runs out

Article Number:

Article Addressed to:  
HANNETT, STEELE GROUP  
SUNWEST BANK ALBUQUERQUE, N.M.  
08001

I also wish to receive the following services (for an additional fee):  
1. Addressed to:  
2. Insurance coverage:  
3. Other services:  
Louisiana Department of Social Services

Article Number: 18358 636 484

Return Receipt to:

Completed on the reverse side?

**SENDER:**

- Complete items 1 through 3, 4a and 4c
- Complete items 3, 4a and 4c

Attach this form to the front of the remittance or on the back if space runs out

Article Number:

I also wish to receive the following services (for an additional fee):  
1. Addressed to:  
2. Insurance coverage:  
3. Other services:  
Louisiana Department of Social Services

Article Number: 18606 765 441

Return Receipt to:

Completed on the reverse side?

**SENDER:**

- Complete items 1 through 3 for additional services
- Complete items 3, 4a and 4c

Attach this form to the front of the remittance or on the back if space runs out

Article Number:

Article Addressed to:  
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3. Other services:  
Louisiana Department of Social Services

Article Number: 18358 636 484

Return Receipt to:

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3. Article Addressed to: JENNIFER WALTERS 5441 WAYSIDE FORT WORTH TX 76134		4a. Article Number 2277658 004	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4c. Date of Delivery 1-7-98	
5. Received By: (Print Name) X <i>Charmitte L. Adams</i>		8. Addressee's Address (Only if requested and fee is paid) <i>1-7-98 Adams</i>	
6. Signature: (Addressee or Agent) X <i>Charmitte L. Adams</i>			
PS Form 3811, December 1994			
Domestic Return Receipt			

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3. Article Addressed to: JENNIFER WALTERS 5441 WAYSIDE FORT WORTH TX 76134		4a. Article Number 2277658 004	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4c. Date of Delivery 1-4-97	
5. Received By: (Print Name) X <i>Charmitte L. Adams</i>		8. Addressee's Address (Only if requested and fee is paid) <i>1-4-97 Adams</i>	
6. Signature: (Addressee or Agent) X <i>Charmitte L. Adams</i>			
PS Form 3811, December 1994			
Domestic Return Receipt			

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3. Article Addressed to: JENNIFER WALTERS 5441 WAYSIDE FORT WORTH TX 76134		4a. Article Number 2277658 004	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4c. Date of Delivery 1-7-98	
5. Received By: (Print Name) X <i>Charmitte L. Adams</i>		8. Addressee's Address (Only if requested and fee is paid) <i>1-7-98 Adams</i>	
6. Signature: (Addressee or Agent) X <i>Charmitte L. Adams</i>			
PS Form 3811, December 1994			
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3. Article Addressed to: JOSEPH E. HENDERSON, JR. P O BOX 54931 OKLAHOMA CITY OK 73154		4a. Article Number P247 658023	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 6	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) [Stamp: NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES]	

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JOSE EUGENIO GOMEZ P O DRAWER 520 AZTEC NM 87410		4a. Article Number P562701178	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 1-3-99	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) [Stamp: NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES]	

Thank you for using Return Receipt Service.

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3. Article Addressed to: JOHN EDWARD D. SHIRLEY ANN CHOUTEAU TR DTD, 6-10-92 2505 GLENWOOD DRIVE BARTLESVILLE OK 74006		4a. Article Number P358636495	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 1-3-96	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) [Stamp: NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES]	

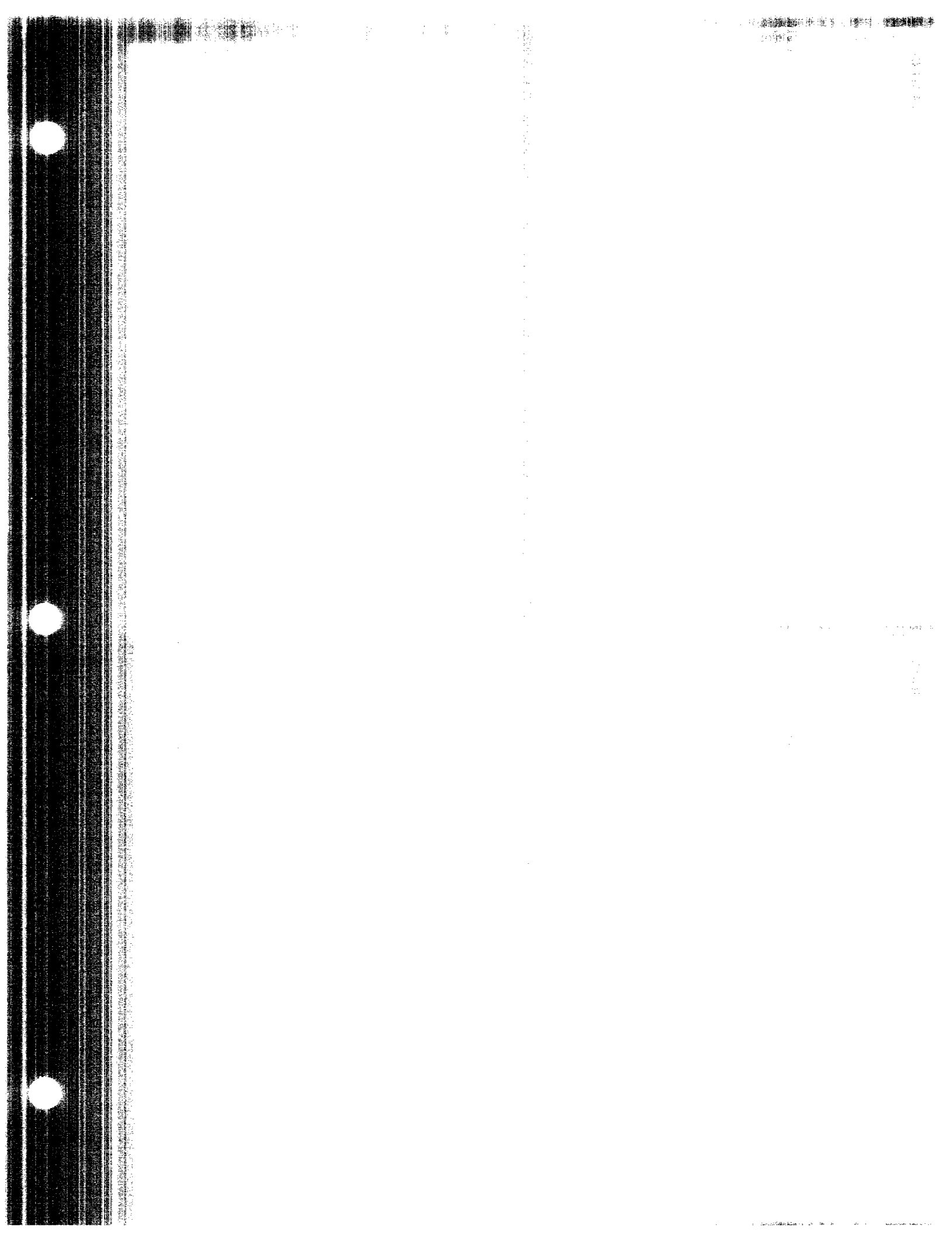
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3. Article Addressed to: JUAN CRISTOBAL GOMEZ, JR., AN LILA P. GOMEZ P O BOX 1238 AZTEC NM 87410		4a. Article Number P562701177	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 1-3-99	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) [Stamp: NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES]	

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3. Article Addressed to: <b>KATHLEEN QUINN</b> <b>SUNWEST BANK OF ALBUQUERQUE,</b> <b>AGENT</b> <b>P O BOX 26900</b> <b>ALBUQUERQUE NM 87125</b>		4a. Article Number <b>P 247 658 016</b>	
5. Received By: (Print Name) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		7. Date of Delivery <b>1/17/94</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) <b>Domestic Return Receipt</b>	

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3. Article Addressed to: <b>KERR MCGEE CORPORATION</b> <b>EXPIRATION AND PRODUCTION DIVI</b> <b>P O BOX 730330</b> <b>DALLAS TX 75373-0330</b>		4a. Article Number <b>P 247 658 013</b>	
5. Received By: (Print Name) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <b>X</b>		7. Date of Delivery <b>JAN 03 1994</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) <b>Domestic Return Receipt</b>	

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3. Article Addressed to: <b>LAWRENCE LAYLAND</b> <b>1212 HILLTOP DRIVE</b> <b>CLEBURNE TX 76031</b>		4a. Article Number <b>P 562 701 195</b>	
5. Received By: (Print Name) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		7. Date of Delivery <b>1/17/94</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) <b>Domestic Return Receipt</b>	

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3. Article Addressed to: <b>LEE A. LOPEZ</b> <b>2041 COLLEGE CIRCLE</b> <b>LAS VEGAS NV 89115</b>		4a. Article Number <b>P 562 701 026</b>	
5. Received By: (Print Name) <b>LEE A. LOPEZ</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery <b>1/17/94</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) <b>Domestic Return Receipt</b>	

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3. Article Addressed to: CHERYL L. POTENZANI P O BOX 36600, STATION D ALBUQUERQUE NM 87176		4a. Article Number 1358636488	
5. Received By: (Print Name) Cheryl L. Potenzani		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) Cheryl L. Potenzani		7. Date of Delivery 1/4/97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
Domestic Return Receipt			

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3. Article Addressed to: CHARLES D. EDMONSON ATTN: BANK BY MAIL P O BOX 36020 LOUISVILLE KY 40233-6020		4a. Article Number 1562701003	
5. Received By: (Print Name) Charles D. Edmonson		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) Charles D. Edmonson		7. Date of Delivery JAN 07 1997	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
Domestic Return Receipt			

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3. Article Addressed to: JULIA PAGE P O BOX 610 LAWRENCE KS 66044-0610		4a. Article Number 1562701018	
5. Received By: (Print Name) Julia Page		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) Julia Page		7. Date of Delivery 1/3/97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
Domestic Return Receipt			

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3. Article Addressed to: JUNE E. BENART ROUTE 2 BOX 253 DILLWYN VA 23936		4a. Article Number 1562701187	
5. Received By: (Print Name) June E. Benart		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) June E. Benart		7. Date of Delivery JAN 07 1997	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
Domestic Return Receipt			

Thank you for using Return Receipt Service.



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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  CYRENEL INMAN SUNWEST BANK OF ALBU, AGENT TRUST DEPARTMENT P O BOX 26900 ALBUQUERQUE NM 87125		4a. Article Number <b>9358636485</b>	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) <b>X</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery <b>1997</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt	

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3. Article Addressed to:  CONOCO, INC. 10 DESTA DRIVE W SUITE 100 W MIDLAND, TX 79705-4500		4a. Article Number <b>9562701020</b>	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) <b>X</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery <b>1-7-97</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt	

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3. Article Addressed to:  CROSS TIMBERS PRODUCTION COMPANY P O BOX 840287 DALLAS TX 75287		4a. Article Number <b>9562700997</b>	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) <b>X</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery <b>JAN 06 1997</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt	

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3. Article Addressed to:  COMMISSIONER OF PUBLIC LANDS NEW MEXICO STATE LAND OFFICE SANTA FE NM 87501		4a. Article Number <b>9562700987</b>	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) <b>X</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery <b>1-7-97</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt	

Thank you for using Return Receipt Service.

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3. Article Addressed to: <b>DAVID WHITEHEAD BRENNAND</b> <b>159 CHINABERRY ROAD</b> <b>PINON NM 88344-9710</b>		4a. Article Number <b>P247658019</b>	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name)  		7. Date of Delivery  	
6. Signature: (Addressee or Agent) <b>X</b> <i>David Whitehead Brennard</i>		8. Addressee's Address (Only if requested and fee is paid)  	
PS Form 3811, December 1994		Domestic Return Receipt	

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3. Article Addressed to: <b>DEANE WALLACE BURNETT</b> <b>4967 SOUTH 72ND EAST AVENUE</b> <b>TULSA OK 74145</b>		4a. Article Number <b>P247658022</b>	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name)  		7. Date of Delivery  	
6. Signature: (Addressee or Agent) <b>X</b> <i>Deane Wallace Burnett</i>		8. Addressee's Address (Only if requested and fee is paid)  	
PS Form 3811, December 1994		Domestic Return Receipt	

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3. Article Addressed to: <b>DELFINITA G. CHAVEZ</b> <b>603 WHITE AVENUE</b> <b>AZTEC NM 87410</b>		4a. Article Number <b>P562701033</b>	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name)  		7. Date of Delivery <b>1-3-97</b>	
6. Signature: (Addressee or Agent) <b>X</b> <i>Delinita Chavez</i>		8. Addressee's Address (Only if requested and fee is paid)  	
PS Form 3811, December 1994		Domestic Return Receipt	

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3. Article Addressed to: <b>DEPARTMENT OF INTERIOR-AMS</b> <b>ROYALTY MANAGEMENT PROGRAM</b> <b>P O BOX 5810, T.A.</b> <b>DENVER CO 80217</b>		4a. Article Number <b>P358636492</b>	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name)  		7. Date of Delivery  	
6. Signature: (Addressee or Agent) <b>X</b> <i>Department of Interior-AMS</i>		8. Addressee's Address (Only if requested and fee is paid)  	
PS Form 3811, December 1994		Domestic Return Receipt	

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3. Article Addressed to:  ESTATE OF ENRIQUE ESPINOSA JOSEPH ESPINOSA PERSONAL REPRESENTATIVE P O BOX 704 PAGOSA SPRINGS CO 81147		4a. Article Number 4b. Service Type 4c. Registered <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery	
5. Received By: (Print Name) Carlos Hernandez		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		Domestic Return Receipt	
PS Form 3811, December 1994			

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3. Article Addressed to:  D. H. MYATT ESTATE OPAL MYATT, EXECUTR 105 S. DRISKELL DRIVE CROWLEY TX 76036		4a. Article Number 4b. Service Type 4c. Registered <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery	
5. Received By: (Print Name) D. H. Myatt		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		Domestic Return Receipt	
PS Form 3811, December 1994			

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3. Article Addressed to:  DAND LOPEZ 1608 OAKWAY DRIVE BALTIMORE MD 21222		4a. Article Number 4b. Service Type 4c. Registered <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery	
5. Received By: (Print Name) Dand Lopez		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		Domestic Return Receipt	
PS Form 3811, December 1994			

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3. Article Addressed to:  DANIEL BRENNAN 1119 RIDGLEA WAY BOULDER CO 80303-1494		4a. Article Number 4b. Service Type 4c. Registered <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery	
5. Received By: (Print Name) Daniel Brennan		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		Domestic Return Receipt	
PS Form 3811, December 1994			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
ELESIDA ENRIQUEZ 1115 RTH AVENUE DURANGO CO 81301	562701 022	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	1/2
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressed or Agent)			
X			
PS Form 3811, December 1994			
Domestic Return Receipt			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
ELLIOT EUGENE HATHAWAY 423 SOUTH 80TH AVENUE TULSA OK 74112	9358641254	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	1/3/97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)			
X			
PS Form 3811, December 1994			
Domestic Return Receipt			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
WILL OF E. F. KALB, DECEASED 1203 THE ST. JAMES 5555 DEL MONTE DRIVE HOUSTON TX 77056-4118	562700991	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	1/3/97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressed or Agent)			
X			
PS Form 3811, December 1994			
Domestic Return Receipt			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
ESTATE OF ALBERT E. FAGAN DONALD E. FAGAN INDEPENDENT EXECUTOR 6518 ROOS ROAD HOUSTON TX 77074-6328	358641249	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)			
X			
PS Form 3811, December 1994			
Domestic Return Receipt			

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3. Article Addressed to:  GARY MAX MYATT 6424 SUNDANCE CIRCLE JOSHUA TX 76058		4a. Article Number P392 014674	
5. Received By: (Print Name) Gary Myatt		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X Gary Myatt		7. Date of Delivery 1-4-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to:  EDGAR JOHN LAYLAND 102 HUTCHINSON DRIVE SMYRNA TN 37167		4a. Article Number P562 701194	
5. Received By: (Print Name) Edgar John Layland		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X Edgar John Layland		7. Date of Delivery 1-4-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to:  EDWARD LAYLAND MYATT, JR. 1903 NEVADA DENTON TX 76201		4a. Article Number P562 701037	
5. Received By: (Print Name) Edward Myatt		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X Edward Myatt		7. Date of Delivery 1-7-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to:  EJE BROWN COMPANY C/O NATONSBANK OF TEXAS, N.A. AG P O BOX 840738 DALLAS TX 75284-0738		4a. Article Number P247658012	
5. Received By: (Print Name) EJE Brown Company		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X EJE Brown Company		7. Date of Delivery 1-4-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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**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:

4a. Article Number

PS 562 701 192

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

1/16

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

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.
- 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:

4a. Article Number

PS 562 701 015

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

1/14/96

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

7. Faith Finberg

F. FAITH FINBERG  
1666 COFFMAN STREET, APT. 212  
ST. PAUL MN 55108

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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:

4a. Article Number

PS 562 701 029

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

1/16

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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:

4a. Article Number

PS 58 636 483

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BURLINGTON RESOURCES OIL & GAS CO. 3535 EAST 30TH ST. FARMINGTON, NM 87402-0801		4a. Article Number 1358636498	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 1-2-97	
5. Received By: (Print Name) M. MARTINEZ		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X M. Martinez			
PS Form 3811, December 1994 Domestic Return Receipt			

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: C. FRED LUTHY, JR. SUNWEST BANK OF ALBU, AGENT TRUST DEPARTMENT P O BOX 26900 ALBUQUERQUE NM 87125		4a. Article Number 1358636486	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 1-2-97	
5. Received By: (Print Name) X M. Martinez		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X M. Martinez			
PS Form 3811, December 1994 Domestic Return Receipt			

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ANGELINA BARELA 212 56TH STREET NW ALBUQUERQUE NM 87105		4a. Article Number 1562701021	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 1-2-97	
5. Received By: (Print Name) Angelina Barela		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Angelina Barela			
PS Form 3811, December 1994 Domestic Return Receipt			

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: C.A. HANSON INDIVIDUAL & ASSN GUARDIAN FOR LISA K. MAGAZINE 4563 S. MEADOW DRIVE BOULDER CO 80301		4a. Article Number 1358636486	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 1-2-97	
5. Received By: (Print Name) X M. Martinez		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X M. Martinez			
PS Form 3811, December 1994 Domestic Return Receipt			

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
AGAPITA JULIANITA GOMEZ ABEYTA P O BOX 100 LOS OLIVOS NM 87551	P 562 701 031	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	11/6/97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature (Addressee or Agent) X <i>Agapita Julianita Gomez</i>		PS Form 3811, December 1994	
Domestic Return Receipt			

Thank you for using Return Receipt Service.

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<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
BB ROYALTY PARTNERSHIP P O BOX 220 CASPER WY 82602	P 247 658 018	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	11-3-97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature (Addressee or Agent) X <i>BB Royalty Partnership</i>		PS Form 3811, December 1994	
Domestic Return Receipt			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
BEATRICE GOMEZ RODRIGUEZ 3530 DAKOTA NE ALBUQUERQUE NM 87110	P 562 701 185	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	11-3-97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature (Addressee or Agent) X <i>Beatrice Gomez Rodriguez</i>		PS Form 3811, December 1994	
Domestic Return Receipt			

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Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
BETTY J. PRESTON DECENDENT'S TRUST 108 CAMELOT PT. HOT SPRINGS AZ 71913	P 358 636 497	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	11-3-97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature (Addressee or Agent) X <i>Betty J. Preston</i>		PS Form 3811, December 1994	
Domestic Return Receipt			

Thank you for using Return Receipt Service.

