

# OMNI OIL PROPERTIES

P.O. BOX 564  
ROSWELL, NEW MEXICO 88202

Enick E. Diffie

(505) 622-3294

March 28, 1996

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Santa Fe, New Mexico

Case No. 11725 Exhibit No. 4

Mr. & Mrs. Robert S. Leonard  
Post Office Box 254  
Lakehead, California 96051

Submitted by: Manzano Oil Corporation

Hearing Date: February 20, 1997

Re: Offer to Acquire Oil & Gas Lease  
Turtle Prospect  
Lea County, New Mexico  
Township 16 South, Range 36 East, N.M.P.M.  
Section 2: S/2SE/4, Containing 80.0 gross acres,  
more or less.

Dear Mr. & Mrs. Leonard:

Manzano Oil Corporation has been active during the past year in acquiring oil and gas leases in the captioned prospect and has successfully acquired leases covering approximately 70.0 net acres out of the 80.0 gross acre tract as described above. Our review of the ownership records in Lea County, New Mexico indicates the ownership of the remaining 10.0 net acres is subject to the Schenck-Lovington Addition and has been subdivided into blocks and lots which are now owned by numerous individuals or businesses. Due to the number of parties involved in the chain of title and certain unanswered questions affecting title to the mineral estate, it is our intent to contract all parties believed to own an interest in the specific block(s) and lot(s) which are presently unleased. Subject to approval of title, it is also our intent to obtain pertinent information in order to prepare an oil and gas lease and bank draft for each party willing to lease their interest.

With this in mind, an offer is made on behalf of Manzano Oil Corporation to acquire an oil and gas lease covering your .078 net acre mineral interest in the following described lands based on the terms of \$50.00 per acre bonus consideration, 3/16 royalty, \$1.00 per acre rental for a three (3) year primary term. If your interest calculates to less than \$10.00 based on the aforementioned terms, a minimum payment of \$10.00 will be tendered as an incentive to acquire a lease.

## LEGAL DESCRIPTION

Block 39, Lot 4

In the event this offer is acceptable, please complete the following information and return this letter so an oil and gas lease and bank draft can be prepared and mailed for your review and execution. For your convenience, a self-addressed postage paid envelope has been enclosed for return mailing.

NAME OF OWNER(S) \_\_\_\_\_

CAPACITY Married \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Partnership \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Trust \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Other \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_  
(if applicable)

SIGNATORY PARTY  
FOR CORPORATION  
OR PARTNERSHIP  
(if applicable) \_\_\_\_\_

ADDRESS IF DIFFERENT  
FROM ABOVE \_\_\_\_\_  
\_\_\_\_\_

SS# OR TAX ID# \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

Your response to this offer will be greatly appreciated and every effort will be made to answer any questions you may have about your mineral interest in the captioned lands and our development plans.

Sincerely,

  
Enick E. Diffie



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Estate of James Moon  
Norma Moon  
7400 Lowellen  
Hobbs, NM 88240

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mrs. Moon:

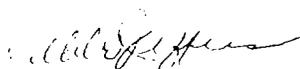
We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



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Manzano Oil Corporation

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Roswell, New Mexico 88202-2107  
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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. George H. Anderson  
3577 Evening Cnyn Rd  
Oceanside, CA 92056

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. & Mrs. Anderson:

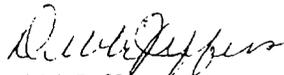
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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Clara J. McCurdy  
29420 Via La Plaza  
Murrieta, CA 92563

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. McCurdy:

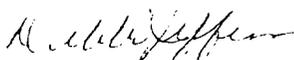
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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Edwin Till  
5400 Apache Plume Ct. Los Prados  
Las Vegas, NE 89130

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Till:

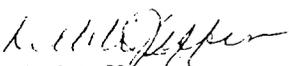
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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. Peter Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. & Mrs. Panagopoulos:

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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Sim H. Levy  
401 S. Turner  
Hobbs, NM 88240

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Levy:

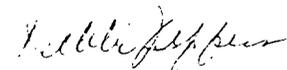
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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Mary Olive Hepler  
P. O. Box 61  
Merlin, OR 97532

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. Hepler:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Nevin N. Macubbin  
230 S. Eureka Street  
Redlands, CA 92373

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Macubbin:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Charles Aniser  
800 FM 1417 Apt 1225  
Sherman, TX 75090

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Aniser:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. Charles St. Martin  
1652 Hedland Place  
El Dorado Hills, CA 95630

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. & Mrs. St. Martin:

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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Harvey R. Taylor and  
Bill G. Taylor  
1106 N. Country Club  
Carlsbad, NM 88220

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Gentlemen:

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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Chad Michael Madrick  
19782 Canyon Drive  
Yorba Linda, CA 92686

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Madrick:

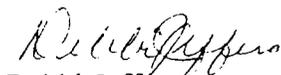
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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Lloyd B. Hill  
1860 Braemar Road  
Pasadena, CA 91103

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Hill:

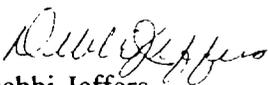
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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Church of Four Square Gospel  
3516 Kiest Crest Drive  
Dallas, TX 75233

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Porrferia Morales  
322 East White  
Hobbs, NM 88240

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. Morales:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Lucy P. Mitchell  
255 Porto Fino Way  
Redondo, CA 90277

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. Mitchell:

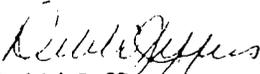
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We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. Norman C. Joy and  
Iona Wonock, Joint Tenants  
5938 E. Beryl Ave.  
Scottsdale, AZ 85253

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Clifford L. Payne  
P. O. Box 849  
Lovington, NM 88260

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Payne:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



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Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. E.D. Baring-Gould  
P. O. Box 50609  
Santa Barbara, CA 93150

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Baring-Gould:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



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Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Louise M. Augereau  
1080 Foxburg Rd, Apt 2161  
Seal Beach, CA 90740

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. Augereau:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Dottie Darden  
6821 Club Meadows Drive  
Amarillo, TX 79124

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. Darden:

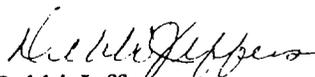
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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. John Smith  
7925 E. Saffron St.  
Anaheim, CA 92808

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Smith:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Big Three Land Company  
P. O. Box 732  
Lovington, NM 88260

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Gentlemen:

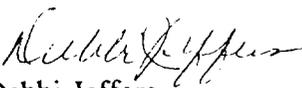
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Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Ada D. Dowdell  
1124 E. Mackinac Ave.  
Oak Creek, WI 53154

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. Dowdell:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



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Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Dale Boland  
1417 S. 2nd  
Lovington, NM 88260

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Boland:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Kenneth R. Boss  
East Star Rt., Box 913  
Lovington, NM 88260

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Boss:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Beverly Powers  
5215 Shenandoah Ave.  
Los Angeles, CA 90056

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. Powers:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Russell A. Braun  
P. O. Box 463  
Columbia, IL 62236

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. Braun:

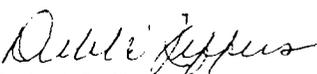
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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. James L. Moon  
P. O. Box 276  
Sasakwa, OK 74867

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Mr. & Mrs. Moon:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Joseph & Allan Day  
P. O. Box 230  
La Mesa, CA 91944

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Gentlemen:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Margaret H. Mitchell  
335-B Avenida Sevilla  
Laguna Hills, CA 92653

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Dear Ms. Mitchell:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

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Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debbi Jeffers".

Debbi Jeffers

Enc: AFE dated January 17, 1997



---

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202-2107  
(505) 623-1996  
FAX (505) 625-2620

January 30, 1997

Mr. & Mrs. Robert Leonard  
P. O. Box 254  
Lakehead, CA 96051

CERTIFIED MAIL, RETURN RECEIPT

Re: S/2SE/4 Section 2, 16S-36E  
"SV" Killer Bee #1  
Lea County, New Mexico  
Turtle Prospect

Gentlemen:

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Sincerely,

  
Debbi Jeffers

Enc: AFE dated January 17, 1997

P 391 759 357

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sender's Name	Church of Our Saviour Chapel
Street & Number	206 West Crest Drive
Post Office, State, & ZIP Code	Killer Bee TX 75233
Postage	\$ 0.32
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>\$ 2.52</b>
Postmark or Date	Killer Bee TX

PS Form 3800, April 1995

P 391 759 371

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sender's Name	Beverly Powers
Street & Number	2215 Sherandoah Ave.
Post Office, State, & ZIP Code	200 Angell CA 90056
Postage	\$ 0.32
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>\$ 2.52</b>
Postmark or Date	Killer Bee TX

PS Form 3800, April 1995

Manzano Oil Corporation

P.O. Box 2107  
Roswell, New Mexico 88202

P 391 759 371

26 FEB 18 AM

Fold at line over top of envelope to  
the right of the return address

**CERTIFIED**

**MAIL**

INSURANCE  
INSURANCE  
INSURANCE

*Mr. Beverly Powers* **NOTED**  
*5215 Skemandsch Ave.* **KEEP NO**  
*700 Angles, CA 90056* **ADD.**



Manzano Oil Corporation

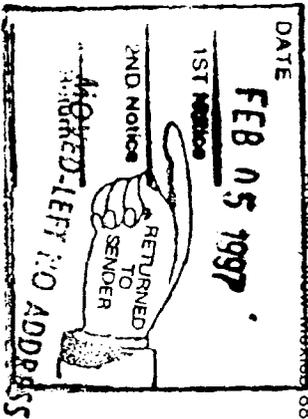
P.O. Box 2107  
Roswell, New Mexico 88202-

P 391 759 350

**CERTIFIED**

**MAIL**

FEB 11 A.M.



Mr. Charles Amos  
800 FM 1417 Apt 1225  
Sherman, TX 75090



██████████  
██████████



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. J.G. Richardson  
East Star Route Box 30  
Lovington, NM 88260

*Arnell Richardson*

6. Signature (Agent)

4a. Article Number

P 391 759 351

4b. Service Type

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

7. Date of Delivery

1-31-97

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Mr Periferia Morales*  
*322 East White*  
*Hobbs, NM. 88240*

4a. Article Number

*4391 759 358*

4b. Service Type

Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery

*1-31-97*

5. Signature (Addressee)

*Periferia Morales*

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

6. Signature (Agent)

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:

Big Three Land Company  
P.O. Box 732  
Lawington, NM 88260

4a. Article Number

P 391759367

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Melanie Robinson

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. Clifford L. Payne  
P.O. Box 849  
Lovington, NM 88260

4a. Article Number

P 391 759 361

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

*Clifford L. Payne*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. and Mrs Peter Panagopoulos  
1805 Sandy Lane  
Carlsbad, nm 88220

4a. Article Number

4391 759 347

4b. Service Type

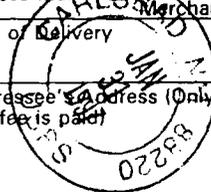
- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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



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:

Mr. Dale Boland  
1417 S. 2nd  
Louington, NM 88260

4a. Article Number

P391 759 329

4b. Service Type

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

7. Date of Delivery

1-25-97 SA

5. Received By: (Print Name)

Chip Mills

6. Signature: (Addressee or Agent)

X Chip Mills

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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:

Ms. Dottie Darden  
6821 Club Meadows Dr.  
Amarillo, TX 79124

4a. Article Number

P 391 759 365

4b. Service Type

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

7. Date of Delivery

2-1-97

5. Received By: (Print Name)

Colon Trustee

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

6. Signature: (Addressee or Agent)

X

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
 Mr. and Mrs. George H. Anderson  
 3577 Evening Chyn Rd.  
 Oceanada, CA 92056

4a. Article Number  
P391759364

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

7. Date of Delivery  
2-9-97 JK

5. Signature (Addressee)  
 George H. Anderson

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
*Edwin Hill*  
*5400 Apache Plume*  
*Ct. Los Prados*  
*Las Vegas, NE 89130*

4a. Article Number  
*P 391 759 346*

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

7. Date of Delivery  
*2-3-97*

5. Signature (Addressee)

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

6. Signature (Agent)  
*Frederick Hill*

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

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ray W King Estate  
 19133 Venable Street #7  
 Northridge, CA 91326

4a. Article Number  
 P391 759 356

4b. Service Type

Registered       Insured

Certified         COD

Express Mail     Return Receipt for Merchandise

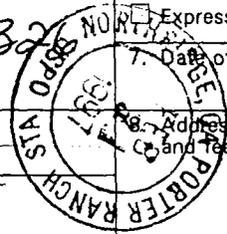
7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

*Pat Patten*



Thank you for using Return Receipt Service.

**SENDER:**

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

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

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

Consult postmaster for fee.

Is your RETURN ADDRESS complete...

3. Article Addressed to:  
*Ms. Mary Olive Hepler*  
*P.O. Box 61*  
*Merlin, OR 97532*  
 5. Signature (Addressee)  
*Mary Olive Hepler*  
 6. Signature (Agent)

4a. Article Number

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

7. Date of Delivery  
*2-3-97B*

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. Kenneth R. Boss  
East Star Rt. Box 913  
Lounigton, NM 88260

4a. Article Number

P 391 759 370

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Beverly Bon

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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:

Estate of James Moon  
 Norma Moon  
 7400 Lowellen  
 Hobbs, NM 88240

4a. Article Number  
 P 391 759 377

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery *2/5*

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

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

6. Signature: (Addressee or Agent)  
*x Patty Clardy*

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. Sim H. Levy  
401 S. Turner  
Hobbs, N.M. 88241

Barbara A. Levy

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P391757453

4b. Service Type

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

7. Date of Delivery

2-4

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
 Mr Louise M. Augreau  
 1080 Foxburg Rd. Apt 216  
 Seal Beach, CA 90740  
 Louise M. Augreau

4a. Article Number  
4391759363

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

7. Date of Delivery  
2.1.97

5. Signature (Addressee)

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

6. Signature (Agent)

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

*M. Lloyd B. Hill  
1860 Braemar Road  
Pasadena, CA 91103*

*M. Hill*

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

*P 391 759 355*

4b. Service Type

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

7. Date of Delivery

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

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

*Ms. Clara G. McCurdy  
29420 Via La Playa  
Murrieta, CA 92563*

4a. Article Number

*P 391 757 455*

4b. Service Type

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

7. Date of Delivery

*2/3/92*

5. Signature (Addressee)

*Clara G. McCurdy*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
 Mr. Harvey R. Taylor and  
 Bill G. Taylor  
 1106 N. Country Club  
 Carlisle, NM 88220

4a. Article Number  
P 391 759 353

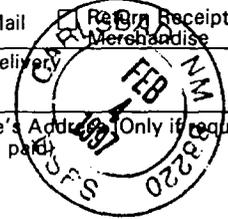
- 4b. Service Type
- Registered
  - Insured
  - Certified
  - COD
  - Express Mail
  - Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)  
Bill Taylor



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:

Mr. Russell A. Braun  
P.O. Box 463  
Columbia, IL 62236

4a. Article Number

P 391 759 372

4b. Service Type

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

7. Date of Delivery

2-3-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

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.

Thank you for using Return Receipt Service.

3. Article Addressed to:

Mr. and Mrs. Robert Leonard  
 P.O. Box 254  
 Lakehead, CA 96051  
 Kathryn Leonard

4a. Article Number

P 391 759 376

4b. Service Type

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

7. Date of Delivery

2-6-97

5. Received By: (Print Name)

Kathryn F. Leonard

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

6. Signature: (Addressee or Agent)

X

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:

Ms Margaret H. Mitchell  
335-B Avenida Sevilla  
Laguna Hills, CA 92653

4a. Article Number

7391 759 375

4b. Service Type

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

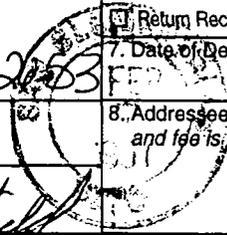
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*Phillip B. Quiffell*



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:

Ms. Ada D. Dowdell  
1124 E. Mackinac Ave  
Oak Creek, WI 53154

4a. Article Number

P 391 759 368

4b. Service Type

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

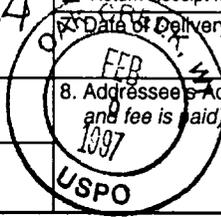
Data of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Betty Madonis

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



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

*Mr. and Mrs. Norman C. Joy  
and Elona Woneck Joy  
5938 E. Beryl Ave.  
Scottsdale AZ 85253*

4a. Article Number

*P 391 759 360*

4b. Service Type

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

7. Date of Delivery

*2-8*

5. Signature (Addressee)

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

6. Signature (Agent)

*Rebecca Joy Mathews*

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Joseph and Allan Day  
 P.O. Box 230  
 La Mesa, CA 91944

4a. Article Number  
 P 391 759 374

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-4-97

5. Received By: (Print Name)  
 Allan Day

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

6. Signature: (Addressee or Agent)  
 X



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

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

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

Consult postmaster for fee.

3. Article Addressed to:

*Mr. Kevin N. Macubler  
230 S. Eureka Street  
Redlands, CA 92373  
Lil Cabin*

4a. Article Number

*391 759 349*

4b. Service Type

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

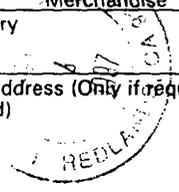
7. Date of Delivery

*11/11/91*

5. Signature (Addressee)

6. Signature (Agent)

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



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. Chad Michael Madrick  
~~1976 Carriage Drive~~  
 Yorba Linda, CA 92686  
 19832 Lombard

4a. Article Number

4391 759 354

4b. Service Type

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

7. Date of Delivery

FEB 15 1991

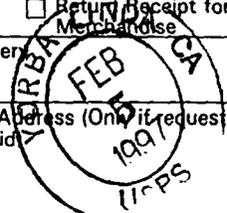
8. Addressee's Address (Only if requested and fee is paid)

5a. Signature (Addressee)

[Signature]

6. Signature (Agent)

[Signature]



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

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

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

3. Article Addressed to:  
 Mr. John Smith  
 7925 E. Saffron St.  
 Anaheim, CA 92808

4a. Article Number  
 4391 759.366

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X *John Smith*

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
*Mr. Lucy P. Mitchell*  
*255 Porto Fino Way*  
*Redondo, CA 90277*

4a. Article Number  
*4391759359*

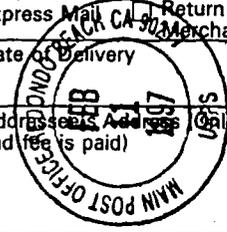
4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*RICHARD MITCHELL*

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

6. Signature (Agent)  
*[Signature]*



Thank you for using Return Receipt Service.

Is your RETU  
 6. Signature (Agent)  
*B. Daring Gould*

and fee is paid)

Than

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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:

Mrs. D. Baring-Gould  
P.O. Box 50609  
Santa Barbara, CA  
93150

4a. Article Number

4391759362

4b. Service Type

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

7. Date of Delivery

2/11/91

5. Signature (Addressee)

D. Baring-Gould

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION  
OF MANZANO OIL CORPORATION  
FOR COMPULSORY POOLING AND AN  
UNORTHODOX WELL LOCATION,  
LEA COUNTY, NEW MEXICO.

CASE NO. 11725

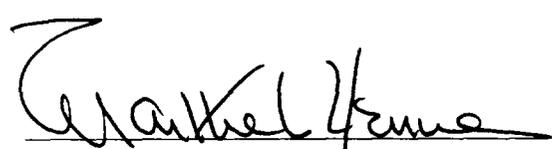
AFFIDAVIT

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

William F. Carr, authorized representative of Manzano Oil Corporation, the Applicant herein, being first duly sworn, upon oath, states that in accordance with the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division the Applicant has attempted to find the correct addresses of all interested persons entitled to receive notice of this application and that notice has been given at the addresses shown on Exhibit "A" attached hereto as provided in Rule 1207.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 19th day of February, 1997 by William F. Carr.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:  
August 19, 1999

**EXHIBIT A**

Mr. & Mrs. Robert Leonard  
Post Office Box 254  
Lakehead, CA 96051

Big Three Land Company  
Post Office Box 732  
Lovington, NM 88260

Margaret H. Mitchell  
335-B Avenida Sevilla  
Laguna Hills, CA 92653

Mr. John Smith  
7925 E. Saffron Street  
Anaheim, CA 92808

Joseph & Allan Day  
Post Office Box 230  
La Mesa, CA 91944

Dottie Darden  
6821 Club Meadows Drive  
Amarillo, TX 79124

Mr. & Mrs. James L. Moon  
Post Office Box 276  
Sasakwa, OK 74867

Mrs. George H. Anderson  
3577 Evening Canyon Road  
Oceanside, CA 92056

Mr. Russell A. Braun  
Post Office Box 463  
Columbia, IL 62236

Louise M. Augereau  
1080 Foxburg Road, Apt. 2161  
Seal Beach, CA 90740

Beverly Powers  
Earl C. & Blossom J. Peterson  
5215 Shenandoah Avenue  
Los Angeles, CA 90056

Mr. E.D. Baring-Gould  
Post Office Box 50609  
Santa Barbara, CA 93150

Mr. Kenneth R. Boss  
East Star Rt., Box 913  
Lovington, NM 88260

Mr. Clifford L. Payne  
Post Office Box 849  
Lovington, NM 88260

Mr. Dale Boland  
1417 S. 2nd  
Lovington, NM 88260

Mr. & Mrs. Norman C. Joy  
and Iona Wonock, Joint Tenants  
5938 E. Beryl Avenue  
Scottsdale, AZ 85253

Ada D. Dowdell  
1124 E. Mackinac Avenue  
Oak Creek, WI 53154

Lucy P. Mitchell  
255 Porto Fino Way  
Redondo, CA 90277

Porrferia Morales  
322 East White  
Hobbs, NM 88240

Church of Four Sq. Gospel  
3516 Kiest Crest Drive  
Dallas, TX 75233

Ray W. King Estate  
19133 Index Street #7  
Northridge, CA 91326

Mr. Lloyd B. Hill  
1860 Braemar Road  
Pasadena, CA 91103

Chad Michael Madrick  
19782 Canyon Drive  
Yorba Linda, CA 92686

Harvey R. Taylor and  
Bill G. Taylor  
1106 N. Country Club  
Carlsbad, NM 88220

Charles & Hilda St. Martin  
1652 Hedland Place  
El Dorado Hills, CA 95630

Charles Aniser  
800 FM 1417 Apt. 1225  
Sherman, TX 75090

T.G. Richardson  
East Star Route Box 30  
Lovington, NM 88260

Nevin N. Macubbin  
230 S. Eureka Street  
Redlands, CA 92373

Mary Olive Hepler  
Post Office Box 61  
Merlin, OR 97532

Edwin Till  
5400 Apache Plume Ct. Los Prados  
Las Vegas, NV 89130

Clara J. McCurdy  
29420 Via La Plaza  
Murrieta, CA 92563

Peter & P.V. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

Sim H. Levy  
401 S. Turner  
Hobbs, NM 88240

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Santa Fe, New Mexico

Case No. 11725 Exhibit No. 5

**AFFIDAVIT,**  
Page 3

Submitted by: Manzano Oil Corporation

Hearing Date: February 20, 1997

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B CAMPBELL  
WILLIAM F CARR  
BRADFORD C BERGE  
MARK F SHERIDAN

MICHAEL H FELDEWERT  
TANYA M. TRUJILLO  
PAUL R. OWEN

JACK M CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE (505) 988-4421  
TELECOPIER (505) 983-6043

January 30, 1997

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

TO AFFECTED INTEREST OWNERS:

Re: In the Matter of the Application of Manzano Oil Corporation for Compulsory Pooling and an Unorthodox Well Location, Lea County, New Mexico

Gentlemen:

This letter is to advise you that Manzano Oil Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the pooling of all mineral interests in the S/2 SE/4 of Section 2, Township 16 South, Range 36 East, N.M.P.M., Lea County, New Mexico, for formations based on 40 or 80-acre spacing and for an unorthodox well location.

This application has been set for hearing before a Division Examiner on February 20, 1997. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



PAUL R. OWEN  
WILLIAM F. CARR  
ATTORNEY FOR MANZANO OIL CORPORATION  
PRO/edr  
Enclosure

P 087 492 300



**Receipt for Certified Mail**

No Insurance Coverage Provided

Mr. & Mrs. Robert Leonard  
Post Office Box 254  
Lakehead, CA 96051

Postage	\$
Registration Fee	
Delivery Point Fee	
Return Receipt Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<b>JAN 30 1997</b>

PS Form 3800, June 1991

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 the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:  
Mr. & Mrs. Robert Leonard  
Post Office Box 254  
Lakehead, CA 96051

4a. Article Number: **P 087 492 300**

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

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

6. Signature: (Addressee or Agent)  
**X Robert Leonard**

7. Date of Delivery  
**2-6-97**

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.

P 087 492 301



Receipt for Certified Mail

No Insurance Coverage Provided

Margaret H. Mitchell
335-B Avenida Sevilla
Laguna Hills, CA 92653

Table with 2 columns: Description and Amount. Rows include Return Receipt Showing, Return Receipt Showing to Addressee, and Postmark or Date (JAN 30 1997).

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Margaret H. Mitchell
335-B Avenida Sevilla
Laguna Hills, CA 92653

4a. Article Number

087 492 301

4b. Service Type

Registered

Return Receipt for Merchandise

7. Date of Delivery

Addressed to Addressee (Only if requested)

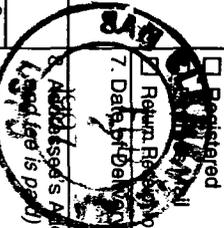
Insured

COD

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt



Thank you for using Return Receipt Service.

P 087 492 302



**Receipt for Certified Mail**

No Insurance Coverage Provided

Joseph & Allan Day  
Post Office Box 230  
La Mesa, CA 91944

Postage	\$
Certified Fee	
Special Services Fee	
Restricted Delivery Fee	
Return Receipt (owing to Writer & Date Delivered)	
Return Receipt (owing to Writer, Date, and Addressee's Address)	
TC*As Postage & Fees	\$
Postmark or Date	DEC 30 1997

PS Form 3800, June 1991

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Joseph & Allan Day  
Post Office Box 230  
La Mesa, CA 91944

4a. Article Number: P 087 492 302

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

5. Received By: (Print Name)  
J. Allan Day

6. Signature: (Addressee or Agent)  
X

7. Date of Delivery: 12/30/97

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.

P 087 492 303



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Mr. & Mrs. James L. Moon  
Post Office Box 276  
Sasakwa, OK 74867

Postage	\$
Postage due	
Postage due fee	
Return receipt fee	
Postage for special delivery	
Postage for registered mail	
Postage for insured mail	
TOTAL Postage & Fee	\$
Postmark or Date	
JAN 30 1997	

PS Form 3800, June 1991



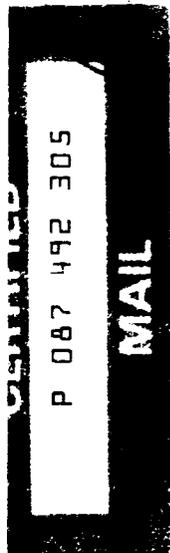
CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208  
SANTA FE, N.M., MEXICO 87504-2208

1ST NOTICE  
2ND NOTICE  
RETURN

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



Beverly Powers  
Earl C. & Blossom J. Peterson  
5215 Shenandoah Avenue  
Los Angeles, CA 90056

10000-1004 47 United States Post Office

P 087 492 305



Receipt for  
Certified Mail

No Insurance Coverage Provided  
International Mail

Beverly Powers  
Earl C. & Blossom J. Peterson  
5215 Shenandoah Avenue  
Los Angeles, CA 90056

PS Form 3800, June 1993

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	DEC 19 1994

is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:	4a. Article Number
Beverly Powers	P 087 492 305
Earl C. & Blossom J. Peterson	4b. Service Type
5215 Shenandoah Avenue	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified
Los Angeles, CA 90056	<input type="checkbox"/> Express Mail <input type="checkbox"/> Insured
	<input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery
	8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name)	
6. Signature: (Addressee or Agent)	

**X**

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 306



**Receipt for Certified Mail**

No Insurance Coverage Provided

Mr. Kenneth R. Boss  
East Star Rt., Box 913  
Lovington, NM 88260

Postage	\$
Certification	
Special Services Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

1991 June Form PS Form 3800

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:

Mr. Kenneth R. Boss  
East Star Rt., Box 913  
Lovington, NM 88260

4a. Article Number

087 492 306

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *Kenneth R. Boss*

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:

Mr. Dale Boland  
1417 S. 2nd  
Lovington, NM 88260

4a. Article Number

P 087 492 307

4b. Service Type

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

7. Date of Delivery

2-1-97 SM

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

SM

5. Received By: (Print Name)

MR BOLAND

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

P 087 492 307



**Receipt for Certified Mail**

No Insurance Coverage Provided

Mr. Dale Boland  
1417 S. 2nd  
Lovington, NM 88260

Postage	\$
Postmark	
Weight/Dimension Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

Thank you for using Return Receipt Service.



**Receipt for Certified Mail**

No Insurance Coverage Provided

Ada D. Dowdell  
1124 E. Mackinac Avenue  
Oak Creek, WI 53154

P 087 492 308

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

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

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

3. Article Addressed to:

Ada D. Dowdell  
1124 E. Mackinac Avenue  
Oak Creek, WI 53154

4a. Article Number

P 087 492 308

4b. Service Type

Registered

Express Mail

Return Receipt for Merchandise

7. Date of Delivery

Insured

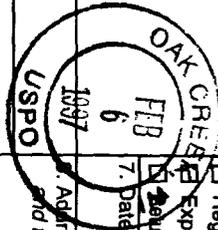
COD

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:

Big Three Land Company  
Post Office Box 732  
Lovington, NM 88260

4a. Article Number

087 492 309

4b. Service Type

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

5. Received By: (Print Name)

X *Wendell K. Blissett*

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.

P 087 492 309



**Receipt for Certified Mail**

No Insurance Coverage Provided

Big Three Land Company  
Post Office Box 732  
Lovington, NM 88260

Postage	\$
Postage Due	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

P 087 492 310



**Receipt for Certified Mail**

No Insurance Coverage Provided

Mr. John Smith  
7925 E. Saffron Street  
Anaheim, CA 92808

PS Form 3800, June 1991

Postage	\$
Postage Due	
Postage Refund	
Postage Due (if any)	
Postage Refund (if any)	
Postage Due (if any)	
Postage Refund (if any)	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

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:

Mr. John Smith  
7925 E. Saffron Street  
Anaheim, CA 92808

4a. Article Number

~~2~~ P 087 492 310

4b. Service Type

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

7. Date of Delivery

2/1/97

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 311



**Receipt for Certified Mail**

No Insurance Coverage Provided

Dottie Darden  
6821 Club Meadows Drive  
Amarillo, TX 79124

Postage	\$
Certification	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1994

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:

Dottie Darden  
6821 Club Meadows Drive  
Amarillo, TX 79124

4a. Article Number

P 087 492 311

4b. Service Type

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

7. Date of Delivery

2/5/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X Dottie Darden*

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.

P 087 492 312



**Receipt for Certified Mail**

No Insurance Coverage Provided

Mrs. George H. Anderson  
3577 Evening Canyon Road  
Oceanside, CA 92056

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

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:  
Mrs. George H. Anderson  
3577 Evening Canyon Road  
Oceanside, CA 92056

4a. Article Number  
P087492312

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

5. Received By: (Print Name)  
GEORGE H. ANDERSON

6. Signature: (Addressee or Agent)  
X *George H. Anderson*

7. Date of Delivery  
2-21-97 *GA*

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.

P 087 492 313



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Special Mail

Louise M. Augereau  
1080 Foxburg Road, Apt. 2161  
Seal Beach, CA 90740

Postage	\$
Postmark Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom, Date, and Addressee's Address	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

3. Article Addressed to:

Louise M. Augereau  
1080 Foxburg Road, Apt. 2161  
Seal Beach, CA 90740

4a. Article Number

P 087 492 313

4b. Service Type

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

7. Date of Delivery

2-1-97

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

5. Received By: (Print Name)

X Louise M. Augereau

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

POST OFFICE NEW MEXICO 87504-2208

1ST NOTICE  
2ND NOTICE  
RETURN

*Foundry*  
*811 Camino Capitan 93013*

Mr. E.D. Baring-Gould  
Post Office Box 50609  
Santa Barbara, CA 93150

NAME \_\_\_\_\_  
1st Notice \_\_\_\_\_  
2nd Notice \_\_\_\_\_  
Return \_\_\_\_\_

FEB 10 1997

**CERTIFIED MAIL**  
P 087 492 314

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.

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

3. Article Addressed to:  
Mr. E.D. Baring-Gould  
Post Office Box 50609  
Santa Barbara, CA 93150

4a. Article Number: *P 087 492 314*

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

5. Received By: (Print Name)

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

7. Date of Delivery

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

Thank you for using Return Receipt Service.

PS Form 3800, June 1991

Postage	\$
Certification Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

P 087 492 314



Receipt for Certified Mail

No Insurance Coverage Provided

Mr. E.D. Baring-Gould  
Post Office Box 50609  
Santa Barbara, CA 93150

PS Form 3811, December 1994

Domestic Return Receipt

P 087 492 315



**Receipt for Certified Mail**

No Insurance Coverage Provided

Mr. Clifford L. Payne  
Post Office Box 849  
Lovington, NM 88260

Postage	\$
Registration Fee	
Express Mail Fee	
Restricted Delivery Fee	
Return Receipt Showing Return Date & Date Delivered	
Return Receipt Showing Return Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 5 0 1997

PS Form 3800, June 1991

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:

Mr. Clifford L. Payne  
Post Office Box 849  
Lovington, NM 88260

4a. Article Number

P 087 492 315

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

*Clifford L. Payne*

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

6. Signature (Addressee or Agent)

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 316



**Receipt for Certified Mail**

No Insurance Coverage Provided

Mr. & Mrs. Norman C. Joy  
and Iona Wonock, Joint Tenants  
5938 E. Beryl Avenue  
Scottsdale, AZ 85253

Postage	\$
Registration Fee	
Express Mail Fee	
Return Receipt for Merchandise Fee	
Insurance (Value of Contents Over \$500 & Date Subscribed)	
Return Receipt (Knowing to Which Date and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

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:

Mr. & Mrs. Norman C. Joy  
and Iona Wonock, Joint Tenants  
5938 E. Beryl Avenue  
Scottsdale, AZ 85253

4a. Article Number

087 492 316

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Address of Agent)

*X* *Richard C. Joy*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 317



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Lucy P. Mitchell  
255 Porto Fino Way  
Redondo, CA 90277

PS Form 3800, June 1991

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date  <b>JAN 30 1997</b>	

P 087 492 318



**Receipt for Certified Mail**

No Insurance Coverage Provided

Porrrferia Morales  
322 East White  
Hobbs, NM 88240

Postage	\$
Contract Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

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:  
Porrrferia Morales  
322 East White  
Hobbs, NM 88240

4a. Article Number  
P 087 492 318

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

5. Received By: (Print Name)  
X Porrrferia Morales

6. Signature: (Addressee or Agent)  
X Porrrferia Morales

7. Date of Delivery  
2-1-97

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?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Church of Four Sq. Gospel  
3516 Kiest Crest Drive  
Dallas, TX 75233

4a. Article Number

0 087 492 319

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

X

6. Signature: (Addressee or Agent)

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 087 492 319



**Receipt for Certified Mail**

No Insurance Coverage Provided

Church of Four Sq. Gospel  
3516 Kiest Crest Drive  
Dallas, TX 75233

Postage	\$
Postage Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Date and Addressee's Address	
NOTA: Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

1ST NOTICE  
2ND NOTICE  
RETURN

2nd Notice  
Return

ATTEMPTED FROM 75233-5500

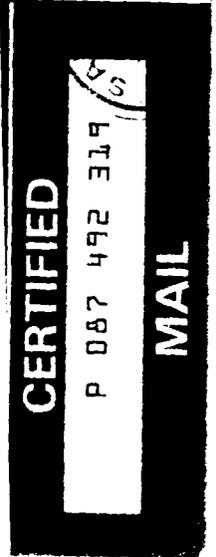
Church of Four Sq. Gospel  
3516 Kiest Crest Drive  
Dallas, TX 75233

ATTEMPTED FROM 75233-5500

POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
LAWYERS

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.



P 087 492 320



**Receipt for Certified Mail**

No Insurance Coverage Provided

Ray W. King Estate  
19133 Index Street #7  
Northridge, CA 91326

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (if sent to Writer & Date of Return)	
Return Receipt (if sent to Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

Form 3800, June 1991

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:

Ray W. King Estate  
19133 Index Street #7  
Northridge, CA 91326

4a. Article Number

P 087 492 320

4b. Service Type

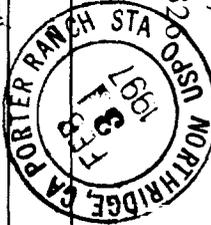
- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

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 Ser

P 087 492 321



**Receipt for Certified Mail**

No Insurance Coverage Provided

Mr. Lloyd B. Hill  
1860 Braemar Road  
Pasadena, CA 91103

Postage	\$
Postage Due	
Address Delivery Fee	
Restricted Delivery Fee	
Return Receipt for Delivery Confirmation & Date of Delivery	
Return Receipt for Signature Confirmation with Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <b>JAN 30 1997</b>	

PS Form 3800, June 1991

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

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Mr. Lloyd B. Hill  
1860 Braemar Road  
Pasadena, CA 91103

4a. Article Number  
**P 087 492 321**

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

5. Received By: (Print Name)

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

7. Date of Delivery

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.

P 087 492 322



**Receipt for Certified Mail**

No Insurance Coverage Provided

Chad Michael Madrick  
19782 Canyon Drive  
Yorba Linda, CA 92686

PS Form 3800, June 1991

Postage	\$
Insurance	
Special Services	
Restricted Delivery Fee	
Return Receipt for Merchandise (Form 3800) & Delivery Receipt	
Return Receipt for Signature (Form 3800) & Delivery Receipt	
POSTAGE & FEE PAID	\$
Postmark or Date	JAN 30 1997

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

**SENDER:**

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

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

3. Article Addressed to:

Chad Michael Madrick  
~~19782 Canyon Drive~~  
Yorba Linda, CA 92686

4a. Article Number

087 492 322

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

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

5. Received By: (Print Name)  
Chad Madrick

6. Signature: (Address of Agent)  
X Chad Madrick

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 323



**Receipt for Certified Mail**

No Insurance Coverage Provided

Harvey R. Taylor and  
Bill G. Taylor  
1106 N. Country Club  
Carlsbad, NM 88220

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1997

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

**SENDER:**

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

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

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

3. Article Addressed to:

Harvey R. Taylor and  
Bill G. Taylor  
1106 N. Country Club  
Carlsbad, NM 88220

4a. Article Number

P 087 492 323

4b. Service Type

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

7. Date of Delivery

FEB

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

1997

1997

1997

1997

1997

1997

1997

1997

1997

1997

1997

1997

1997

1997

1997

1997

6. Signature: (Addressee or Agent)  
X *Harvey Taylor*

5. Received By: (Print Name)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 324



**Receipt for Certified Mail**

No Insurance Coverage Provided

Charles & Hilda St. Martin  
1652 Hedland Place  
El Dorado Hills, CA 95630

Postage	\$
Contract Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt Showing Postmark & Date Delivered	
Return Receipt Showing to Whom Delivered and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

*WIK REC 04 2/4/97*

Charles & Hilda St. Martin  
1652 Hedland Place  
El Dorado Hills, CA 95630

**1ST NOTICE**  
**2ND NOTICE**  
**3RD NOTICE**  
**FEB 2 1997**

**CERTIFIED**

P 087 492 324

**MAIL**

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:**  
Charles & Hilda St. Martin  
1652 Hedland Place  
El Dorado Hills, CA 95630

**4a. Article Number:** P 087 492 324

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

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

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

**7. Date of Delivery**

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

PS Form 3811, December 1994

**Domestic Return Receipt**

**1.  Addressee's Address**

**2.  Restricted Delivery**

**Consult postmaster for fee.**

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

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

Thank you for using Return Receipt Service.

P 087 492 325

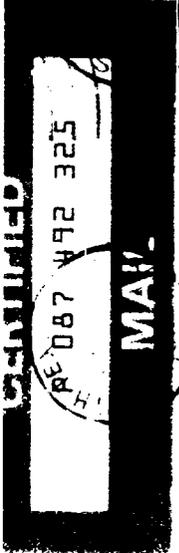


**Receipt for Certified Mail**

No Insurance Coverage Provided

Charles Aniser  
800 FM 1417 Apt. 1225  
Sherman, TX 75090

1ST NOTICE  
2ND NOTICE  
RETURN



Charles Aniser  
800 FM 1417 Apt. 1225  
Sherman, TX 75090

*Handwritten signature and notes:*  
Do not remain in this office...  
No such office in state...  
Address in this form...  
Unclaimed...  
RECEIVED

*Handwritten:* ANK

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
LAWYERS

POST OFFICE BOX 2208

SANTA FE NEW MEXICO 87504-2208

*Postmark:* SANTA FE NM 12/31/94

Form 3800, June 1991

Postage	\$
Postage Fee	
Subscription Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom (Date) and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<b>JAN 30 1997</b>

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:  
Charles Aniser  
800 FM 1417 Apt. 1225  
Sherman, TX 75090

4a. Article Number: **P 087 492 325**

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

5. Received By: (Print Name)  
**X John Forslund**

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

7. Date of Delivery: **DEC 31 1994**

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.

P 087 492 326



**Receipt for Certified Mail**

No Insurance Coverage Provided

T.G. Richardson  
East Star Route Box 30  
Lovington, NM 88260

Postage:	\$
Certified Fee:	
Special Services Fee:	
Restricted Delivery Fee:	
Return Receipt Showing to Whom & Date of Delivery:	
Return Receipt Showing to Whom, Date, and Addressee's Address:	
TOTAL Postage & Fees:	\$
Postmark or Date:	JAN 30 1994

PS Form 3800, June 1991

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 the 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:

T.G. Richardson  
East Star Route Box 30  
Lovington, NM 88260

4a. Article Number

087 492 326

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *T.G. Richardson*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 327



**Receipt for Certified Mail**

No Insurance Coverage Provided

Nevin N. Macubbin  
230 S. Eureka Street  
Redlands, CA 92373

Postage	\$
Postnet Fee	
Additional Services	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Addressee, Date, and Addressee's Address	
Total Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

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:

Nevin N. Macubbin  
230 S. Eureka Street  
Redlands, CA 92373

4a. Article Number

087 492 327

4b. Service Type

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

7. Date of Delivery

2-1-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Nevin N. Macubbin*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



P 087 492 329



**Receipt for Certified Mail**

No Insurance Coverage Provided

Edwin Till  
5400 Apache Plume Ct. Los Prados  
Las Vegas, NV 89130

Postage	\$
Contract Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1997

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:

Edwin Till  
5400 Apache Plume Ct. Los Prados  
Las Vegas, NV 89130

4a. Article Number

P 087 492 329

4b. Service Type

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

7. Date of Delivery

1-30-97

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

6. Signature: (Addressee or Agent)

X *Edwin Till*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 330



**Receipt for Certified Mail**

No Insurance Coverage Provided

Clara J. McCurdy  
29420 Via La Plaza  
Murrieta, CA 92563

Postage	\$
Registration Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

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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- 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:

Clara J. McCurdy  
29420 Via La Plaza  
Murrieta, CA 92563

4a. Article Number

P 087 492 330

4b. Service Type

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

7. Date of Delivery

JAN 30 1997

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Clara J. McCurdy*

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:

Peter & P.V. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

4a. Article Number

087 492 331

4b. Service Type

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

7. Date of Delivery

01/30/97

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.

P 087 492 331



**Receipt for Certified Mail**

No Insurance Coverage Provided

Peter & P.V. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

Postage	\$
Postage Due	
Postage Refund	
Restrictive Postage Fee	
Return Receipt Printing Fee (When & Date Delivered)	
Return Receipt Printing to Whom (Date and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

P 087 492 332



**Receipt for Certified Mail**

No Insurance Coverage Provided

Sim H. Levy  
401 S. Turner  
Hobbs, NM 88240

Postage	\$
Registered Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Showing to Whom & Date Delivered)	
Return Receipt (Showing to Whom, Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

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

**SENDER:**

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the 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:

Sim H. Levy  
401 S. Turner  
Hobbs, NM 88240

4a. Article Number

P 087 492 332

4b. Service Type

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

7. Date of Delivery

2/11

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

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

Thank you for using Return Receipt Service.